THE PREFERENCE LIVING IN TERM OF MENTAL SUPPORT FOR THAI ELDERLY

PRATTANA LERTSUPANONT

A THEMATIC PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF MANAGEMENT
COLLEGE OF MANAGEMENT
MAHIDOL UNIVERSITY
2017

COPYRIGHT OF MAHIDOL UNIVERSITY

Thematic paper
entitled

THE PREFERENCE LIVING IN TERM OF MENTAL SUPPORT FOR THAI ELDERLY

was submitted to the College of Management, Mahidol University
for the degree of Master of Management
on
January 7, 2017

.....	.....
Assoc. Prof. Vichita Ractham, Ph.D. Advisor	Miss Prattana Lertsupanont Candidate
.....	.....
Asst. Prof. Astrid Kainzbauer, Ph.D. Committee member	Asst. Prof. Randall Shannon, Ph.D. Chairperson
.....	.....
Assoc. Prof. Annop Tanlamai, Ph.D. Dean College of Management Mahidol University	Worapong Janyangyuen, D.B.A. Committee member

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to several persons who have been extremely helpful throughout this project. My initial thanks goes to the College of Management Mahidol University.

I am sincerely thankful to Dr. Vichita for her helpful guidance and support given to me throughout this project. Her professional knowledge and inspiring words have encouraged and motivated me to put my best effort. Moreover, I would also like to thank all respondents for their valuable time that they spent for the interview. Moreover, I am grateful for my family for their encouragement and support throughout the master course. Lastly, I would like to give this special thanks to all my friends who have shared good and hard time together during the master course.

Prattana Lertsupanont

THE PREFERENCE LIVING IN TERM OF MENTAL SUPPORT FOR THAI ELDERLY

PRATTANA LERTSUPANONT 5749143

M.M. (ENTREPRENEURSHIP MANAGEMENT)

THEMATIC PAPER ADVISORY COMMITTEE: ASSOC. PROF. VICHITA RACTHAM, Ph.D., ASST. PROF. ASTRID KAINZBAUER, ASST. PROF. RANDALL SHANNON, Ph.D., WORAPONG JANYANGYUEN, D.B.A.

ABSTRACT

The problem of the growth of the aged population in Thailand has been aware for some period of time. Government and many public sectors are now working on building facilities that serves physical needs for old people such as nursing homes, health services centers and medical centers. However, the emotional care is usually overlooked or neglected. In this research, deeper understandings of mental care for senior people is enhanced by the use of Maslow's Hierarchy of needs. The research underscores the Psychological needs and Self-fulfillment needs. A total number of 30 older persons were interviewed with in-depth questions in order that the researcher is able to develop a better understanding about the needs of elderly persons.

KEY WORDS: Senior People/ Nursing Home/ Preference Living/ Psychological Needs/ Maslow

24 pages

CONTENTS

	Page
ACKNOWLEDGEMENTS	**ii**
ABSTRACT	**iii**
LIST OF FIGURES	**vi**
CHAPTER I INTRODUCTION	**1**
1.1 Demographic	2
1.2 Rising of Healthy Senior People	3
1.3 Current Psychological Supports	3
1.4 Objectives	4
CHAPTER II LITERATURE REVIEW	**5**
2.1 Maslow's Hierarchy of Needs	5
2.2 Social Need	6
2.3 Elderly View of Themselves (Self-Esteem)	7
2.4 Achieving Self-Actualization	7
CHAPTER III RESEARCH METHODOLOGY	**9**
3.1 Research Design	9
3.2 Population and Sampling	10
3.3 Data Collecting	10
3.4 Data Analysis	12
CHAPTER IV RESEARCH FINDINGS AND DISCUSSIONS	**13**
4.1 Findings	13
4.1.1 Demographic Data	13
4.1.2 Social Needs	13
4.1.3 Self-Esteem	14
4.1.4 Self-Actualization	15
4.2 Discussions	16
4.3 Additional Finding	17

CONTENTS (cont.)

	Page
CHAPTER V RECOMMENDATIONS AND LIMITATIONS OF THIS RESEARCH	**18**
5.1 Recommendations	18
5.2 Limitations of the Study and Suggestion for Further Research	19
REFERENCES	**21**
BIOGRAPHY	**24**

LIST OF FIGURES

Figure	Page
2.1 Maslow’s Hierarchy of Needs	5

CHAPTER I
INTRODUCTION

The issue about the growth of aged population has been taken into account for more than a century in world-wide developed countries. The rising of senior population results in a change of population age structure in many countries around the world. In some countries such as France has been dealing as well as preparing for this social transformation since 100 years ago. However, most developing countries are not yet ready for such change to take place. Thailand is one of those countries that are not ready for this rapid change in population age structure both in aspects of physical and emotional care support. To define this, while France, one of today's developed countries, managed such social shift over the span of over 100 years, Thailand, on the other hand, has much more limited time period of twenty years only (NIH, 2011). Government and public sectors are now working on building facilities that serve physical needs for older people such as nursing homes, health services centers and medical centers. However, the matter about emotional care is often overlooked and left untouched. Some most popular ways to maintain emotional well-beings of senior citizens in Thailand are arranged in a form of either elderly clubs or religious-related activities. A great number of baby-boom cohorts has been entering the retirement age which results in the even greater number of elderly population and also the increasing demands for services targeted to senior people (Knodel, 2015). Moreover, most provided services do not consider the factor of old persons' desired preferences of living. This article aims to enhance a deep understanding about the preferences of living, which, desired by elderly persons by using Maslow's Hierarchy of Needs. The finding highlights the needs, beyond the basic ones, which are so-called Psychological needs and Self-fulfillment needs. The finding is applicable to be used as a guideline for the nursing home owners to develop their understanding about the real living preferences of senior people, and to be used as a tool to help older persons achieve self-actualization. In addition, the understanding about different preferences divided by senior groups can help nursing home owners improve their services and activities that fit better for each group.

1.1 Demographic

Thailand is now reaching the time where the elderly persons account for 15% of total national population which means that in every 6 persons, there is one elderly – approximately 10 million persons in total. The percentage is projected to increase continuously and reach 26% by the year 2030. Due to the improvement in medical care, people has a tendency to increase life expectancy (Kaewkantha, 2015). In other words, the average longevity will continue to increase which means people today can live longer than ever before. Thailand is now considered to be aged society just like many other countries in Asia and across the globe. The rate of fertility in Thailand has continuously declined, and this trend is projected to continue onto the future. In the year 1974, the average number of children per one female giving birth is at 4.9, but in the year 2013 this number dropped to 1.6. What is more, the trend of people opting for smaller family size is likely to constantly grow onward. The research from the National Statistical Office also shows the increasing number of people who had intention to remain childless (Knodel, 2012). Due to these combined factors - decline in fertility and improvement in longevity- it led to a weak balance of age structure in Thai society (m-society.go.th., 2013). Speed of population ageing caused the rapid change in the age structure of one country, while, in the past, developed nations foresaw the situation and had enough time to respond and bring about the slow change of age structure. One clear example is the case of France where, in a span of over 100 years, the percentage of old population – people aged 60 or over - went up from 7% to 14%. Likewise, in Sweden, such transformation took 85 years, and in Italy 63 years. In Asia, Japan had made the transformation over a period of 26 years; however, it is expected that Thailand and Singapore have to face such change in less than 25 years. Many developing countries such as Singapore, China, South Korean and Thailand are encountering this dramatic change within only few decades. To underline, the same demographic shift that took place over a century in France will happen in just two decades in Thailand. Therefore, well-considered adjustment and plan are required in to develop successful measures for such demographic shift (Older Population, 2002).

1.2 Rising of Healthy Senior People

The senior persons aged around 60-74 years old account for approximately 70-80% of the total senior population aged above 60 (Older Population, 2002). However, these senior persons are neglected and poorly understood. The generalization is normally made to judge senior people characteristics with no reconsideration. For example, most older persons are perceived as having poor health condition and socially isolated. This results in insufficient services and limited choices, which, provided for elderly persons (Sedgley, Pritchard & Morgan, 2010). The increasing number of service for senior people in tourist section is associated with, as a clear example, the growth of demands for services of active elderly persons. In the past, senior tourism was not so popular among others in tourist industry, but now the trend has changed. Due to the growth in the size of the birth cohorts, healthier lives, with money and free time, the older persons prefer to have journeys more often than ever before (Julia, 2012). Furthermore, more senior people today prefer to postpone their retirement. The research shows that the life expectancy for people with no difficulties from being disable is increasing in Thailand compared to the year 2002 and 2007. It also shows the healthier lives of the older population (Karcharnubarn & Rees, 2009). There are also many more senior people report their health condition as good and very good, and they are capable of taking care of themselves in daily activities without the assistance from caretakers. In addition, more senior persons continue their works even after passing the age of 60, the normal retirement age (Kaewkantha, 2015). The health problems of elderly people are normally worsening at the age of 75 - the illness can affect their ability to complete daily routines. Finally, they will need assistance and care from others and become less independent (Ageingasia, 2014).

1.3 Current Psychological Supports

Different types of senior housing are available in developed countries although differences between each type are still doubtfully understood. On the other hand, in many developing countries senior housing options are limited, so it leads to even more unclear understanding of the senior housing. Few people know only that there are many types of senior housing, but they are not able to identify the differences (Knodel,

2015). In some developed countries like America, there are four main types of senior housing available to be chosen, that are, Independent Living, Assisted Living, Memory Care and Nursing Care, and each serves specific needs. The main focus of this research is Independent Living - also recognized as Retirement Communities, Retirement Villages or Congregate Care. The idea of this senior housing type is a living community for those who are in good health condition with no or only few medical problems. Usually, Independent Living provides many social outings and events that senior people can participate (CBRE, 2015). As of now, there are only few Independent Living houses in Thailand. Another type which has similar functions to Independent Living is the Elderly Clubs which offer psychological-related activities. Elderly Clubs are widely promoted by the government, and especially they are supported to arrange activities for senior people living in Thailand. These clubs are registered under the National Senior Citizen Council. In the year 2013, there were more than 25,000 clubs in Thailand; however, most of them are inactive or closed. Since these clubs are normally nonprofit organizations, they could not manage well enough to provide activities for elderly people as they intended to do (Knodel, 2015).

1.4 Objectives

This paper explores the preferences of living in detail in aspect of mental care for Thai elderly persons to improve the efficiency of Independent Living houses in Thailand. This study relies on the Maslow's Hierarchy of Need to analyze the desires of elderly people and address more complex needs beyond Physiological and Safety ones. This paper will be focusing on Social needs, Self-Esteem related needs and Self-actualization related need. Plus, this paper aims to find out the yet unknown information of preferred services and activities for elderly people in order that they can fulfill their needs in all extent.

CHAPTER II
LITERATURE REVIEW

Figure 2.1 Maslow's Hierarchy of Needs

2.1 Maslow's Hierarchy of Needs

Maslow's Hierarchy of Needs illustrates basic human needs that desired to be fulfilled in order to be happy. The theory classified human into five groups, which are, Physiological needs, Safety needs, Belongingness and Love needs, Esteem needs and Self-actualization needs.

1. Physiological needs are the basic human needs concerned with physical well-beings including food, shelter, clothing, rest and health care. It also includes the basic need of survival and other needs such as sexual desire.

2. Safety needs are about seeking for safety and security. This level of needs describes the desire of protection from physical and economic dangers. Normal healthy people will try to avoid harms and seek for safety. This also includes health and financial security.

.

3. Belongingness and love needs are concerned with both receiving and giving affection from and to others. It also includes the desire to be accompanied, be part of a group and be accepted. The needs in this category are normally fulfilled by meeting with friends, family members and spouse.

4. Esteem needs can be divided into two subgroups, which are, self-esteem and received esteem from others. Self-esteem is the inner feeling toward one's self in form of, for example, self-confidence and self-respect. For received esteem from others normally associates with respect, recognition, influences and sense of control.

5. Self-actualization needs are, according to Maslow's Hierarchy of Needs, the highest desire in order to complete self-fulfillment. It normally includes the desire for values and beliefs of an individual. Other needs belonging to this rank are meaning and fulfillment, and self-affirmation and integrity. Self-actualization, depending on different factors, is not common and varies from person to person (Mitchell, 2007 and Sehermerhorn, 1998).

This paper is trying to use Maslow's Hierarchy of Needs theory to explain the elderly's needs which are more complex than the Basic needs, Safety needs and Physiological needs since many researches evident the fact that senior people has other stages of needs than those deficit.

2.2 Social Need

In the research by Anders (Wang, 2012) shows the clear need of senior people in social context. Family is an essential part for senior people as it is associated with a sense of love and belonging. Although most senior persons understand and accept that their offspring have their own lives, family and works to take responsible of, but they still cannot manage a sense of loneliness. They are very sensitive when it comes to relationship with their offspring, and they still have strong needs of emotionally attention from the family members. Most elderly persons regard the relationship with their offspring the most important. What is more, the social need also includes the friendship among the cohorts. When older persons are alone, they often feel lonely which is commonly related to anxiety and depress. Therefore, it is important to have companions to share conversations. It does not necessarily scope only on their family

members but also someone trustworthy. In a research by Eltayeb, the finding also shows that relationship is crucial regardless of genders and ages. Social support and emotional support from others are most often cited by elderly persons (Eltayeb, 2012).

2.3 Elderly View of Themselves (Self-Esteem)

In the article by Banloo Siriphanich, it addresses the view of elderly toward themselves. The result shows that older persons still have a sense of wanting to lead and want to maintain the position of being an advisor of the family. The study also shows that a sense of dignity that they obtain within the family is consistent to their happiness. To define this, self-confident plays an important role on how they feel good about themselves. The study shows an interesting result regarding to the happiest period of life where only 17% of the senior population agrees that retirement year is the happiest period of time (Siriphanich, 1986). Another research shows a significant finding of how self-perceptions of aging can affect the longevity. In detail, it is stated that there is the increase of 7.5 years of life span in an individual with positive self-perception of aging than those who are less positive. Besides, there is a positive relation between self-perception of aging and willingness to live, and there is an indication from the research pointing out the importance of mental health of older people (Levy, 2002). Moreover, there is also a positive relation between the positive self-assessment in general, physical and mental health, potential health problems and mortality (Lee, 2000). However, researches by Anders (Wang, 2012) and Eltayeb (Eltayeb, 2012) show some small evident that there are needs demanded in this level. In order to be happy in their senior life span, this level of needs requires to be identified and fulfilled. This relates to the Self-Esteem needs of senior people where pride, confidence and respect from others are a key role.

2.4 Achieving Self-Actualization

Research study shows that there is a strong relation between self-actualization and age. The older people are more likely to be concerned with higher motivation compared to adolescents. The older they are, the more self-actualized they become.

With past experiences they gain from living, self-actualization had been developed through time. The conclusion of the research's finding suggests one to take advantage of such experiences to build one's own self-actualization and respect more to senior people (Ivtzan, 2013). Another finding demonstrates that there is a high need of belongingness in the old age. The subjects from all age group prioritized the Physiological needs and Social needs over Safety needs. However, the research also shows that Self-actualization needs decrease after passing the age of 60 and continue to decrease as a person becomes older (Ojha & Pramanick, 2009). Therefore, with these research findings, we can summarize that Psychological needs is important regardless of age groups one belongs to. Even though Self-actualization needs decrease as people are ageing, this can fluctuate if other basic needs and psychological needs are not yet fulfilled. Therefore, there is no doubt why Self-actualization is not demanding for older population.

CHAPTER III
RESEARCH METHODOLOGY

This chapter explains a process of research design and data analysis – end of procedure. The first section describes the research design and illustrates the statistical methodology used in this research. The second part explains sources of data and process of data sampling. The third section explains the data collecting process together with the questions used to conduct the interview of this research. The last section describes the data analysis process in detail.

3.1 Research Design

The purpose for this research is to enhance deeper understanding of the living preferences in scope of mental support for senior citizens. Therefore, a qualitative method is the most effective tool for finding needs and hidden needs of the target group. Qualitative research allows the researcher to gain more insightful information than that to be obtained by using quantitative method, given that the qualitative study pays more attention to numeric results. There are several methods in qualitative research, and the three common methods are observation, in-depth interview and focus group. For this study, an in-depth interview is chosen given that it is capable of contributing the understanding in the value of the participants. However, this type of research requires experienced interviewee who possesses interviewing skills. There is also a risk in this type of research technique since the assumption of the interviewee plays an important role (Mack & Woodsong, 2011). Interpersonal communication needs to be taken into account at all time of interviewing because verbal and non-verbal clues are both equally important. However, the nonverbal one is harder to be interpreted (Denzin & Lincoln, 2011).

3.2 Population and Sampling

The data is collected from the target population which is the senior people (aged 60 to 75) living in Bangkok. Quota sampling technique is used to screen the participants. The quota sampling method has certain advantage in choosing the participants allowing the researcher to be able to focus on people believed to be most likely fit in the research topic (Mack & Woodsong, 2011). The characteristics that are selected for this study include age (60 to 75 years old) and physical condition –no disability. The quota sampling size is, since the early time, designed for at least 30. Easy sampling method is determined due to the limited research lead-time. The researcher chooses the respondents who are easy to be approached according to the willingness to participate, and, in the same time, the researcher tries to balance the proportion of participant sexes. Most of the interview took place in the parks and department stores where many elderly persons usually go (Gravetter & Forzano, 2012 and Oppong, 2013).

3.3 Data Collecting

In effort to make this research more consistent, demographic questions are used to screen participants in the beginning stage. According to Maslow's Hierarchy of Needs, the basic needs, which are, Physiological needs and Safety needs are to be fulfilled first in order to move up to higher level of the pyramid. Therefore, the participants whose those mentioned needs are not met yet will be excluded (Sehermerhorn, 1998). The demographic question topics are listed as per below;

1. Age
2. Gender
3. Marital Status
4. Education Level
5. Current place of residence
6. Current family members that stay in the house.
7. Employment status
8. Household income
9. Health condition level

In-depth interviews were conducted to gain an understanding of the preferences of senior people, with no disability, after their retirement year. The questions are designed to find out the needs beyond the basic needs of Maslow's Hierarchy. However, in effort to avoid the questions directing to an individual, the interview began with questions about participants' views toward quality of life (QoL). By asking questions about quality of life, the purpose is to indicate the perspective of senior people toward life. The question "What does QoL mean to you?" were used to ask participants to raise their awareness about what is important for them. This open-ended question was used before in Eltayeb, Ericsson, Theorell and Ljunggren researches in an attempt to identify the factors which are recognized to be important for senior people and which are, later, divided into categories based on Maslow's Hierarchy (Eltayeb, 2012). However, the research then used the quantitative study to find QoL in reference with Maslow's hierarchical level and experienced loneliness. Therefore, this finding of the real understanding about the need beyond the basic need is still remain. For this research paper, QoL will be used as an opening question and followed by questions, divided into three sections, to examine Social needs, Self Esteem needs and Self-Actualization needs. The question topic in each category used in this study are listed below;

1. Social

- What is your view of relationship? Do you think that they are important to your life?
- What is your view of happy family? How important is the relationship between each family member?
- Are you belonging to any clubs for elderly? Why do you choose to join?

2. Self-Esteem

- Are there activities that you have done in the past or recently that gave a sense of achievement, pride or prestigious?
- What makes you feel great about yourself? What makes you feel alive?
- What is your view of respect that older people receive from others?

3. Self-Actualization

- What is your current life purpose/goal?
- What matters to you at this stage of life? What makes you happy?

- Is there anything in your life that you hope to achieve but have not done it yet?

The questions used in this research are created based on the quality of life aspects that were indicated in the previous researches of Eltayeb, Ericsson, Theorell and Ljunggren (Eltayeb, 2012).

3.4 Data Analysis

The last step of the process is data analysis which can be done when all data had been completely collected. The approach to qualitative content analysis contains seven basic steps, as followed, formulating the research questions, selecting the sample, defining the categories to be applied, outlining the coding process and the code training, implementing the coding process, determining trustworthiness and, lastly, analyzing the result (Kaid, 1989 as cited in Emmert, P., & Barker, L. L.: 197-217) The common qualitative analysis method is content analysis. Content analysis uses three distinct approaches including conventional, directed and summative. The main differences of each approach are coding schemes, origins of codes and treats to trustworthiness. While, conventional content analysis and coding categories are pulling out straight of the text data. In direct approach, analysis starts with a theory. With summative content approach, analysis is done with counting and comparing keywords and content, followed by the interpretation of the underlying context (Hsieh, 2005).

CHAPTER IV
RESEARCH FINDINGS AND DISCUSSIONS

4.1 Findings

The data was collected by using in-depth interviewing thirty senior participants aged between 60 to 75. This research aims to find the living preferences in scope of mental care of Thai elderly for potential improvement of Independent Living houses in Thailand. The results of this research are shown as follow;

4.1.1 Demographic Data

The thirty senior people in this research are 18 females and 12 males. The average age of the respondents is 65. The youngest respondent in this survey is 60 years old and the oldest respondent is 73 years old. The majority of the respondents is female which accounts for 60 percent. Most respondents already retired which account for 63.33 percent of the total. In term of education level, all participant graduated at least high school level. Most respondents live in houses and only few live in a commercial buildings and townhouses. The majority of the respondents lives in the houses with their children or relatives, and only four participants live independently with their partners. Six of participants are underqualified due to their income and health condition level. Since Given that the prior-level needs are to be fulfilled first in order to go up to the next higher level, so six of the participants need to be eliminated.

4.1.2 Social Needs

Most respondents think that relationship is the most important aspect of their senior live. They, mostly, give most important relationship to the one between they and their offspring together (20 out of 24). In term of their relationship with their partners, with friends and with relatives are later mentioned in the interview. Besides, all respondent pays attention to the relationship with house members. Most respondents spend time with old friends less than once a month. The activities that they normally

engage with their friends are dinning, karaoke singing, and shopping. Half of them mentions that they would like to have some companions to have conversation with, and they would like to meet their friends more often. Most of them join activities or associations like tai chi club, yoga club, dancing club and cooking club.

"Relationship between each member of the family is important. They are everything that I have. I am single so I need to do my best to take care of everyone. I no longer contact with old friends anymore so family is all I have." (Respondent 1, Female, 60 years old)

"I think every senior person thinks that relationship is really important to them. I also believe so. For myself, I live only with my partner now and our child is now in Hat Yai, studying his doctor degree. My wife and I go to visit our son almost every one to two months. We don't want him to feel lonely, or maybe I'm the one that is lonely" (Respondent 7, Male, 61 years old)

"I spend time with my friends a lot. We meet almost every week. My partner doesn't like to go out much. He prefers staying at home and watch the stock. I don't like to stay at home. There is no one to talk to, so I go out with friends to shopping or attending events. Everyone needs someone to talk to, and it can be friends or best friends." (Respondent 17, Female, 66 years old)

"Relationship is surely important to me, and I think it is important to everyone. Many people come here (the park) because they want to talk to someone, and I am one of them. I don't want to stay at home all day and do nothing. I also like to meet with old friends to chat and dine outside sometimes." (Respondent 18, Male, 61 years old)

"Relationship to me is very important, especially when I get older. I feel lucky that I stay in a big house full with people, my grandchildren, my mom, my dad. Therefore, I don't feel lonely. For relationship with my friends, we still chat and meet sometimes, not so often, about once a month or maybe even less." (Respondent 27, Female, 66 years old)

4.1.3 Self-Esteem

There is only 58% of the total respondent that recognize the needs in this level. More than half of the participants tie their self-esteem to the achievement of their children. Some of them mention about their past or current achievement in their

jobs and how they are or were capable of supporting their families. Most of them feel that their respect, acceptance and importance is decreased as they get older. Some state that they like to do activities helping other persons in effort to gain back their self-esteem.

"I like cooking and taking good care of everyone in the family to make sure that they are well fed. Cooking makes me feel alive. When I see my children enjoy the food I cook, I feel happy and want to do more cooking." (Respondent 2, Female, 69 years old)

"I was recently invited to be a guest speaker at one university, and it was for a topic that I specialize. Sharing my experience to persons of younger generation have made me feel good. Young persons of nowadays don't realized how much they can learn from older generation" (Respondent 4, Male, 69 years old)

"I feel great when my opinions and comments are accepted in the meeting. Others still respect me because of my long experiences at work. I feel great when my employees follow my suggestion and succeed their tasks. (Respondent 10, Male, 66 years old)

"Working makes me feel alive, and I have been working all my life. I can still make money to support my family, and that makes me happy. My children asked me to stop working and retire, but I don't want to. I think I am still healthy and able to take care of my family. (Respondent 18, Male, 61 years old)

"I'm proud of my children because both of them now have a good and successful lives. They have a decent job with good salary and capable of taking care of themselves. This is enough to make me happy, to see their success lives and I have done a good job." (Respondent 29, Male, 64 years old)

4.1.4 Self-Actualization

Approximately 60 percent of the respondents do not need to achieve anything more in life. Most of them say that they no longer have a goal, or they are not sure what their goals are. Most of them mention that they only focus on taking care of their health and try not to be a burden to anyone.

"I think I have done everything in my life. If I want something now, it will be able to take care of myself, so my kids do not have to worry about me. Life goal is for young people. I am too old for that." (Respondent 8, Male, 71 years old)

"I do not think there is anything that I want to achieve anymore. I have achieved in raising my child and supporting my family. I think what is important now is to take care of my health and travel more." (Respondent 11, Female, 63 years old)

"I am too old for that. Now, I only go to temple and find peace in my mind. I worked too much already. (Respondent 23, Female, 65 years old)

"I no longer want anything more in my life. I just want to be in good health and stay with my children and grandchildren. I want them to be happy. I want to be the person whom they can rely on, who gives them advises on how to raise their children. Young people do not know how to raise their children. (Respondent 27, Female, 66 years old)

4.2 Discussions

The study goes in the same direction as Eltayeb (Eltayeb, 2012) where most respondents perceive the quality of life after retirement mainly relating to the basic needs, physiological needs and safety needs. Besides, 80% of the total respondent think of health as the most important factor when they are asked about their perception on QoL. However, Social needs and Self-esteem needs manifest more during in-depth interviewing. The in-depth interview allows us to recognize the needs lying within the social needs and also people who are important to the participants. Similar to the research carried out by Anders, parents-children relationship is the most important type of relationship, to those who have children (Wang, 2012). In-depth interview also explores deeper understanding in the level of self-esteem needs. The research shows that self-esteem needs can be gained from inner self, while esteem is developed by others. In term of self-actualization, most of them were unable to answer the questions and did not recognize this type of needs in their senior years anymore. This highest need associates with the highest level of achievement, which is hard to fulfill; therefore, it is not surprised that most senior people were unable to answer questions related to self-actualization level. In addition, not everyone, even at younger age, knows their needs in this level. The needs are hard to meet and also require different components varying from person to person (Mitchell, 2007 and Sehermerhorn, 1998). The result goes in the same direction with Ojha & Pramanick's research where most respondents failed to

recognize their needs in this level. However, there is no relation between self-actualization needs and ages like in the previous research (Ojha & Pramanick, 2009).

4.3 Additional Finding

According to the research, one finding that can be pinpointed is that males tend to have higher level of needs than females. In social needs level, the result shows an equal number of males and females with demands. However, in Self-esteem level, the ratio of male participants expressing to have their needs of this level per females do is 9:5. In the highest rank of Maslow's Hierarchy, Self-Actualization, 100 percent of the respondents that recognized their needs of this level are all men. Moreover, the research result also shows that there are significant relation between household income and Self-actualization recognition. All respondent with needs of Self-Actualization has high household income level, approximately 100,000 THB or more.

CHAPTER V
RECOMMENDATIONS AND LIMITATIONS OF THIS RESEARCH

5.1 Recommendations

Based on the results from the respondents, the needs, which manifest and is undoubtedly important, beyond the basic needs are the social needs and self-Esteem needs. Self-Actualization need seems to be unnecessary after passing retirement age, given that the majority of the respondents failed to answer the questions of this section. Moreover, few respondents, who were able to give answers, are likely to have unexpected answers in a way that they achieve the need of this level independently. Therefore, it is difficult to determine the service or activity that should be provided. However, the fact that self-actualization needs and self-esteem are recognized more by male respondents can be used as a guidance to improve the service targeted to this group of population. The service providers probably have to pay attention to needs of an individual person if they want to target this customers group. Social needs show clear results where above 90 percent of the respondents believes that relationship with their family members is most important to their lives in the senior age. Other relationship, such as relationship with their partners, with friends and with cousins are mentioned afterward in the research. The study proves that older persons still have highly demands for this type of needs. The potential services that able to serve this need of senior people are, for example, “Family activity day” and “Children and grandchildren day”, which brings family members together to do activities periodically. For those senior persons who desire companions, senior houses need to create activities that strengthen relationship among older persons in order to increase level of trust and bond. In term of Self-Esteem need, only half of the respondent were aware of it in their senior year. Most respondents, who have children, tied their Self-Esteem needs to the success of their children lives – can consider as both inner self-esteem and received esteem from others. As a result, it possibly creates hardship to senior house owners to serve self-esteem needs, so it is suggested that educating elderly persons to not tie their own self-esteem needs to their children’

success alone. On the other hand, others related their Self-Esteem needs to being accepted by others. This indicates that Self-Esteem needs can be obtained from not only inner factor but also outer factor, and both sources are essential to persons in seniority age. Therefore, it is recommended that activities with capability to help older persons achieve this needs level is held, for example, “Knowledge sharing day” activity. This will allow the population of the mentioned group to express their thought or to share their knowledge, and it will help them gain recognition and respect from others as well as feel proud. As a result, it will lead to that they achieve higher self-esteem. Some senior persons also tie their idea of being alive and proud to the ability to help others. Therefore, activities that can be offered to this population, in effort to enhance their self-esteem, can be a visit to an orphanage home or handicapped foundation.

5.2 Limitations of the Study and Suggestion for Further Research

This research was carried out with some limitations which possibly affected the findings. The first limitation of this research was the sampling scope. The interviews were conducted in only Bangkok area, and the collected data is generalized for all senior population in Thailand (aged 60-75). Further research should extend the area of the study as large as possible in order to cover other parts of Thailand. Secondly, the study was conducted on a small sample size of 24 respondents (n=24). Therefore, further research should increase the sample size to be bigger or change the tool, from in-depth interview to focus group, because in-depth interview requires a long period of time to collect data. Moreover, the further research should expand the age range of the study population to be more various, for example, to include the persons such who will soon retire into the population of the research. This is the group of soon-to-retire persons has a potential to express more needs of the higher level of Maslow’s hierarchy. Another limitation of this research is time period that each participant willingly spent for the interview. Most participants showed the hesitation when they were asked to allocate their time for a 15-20 minutes for the interview. In addition, the future research should be carried out in a closed or controlled environment, given that questions used in the research are difficult, for they aim to explore deeply to the needs of higher level. Therefore, the research should be carried out in a controlled environment in order to obtain full

attention and concentration of the interviewees. The distractions were high during this research and could, more or less, affect the results of the survey.

REFERENCES

Ageing Population – Thailand. (2014). Retrieved October 18, 2016, from http://ageing asia.org/ageing-population-thailand1/

Denzin, N.K., & Lincoln, Y.S. (2011). *The Sage handbook of qualitative research*. Thousand Oaks: Sage Publications.

Eltayeb, W., Ericsson, K., & Ljunggren, G. (2012). *Quality of Life in the older population in Sudan-Illustrated by Maslow's Hierarchical Levels, Experienced Loneliness, and Importance of Social Support*. Retrieved October 28, 2016, from http:// www.omicsgroup.org/journals/quality-of-life-in-the-older-population-in-sudan-illustrated-by-maslow%E2%80%99s-hierarchical-levels-experienced-loneliness-and-the-importance-of-social-support-2167-7182.1000113.pdf.

Emmert, P., & Barker, L. L. (1989). *Measurement of communication Behavior*. New York: Longman.

Global Health and Aging | National Institute on Aging. (2011). Retrieved October 10, 2016, from http://www.who.int/ageing/publications/global_ health.pdf.

Gravetter, F.J., & Forzano L.B. (2012). *Research Methods For The Behavioral Sciences* 4th ed. Belmont, CA: Wadsworth Cenage Learning.

Ivtzan, I., Gardner, H., Bernard, I., Sekhon, M., & Hart, R. (2013). *Wellbeing through Self-Fulfilment: Examining Developmental Aspects of Self-Actualization*. Retrieved October 20, 2016, from http://www.tandfonline.com/doi/abs/10.1080/08873267.2012.712076.

Julia, A. (2012). *Aging Population: Challenge or Goldmine for Tourism Industry*. Retrieved October 18, 2016, from http://www.travel-conference.co.uk/ commentries.php?paper=289#.V-zW_fmLTIU.

Kaewkantha, S. (2015). *Commentary on Thailand's domain ranks in the 2015 Global Age Watch Index*. Retrieved October 15, 2016, from file:///C:/Users/user/Downloads/ Thailand%20country%20 commentary.pdf.

Karcharnubarn, R., & Rees, P. (2009). *Population Ageing and Healthy Life Expectancy in* Thailand. Retrieved October 10, 2016, from http://www.eurohex.eu/bibliography/pdf/Karcharnubarn_Thailand_20090159638786/Karcharnubarn_Thailand_2009.pdf.

Knodel, J. (2012). *The future of Family Support for Thai Elderly: Views of the Populace.* Retrieved October 15, 2016, from http://www.psc.isr.umich.edu/pubs/pdf/rr12-779.pdf.

Knodel, J., Teerawichitchainan, B., Prachuabmoh, V., & Pothisiri, W. (2015). *The Situation of Thailand's Older Population: An update based on the 2014 Survey of Older Persons in Thailand*. Retrieved October 10, 2016, from http://www.psc.isr.umich.edu/pubs/pdf/rr15-847.pdf.

Lee, Y. (2000). *The predictive value of self-assessed general, physical, and mental health on functional decline and mortality in older adults*. Retrieved October 20, 2016, from http://jech.bmj.com/content/54/2/123.full.

Levy, B., Slade, M., Kunkel, S., & Kasl, S. (2002). *Attitudes and Social Cognition – Longevity Increased by Positive Self-Perceptions of Aging*. Retrieved October 15, 2016, from http://www.apa.org/pubs/journals/releases/psp-832261.pdf.

Mack, N., & Woodsong, C. (2011). *Qualitative Research Methods: A Data Collector's Field Guide*. Retrieved October 15, 2016, from https://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20%20A%20Data%20Collector's%20Field%20Guide.pdf.

Mitchell, M.L., & Jolley, J.M. (2007) Research Design explained. Belmont, CA: Wadsworth.

Ojha, H., & Pramanick, M. (2009). *Effects of Age on Intensity and Priority of Life Needs*. Retrieved October 15, 2016, from http://medind.nic.in/jak/t09/i1/jakt09i1p131.pdf.

Older Population and Health System: A profile of Thailand. (2002). Retrieved October 18, 2016, from http://www.who.int/ageing/projects/intra/phase_one/alc_intra1_cp_thailand.pdf.

Oppong, S. (2013). *The Problem of Sampling in Qualitative Research*. Retrieved October 20, 2016, from http://www.ajmse.leena-luna.co.jp/AJMSEPDFs/Vol.2(2)/AJMSE2013(2.2-21).pdf.

Schermerhorn, J.R., Hunt, J.G., & Osborn, R. (1998). *Organizational Behavior A Global Perspective*. New York: J.Wiley.

Sedgley, D., Pritchard, A., & Morgan, N. (2010). *Tourism and Ageing A Transformative research agenda*. Retrieved October 18, 2016, from http://www.arlt-lectures.com/aging-pritchard.pdf.

Senior Housing Marketing Insight. (2015). Retrieved October 18, 2016, from http://f.tlcollect.com/fr2/515/69366/Senior_Housing_Mkt_Insight_2015_Mid-Year_Edition.pdf.

Siriphanich, B., (1986). *Caring for the old in a changing society*. Retrieved October 15, 2016, from http://apps.who.int/iris/bitstream/10665/45192/1/WHF_1986_7(2)_p181-184.pdf.

Wang, Q. (2012). *The Needs of Older People in Later Life*. Retrieved October 15, 2016, from https://www.diva-portal.org/smash/get/diva2:575674/FULLTEXT01.pdf.

ประชากรสูงอายุไทย : ปัจจุบันและอนาคต. (2013). Retrieved October 18, 2016, from https://www.m-society.go.th/article_attach/13225/17347.pdf.