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Feature Article

The impact of shareholding networks for facilitating care in rural Thailand

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ABSTRACT

This study explored the existential meaning of being a participant in shareholding networks for the care of older people in Thailand. Ten older persons were interviewed about their experiences of participating in the networks. A reflective lifeworld perspective based on phenomenological philosophy was used. The findings show that participating in shareholding network activities entails an always-present existence of aging intertwined with life. Its constituents further describe the essential meaning of the phenomenon: "experience of improved self-management", "feeling of increased self-esteem", and "bridging a gap in the care of older people". Participation in shareholding network activities means keeping contact with oneself and being able to have a life that corresponds to how one perceives oneself to be and must therefore be understood from a holistic perspective. The present study recommends that older persons' need for support include places where safe and profound reflection on existential issues.

Introduction

Internationally, demographic changes present challenges for social welfare, healthcare systems, and informal caregivers. Health promotion activities targeting older people have therefore become increasingly important for both healthy individuals and for those living with chronic diseases.[1,2]

In Thailand, the proportion of elderly persons co-residing with their children has been on a downward trend. These changes include changing family relationships and changing patterns of family structure because of successful family planning policies.[3] Today, young people try to find their employment, for example, in Bangkok or other Thai city areas that offer more job opportunities, leading to a migration of rural laborers to cities that separates family members and communities.[4] A consequence of this is slashed population concentration, leading to most of the elderly Thai population living in rural areas, whereas young people and adult workers mainly living in urban or central city areas. This means, for example, that bedridden or disabled older persons who live alone at home have no children to support them and therefore may be dependent on the support of others to help meet their physical and psychological needs. The problem of older persons being alone to care for themselves has become chronic in Thai communities and the prevalence of this problem is rapidly escalating.[5] Therefore, older people constitute a major challenge for community healthcare and strategies to promote and maintain the health of elderly persons in rural communities have become necessary.

Shareholding networks for the care of older people

The concept of shareholding networks for the care of older persons in communities is a concept implemented by Thailand's Ministry of Public Health as a strategy for solving the problem of inadequate health care service coverage among populations in remote rural areas.[6] A shareholding network is the collaboration of health professionals, families, consumers, local administrative organizations, public health centre offices, and older people clubs and groups. Older people clubs and groups have diverse experience in elderly care and have the common interest of planning and developing health care

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policy and services. Key roles in the drive for work processes associated with healthcare for older people are community networks' and organizations' collaboration with older people's clubs and groups; that is, collaboration with persons who face and understand their own difficulties.[7]

Participation in shareholding networks is voluntary, and means participation in different types of leisure activities (e.g., dancing or painting), physical exercise, health education sessions, or taking part in network groups that support and care for the health of fellow-older people in the community.[8,9] This is expressed by the foundation of so-called "club committees" involving older people who recognize the benefits of involvement in health promotion activities for older people.[10] Older people with chronic diseases are increasing in number and a target group for shareholding networks in rural areas.[11] Therefore, the organization of shareholding networks must consider and adjust to each individual's capacity for participation. Emphasizing healthcare activities is believed to improve the health of all participants.[12] This means that when the members participate in the activities, the purpose becomes two-fold: firstly, the activity positively affects their own health, and secondly, the fellow-older person is positively influenced by the cohabitation of the activity. Among others, Wongprom et al.[13] and Klin-ngam et al.[14] show the positive effects encountered from this model.

Health promotion in shareholding networks

The World Health Organization[15] defines health promotion as processes that facilitate people to enhance and improve control over their health and describes the basic elements of health promotion interventions as empowerment, participation in society, self-determination, and shared responsibility.[16] According to the World Health Organization,[15] health promotion covers a wide range of social and environmental interventions that enable people to increase control over their health. Traditionally, health promotion programs for older people have focused on behaviours aiming to prevent the development and consequences of chronic diseases.[17–19] However, older adults' abilities to cope or adapt to change is seldom addressed[20] and the programs are criticized for neglecting important elements of life satisfaction, social participation, functioning, and personal growth.[21] While the concept of shareholding networks is a governance strategy to solve problems with inadequate health care services, its potential value regarding health promotion is also acknowledged.[22,23] Participation permits older persons to contribute in the community and underscore the fact that, rather than being a burden to the community, older persons can be an asset.[24] Older persons both appreciate being a part of their community activities[23] and are expected to remain in good health to be entitled to the rights to join any program.[25] Hence, shareholding networks offer opportunities for health promotion on both an individual and community level.

Statement of study purpose

Previous research[23,26] shows that being an older person participating in shareholding networks for the care of older people is a complex situation. Existential issues, such as questions about dignity, confidence, and vulnerability relates to most of the described challenges. Although guidance on how to design care services to better address the needs of older people is warranted, it is still a neglected research area.[27] With the intention of providing more insights on policies for healthy aging, the aim of the present study was to explore the meaning of being a participant in shareholding networks for the care of older people in Thailand.

Approach and method

A qualitative, descriptive approach was employed in order to understand the lived experience of participation in a shareholding network for the care of older people, and a reflective, lifeworld perspective based on phenomenological philosophy was chosen.[28] This approach is well suited for clarifying and describing the structure of meanings of phenomena related to human existence and thereby used to further develop the understanding of older participation for the care of older people in shareholding networks. The research used a phenomenological approach with understanding of the world and body as lived experience.[28] Such research requires a phenomenological attitude, which is characterized by openness to the lifeworld phenomenon, ongoing reflection upon the meanings, and bridling of the understanding. It also implies a movement between distance and closeness in the reflection process as well as between the generalities and the particularities of the meanings.[28]

Participants and setting

The study was conducted in one rural sub-district in the central part of Thailand. The sub-district has a senior population composed of 1132 people, or 57 older people/km^2. The percentage of older people in the sub-district increased from 15.20% in 2012 to 22.13% in 2014.[29] The major occupation of the elderly population is agriculture, planting rice crops and raising animals. Two primary government agencies provide local healthcare services. The Local Administrative Organization takes on the role of providing basic healthcare services for older people in line with the government policy prescribed by each ministry; sub-district hospitals take on the role of health promotion, prevention, treatment, and recovery based on the criteria of the Ministry of Public Health.

This study followed Malterud et al.[30] and their model of sample size in qualitative studies, discussion of sample size, and information power in qualitative studies. Ten older persons ranged between 62 and 72 years old (median age = 70 years) participated in this study. To attain variation in data, participants were purposely chosen to reflect a range of ages and a variety of relationships (married, widow/widower, co-residing with their children, or living alone) from the population density where they lived, as well as the number of men and women. Nurses in home nursing care were informed about the study. Both verbal and written information were provided. The nurses, who recruited the participants, also judged whether each older person's health status permitted participation. Persons who wished to participate sent their written consent directly to the researcher. The researcher then contacted the participant and practical arrangements were agreed upon. All participants received care, but they also participated as volunteer carers according to their abilities. All informants

Table 1
The sample of participants in a Thai shareholding network for older people interviewed in 2017.

Interviewee	Gender	Age	Family status	Residential status
Interviewee 1	Female	72	Widow	Living alone
Interviewee 2	Female	68	Widow	Living alone
Interviewee 3	Male	72	Married	With children
Interviewee 4	Male	71	Married	With spouse and children
Interviewee 5	Female	70	Widow	Living alone
Interviewee 6	Female	62	Married	With spouse and children
Interviewee 7	Female	70	Unmarried	Living alone
Interviewee 8	Female	71	Married	With spouse and children
Interviewee 9	Female	72	Unmarried	Living alone
Interviewee 10	Female	72	Unmarried	Living alone

were given verbal and written information about the purpose and procedure of the study. Characteristics of the participants are shown in Table 1.

Data collection

Narrative interviews[31] were conducted from August to October 2017 by the first author (SV). All interviews were performed at a meeting room at the community sub-district health promotion hospital. The initial question was: Please tell me about your experience with regard to participating in shareholding networks for the care of older people. Further questions were related to the described experiences in relation to the aim of this study. Open-ended follow-up questions were used to encourage more reflection and to gain richer illustrations of the experience of the phenomenon. The interviewer aimed for a balance between a genuine closeness to the interviewee and a constant focus on the research phenomenon. The interviews lasted between 60 and 80 min, were performed in Thai, and were digitally recorded and transcribed verbatim. Total interview time was 11 h and 15 min, which generated 228 pages with double-spaced text.

Data analysis

A phenomenological meaning-oriented approach focuses on the meaning of the structure of the phenomenon; i.e., the essential part and the variations.[28] To assure validity, a phenomenological attitude of openness for the lifeworld phenomenon, ongoing reflection upon the meanings, and bridling of the understanding was maintained. The first author (SV) transcribed the interviews verbatim and the text was analysed for meaning in relation to the research questions for this study. The data analysis was conducted following the structure of whole-parts-whole described by Dahlberg et al.[28] To get a sense of the whole, the text was initially read twice, trying to retain an open mind without starting the analysis process. With this sense of a whole as a background the focus of the analysis process changed to the parts. Meaning units were marked and described with a few words in order to structure the meanings; clusters of these were formed, and after forming a number of clusters in several different ways a pattern of meaning emerged. A new whole, a structure of the essential meanings of the phenomenon "the lived experience in shareholding networks for the care of older persons" was formulated and further described by its constituents, which are the variations of meaning.[28]

Ethical considerations

The study followed the ethical principles of the Helsinki Declaration.[32] All participants were informed about the study and assured that their participation was voluntary and that they could withdraw at any time. All participants gave their written informed consent and were guaranteed confidentiality with an anonymous presentation of the findings. The research was approved by Thailand's Ethical Review Committee for Research with Human Subjects (IRB: SP 0032.002/4/3.3/2017).

Findings

The meaning of the lived experience in a shareholding network for the care of older people, the essence and the variations, is presented below. Presentations of essential meanings are written in present tense as they describe how the phenomenon is; i.e., the meaning and not what the informants said about it.

The essential meaning of the lived experience of participating in a shareholding network for the care of older people

The essence of the lived experience of participation in a shareholding network for the care of older people is a selection of health activities and health projects in the community. The studied participants are both volunteer health workers within the network, who help other disadvantaged older persons in the community, and receivers of health care. Life in the network is predictable, the activities improve both personal health, and the individuals' feelings and experiences, which support other older persons' health. Participating in a shareholding network is complex, perceived as pertaining to normal life, and evokes feelings of pride in personal capabilities, self-care ability, and from not being a burden on families and caregivers in addition to feelings of dignity.

The complexity also entails an always-present existence of aging intertwined with life. It means trying to understand and reconcile the fact that life may become more and more complicated when one's physical abilities decrease, which may lead to difficulties in comprehending in relation to ordinary life. Complexity means being involved in a continuous struggle with keeping in contact with ones' self-image and being able to have a life that corresponds to how one actually is.

Through participation in network activities, the older person receives physical, psychological, social, and spiritual health benefits. For example, physical benefits are evident from activities such as physical exercising and traditional Thai dances, regular health check-ups, participation in health care education, and supporting oneself or other older persons. Psychological, social, and spiritual health increase through interacting with other older persons and exchanging opinions with one another. Helping other vulnerable and disadvantaged older persons with home visits gives meaning to daily life.

Constituents, who represent the variations of the meaning, further describe the phenomenon of the lived experience of participation in shareholding networks for the care of older people: feelings of increased self-esteem, experiences of improved self-management, and bridging a gap in the care of older people.

Experiences of improved self-management

Self-management is an important part of participation in shareholding networks for the care of older people. Self-management means an ongoing struggle between engagement in self-care and personal health and an impaired life in growing loneliness.

"... to participate in these network activities...already makes me very happy... because I don't have to just stay alone at my home. I get to meet new friends of the same age. Therefore, I have fun when I get to meet with my friends. Do you know? When I join a shareholding network for care, I take better care of myself. It's the joy of the older persons, to have a chance to talk about old stories, children, and grandchildren, just snacking on this and that as we talk and then we dance and exercise together."

Having an active part in different shareholding network activities means engagement in self-care and improvement in health. Meeting others who are able to manage their own life re-establishes one's self-confidence. One aspect of this is an awareness of being capable in spite of increased age. It means, in one sense, knowing that one lives with what is labelled as old age, which can create functional reduction and passivity. The struggle to understand self-management also concerns to what extent one can trust oneself and be confident in one's own judgement and abilities to discern. Being a participant in shareholding networks for the care of older people in rural areas means reaching harmony in terms of self-management.

"I have an incurable type of cancer that is so serious that I'm unable to walk. Whenever I go anywhere, I need to sit in a

wheelchair. However, when the network of the elderly visited me, encouraged me, and invited me to exercise through period dancing with music to motivate me, I tried to get up, walk, and dance with the others. It empowers me, and I don't feel abandoned at all. The people in the community, especially my friends and fellow elderly people, give importance to me and support me, giving me the motivation to try to walk... Can you see now that I can walk and dance? (Laughs with a broad smile). Every time I participate in the network's activities, it makes me feel very happy and proud of myself for having recovered my ability to take care of myself and not burden my children."

The experience of being a participant in shareholding networks for the care of older people in rural areas means recognizing one's own personal health care problems and their possible solutions. Low and inadequate manpower among doctors, community nurses, and public health officials prevent health care services from offering full coverage. Even if the health care system does not facilitate care for older persons in rural areas, older persons and families turn to caring for one another. Participation in shareholding networks for the care of older people in rural areas means cooperation between older persons and organizations involved in caring for older persons in rural communities.

"We're able to work together as a team with fellow elderly people and we can work with the sub-district health promotion hospital and the municipality... The more we work as a team, the more purposeful our work becomes. We share the same objectives that coincide with the needs of the elderly. We already know that the number of personnel, such as nurses and public health officials, is few when compared to the number of elderly we have in this community. Therefore, working and participating to help care for the local elderly is like working to fill in the gap in health work. In the Thai health care system, the elderly have to take care of themselves with or without their children's help. If children do not take care of them, the elderly are abandoned and left to stay at home alone."

Often it is possible for the aging person to know themselves and to live a life that corresponds to their own perception of themselves; however, this is not true for experiences, thoughts, and feelings in times of low self-confidence based on communication errors. These problems prevent communicating about needs. This make it is difficult to control and cope, as well as to make good judgements and decisions. Being a participant in a shareholding network means to volunteer in the care of disadvantaged older persons and acting as a medium for relaying information and coordinating understanding between oneself and staff. The older persons reasoned, "no one is likely to understand older persons more than other older persons". Therefore, older persons with shareholding network experience solve communication health problems themselves.

"This group aims to help and fill the gap in the government's healthcare system ... we participate in work together with the municipality. We provide help in the form of coordination of relations through things like joint visits to bedridden elderly. I believe that we're able to provide excellent coordination to achieve understanding with the elderly, as we understand ... we believe that there would likely be no one who could understand the needs of the elderly in the community as well as the elderly themselves."

Human support, which is normally be a positive experience, turns out to be the first step towards decreasing self-confidence. To understand and to be in contact with others means, in the end, a trusting life with relationships and close friends. There is much happiness, joy, gratefulness, and satisfaction in participating in shareholding networks for the care of older people in rural areas, but even then ambivalence is more or less present. Ambivalence can appear through worry over whether support and relationships will last or if aloneness lurks around the corner.

Feelings of increased self-esteem

Participants in shareholding networks for the care of older people have the same kind of experiences in life as other older persons in society. Getting older means that the body decays and one can no longer physically do what one has done earlier, leading to different hardships. Other people seeing themselves in a way other than how they did earlier in life means there are expectations of behaving in a particular way just because they are older. Above all, this means a fear of being alone and no longer able to manage oneself, a feeling that decrease one's self-esteem.

"Our participation in the community-based healthcare for the elderly network can be seen as profit that stems from us working together as a group. You can see that you are not different from others of the same age. It feels good to meet other persons with the same experiences..."

Lived experience through participation in a shareholding network for older people contributes to generating feelings of improved self-esteem that emerges from perceived self-efficacy, perceived personal values, and retained human dignity.

"I have the opportunity to take care of other elderly people. It is a feeling that is difficult to describe...because I'm old myself... I can still do well for other people in society. It's a feeling that stems from the cooperation in group of elderly people living together in this community."

Feeling of increased self-esteem manifests in many different ways and is difficult to understand and describe to others. Increased self-esteem affects the individual's activity level in interaction with perceived self-efficacy as a perception of existing capabilities. Receiving regular physical health surveys due to membership in the network helps the experience of good physical health and self-care ability.

"I remember my first impression as I worked to visit home-bound elderly with the sub-district health promotion hospital and sub-district municipality. What I gained was increased perceived value, even though I had never perceived this prior to my membership to this network. Nevertheless, I feel that I gain value from this experience when I feel that I'm able to help others..."

By using past life experiences, they have the knowledge and ability to care for other older persons, which gives them feelings of importance and usefulness. They receive knowledge from regularly participating in activities, and some use their knowledge in, for example, herbal medicine or local wisdom (local wisdom is traditional preliminary herbal treatments used by older generations) to help other older persons. Having their own knowledge of local wisdom helps disseminate knowledge to other persons and next generations in the community.

"The experiences from life I express as knowledge are valuable experiences that later generations can learn from, such as Thai herbs for treating illnesses. We're able to come together and extract our knowledge and share it with later generations for their benefit..."

Having relationships with truthful, honest, and faithful others is a necessity. Other older people provide additional definitions regarding perceived self-efficacy; they use personal capabilities to work with government networks and organizations involved in the care of older persons in communities. Older people have their own personal values, beliefs, and attitudes that they develop in life. Family, friends, community, and life experiences contribute to a sense of who participants are and their world view. Over the years, they have received and receive care that corresponds to their needs, something that helps them feel like co-workers in health care. Being aware of personal values, beliefs, and attitudes prepares them to assume the values of aging people in their community. Experiencing personal values gives the ability to be strong and benefit other disadvantaged people.

"I believe this network promotes participation and benefits me through my participation and membership. Benefits that affect myself, my family, and other elderly people living in the community.

I remember my first impression as I worked to visit the home-bound elderly with the sub-district health promotion hospital personnel and sub-district municipality personnel. I perceive increased value. I feel that each person has different experiences and gains value from his personal experiences."

This participation retains their human dignity despite old age. Life with participation in shareholding networks for the care of older people in rural areas has a recurring effect on participants. Participants choose and decide on self-care methods themselves, which counteracts feelings of worthlessness. Experiences in self-care and the ability to assist other older person's affects life in all respects and are therefore intertwined with life as a whole. General and individual sides of this are illustrated as togetherness, a life with demands, which are possible to overcome.

"...we are already old, but we can still do well for other people in society. It's a feeling that stems from the cooperation of the group of older people living together in this community. They allow us to perceive the values of fellow elderly people. No one is better than anyone else is. Instead, all elderly people are equal. Therefore, the chance to engage in community activities shows us the value of other elderly people and allows us to recognize the values and good that still exist inside of us... It's not that we cannot do anything as we reach our old age. We still have potential and value; and we can help other people..."

Bridging a gap in the care of older people

Access and the provision of health care services, effective communication with health care teams, and transfer of good health care models to create consistent practices are how shareholding networks bridge the gap in the care of older people and bringing meaning to participation in the shareholding network. The idea that older people can wait for healthcare and that communication between the elderly and the health care staff's various teams is insufficient and difficult to accept. Participants feel they have to deal with its practical consequences. Bridging the gap in the care of older people in the community means being bridge-builders, in a metaphorical sense, to allude to participants' roles both in bridging the gap between public health care and family-care (that is missing); it also alludes to a participant's role as someone who keeps up with traditions.

Different activities support older persons, such as home-visits to provide basic self-care knowledge, discussions to exchange experience, discovering older persons' health care needs, and coordinating and relaying information among disadvantaged older persons and their health care team staff. Older persons who participate in shareholding networks reflect over the creation of appropriate practical guidelines for the context of health care for older persons in the community.

"Thai older people have monthly allowances from the government for support. The allowance of 600−700 baht per month is very low for an abandoned elderly person. Therefore, our support for them to take part in vocational group activities provides a way for them to have a supplementary occupation."

Discussion

The findings of the present study show that participation in shareholding networks for the care of older people in rural areas entails a selection of health activities and health projects in the community, expressed in terms of a complexity and perceived as pertaining to normal life, which evokes feelings of pride in personal capabilities and self-care ability. It also evokes pride from not being a burden on families and caregivers in addition to feelings of dignity. Complexity entails an existence of aging intertwined with life and, therefore, is always present. This means trying to understand and reconcile experiences that are difficult to comprehend. As aging is intertwined with one's whole being it is even more important to understand, keep contact with oneself, and be able to have a life that corresponds to how one perceives oneself.

The present study suggests that participation in shareholding networks for the care of older people in rural areas must be understood from a holistic perspective, considering experiences of complexity in all aspects of life. Being a participant in a shareholding networks means much more for the individual than just being an active part of a network for older people. It means a mobilization of one's own resources and strength in a three-dimensional way: improved self-management of physical health for the individual older person, increased/strengthened self-esteem by contributing to others, and experiences in the preservation of appropriate care services, that is, increased health for society/municipality.

As a participant in shareholding networks for the care of older people in rural areas, aging is always present in life, whether one is alone or with fellow older persons in the network. Participation in a shareholding network for older persons means an existence where network participation pervades the individual's whole life, something indivisible from one's identity. Therefore, it seems fair to conclude that it is insufficient to see participation in shareholding networks for the care of older people in rural areas as just different activities without considering the holistic dimension of participation.

The present study thus supports research that states an approach similar to a so-called person-centred approach.[33] An approach that stimulates development and participation in decision-making processes, experiences expressed as being important parts of the older person's processes towards health.[34] Health promotion activities aim to strengthen people's health, and an understanding of health determines the health care direction and guides chosen health promotion activities.[35] Health can be defined from both negative and positive views. From the negative view, it is seen as the absence of disease or infirmity, and from the positive view it is seen as constituting the presence of a positive quality of life and well-being.[36] From a health perspective, health is something different, not just the absence of disease, and emanates from a salutogenic perspective, where factors that contribute to health are considered, not just the factors related to illness.[37]

The present study shows that when older persons participating in a shareholding network were asked about their life situation, experiences and feelings were revealed. The feeling of increased self-esteem was created by perceived self-efficacy, perceived personal values, and retained human dignity. Hence, this study emphasizes the importance of a holistic understanding of participation in a shareholding network, which in turn corresponds with studies emphasizing the significance of health promotion.[38–41] The present study shows that increased self-esteem manifests itself in many different ways and is experienced as being difficult to understand and to describe for others. An important dimension in positive health is the process where people's resources, strengths, and possibilities are seen as essential.[42] From this, older people may, in conjunction with improved self-esteem, perceive good health in spite of acute or chronic illness. Illness or disease and aging are components in the holistic concept of health, which means that people with physical and mental limitations can perceive health in terms of psychosocial and spiritual aspects. From this perspective, aging can be seen as a possibility to be strengthened, and through this gain enhanced awareness of what is important to one's individual existence.[43] As found in the present study, these issues should be given a leading position in shareholding networks for the care of older people in rural areas in order to enhance understanding of issues dealt with in network activities.

The present study describes those issues as well, but goes one-step further while describing the meaning of participation in shareholding networks for the care of older people in rural areas. A life-world perspective can thus contribute to the study of the meaning of

participation in shareholding network activities. Health care staff, community nurses, and public health officials play an important role in these activities, as they are often involved in and responsible for health care education.[44] Therefore, it is important that, for example, nurses are able to create a caring relationship with a patient so the patient can experience understanding and good care over time.[45] Older people who suffer from long-term illness have described health as independence, physical function, satisfaction with one's social situation, zest for life, harmony, and meaning.[46] In a similar way, the road to positive health has been described as an enlarged consciousness and a feeling of connectedness with oneself and the environment.[47]

Conclusions

The proportion of older people in society is increasing; therefore, it is necessary for society to invest more in health promotion to delay older persons' disabilities and preserve and strengthen their health. One way of doing this may be participation in shareholding network activities. Older persons' experiences of participation in such activities demonstrate the importance of the phenomenology of this concept. Due to the essential meaning of the phenomenon, which are further described by its constituents as an "experience of improved self-management", "feeling of increased self-esteem", and "bridging a gap in the care of older people", the existential meaning of participation in a shareholding network means to keeping contact with oneself and being able to have a life that corresponds to how one perceives oneself to be. It means a mobilization of one's own resources and strength in a three-dimensional way: improved self-management of physical health for the individual older person, increased/strengthened self-esteem by contributing to others, and experience in the preservation of appropriate care services that leads to increased health for the society/municipality. Therefore, a holistic perspective is needed to understand participants' existential meaning. As a member of a health-care service, nurses must have knowledge about the experiences of shareholding network participation so they can provide support, which includes places where safe and profound reflection on existential issues, such as identity, trust, and self-confidence, are possible to implement. It is hoped that this study generates additional understanding and insight for future innovative practices that include a caring relationship, group settings created for support, and profound reflection on existential issues for older persons.

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Supplementary materials

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