

**KEY FACTORS INFLUENCING THE NON-MARRIED, MIDDLE CLASS, GENERATION Y WORKERS IN BANGKOK AREA TO CONSIDER LIVING IN RESIDENTIAL HOME AFTER THEIR RETIREMENT**



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Thematic paper  
entitled  
**KEY FACTORS INFLUENCING THE NON-MARRIED, MIDDLE  
CLASS, GENERATION Y WORKERS IN BANGKOK AREA TO  
CONSIDER LIVING IN RESIDENTIAL HOME AFTER THEIR  
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Piracha Silpsrikul

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M.M. (HEALTHCARE AND WELLNESS MANAGEMENT)

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**ABSTRACT**

Thailand has entered aging society and the number of people aged over 60 years old has been rising every year. Thai people traditionally live together as a big family but this lifestyle is changing especially in the big cities representing by the rising numbers of micro family and non-married people. The objectives of this study were to study the opinion of the non-married, middle class, generation Y workers in Bangkok towards their plan and place to live after their retirement and the key factors which influence them to consider living in residential home after retirement.

Qualitative approach was conducted to explore the perception toward life after retirement and the factors which influenced the subjects to consider living in private residential home. Each subject was selected on purposive sampling approach. The in-depth, semi-structural interview was performed to individual subject on face-to-face basis. The data was coded and analyzed based on the content analysis method. The results were focused on Maslow's hierarchy of needs and service design theories.

The data from 30 subjects were collected. Most subjects wanted to live at their own resident after retirement rather than living in residential home. Most subjects currently had neutral opinion toward nursing home even they understood the purpose and benefits of it. However, they might change their perceptions if the future project met their needs and had better image. To consider living in residential home in the future, the key factors were facility design, caregiver, pricing, safety and privacy. The subjects expected good caregiver, good facility, good social, good activities and safety. The provided activities should match their needs to promote participation and involvement. In subjects' opinion, the most advantages of residential home were having people to spend time with, having caregiver, living in a good environment, being cared by expert, and not being a burden to their family. The most disadvantages were pricing, rules and policy, distance from family, social issues and possibly depression.

This research offered important findings for managerial implications particularly for the business owner or service provider who interests to establish the residential home for retired workers in future. The major recommendations are; 1) The name, image and concept of the project should be carefully designed 2) Defining the right target group was very important for the success of business and 3) One of the most subjects' concerns was about neighbors and community in residential home so the business owner should beware on this.

**KEY WORDS:** Generation Y/ Residential Home / Retirement plan/ Life after Retirement/ Bangkok

63 pages

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# CHAPTER 1

## INTRODUCTION

### 1.1 Research Statement and Importance

#### The Rising of Aging Society in Global

The increasing number of aging populations has been one of the most remarkable social transformations in past decades. As a global trend, aging group possess the fastest growing rate comparing to other age groups. According to data from World Population Prospects: the 2019 Revision, “by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%). By 2050, one in four persons living in Europe and Northern America could be aged 65 or over. In 2018, for the first time in history, persons aged 65 or above outnumbered children under five years of age globally. The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050” (United Nations, 2019). This transformation leads to the change in social and economic sectors such as people behavior, culture, laboring system, market trend, transportation and infrastructure in each country. It also impacts the Gross Domestic Income (GDP) by lowering country productivity due to the lower number of labors but increasing country expenditures especially in healthcare and social welfare sectors to take care of their older populations.

Thailand is one of the countries which has already entered aging society. Due to the increasing number of elderly and decreasing of birth rate, the number of populations aged over 60 years old has been rising every year. According to the institute of population and social research, Mahidol University, as of 2014 the number of Thai aging group (over 60 years old) is about 11 million persons from total population 66 million persons. This is equal to approximately 17% of total population (The institute of population and social research, Mahidol University, 2019). In year 2022, Thailand is expected to become aged society means having more than 14% of people aged 65 years and older. And in year 2030, we are expected to become super-aged society means having more than 20% of people aged 65 years and older. This information and forecast

reflect the trend of growing number of older populations in Thailand which is unavoidable.

### **Living of Elderly in Thailand**

Thai culture is more collectivism comparing to Western culture. Thai people prefer to live and do activities together in group, stay in a cluster and be dependent on others while Western people are more individual, independent and freer to do activities on their own. Majority of Thai family traditionally lives together as a big family means there are other family members besides parents and children, for example, grandparent(s), uncle, aunt, cousin, niece and nephew living together in the same household. Grandparents commonly are a part of the family. Sometimes, they help take care of the house and the family members especially the younger ones while the working age members go to work during the day to support the family. In addition, due to culture and religious believe, Thai people are supposed to take care of their parents to show their gratitude and appreciation because the parents used to take care of them when they were young. It is the Thai value that offspring feel that this is their responsibility and obligation to take care of their parents. Likewise, Thai elderly expect their offspring to look after them when they are older especially after retirement and when they cannot take care of themselves.

### **Change of Thai Living Lifestyle in Big Cities**

Nowadays, Thai culture and living lifestyle have been changing especially in the big cities. The number of micro family consisting of only parents and children in the household has been increasing. People in big cities especially ones who live and work in Bangkok have busier life. They tend to have less time to spend with family and older family member at home. Moreover, the number of single people who do not get married has been rising as well. The data from the household socio-economic survey of the National Statistical Office year 2007 to 2015 found that people living alone or one-member households in Thailand have almost doubled, from about two million people in 2007 to about 3.8 million people in 2015 (National Statistical Office, 2018). In this number, there were about 1.5 million persons being single which demonstrated how the new trend of living alone and staying single more than before. According to this data, it could be implied that these single people are likely to live on their own when they are

older and retire from work. Even some of them may expect other family members such as sibling, niece, or nephew to live with and take care of them.

Technically, the wording “retirement” is defined as the act of leaving your job and stopping working, usually because you are old (Cambridge, n.d.). Yet, in real life, the meaning of retirement may vary in each person. Some people plan to stop working before they are old. Some people may not completely stop working when they retire but still continue doing some small tasks or projects. However, the main concept of retirement is still about leaving the routine job which typically happens when people are in older age. Refer to the change of culture and lifestyle in Thailand as mentioned previously, the supply of long-term care after retirement for elderly will continue increasing in Thailand to serve in raising of demand. Thai society and business sector start to be aware of this need. There are new projects operated by private sector launched to the market in addition to the current nursing homes supported by the government which have limited vacancies and options. The examples of the private long-term care facilities are Jin Wellbeing County, Bangkok operated by Thonburi Healthcare Group Company Limited (See Figure 1.1) and Sansara at Black Mountain, Hua Hin operate by BuilderSmart Public Company Limited (See Figure 1.2). Both projects are thoughtfully developed and designed to serve the needs of elderly with beautiful facility and environment aiming to promote health and wellness of their residents.



**Figure 1.1 Jin Wellbeing County (Thonburi Health Group, 2019)**





**Figure 1.2 Sansara at Black Mountain, Hua Hin (BuilderSmart Public Company Limited, 2019)**

Working-age people especially the single ones (non-married and/or not in a relationship) start discussing about their plan to look for the living accommodations and their retirement funds even younger people in generation Y (aging between late 20s to 30s years old). Many people have talked about the budget how much they need to save up to be able to afford a good retirement life or live in a good retirement facility. Social medias and online articles write the contents about the estimated cost of living at retirement facility and admission criteria (See Figure 1.3). The new business model of long-term facility such as wellness community, co-living space, premium residential home for elderly will become the new business opportunity due to higher demand and growth. Understanding the new generation's needs, design the service coherently and make it different from the traditional government-run nursing home can be the keys of success. Therefore, this independent study will aim to study the key factors which influence the non-married, middle class, generation Y workers in Bangkok area to consider living in residential home after their retirement to be able to understand their perceptions and needs what they would look for to consider living in the residential home which is the new idea to the traditional Thai living lifestyle. The study outcome will be useful in designing the service to match their needs as well.



**Figure 1.3 Examples of Online Articles Regarding Retirement Facility and Admission Criteria (Daily News, 2016 and Aommoney, 2016)**

## 1.2 Research Question

This independent study aims to explore the current perceptions of the non-married, middle class, generation Y (non-married, employed with the range of income at 18,001 to 85,000 Thai Baht per month, age ranging from 19 to 38 years old) workers who live and/or work in Bangkok toward their life after retirement and the keys factors to consider if they would live in residential home after their retirement.

- What is their current perception towards their life after retirement? How they foresee themselves? Where will they live? What will they do in everyday life? What is their current opinion toward the idea of living in residential home or nursing home after retirement?
- If they would consider living in residential home operated by private sector, what factors would influence their decision? How do they expect the facility to be and what to provide?

### **1.3 Research Objectives**

- 1) To study the opinion of the non-married, middle class, generation Y workers in Bangkok towards their plan and place to live after their retirement
- 2) To study the key factors which influence the non-married, middle class, generation Y workers to consider living in residential home after the retirement

### **1.4 Research Scope**

This research was a study of the key factors influencing the single, middle class, generation Y (non-married, employed with the range of income at 18,001 to 85,000 Thai Baht per month, age ranging from 19 to 38 years old) workers in Bangkok to consider living in residential home after their retirement. The research was based on the theory of Maslow's hierarchy of needs and service design to explain subjects' response to the research questions. The research used the primary data from in depth interview and the secondary data from literary review by searching library database of the College of Management, Mahidol University for the related methodology and outcome of other independent studies and thematic papers together with the internet research for the related information to the study topic.

To answer the research questions, researcher used the qualitative method to collect data from the interested sample group. The subjects were selected by specific inclusion criteria based on their marital status, age, income, location of workplace or living place with mixing of gender. The researcher focused on the single group because this group tended to have more possibility to live on their own when they were older. According to OECD Labor Force Statistics, working age were defined between 15 to 64 years old (OECD, 2018). Yet the age of subjects was scoped down to generation Y (25 to 38 years old) because this generation seemed to be more open to the innovation and new ideas comparing to generation X and baby boomer. And to be able to live in a good retirement facility as they wish, some generation Y may need to start saving their retirement fund now. The income of 18,001 to 85000 THB was the average income of middle class who were the majority of country population. And the location that subjects were working and/or living were limited to be in Bangkok to focus on the group of



people who had urban lifestyle which were supposed to be busy. In-depth interview was conducted individually in 30 subjects on face-to-face basis.

### **1.5 Expected Benefit**

This research had expected benefit to understand the perspective of targeted subjects as a representative of population how they foresaw themselves at retirement and the key factors which they considered if they would choose to live in the private residential home after their retirement. The research outcome might help the service provider understand the needs and expectation of population under the same inclusion criteria as the subjects better. The knowledge gained from this research would be adaptable to design the service and/or facility or create the new idea of business to serve this group of customers who would become the elderly and retire from their work in next 20 to 35 years.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Relevant Theoretical Concepts**

In this independent study, two theories including Maslow's hierarchy of needs and service design were used to explain the opinions and key factors which may affect the decision of the subjects to consider living in residential home after the retirement.

##### **2.1.1 Maslow's Hierarchy of Needs**

Maslow's hierarchy of needs is the psychological theory explaining the five levels of human needs to make them fulfilled in life. The five levels consist of physiological needs, safety needs, social needs (or belongingness and love needs), esteem needs and self-actualization. The details of each levels are as followings.

###### **2.1.1.1 Physiological Needs**

Physiological needs relate to the biological requirements for human survival. They are basic things human would need to survive and maintain their well-being, for example, food, water, warmth, rest, air, clothes and shelter. Human will not function optimally if these needs are not satisfied.

###### **2.1.1.2 Safety Needs**

Safety needs relate to safety and security. They can be described as the things which protect human from dangerous elements and make them feel secured, stable and free from fear. They are supposed to fulfill both physical and emotional securities, for example, security system, security guard, fence, employment, law and regulation. They can also include having a good health and financial security as well.

###### **2.1.1.3 Social Needs (Belongingness and Love Needs)**

Social needs concern on relationship with other people. The needs connect to the feeling of belongingness, affection, how to be accepted or be a part

of a group. Examples include intimate relationship, friendship, trust, and acceptance from the group such as family, friends and workplace.

#### 2.1.1.4 Esteem Needs

Esteem needs are the prestige and feeling of accomplishment. They can be classified into two subgroups which are esteem on oneself and respect from others. The examples of esteem on oneself are pride, dignity, achievement, independence, self-confidence and self-respect. The respect from others can be in the form of reputation, recognition, status and influence.

#### 2.1.1.5 Self-Actualization Needs

Self-actualization is the highest needs which is the achieving of one's full potential or capability which a person could be. It relates to personal potential and self-fulfillment. Self-actualization, depending on different factors, is not common and varies from person to person (Lertsupanont, 2017 referred to Mitchell, 2007 and Sehermerhorn, 1998)



**Figure 2.1 Maslow's Hierarchy of Needs (McLeod, 2018)**

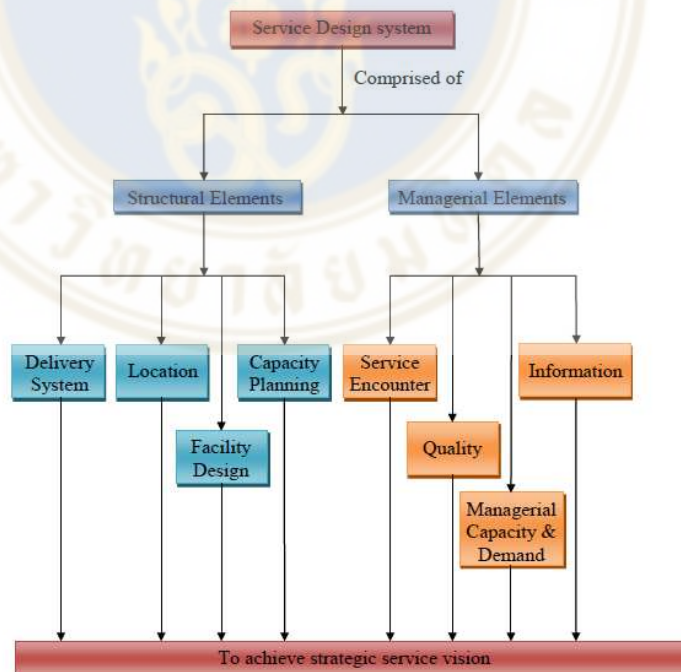
Maslow's hierarchy of needs can also be divided into three subgroups. The first subgroup is basic needs consisting of physiological and safety needs. The basic needs are common requirements which most people tend to need the same and are simpler to be fulfilled. When the basic needs are fulfilled, human will be able to consider other higher levels of needs. The second subgroup is psychological needs which relates to people's thoughts and feeling and can be varied by individuals. And the top of

pyramid is self-fulfillment needs which is the most complicated, can be unique in each person and could be harder to fulfill comparing to other needs.

### 2.1.2 Service Design

According to Hollins and Shinkins, “Service design practice is the specification and construction of processes that delivers valuable capacities for action to a particular customer. Service design practice can be both tangible and intangible and it can involve artifacts or other elements such as communication, environment and behaviors.” (Hollins & Shinkins 2006). Service design is a well comprehensive thought which service provider should consider when they create a new product or service. Stakeholders including but not limited to staff, manager, customer, and payer should be considered as they will involve in the product. Good service design can ensure good quality and productivity of the product or service.

Service design can be divided into two design elements, structural elements and managerial elements (see Figure 2.2)



**Figure 2.2 Service Design System Elements (National Programme on Technology Enhanced Learning, India, 2019)**

When designing a service, structural elements are usually planned to be strategic in its nature and aimed for long-term use. Structural elements consist of location, facility design, delivery system and capacity plan. Once structural elements are in place, managerial elements will be considered. Managerial elements usually relate to the management and interaction with the users at a service touchpoint. Managerial elements consist of management of information, quality, service encounter and managing capacity on demands. More details of structural and managerial elements are as shown in below Figure 2.3

### Service Design Elements

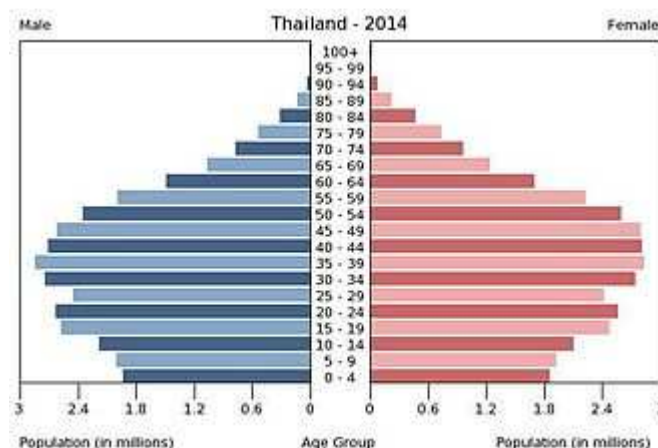
Design Elements	Topics
<b>Structural</b>	
Delivery system	Process structure, service blueprint, strategic positioning
Facility design	Servicescapes, architecture, process flows, layout
Location	Geographic demand, site selection, location strategy
Capacity planning	Strategic role, queuing models, planning criteria
<b>Managerial</b>	
Information	Technology, scalability, use of Internet
Quality	Measurement, design quality, recovery, tools, six-sigma
Service encounter	Encounter triad, culture, supply relationships, outsourcing
Managing capacity and demand	Strategies, yield management, queue management

**Figure 2.3 The Details of Structural and Managerial Elements in Service Design (McGraw-Hill, 2011)**

## 2.2 The Working Age and Middle Class in Thailand

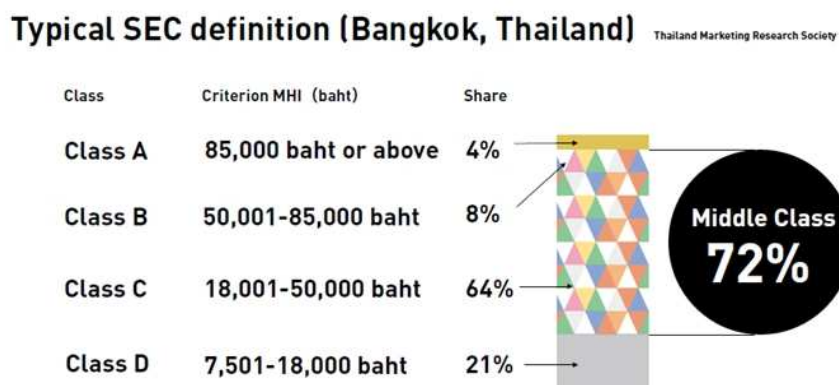
According to the survey by the central intelligence agency (CIA) in 2014 represents the current Thai census and population structure. The majority of Thai populations was working age ranging between 25 to 60 years old. It was a wide range of age which included people in generation B or Baby boomer (born in year 1946 to 1964 or 55 to 73 years old), generation X (born in year 1965 to 1980 or 39 to 54 years old) and generation Y (born in year 1981 to 2000 or 19 to 38 years old) (Anuratpanich, 2019). The proportional structure of Thai population was shown in figure 2.4.





**Figure 2.4 The Proportion of The Thai Population Structure by Age in 2014 (CIA, 2014)**

Another interesting point besides the age of population was socio-economic class (SEC). Refer to the Thailand Marketing Research Society (TMRS), SEC of Thailand were divided into four classes. The most of population were class B and C which the median household income (MHI) were 18,001 to 50,000 and 50,001 to 85,000 Thai Baht per month respectively. TMRS called these two classes together as the middle class. And the percentage of the middle class as a summation of class B and C together was 72% of total population (TMRS, 2015) which was a huge number. This explained the reason why the middle class tended to play in role as a targeted group of customers in marketing aspect.



**Figure 2.5: SEC in Bangkok, Thailand (TMRS, 2015)**

### **2.3 Previous Study on Elderly Needs**

Wongrassameetham (2015) conducted the qualitative study regarding the business model of retirement home in Bangkok. Three business owners and five Thai generation Y who were expected to use the facility in future were interviewed on face-to-face basis. The study found that there were three most important factors to consider. First, the facility should be hygienic and have enough space for resident's daily life. Second, the environment should be maintained and controlled to be suitable for elderly living. And third, the internal factors such as caregiver, accommodation and activities. The study also found that the successful projects focused on their screening process which helped grouping the resident with similar lifestyles in order to avoid the gap of interest. And the projects tried to organize various activities which match the interest of most residents so that no one felt inferior and unvalued (Wongrassameetham, 2015)

Slettebo et al. (2016) conducted the study to identify the meaningful and enjoyable activities for the nursing home residents in Europe. The qualitative interview was conducted in 28 residents in 6 countries in Scandinavia. The study found that the activities provided in nursing home can promote dignity to the residents especially the tailor-made which match their interest and allow them to take part actively. There were two dimensions of activities which foster experiences of dignity in nursing home (i) fostering dignity through meaningful participation and (ii) fostering dignity through experiencing enjoyable individualized activities (Slettebo et al., 2016).

Jitramontree and Thayansin (2013) conducted the study on social welfare for older persons in Thailand in 2013 doing a snowball sampling in 45 Thai subjects. They suggested that the lifelong learning projects should be operated more in senior citizen club to promote well-being and dignity of the elderly. A long-term plan for housing for elderly should also be established in affordable price and age-friendly environment, wherein a care manager presented. This would make the older persons living alone in their own home consider living in this type of house with safety and dignity (Jitramontree and Thayansin, 2013).

Lertsupanont (2017) did a research on the preference living in term of mental support for Thai elderly by doing in-depth interview 30 subjects aged 60 to 75 years old. The research found that most respondents perceived the quality of life after retirement mainly relating to the basic needs, physiological needs and safety needs and



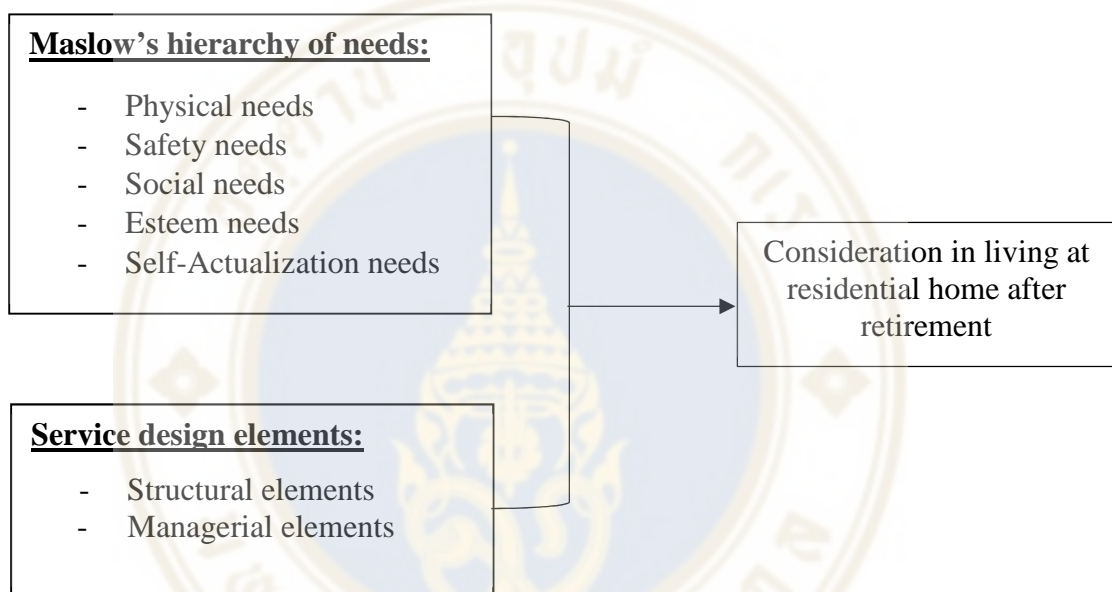
around 80 % of respondents though health was the most important. Self-esteem could be gained from inner self, while esteem was developed by others. Yet most subjects could not answer the questions regarding self-actualization and did not recognize these needs in their senior years anymore. The researcher also found that males tended to have higher level of needs than females because they mentioned about their esteem and self-actualization needs more often than females (Lertsupanont, 2017).

Seetisarn (2017) did a qualitative research to identify the major factors influencing adoption of home health care service in Bangkok by interviewing six Thai elderly aged 60 years old and their relatives. The researcher found that the critical factor in subjects' opinion was caregiver as it directly related to the quality of services. The subjects would like their caregiver to have good personality, experience in their job and capability to provide good services. The second factor was the feeling of safety in their life and relative's life because the caregiver would come to take care of them at their home. The last concerned factor was the price as understanding the cost could be high, but it was a necessary expenditure (Seetisarn, 2017).

Pechmisi (2015) explored the meaning of "home" in 17 residents at Bang Kae nursing home, Bangkok. The research focused on three factors including safety, privacy and interaction. The results found that all three factors related and influenced each other in creating the feeling of "home" to the elderly. For example, living in their own private room would give the residents privacy but not much for safety. Vice versa, living in shared bedroom made the residents felt safer but lacked privacy. And some activities which reflected the feeling of staying at home such as dining together might not suit well in the nursing home because it caused more conflicts rather than encouraged good relationship. However, the feeling like "home" could be varied depended on individual. The service provider should be understanding and flexible to the rule in occasion (Pechmisi ,2015).

## 2.4 Research Framework

This research was aimed to study the opinion of the non-married, middle class, generation Y workers in Bangkok towards their plan and place to live after their retirement and the key factors which influenced this group of subjects to consider living in residential home after the retirement. Considering the application of Maslow's hierarchy of needs and service design theories, the research framework should be as Figure 2.6 below.



**Figure 2.6: Research Framework**

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 Type of Research**

The research was a qualitative study aimed to explore the perception toward life after retirement and the factors which influenced the non-married, middle class, generation Y workers who lived and/or worked Bangkok area to consider living in private residential home after their retirement. Because the purpose of this research was to understand individual's opinions and preferences, qualitative method was chosen because it was the effective tool to gain the insightful information and deep details from each subject. Each subject was selected on purposive sampling approach by randomly choosing the one who met inclusion criteria as mentioned above. The in-depth interview was conducted to individual subject on face-to-face basis. The questions listed on the questionnaire approved by the Institutional Review Board of Mahidol University were asked one by one and discussed with subject on semi-structural basis. The researcher spent about 45 to 60 minutes in interviewing each subject.

#### **3.2 Population and Group of Samples**

The inclusion criteria of subjects were the non-married, middle class, generation Y (non-married, employed with the range of income at 18,001 to 85,000 Thai Baht per month, aged ranging from 19 to 38 years old) workers who were living or working in Bangkok. The subjects were chosen randomly on purposive sampling approach. The researcher preliminary screened the subject first by asking screening questions about their marital status, salary, age and location of living and/or working to ensure subject's eligibility. Then the researcher asked for the subject's willingness to participate the research. If the subject was interested, the researcher gave informed consent for the subject to read and ask question if they did not understand or had question in any point. process. The sample size of 30 subjects was from the literature

review in grounded theory studies. Creswell and Clark (2011) recommended at least 20 to 30 interviewees, Denzin and Lincoln (2011) recommend 30 to 50 interviewees while Morse (2000) recommended 20 to 30 interviewees.

### 3.3 Research Instruments

The researcher interviewed the subject on face-to-face basis using the guideline of interview questions. This guideline consisted of three parts. The first part asked about subject's demographic data (gender, marital status, age), education level, occupation, monthly salary, workplace, residency and type of their current living facility. This was to ensure that the subjects were eligible to participate the study. The second part of questions aimed to explore the current idea of subjects toward their retirement and living at the residential home after their retirement. The third part of question aimed to explore subjects' idea and opinion what they expected or looked for if they would consider living in residential home in the future.

The guideline of interview questions was divided into 3 parts as in following Table 3.1 to Table 3.3.

**Table 3.1 The guideline of interview questions part I: subjects' demographic data**

Question No.	Question	Reference
1	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	(Adapted from Sawangkun, 2015)
2	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	(Adapted from Sawangkun, 2015)
3	Age (years old) <input type="checkbox"/> 20 – 25 <input type="checkbox"/> 26 - 30 <input type="checkbox"/> 31 – 35 <input type="checkbox"/> 36 - 40	(Adapted from Sawangkun, 2015)
4	Educational level <input type="checkbox"/> Lower than bachelor's degree	(Adapted from Sawangkun, 2015)

**Table 3.1 The guideline of interview questions part I: subjects' demographic data (Cont.)**

Question No.	Question	Reference
	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Higher than master's degree	
5	Occupation <input type="checkbox"/> Student <input type="checkbox"/> Private company worker <input type="checkbox"/> Government enterprise employee <input type="checkbox"/> Civil servant <input type="checkbox"/> Freelancer/Business Owner <input type="checkbox"/> Other (Please specify) .....	(Adapted from Slettebo et al. 2016)
6	Monthly income range (Thai Baht) <input type="checkbox"/> less than 18,000 <input type="checkbox"/> 18,001 - 30,000 <input type="checkbox"/> 30,001 - 50,000 <input type="checkbox"/> 50,001 - 70,000 <input type="checkbox"/> 70,001 - 85,000	Not applicable
7	Current living or working in Bangkok? <input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable
8	Characteristic of current residence <input type="checkbox"/> Single house/Town house <input type="checkbox"/> Condominium/Apartment <input type="checkbox"/> Dormitory <input type="checkbox"/> Other (Please specify) .....	(Adapted from Sawangkun, 2015)
9	Number of person(s) living together in the same household <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain) ...	(Adapted from Sawangkun, 2015)

**Table 3.2 The guideline of interview questions part II: current general ideas regarding life after retirement**

<b>Question No.</b>	<b>Question</b>	<b>Reference</b>
1	How old do you plan to retire from your job?	(Wongrassameetham, 2015)
2	In your current thought, where will you live after your retirement?	(Adapted from Wongrassameetham, 2015)
3	How would you like your living residence after retirement to be?	(Wongrassameetham, 2015)
4	How would you like your daily activity after retirement to be?	(Wongrassameetham, 2015)
5	What is your thought or how do you feel toward the wording “living in nursing home” after retirement?	(Adapted from Slettebo et al. 2016)

**Table 3.3 The guideline of interview questions part III: the key factors which influence subjects to consider living in residential home after their retirement**

<b>Question No.</b>	<b>Question</b>	<b>Reference</b>
1	In case a private organization is going to establish a residential home for living after retirement, what factor(s) would you concern or consider about the project?	(Wongrassameetham, 2015)
2	What do you expect from living at this residential home?	(Wongrassameetham, 2015)
3	What accommodations or services would you like this residential home to offer for you?	(Wongrassameetham, 2015)



**Table 3.3 The guideline of interview questions part III: the key factors which influence subjects to consider living in residential home after their retirement (Cont.)**

Question No.	Question	Reference
4	What activities would you like to do the most at this residential home?	(Adapted from Wongrassameetham, 2015)
5	In your thought, what would be pros and cons to live at this residential home?	Not applicable

### 3.4 Method of Data Collection

Data collection was conducted by in-depth interview. The researcher appointed individual subject at their convenience to conduct face-to-face interview. Because this interview was designed to be semi-structure basis, the research used the guideline of interview questions as a guidance to gain inputs from the subjects but still encouraged them to freely share the opinions toward the questions. Each question listed on the guideline of interview questions was asked to explore the subject's opinions and let the subject express their thoughts. The research recorded the interview only under the subject's permissions by using audio recorder or mobile phone. Field note was also used as a complement of the recording. The interview took about 45 to 60 minutes on each subject. Only the researcher could access and identify the responses of individual subject. The researcher had made every effort to prevent anyone outside the project to access such response and/ or connect with the respondents. The participant's private information including audio records and field notes were kept confidentially in the computer with password which could be accessed only by the researcher. It would not be subject to an individual disclosure but would be included in the research report as part of the overall results. Some interesting quotes would be mentioned in the report together with subject's code instead of subject's personal identity. All source documents



including subjects' audio records and field notes would be kept for 5 years after study termination according to research ethical requirement and would be deleted or destroyed afterwards.

### **3.5 Data Analysis and Evaluation**

Data from in-depth interview will be listed and categorized into groups of similar characteristics. The data will be coded and analyzed based on the content analysis method (Krippendorff, 2004). The results were focused on Maslow's hierarchy of needs and service design theories.

### **3.6 Duration**

Data collection was conducted by in-depth interview on face-to-face basis. Each question listed on the guideline of interview questions was asked to explore the subject's opinions and let the subject freely express their thoughts. Thus, the interview took about 45 to 60 minutes per subject which was ample to discuss, explore and cover all questions. The duration to complete the data collection from 30 subjects was around 3 months (between May to July 2019).

## CHAPTER 4

### RESEARCH FINDINGS

#### 4.1 Findings

The data was collected by in-depth interview 30 workers who were non-married, lived and/or worked in Bangkok, age 25 to 38 years old with income range of 18,001 to 85,000 Thai baht per month. The result of this research was shown as follows:

##### 4.1.1. Subjects' Profile

Total 30 subjects consisted of 20 females which was equal to 67% and 10 males which was equal to 33%. Table 4.1 showed the demographics profile of each respondent. The male subjects were coded as M1 to M10. The female subjects were coded as F1 to F20. All subjects are non-married and currently lived and/or worked in Bangkok.

**Table 4.1 Respondents' profile of 30 subjects**

No.	Gender	Age	Educational level	Occupation	Subject code
1	Male	26	Bachelor's degree	Self-employed	M1
2	Female	35	Bachelor's degree	Self-employed	F1
3	Female	26	Bachelor's degree	Private company worker	F2
4	Male	31	Bachelor's degree	Private company worker	M2
5	Male	35	Bachelor's degree	Private company worker	M3
6	Male	28	Bachelor's degree	Private company worker	M4
7	Female	32	Bachelor's degree	Private company worker	F3
8	Female	29	Master's degree	Private company worker	F4
9	Female	37	Master's degree	Private company worker	F5
10	Male	31	Bachelor's degree	Private company worker	M5
11	Female	28	Bachelor's degree	Private company worker	F6

**Table 4.1 Respondents' profile of 30 subjects (Cont.)**

No.	Gender	Age	Educational level	Occupation	Subject code
12	Female	28	Bachelor's degree	Private company worker	F7
13	Female	35	Higher than master's degree	Private company worker	F8
14	Female	32	Bachelor's degree	Private company worker	F9
15	Male	38	Master's degree	Private company worker	M6
16	Female	27	Bachelor's degree	Private company worker	F10
17	Female	34	Bachelor's degree	Private company worker	F11
18	Male	25	Bachelor's degree	Private company worker	M7
19	Male	25	Bachelor's degree	Private company worker	M8
20	Female	31	Master's degree	Private company worker	F12
21	Male	29	Bachelor's degree	Private company worker	M9
22	Female	27	Bachelor's degree	Private company worker	F13
23	Female	28	Bachelor's degree	Private company worker	F14
24	Female	28	Bachelor's degree	College student	F15
25	Female	27	Bachelor's degree	Private company worker	F16
26	Male	28	Bachelor's degree	Private company worker	M10
27	Female	28	Bachelor's degree	Private company worker	F17
28	Female	33	Bachelor's degree	Private company worker	F18
29	Female	37	Bachelor's degree	Private company worker	F19
30	Female	35	Bachelor's degree	Private company worker	F20

**Table 4.2 Educational level of subjects**

Educational level	Number of subjects	Percentage
Bachelor's degree	25	83%
Master's degree	4	13%
Higher than master's degree	1	3%
<b>Total</b>	<b>30</b>	<b>99%</b>

According to Table 4.2, most subjects graduated in bachelor's degree (25 out of 30 subjects, equaled to 83% of total subjects). Four subjects (13%) graduated in master's degree and one subject (3%) graduated in higher level than master's degree.

**Table 4.3 Occupation of subjects**

<b>Occupations</b>	<b>Number of subjects</b>	<b>Percentage</b>
Self-employed	2	7%
Private company worker	27	90%
College student	1	3%
<b>Total</b>	<b>30</b>	<b>100%</b>

According to Table 4.3, majority of subjects were workers in private company (27 out of 30 subjects, equaled to 90% of total subjects). They were from various professional fields such as engineer, architect, doctor, nurse, pharmacist, veterinarian, hotel management and finance. Two subjects (7%) were self-employed, one operated his family business and one was freelancer. One subject (3%) was full-time college student.

**Table 4.4 Monthly income range of subjects**

<b>Monthly income range (THB)</b>	<b>Number of subjects</b>	<b>Percentage</b>
18,001-30,000	5	17%
30,001-50,000	13	43%
50,001-70,000	5	17%
70,001-85,000	7	23%
<b>Total</b>	<b>30</b>	<b>100%</b>

According to Table 4.4, most subjects had average monthly income ranging from 30,001 to 50,000 THB (13 out of 30 subjects, equaled to 43% of total subjects). Seven subjects (23%) had income ranging from 70,001 to 85,000 THB. Five subjects (17%) had income in range of 18,001 to 30,000 THB as well as 50,001 to 70,000 THB.

**Table 4.5 Characteristic of subjects' current residence**

Type of Residence	Number of subjects	Percentage
Single house/Town House	21	70%
Condominium/Apartment	6	20%
Dormitory	1	3%
Other (Shophouse)	2	7%
<b>Total</b>	<b>30</b>	<b>100%</b>

According to Table 4.5, most subjects lived in single house or town house which was owned by their family (21 subjects out of 30, equaled to 70% of total subjects). All of them were living with their family members which typically included their parent(s), sibling(s), and sometimes other relative(s) such as grandparent(s), aunt(s) and uncle(s). Some of them even had worker(s) full-time lived in under the same residence. Six subjects (20%) lived in condominium or apartment which three of them were living with their sibling while the other three were living by themselves. One subject (3%) rented a dormitory nearby the workplace. And two subjects (7%) lived in family-owned shophouse together with their family members just like the subjects who lived in single house or town house.

#### **4.1.2 Current General Ideas Regarding Life After Retirement**

This section explained the general ideas of life after retirement from the subjects' point of view. The subjects were asked what the age which they wished to retire from their job was as well as the characteristic of their living residence after retirement and its location. The subjects were also asked about the activities they would do in their everyday life and, finally, their opinion towards the idea of "living in residential home" after their retirement.

##### **4.1.2.1 Age of Retirement**

Because the interview was conducted with open-ended questions, the subjects were freely encouraged to share their idea of age that they thought it was a good age to retire from their job. Thus, the response was various from single number to range of age as presented in Table 4.6 below.

**Table 4.6 The age that subjects planned to retire from their job**

Age	Number of subjects	Percentage
45	1	3%
50	6	20%
55	2	7%
55-60	6	20%
60	10	33%
60-63	1	3%
65	3	10%
More than 65	1	3%
<b>Total</b>	<b>30</b>	<b>99%</b>

The mode of retired age (with 10 subjects, equaled to 33% of total subjects) was at 60 years old which was the general age of retirement, followed by 50 and 55-60 years old (with 6 subjects each, equaled to 20% of total subjects). Four subjects wished to retire at age 65 and older because of they thought 60 was too young to quit. Subject M2 mentioned that he wanted to retire at older age to ensure that he could have enough income to support his life later at 70-80 years old. F13 said 65 was a good age because too early retirement might cause boredom and depression. M9 and F14 thought that being 60 years old did not sound that old anymore and there were many 60 years old people who could still work and be willing to work. M4, F14 and F20 said they would continue working as long as they could. In contrast, there were one and six subjects who wished to retire at younger ages like 45 and 50 years old respectively. M1 said in his retirement at 45 years old, he wanted to stop routine works to support his living and be able to choose to work occasionally when he wanted to. He would also move to another province and do agriculture instead of working in Bangkok. In similar to M1, four subjects from 50 years old group (subject F3, F5, F16 and F18) wanted to retire, moved to another province to enjoy a slow life by doing what they wanted or had no chance to do at their working age, for example, reading books, exercises and gardening. M10 thought he wanted to stop working at 50 years old because he would have worked hard enough earlier. F19 said she would be done for work at 50 years old but still wanted to do something else besides works maybe some hobbies or part time



job. One interesting finding in this group who wanted to retire early was that six out of seven said even though they stopped doing their routine job for living, they might still do small jobs in occasion or find something to do to keep them active and busy when they wanted to. Most of them did not want to completely stop working after retirement.

#### 4.1.2.2 Current Idea about Living Residence after Their Retirement

**Table 4.7 Subjects' plan of living residence after their retirement**

Type of Residence	Number of subjects	Percentage
Living in their own house or condominium where they were currently living with their family		
- In Bangkok	10	33%
- In another province	5	17%
Buying or building their own new residence (single house or condominium)		
- In Bangkok	7	23%
- In another province	6	20%
Considering living in residential home		
- Living in condominium in Bangkok first then moving to residential home when they could not take care of themselves	1	3%
- Living in residential home with good facilities	1	3%
<b>Total</b>	<b>30</b>	<b>99%</b>



Half of total subjects (15 subjects, equaled to 50% of total subjects) planned to live in their own house or condominium which they already owned and were currently living with their family. Because the facility belonged to the family, they could continue living there and were supposed to look after it when their parents passed away. In this group, ten subjects (67% of this group) were in Bangkok while five of them (33% of this group) were in upcountry meaning that the subjects would have to move back to their hometown after retirement.

*“I would continue living in my house in Bangkok. It is the way I get used to. I feel comfortable and familiar with the surrounding area” (F6)*

*“My hometown in Udonthani so I plan to move back there. I don’t want to live in condominium until I am old” (F5)*

The second group were the subjects who were living in Bangkok currently owned a residence but wished to buy or build the new residence for their retirement (13 subjects, equaled to 43% of total subjects). Seven of them (23% of total subjects) considered getting the new residence in Bangkok while six of them (20% of total subjects) would move to other provinces. The choices of provinces were various from not too far from Bangkok (within 2-4 hours of driving distance), for example, Kanchanaburi and Chantaburi to far away provinces, for example, Chiang Mai, Phrae and Nan. The subjects chose the provinces within 2-4 hours away from Bangkok because it was not hard to travel to do errands, do activities and catch up with family and friends. They also felt more secured that they did not move too far away from their old living lifestyle. In another hands, some subjects were interested in faraway provinces because they wanted a different lifestyle and environment which were supposed to give them more relaxing and peaceful atmosphere comparing to living in or nearby Bangkok.

*“I will look for a condominium nearby BTS. It is easier to go out to buy food or see the doctor when I am sick. My current house is in an alley and not easy to travel around. If I get older and live by myself, I would have to move out.” (M3)*

*“It should be cost less to live in another province out of Bangkok. Chantaburi is a good choice because it is only 3-4 hours driving from Bangkok.” (M1)*

*“I would consider small province where is not too-developed yet like Phrae or Nan. This is still convenience but not too chaotic like Bangkok” (F12)*

The third group were two subjects who had a plan to live in residential home at the end of their life. M4 said after retirement, he would continue living in his condominium until he could not take care of himself. Then he would move to “advanced level” which meant the residential home with full-time caregiver. F19 said if she was still single at that time, she would move to a residential home with nice facility.

*“If I am still single, I will find a residential home with nice facility. It does not matter which province it is as long as I like it. I may donate some money and ask them to take me and look after me” (F19)*

#### 4.1.2.3 Characteristic of Living Residence after Retirement

- Physical Needs

The subjects described the characteristic of their living residence mostly in physical aspects. The physical characters which were mentioned the most were listed in Table 4.8 below.

**Table 4.8 Most popular physical characteristics of living residence after retirement**

<b>Rank</b>	<b>Physical Characteristics</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage (from 30 subjects)</b>
1	Have surrounding area to do activities	14	47%
2	Access to transportation easily	13	43%
3	Have a peaceful atmosphere	10	33%
4	Have a sense of being home	8	27%

**Table 4.8 Most popular physical characteristics of living residence after retirement (Cont.)**

<b>Rank</b>	<b>Physical Characteristics</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage (from 30 subjects)</b>
5	Be not far from hospital	7	23%
6	Have a good air quality, no pollution	6	20%
6	Close to nature and be shady with trees	6	20%

Fourteen subjects wanted their residence to have surrounding area to relax and do activities such as gardening, growing vegetables, exercise, walking around, and spending time with family or pets. They also felt more comfortable and relaxing to have such the area comparing to tight and limited area. Thirteen of subjects wanted easy access to the transportation such as living next to public transportation or toll roads so that they could travel to places or meet their friends and relatives when they wanted to. Ten subjects wanted their future residence not to be crowded or busy because they wanted peaceful life in their retirement. Eight subjects wanted their residence to feel like home, not only physically designed as a house but also emotionally that it was their own place which belonged to them. Three subjects in this group said that the place did not need to be big, but it should give them happiness to live there.

Seven subjects wanted the residence to locate not far from hospital. Actually, there were other places that two or three subjects wanted to live closer to, for example, fresh market or food service, entertainment, department store or shopping mall, community, school, temple and government office. Six subjects wanted to live in the area that had good air quality and free from pollution or PM 2.5. And also six subjects wanted the area to be close to nature or have many trees to provide fresh and shady atmosphere for living. Two out of these six wanted to have a big garden in their house.

Besides the characteristics mentioned in Table 4.7 above, some interesting physical characters were also discussed during the interview. Five subjects wished to have private space in their place to relax and do personal activities. Four

subjects said the cleanliness was important to them. Regarding design of the facility, four subjects specifically said they wanted a single house with surrounding area while one subject said only a small place was enough for her, so she did not have to spend time taking care of it much.

- Safety Needs

Four out of 30 subjects (13% of total subjects) mentioned about their safety needs that their residence should give them the feeling of peaceful and safe. F3 said her future house in upcountry should be in the safe area far away from risky or dangerous factors, for example, gangster, bar or drug addicted people. Living in a nice and safe area will also beneficial that her family would not have to worry about her wellbeing, and in another hand, she would not be a burden to her family as well. And this related to self-esteem of F3 because she did not want to be a burden to others.

- Social Needs

Among the response from all 30 subjects, there were seven subjects (23% of total subjects) mentioned about their social needs relating to their future residence as followings.

*“Having a good neighbor is very important. The community that I will move to should have good neighbors” (M1)*

*“My house should be not far from the community, so I can have something to do like go exercise and talk to other people. Not like going to fitness and workout individually.” (F5)*

*“I want to have neighbor. I don’t want my house to be stand-alone. I still want to socialize with others” (F6)*

*“Besides my immediate family, I also have other relatives living in the same house right now, so I will not feel lonely.” (F8)*

*“I am thinking about buying a house or condominium with friends. Like we buy a unit for each*

*of us but living in the same area, so we can call each other” (F11)*

*“I might buy a house to live together with my sister, only splitting the bedroom” (F14)*

#### 4.1.2.4 Daily Activities after Retirement

The subjects were asked how they imagined their everyday life would be and what would they do each day. Some of them had shared ideas about working after retirement as shown in below Table 4.9.

**Table 4.9 Ideas of work after retirement**

Type of Residence	Number of subjects who mentioned this (out of 30 subjects)	Percentage
Plan to do some small works/projects	10	33%
Can choose to work or not	3	10%
Completely stop working	6	20%

Ten subjects out of 30 (33% of total subjects) mentioned that even they already retired, they might still find something to do. The choices were various from some works or small projects which could generate some income but not as much as when they were in working age, or some activities or hobbies which kept them busy and optionally could also make some money. The activities might also be charity works or merit making to helped them feel that they were still active and useful to others. Six subjects said their retirement should be the time to completely relax and be carefree of making money for live. They wished to have slow life and do whatever they want but no work and no rush. Three subjects wanted to be able to choose either they wanted to work or not. The mentioned statement reflected subjects’ self-esteem in terms that they could still do what they used to be able to do and be useful to others. And they do not lose their ability to make their own choice of what they want when they were older.



Some subjects shared specific opinions about their income after retirement. Four subjects said they tried to save up a fund during their working age to cover their life after retirement (planned to support their life in 70 years old until passing away). Four subjects wanted to invest their money in stocks market or real estate so that they could get the passive income during their retirement. M1 wished not to be stressful in making money at retirement. Only sufficient amount (estimated 25,000 THB per month) to cover necessary living expense should be enough.

Besides working, the daily activities that the subjects wished to do in their everyday life were listed in Table 4.10 below.

**Table 4.10 Daily activities that the subjects wanted to do after their retirement**

Activities	Number of subjects who mentioned this (out of 30 subjects)	Percentage
Exercise	10	33%
Gardening or growing some plants	8	27%
Travelling (both domestic and overseas)	7	23%
Owning pets such as dog, cat and fish	6	20%
Visiting relatives or friends	6	20%
Waking up early and enjoying slow life	6	20%
Cooking	5	17%
Playing with niece, nephew or friend's children	5	17%
Crafting	4	13%
Finding something to do to keep them busy (not specific)	4	13%
Money investing in stocks or bonds	4	13%
Reading books	4	13%
Watching TV, movies or series	4	13%
Doing things that they like (not specific)	3	10%
Going to temple or doing meditation	3	10%

**Table 4.10 Daily activities that the subjects wanted to do after their retirement (Cont.)**

<b>Activities</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Resting and relaxing	3	10%
Doing household chores	2	7%
Doing brain exercise activities	2	7%
Learning new knowledges or new skills such as IT and technology	2	7%
Listening to music	2	7%
Playing games	2	7%
Playing on mobile phone	2	7%
Doing charity work	1	3%
Hanging out with neighbor	1	3%
Listing the activities to promote wellness and trying to do them	1	3%
Picnic	1	3%
Playing music instrument	1	3%
Shopping	1	3%

#### 4.1.2.5 Opinions toward the Idea of Living in Residential Home

The subjects were asked what they felt toward the wording or idea of “living in the nursing home”. The question was to explore their current perception on the nursing home. The responses were shown in below Table 4.11.

**Table 4.11 Current opinions toward the idea of living in residential home**

<b>Opinions</b>	<b>Number of subjects</b>	<b>Percentage</b>
Relatively positive	5	17%
Neutral (mixing between bad and good)	11	37%

**Table 4.11 Current opinions toward the idea of living in residential home (Cont.)**

Opinions	Number of subjects	Percentage
Relatively negative	10	33%
Not interested	4	13%

Five subjects (17% of total subjects) had relatively positive points of view when talking about residential home. They felt more open to the idea and saw some benefits from living in residential home. F16 and F17 said they thought it was a good idea especial for single people who would not have family to take care of them. The elderly could meet friends in the same ages and do activities together so that they would not feel lonely and depressed. Other clear statements of positive feedback were as followings.

*“The elderly could have staff taking care of them while they could socialize with staff and other people living there. Residential home nowadays was not cheap thus the elderly might have money, but their offspring had no time to take care of them.” (F4)*

*“It could be another good option at the end of their life.” (F8)*

*“I don’t think it is scary. It is normal. I don’t want to be a burden and don’t want to be lonely at home. It likes paying to buy convenience and it is my choice to be there. We use something to make decision to be in the best place. I don’t think it is fair to my children to watch me. They should have their own life.” (F11)*

Eleven subjects (37% of total subjects) felt that living in the residential home was not too bad or good to them. However, among this group, there were different levels of feeling negative or positive toward the idea as same as the different conditions how residential home should be in their thoughts. Some subjects felt more opened to this idea if the residential home could provide them what they wanted or had more pleasant image than what they recognized from their experience.

Some subjects did not against the idea of living at residential home understanding that it could offer some benefits to the elderly, but it was still not a good place to go if there were other choices available. The examples of subjects' feedback were as followings.

*“I have no problem to live there but I don't want it in traditional style. The house must be modern and fulfill the needs of our generation. They should provide some game, VR, K-pop karaoke, physical training class with private single room.” (M1)*

*“It is a mixed feeling between negative and positive. Today the image looks depressed and abandoned to the elderly. Maybe because of what we learned in school, too. But in the future, the image may be improved like in Japan or Singapore. The power of new generation may help on this. I personally do not against this idea.” (F1)*

*“I don't against the idea but there should be a step to move there. In my 60 to 70 years old that I can take care of myself, I would live on my own. But when it is necessary like I can't take care of myself anymore, I may move there” (M4)*

*“The image looks lonely. But if I would pay to live there, it must have something to make me happy to be there. It is not scary to live there. In some case that the children do not take a good care of their parents, living there might be a better option.” (F3)*

*“I feel neutral, not negative. It doesn't have to be the place that children abandon their parents. It could be a community for elderly to do something together. Yet it is still not a great place to go.” (M9)*

Two subjects in this group had a neutral opinion because the idea was new to them. They did not have information about living condition in residential home. From the image from medias and lessons in school, the residential

home looked not preferable but in fact it might not be that bad because the actual facility might be better than what they learned from school or the movies. Visiting real facility might help them understand better about the living condition in the residential home.

*“I am just not sure because this is new to me. I am not sure about rules and living condition there. Now I start thinking about it, but I would concern to live with other people I don’t know and my privacy” (M3)*

*“From the movies and series, looks like the elderly does not have someone to take care of so they go live there. But I do not know much about this. I have to see how it actually is. It is possibly not that bad.” (M7)*

Ten subjects (33% of total subjects) had a relatively negative idea in a different level. Some of them felt totally negative like living in residential home giving sense of depressive and being abandoned. Some of them understand the purpose of residential home but still had a negative feeling about it.

*“I feel negative on the name. It sounds depressive and emphasizes too much on how old I am. The name should be changed. The business itself may be good but with the unattractive name, people will not want to go there.” (F2)*

*“To me it sounds like the children want to push their parents away as a burden. They have no responsibility to their parents. And it is the center of lonely people” (M2)*

*“I understand the benefits of the place and there are many good projects operating right now. But I personally still feel not OK. It sounds cruel like being left with no children to take care of. Unless I make my own decision to go there because the kids had to time to watch me. Yet they still need to come and pick me up sometimes. If not, I would feel like being abandoned.” (M6)*



*“From my own experience, it still looks suffering to be there. My grandmother fell and had to live there to have someone watch her, but I felt like she was abandoned when I visited her. Overall I still feel negative about this.” (F13)*

*“I might change my mind when I am older but right now the image still looks negative to me.” (M10)*

Four subjects (13% of total subjects) clearly mentioned that they had no interest to live in residential home because they already planned to live at their own house after retirement.

*“I plan to live with family in my hometown, so the residential home is not my target.” (F5)*

*“I don’t plan to go there because I already have a house.” (F9)*

*“I don’t anti the idea, but I prefer living at my own house with my family.” (F18)*

*“I won’t go there because I don’t like too many people. And I already to live with my sister in our condominium.” (F20)*

### **4.1.3 The Key Factors Which Influence Subjects to Consider Living in Residential Home after Their Retirement**

#### **4.1.3.1 Key Factors in Consideration**

This section was to explore the subjects’ concern if a private organization was going to establish a residential home for retired elderly. What factors the subjects would concern when they saw the project information or project’s advertisement. What came to their mind if they would consider choosing the project or not. Table 4.12 represented the key facts that subjects thought they were important to them.

**Table 4.12 Subjects' key factors in consider living in a private residential home**

<b>Key factors</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Facility design and atmosphere	21	70%
Caregiver or staff who take care of them	15	50%
Pricing and packaging	13	43%
Safety	13	43%
Privacy	11	37%
Access to healthcare provider	9	30%
Good community or society	9	30%
Cleanliness	8	27%
Central area to use or do activity together	7	23%
Convenience	7	23%
Policy and rule	6	20%
Provided activities	6	20%
Location	4	13%
Overall provided service	4	13%
Facility visit before making decision	3	10%
Food quality	3	10%
Screening criteria and process	3	10%
Credibility of the owner	2	7%
Capacity	1	3%

Five key factors which were mentioned the most the subjects were facility design and atmosphere (21 subjects), caregiver (15 subjects), safety (13 subjects), pricing and packaging (13 subjects) and privacy (11 subjects). Twenty-one subjects said they would consider facility design and atmosphere as one of key factors to consider the project. The facility should look nice and attractive to live in. The atmosphere should be good and relaxing, possibly open-air and have many trees or garden. Four subjects (13% of total subjects) wished to have facility that specifically

designed for elderly. Two subjects (7% of total subjects) also wanted universal design. Overall facility should meet their expectation and made them feel that they want to live there. The second factor was caregiver or staff who take care of them. Fifteen subjects (50% of total subjects) mentioned that the project should provide good caregivers who were well-trained and had service mind. Thirteen subjects also mentioned about pricing and packaging. What the project offer, price and payment plan should be reasonable and worth their money. Thirteen subjects (43% of total subjects) wanted the project to provide the sense of safety both physically such as being in safety location and fenced up with security guard and also mentally security like being able to ensure that they could receive help when they were sick or were in emergency. The subjects would feel secured that they would not be alone when they needed help. Lastly, 11 subjects (37% of total subjects) wanted the project to give them privacy. They should have their own room to rest and go out to do activities when they wanted to. To be able ensure that they would like the project or not, three subjects suggested that they should be able to visit the project or example rooms first to see the actual facility and atmosphere if they would meet their expectation or not before making decision. In addition, five subjects (17% of total subjects) mentioned that the project should be able to provide clear benefits over living at their own house and hire the caregiver. If there is no superior to stay here, they would prefer living at their house.

#### 4.1.3.2 Subjects' Expectation when Living in Residential Home

This section explained the subjects' expectation what they looked for or expected to get from living in the residential home in the future. The outcome was as in Table 4.13 below.

**Table 4.13 Subject's expectation when living in residential home**

<b>What subject expected to get</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Good caregiver	15	50%
Good facility	8	27%
Good social and neighbor	7	23%

**Table 4.13 Subject's expectation in living at residential home (Cont.)**

What subject expected to get	Number of subjects who mentioned this (out of 30 subjects)	Percentage
Activities to do	6	20%
Safety	6	20%
Convenience	5	17%
Good food	5	17%
Ability to do what they want	5	17%
Good quality of life	3	10%
Privacy	2	7%
Getting services as promised	2	7%
Cleanliness	2	7%
Feeling peaceful and relaxed	2	7%
Good service in overall	2	7%
Feeling of not being a burden to others	1	3%
Ability to get help in timely manner	1	3%

The top five ranking that subjects mentioned the most in their expectations were good caregiver (15 subjects), good facility (8 subjects), good social and neighbor (7 subjects), activities to keep them busy and maintain their health (6 subjects) and safety (6 subjects).

#### 4.1.3.3 Living Facility or Service to Be Provided in Residential Home

The subjects shared various ideas about how they wanted the private residential home to be and provide. The outcome could be grouped into three main topics which were facility, staffing and food.

- Facility

Overall the facility should be well-designed, clean and attractive to create good impression to the elderly. The facility might be designed like a condominium with room for individual and sharing space in central area. Most subjects did not prefer having roommates or shared room with others because they needed their

personal space to spend time by themselves. The facility design should support elderly's life and convenience as well as focus on their safety, for example:

- Having elevator instead of steps
- The walkway should be in slopes with plenty of handrails
- Plenty of lightings around the facility. Automatic lights if possible
- No sharp edge in the structure, furniture and decorations
- Line with slippery-protected floor
- Plenty of alarms, emergency bells or telephones in case of help needed
- Plenty supporting equipment for everyone such as wheelchairs, walking sticks, walkers and umbrellas

For individual room, it should be private, beautiful and well-designed to provide elderly most convenience and safety. The room should be big and wide enough for a wheelchair (to get in and out and move around inside the room). There should be a personal bathroom inside with design to support elderly, for example, non-slip floor, lower sink, wide area to bring wheelchair inside. The room should be air-conditioned. Refrigerator, microwave, Wi-Fi internet, and computer should be provided. F16 said it would be good to have automatic bed.

The central area and facility should consist of sharing area or space for everyone to do activities. There should be green area or garden for the elderly to sit, relax, walk around or exercise. Exercise room and fitness were a must and swimming pool could be another good option because swimming may suit better for elderly health. There might be library or reading room, TV room, game room, karaoke room, convenience store, snack bar, laundry room, massage room and spa. F13 wanted some nice areas or corners to take pictures to post on social media. The shared bathroom in central area must be clean at all time and enough for use.

- Staffing

There should be full-time caregivers or nurses stand by at the facility all the time. However, some subjects would not need the caregivers to supervise elderly all the time but only supported as needed because they still needed their privacy. The caregivers were supposed to take care of everyone but could be specifically



assigned to individual as per request (additional fee could be charged). The caregivers should help and support elderly to do their everyday activities more easily, assist on drug and health routine, take care of elderly based on their underlying health condition. The caregivers should be well-trained, friendly and have service mind to ensure elderly safety and make them feel welcomed like living with their family member. There should be housemaids to assist elderly on household chores. Security guards were very important.

The facility might provide a service to arrange transportation and/or have a staff accompanying elderly to see the doctor at their doctor appointment. There should be health care professional such as doctors, nurses, psychologists and physical therapists visit the facility occasionally to perform physical and mental health check-up and also rehabilitation. The facility should coordinate with hospital or healthcare provider and have clear policy and operation plan what to do when emergency case happens or when elderly gets sick and need to go to the hospital.

- Food

Food selection could be hard to handle because everyone had their own preference. However, many subjects agreed that the food should be made from healthy ingredients with selection of two or three menus per meal. The food must taste good and be nutritious but were cooked in healthy way which suit the elderly especially ones who had health concerns, for example, having less sodium, less sugar, less fat. The elderly could still have their own choice if they would like to cook themselves in some meals or order food delivery service whenever they wanted. The meals could be arranged by the facility. Another idea was to have a cafeteria with all vendors making healthy food for elderly.

#### 4.1.3.4 Activities to Be Provided in Residential Home

The subjects had their own preference in doing activities within the facility. Seven subjects wanted to have activities to do together with weekly or monthly schedule. Four subjects wanted schedule, but they could choose to participate or not. Other 4 subjects prefer to be asked individually what they wanted to do then the staff will arrange or provide the activity for them on individual basis. Other two subjects did not want the facility to provide any activity to them but be supportive or facilitate when the elderly asked to do activity on their own idea. One subject said the facility should have everyone join the activity which relate to health promotion or maintenance

because it was important and beneficial for their health and other kinds of activity could be optional. One subject said if the activity was good and interesting, the participants would share good words to their friends and brought them to join the next time.

**Table 4.14 The list of activities wished to be provided in residential home**

<b>Activities</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Exercise, yoga class, fitness class, or health promotion activities	14	47%
Travelling trip	10	33%
Gardening or growing plants	8	27%
Have someone taking them to places like shopping mall or department store	7	23%
Watching movie or TV series together	7	23%
Cooking class	6	20%
Religious or spiritual activities	6	20%
Charity event or activity to do things to support others	5	17%
Crafting like crochet, knitting	5	17%
Entertaining event like party, mini-concert	5	17%
Family day, family or friends visit	5	17%
Playing music instrument	5	17%
Drawing	4	13%
Playing VDO game, boardgame, cards	4	13%
Reading books	4	13%
Recreational dance	4	13%
Spa and massage	4	13%
Sharing knowledge or skill to others	4	13%
Taking care of pets (shared pets)	4	13%
Just relax on their own in the garden	3	10%

**Table 4.14 The list of activities wished to be provided in residential home (Cont.)**

<b>Activities</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Singing or karaoke	3	10%
Sharing knowledge or skill to others	3	10%
Arranging club based on their interest	2	7%
Managing their own activities in provided area	2	7%
Sport event	2	7%
Eating together	1	3%
Listening to music	1	3%
Photography	1	3%

#### 4.1.3.5 Advantages and Disadvantages of Living at Residential Home

Living in the residential home could have advantages or disadvantages. The subjects had shared their opinions on what they thought it could be pros and cons of living at private residential home in Table 4.15 and 4.16.

**Table 4.15 The advantages of living at private residential home**

<b>Activities</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Having social or friends to spend time with	20	67%
Having someone to take care of them	18	60%
Living in a good facility and environment	9	30%
Being cared by expertise	7	23%
Assuring of safety	6	20%
Not being a burden to family	6	20%
Having suitable activities to do for their age	4	13%
Having good and healthy food	2	7%

**Table 4.15 The advantages of living at private residential home (Cont.)**

<b>Activities</b>	<b>Number of Subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Having own private space	2	7%
Being able to choose what they prefer in acceptable price range	1	3%

The most advantage which subjects thought they would get was having social or friends to spend time with. They thought it was a good opportunity to spend time with people in the same age who had the same life experience or thoughts to share to each other. This would be mentally beneficial in helping them avoid the feeling of loneliness and depression. The second advantage was ensuring that they had someone to take care of them when they were older. In the facility, there would be full-time caregiver and healthcare professional visited on occasion. Therefore, the subjects would not have to worry that they would be neglected without care. This advantage could link to the fourth and fifth ranking of advantages, being care by expertise and assuring of safety, which supported their needs of safety. Living in a good facility and environment was the third advantage that the subjects would get. The subjects would live the nice-looking facility that was specifically designed to support elderly's needs. There would be complete services and accommodations within the facility bringing convenience to elderly life. Another fifth advantage was the feeling of not being a burden to the family. Understanding that their family or children had their own life and might get busy with daily work schedule, voluntarily joining a residential home was a good option to avoid the feeling of being a burden which possibly ruin family relationship. Elderly could live happily in the facility they chose and have family visit later when time allot.

There were other advantages that subjects thought they would get from living at residential home. Having proper activities to do for elderly would help maintain their brain, health, emotion and help them receive new skills and knowledges. The feeling of learning new thinks would also help make elderly feel alive. Having good and healthy food which was well-cooked and suitable for their age and

health conditions could be another advantage. At the residential home, the elderly could have their own space to relax and do activities that they wanted. And lastly, the elderly could be able to choose the facility that meet their expectation within acceptable price range. It reflected self-esteem of the elderly that they could still choose what they want and make their own decision where they wanted to live for the rest of their life.

**Table 4.16 The disadvantages of living at private residential home**

<b>Activities</b>	<b>Number of subjects who mentioned this (out of 30 subjects)</b>	<b>Percentage</b>
Concerning on price and expense	13	43%
Concerning on policy and rules	8	27%
Living far away from family and society	7	23%
Concerning on social issues	7	23%
Feeling depressed from living as a group	7	23%
Lacking home atmosphere	5	17%
Understanding of outsiders	5	17%
Not getting what they expected	4	13%
Poor management might affect privacy	2	7%
Concerning on health and living condition	1	3%

The first disadvantage of living in the residential home in subjects' opinion was pricing. With mentioned facility and service design that they wished to have, it must be a lot of investment to the owner which directly affect the price. The subjects might not be able to afford it and had to look for another project with acceptable accommodation and lower price. The second concern was on policy and rules in the facility. Living together in group would have some rules which could refrain the elderly to do whatever they wanted. Too much rules may affect their emotion and self-esteem making them feel losing of freedom and being forced.

The third concerns were on location, social issue, and the emotional issue from living in group. Seven subjects concerned on the location of residential home. To live there they would have to move out from their current resident



which could be a major change in life. Changing from the familiar lifestyle such as not being able to live with family member, changing of society, changing of environment and surrounding area could bring stress to elderly. If the residential home was located far away from their current house or in another province, it could cause a distance from their family and create a feeling of being abandoned. Social issues could happen when elderly living together because each of them came from different family and social background and had different conditions and needs. The problem might happen if someone was not nice and not willing to live there making it miserable to others. Intoxicating people might be bothering and disturbing others. The emotional issues might happen when elderly living together in group such as when a member passed away, when others had family visited but another did not have the same, when staff or environment changed. Elderly was the sensitive group especial emotionally and mentally and they could induce each other to feel the same when they live together in a big group.

Fourthly, five subjects had concerns on the lack of home atmosphere. Residential home was a shared living space therefore some subjects felt that they might feel that this was not their home where they had full power to do whatever they wanted. They might not feel fully own the place and completely secured. Also, they felt considerate to use central facility too much because it might bother other elderly who live together. Other five subjects also concerned on the image of the project and concept of living at residential home because many people still thought it was negative to live there. People who lived there might have some life problems or their family did not want to take care of them. The fifth and sixth disadvantages could happen when they did not get what they expected, or the project could not provide as promised and the facility was poorly managed respectively. The low-quality of management could affect the subjects' privacy. And lastly, one subject concerned that living together might affect health and living condition, for example, if someone got sick or infectious disease, it could be easily contagious to others because elderly usually had lower immunity.

## **CHAPTER 5**

### **DISCUSSION AND CONCLUSION**

#### **5.1 Conclusion**

The independent study “Key factors influencing the non-married, middle class, generation Y workers in Bangkok area to consider living in residential home after their retirement” was conducted to answer below research objectives:

- 1) To study the opinion of the non-married, middle class, generation Y workers in Bangkok towards their plan and place to live after their retirement
- 2) To study the key factors which influence the non-married, middle class, generation Y workers to consider living in residential home after the retirement

Thirty subjects including 20 females and 10 males who were non-married, earned monthly income between 15,001 to 85,000 Thai Baht, aged between 25 to 38 years old, worked and/or lived in Bangkok were interviewed by using in-depth interview method. Most subjects were working in private company with the average income at 30,001 to 50,000 Thai Baht per month. Most of them graduated in bachelor’s degree and were living in a single house or town house with their family.

Regarding their current perception towards their life after retirement, most subjects planned to retire from working at age 60 years old. Half of total subjects wished to live at the family house where their family already owned it. Thirteen subjects wanted to buy or build a new house in Bangkok or other province specifically to be their retirement residence. Only two subjects said they intended to live in a residential home. This could be implied that majority of the subjects initially wanted to live at their own resident after their retirement rather than moving to live in residential home operated by someone out of the family.

When asked about the characters of living residence after retirement, the subjected mentioned about physiological characters the most following by safety and social characters respectively. Physically, their retirement resident should have surrounding area to do activities, access to transportation easily, have a peaceful

atmosphere, feel like home, locate not far from hospital, have a good air quality and have plenty of trees. The resident should also make them feel safe and be surrounded by good neighbors or family members. About the life after retirement, one third of the subjects still wanted to find small jobs or projects to do to keep them busy which could fulfill their self-esteem. And the most popular activities that the subject wanted to do in their everyday life were exercise, gardening, travelling, owning pets, visiting relatives or friends, waking up early and enjoying slow life, cooking and playing with niece, nephew or friend's children. These activities had overall benefits to support not only physical needs but also safety, social and esteem needs at the same time.

In their current perception, most subjects had neutral opinion toward "living at nursing home after retirement" followed by relatively negative opinion. They understood the purpose and benefits of nursing home but from their experiences, memories and images learning from school or medias, sending parents to nursing home still represents negative value as being ungrateful or lacking capability to take care of their parents. However, the subjects thought that the image of residential home could be different when they got older. The concept of facility could be designed based on their needs and made it more desirable and attractive to live there. Some subjects thought they could be more open-minded to live at residential home which could offer what they wanted, for example, beautiful and modern design, had well-trained caregiver, and had a good social and activities.

When discussed about the future idea toward a residential home operated by a private organization, five key factors that the subjects mentioned the most were facility design and atmosphere, caregiver or staff who take care of them, pricing and packaging, safety and privacy. And the top five ranking that subjects expected to receive from this residential home were good caregiver, good facility, good social and neighbor, activities to keep them busy while maintaining their health and safety. The subjects wanted their facility to be well designed in specific way to support elderly's needs as well as provide nice accommodations and convenience. The staff should be well-trained and stand by at all time to ensure they could support and help elderly as needed in timely manner. The food should be healthy with variety and match well with elderly's needs especially ones who had chronic disease.

The subjects had their own preference in doing activities within the facility. Some of them wanted to do activity on their own while others prefer group activity. However, it was important for the service provide to ask the elderly what they wanted to do or design the activity together with them. This is to promote participation and make the elderly feel that they were involved to the community. The activities that the subjects wanted to do the most were exercise or health promotion activities, travelling, gardening, going out to shopping mall or places, watching movies or TV series together, cooking class and religious or spiritual activities

Lastly, the subjects were asked about advantages and disadvantages to live in this private residential home. The advantages which were mentioned the most were having social or friends to spend time with, having someone to take care of them, living in a good facility and environment, being cared by expertise, assuring of safety and not being a burden to family. And the disadvantages which were mentioned the most were concerning on price and expense, concerning on policy and rules, living far away from family and society, concerning on social issues and feeling depressed from living as a group

## **5.2 Discussion**

In the current perception according to the interview, most subjects wanted to stay at their own house or facility instead going to residential home after their retirement. They also had neutral to negative opinions toward living at residential home. However, this idea might be changed in future if the residential home could fulfill the subjects' needs and offer some benefits over staying at their own house. This complied with what Jitramontree and Thayansin (2013) found in their study, that elderly who lived in their own house might consider living in this residential home if it could provide safety and dignity as additional benefits (Jitramontree and Thayansin, 2013).

Refer to study results which were similar to Wongrassameetham (2015), the facility and environment were the most important factors to consider at in elderly's daily life following by caregiver, accommodation and activities (Wongrassameetham, 2015). Caregiver was another importance key factors that the subjects considered. Most subjects wished their caregiver to be nice, friendly, properly trained, and have service-

mindful just like what mentioned in Seetisarn's study (2017). Good caregiver played in roles in the residential home business as it directly related to the quality of services (Seetisarn, 2017). The caregiver did not just fulfill only physiological needs in term of supporting elderly's life and living but also encouraged their safety, social and esteem needs. And pertaining daily activity, the meaningful and enjoyable activities provided to elderly in the residential home should allow residents to actively participate and involve, just as the same direction as Slettebo et al. (2016). The activities should match their interests to allow them to take part actively, ensure the participants' compliance and promote their dignity (Slettebo et al., 2016). Moreover, like Pechmisi (2015) mentioned in his study, even residential home could offer many benefits, some subjects still concerned on their belongingness and feeling like home. the feeling like "home" could be varied depended on individual (Pechmisi, 2015). This is a challenge to the business owner or service provider how they could fulfill this. The service provider should be understanding and flexible to the rule in occasion, so the residents did not feel that they were forced and uncomfortable to stay there.

The characters that subjects mentioned first and most often both in their initial thought about life after retirement and at residential home were about basic needs including physiological needs and safety needs. This align with the findings from Lertsupanont (2017) in her research. After the basic needs were mentioned, the subjects started talking about psychological needs such social and esteem needs (Lertsupanont, 2017). The subjects did not also mention much about their self-actualization needs which probably because retirement was the time to relax and enjoy their life after hard working so they might not strongly feel to seek self-actualization as much as in younger age.

### **5.3 Recommendation**

This research offered some important findings for managerial implications particularly for the business owner or service provider who interests to establish the residential home for retired workers in future. The major recommendations are as followings:



1) For the business owner, the name, image and concept of the project should be carefully designed because the old traditional image of nursing home created negative impact to the customers. There were two aspects that the business should pay attention when they start the project, design facilities and communication. To serve customers' needs, the service design including facility, accommodation, professional caregiver, and good community should be specifically designed for elderly first. Then the communication and marketing activity should be careful not to emphasize too much about being old or being specific for elderly because this could make the customers feel depressed and disable. The keyword like "old" or "senior" should be avoided but possibly focus on key message relating to "young", "healthy" and "vibrant" instead. The community was supposed to create value and self-esteem. It should make the elderly feel that they were a part of society and still capable to do things. The staff should be helpful and respectful but not nurture the elderly too much because that would make them feel fragile and disable rather than be cared.

2) Defining the right target group was very important for the success of business. Even though the needs of elder long-term care were rising due to the increasing of demand, the service design would still base on customer's expectation and their willingness to pay for the service. Learning from this independent study, one of the disadvantages that the subjects concerned the most was pricing. If the business owner would like to provide everything that the subjects mentioned, the cost of the project could be very high which affect its price to be high as well. Some subjects mentioned that they might have to lower their expectation down to be able to afford the project. Therefore, the business owner might start the first project based on general needs, income and age range of their focused target group and customize their following projects to match the needs of specific target groups, for example, luxury customers, exercise lovers, readers or gamers in future.

3) One of the subjects' most concerns was on the neighbor and community. Many subjects wished to have a good community inside the residential home, but they were also reluctant as there was no guarantee if the community would be truly good or not. Business owner or service provider should have an effective screening process and social management to solve this problem. Pre-screening process could help screen readiness of the customers because the customers who were willing to stay would

possibly cause less problem. The facility design might also provide private single room for individual, so each person could spend time in their own room using internet and do what they want and came to meet friends, travel and dine out together when they were ready and wanted to socialize with others.

## **5.4 Limitations**

Even though this research offered some valuable findings that answered the research objectives, it was still not free from limitations. The first limitation was about the sample size. Using the qualitative method to gain in-depth opinions from individual subject, it took longer time to interview each subject comparing to quantitative method. Thus, the number of subjects was limit to only 30 subjects. The research results might be different in up-scale study which conducting in bigger size of samples or in quantitative method. The second limitation was from the interviewing process. This research used the face-to-face, in-depth interview with semi-structural basis. Therefore, the subjects were freely encouraged to talk and answer the questions. The limitation was that some subjects were talkative but some of them were not. The interviewer must be skillful to ask questions and use interpersonally skills to talk to the subjects to gain their opinions as much as possible while ensuring that the subjects' response could answer the research questions sufficiently. The interviewer should also be able to interpret non-verbal languages such as face expressions, tones of voice and eye contact during the interview to understand the subjects' attitude on their answers. The third limitation was about the subject themselves. Because the age of subjects was limit to generation Y (25 to 39 years old), some subjects especially ones in younger age like 25 years old did not strongly think about their retirement plan yet. Consequently, the research findings could represent what came up to their mind during the interview which could be truly important to them and but still might not be in details enough for further interpretation. Finally, majority of subjects in this research worked in private company with average salary was at 30,001 to 50,000 Thai Baht per month. Thus, the result tended to represent the characteristic of this income group but not the group with lower and higher income.

## 5.5 Future Research

The findings from this research could be a fundamental knowledge to understand the ideas and needs of current subject group. Future researcher can be up-scale to have bigger size of subjects and may use the quantitative method to gain more results from majority. Then the researcher can compare the similarity and different of their finding to this study. In case the future research would like to use qualitative method, the research should aware of the limitation on interviewing and interpretation skills. Pilot interview two or three subjects at the beginning could be helpful to understand the tone of the interview. The interviewer could learn what to do, what not to do and adjust the questions as appropriate to create more effective interview. The researcher may choose other age groups or generations to learn more about their needs and opinions. Generation Y was an interesting group because they seemed to accept the idea of residential home better than older generation yet some of them were still young and did not plan for retirement yet. So, the researcher should select the subject carefully to be able to gain the most information from them. According to the limitation that majority of the subjects in this research worked in private company with average salary was at 30,001 to 50,000 Thai Baht per month, future research may also expand their interest to other specific groups of subjects for example, choosing another income range which might affect their needs and service design, approaching the lower income group who might need more government support in future or choosing the married subjects to explore their interest and needs.

## REFERENCES

- Anuratpanich, L. (2019). บทความเผยแพร่ความรู้สู่ประชาชน เจนเอ็กซ์ เจนวาย เจนแซด คืออะไร. Retrieved from <https://www.pharmacy.mahidol.ac.th/th/knowledge/article/330>.
- BuilderSmart Public Company Limited. (2019). [Photograph]. Retrieved from [https://www.sansara.asia/index.php?gclid=CjwKCAjwzJjrBRBvEiwA867bylnwnjXL4o9EXaOvGDP0zQ1LxMEB-zo8cxXA3k-l9HPY50eX7Bdx0xoC0YQAQAvD\\_BwE](https://www.sansara.asia/index.php?gclid=CjwKCAjwzJjrBRBvEiwA867bylnwnjXL4o9EXaOvGDP0zQ1LxMEB-zo8cxXA3k-l9HPY50eX7Bdx0xoC0YQAQAvD_BwE).
- Cambridge. (n.d.). Retirement. In *dictionary.cambridge.org dictionary*. Retrieved August 4, 2019, from <https://dictionary.cambridge.org/dictionary/english/retirement>.
- Central Intelligence Agency. (2014). The World Factbook: Thailand. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/th.html>.
- Creswell, J.W., & Clark, V.L.P. (2011). *Designing and conducting mixed method research*. Thousand Oaks, CA: Sage Publications.
- Daily News (2016, April 12). 'บ้านบางแค' จอกล่วงหน้าก่อน 10 ปี ที่พึ่งสุดท้ายผู้สูงอายุ [Photograph]. Retrieved from <https://www.dailynews.co.th/bangkok/391521>.
- Denzin, N.K., & Lincoln, Y.S. (2011). *The Sage handbook of qualitative research*. Sage.
- Hollins, B., & Shinkins, S. (2006). *Managing service operations: design and implementation*. USA: Sage Publications.
- Jitramontree, N., & Thayansin, S., (2013). Social welfare for older persons in Thailand: policy and recommendation. *Journal of public health and development*, 11(3), 39-47.
- Krippendorff, K. (2018). *Content analysis: An introduction to its methodology*. Sage Publications.
- Lertsupanont, P., (2017). The preference living in term of mental support for Thai elderly. *Thematic paper*.

- McGraw-Hill. (2014). *New service development McGraw-Hill/Irwin*. [Slide Presentation].
- McLeod, S. (2018, May 21). Maslow's hierarchy of needs [Photograph]. Retrieved from <https://www.simplypsychology.org/maslow.html>.
- Mitchell, M.L., & Jolley, J.M. (2007) *Research Design explained*. Belmont, CA: Wadsworth.
- Morse, J.M. (2000). Determining sample size. *Qualitative Health Research*, 10(1). 3-5.
- National Programme on Technology Enhance Learning, India. (2019). *Service design system elements*. [Lecture handouts].
- National Statistical Office. (2018). คนไทย “อยู่คนเดียว” มากขึ้น!! Retrieved from <http://www.nso.go.th/sites/2014/Documents/info/Infographic59/1.Population/4.Population.pdf>.
- OECD. (2019). Demography – working age population. *OECD Labour Force Statistics*. Retrieved from <https://data.oecd.org/pop/working-age-population.htm>.
- Pechmisi, P., (2015), Meaning of home in Ban Bang Khae a case of Bangkhae home foundation. *Thesis*.
- Sawangkhun, A., (2015). ปัจจัยที่มีอิทธิพลกับการตัดสินใจใช้ชีวิตหลังเกษียณอายุของชาวญี่ปุ่นที่พำนักอยู่ในเขตกรุงเทพมหานคร. *Thematic paper*.
- Schermerhorn, J.R., Hunt, J.G., & Osborn, R. (1998). *Organizational Behavior A Global Perspective*. New York: J. Wiley.
- Seetisarn, P., (2017). Exploring the key issues affecting the adoption of home health care services for elderly people in Bangkok. *Thematic paper*.
- Slettebo A., Saeteren, B., Caspari, S., Lohne, V., Rehnsfeldt, A. W., Heggestad, A. K. T., ... Naden, D. (2016). The significance of meaningful and enjoyable activities for nursing home resident’s experiences of dignity. *Scandinavian Journal of Caring Sciences*, 31, 718-726. doi: 10.1111/scs.12386.
- Tar Kawin. (2016, October 26). คน "โสด" เตรียมอยู่บ้านพักคนชรา รู้ค่าใช้จ่ายแล้วหรือยัง?: Aommoney. Retrieved from <https://aommoney.com/stories/tarkawin/คนโสด-เตรียมอยู่บ้านพักคนชรา-รู้ค่าใช้จ่ายแล้วหรือยัง/21300#k2d1z2vx3>.



- Thailand Market Research Society. (2015). Typical SEC definition (Bangkok, Thailand). [Photograph]. Retrieved from <https://www.marketingoops.com/reports/research/hakuhodo-research-middle-class-asean/>.
- The Institute of Population and Social Research, Mahidol University. (2019). *Thailandometers*. Retrieved from <http://www.thailandometers.mahidol.ac.th/>.
- Thonburi Health Group. (2019). [Photograph]. Retrieved from <http://www.jinwellbeing.com/th/home/>.
- United Nations. (2019). World population prospects 2019: highlights | multimedia library - United Nations Department of Economic and Social Affairs. Retrieved from <https://www.un.org/development/desa/publications/world-population-prospects-2019-highlights.html>.
- Wongrassameetham, O., (2015). รูปแบบจำลองธุรกิจบ้านพักหลังเกษียณในเขตกรุงเทพมหานครและปริมณฑล. *Thematic paper*.



## Appendix A Certificates of Authenticity (COA)



IPSR-Institutional Review Board (IPSR-IRB)

*Established 1985*

COA. No. 2019/03-097

### Certificate of Ethical Approval

Title of Project: *Key Factors Influencing the Non-Married, Middle Class Workers in Bangkok Area to Consider Living in Nursing Home after Their Retirement*

Duration of Project: *6 months (April - September 2019)*

Principal Investigator (PI): *Ms. Piracha Silpsrikul*

PI's Institutional Affiliation: *College of Management, Mahidol University*

Approval includes:

- 1) Submission form*
- 2) Research proposal*
- 3) Interview guideline*
- 4) Participant information sheet*
- 5) Informed consent document*

IPSR-Institutional Review Board (IPSR-IRB) met on 28<sup>th</sup> March 2019 and decided to issue the COA to the above project.

Signature

(Professor Emeritus Pramote Prasartkul)

Chairman, IPSR-IRB

Valid from May 8, 2019 to May 7, 2020

#### Remarks

- 1) Upon the completion of this project, the PI should inform the IPSR-IRB of such progress.
- 2) The PI is obliged to notify any modification of the research project to the IPSR-IRB.

IORG Number: IORG0002101; FWA Number: FWA00002882; IRB Number: IRB0001007

Office of the IPSR-IRB, Institute for Population and Social Research, Mahidol University, Phuttamonthon 4 Rd., Salaya, Phuttamonthon district, Nakhon Pathom 73170. Tel (662) 441-0201-4 ext. 223

## **Appendix B The Guideline of Interview Questions for Key Factors Influencing the Non-Married, Middle Class, Generation Y Workers in Bangkok Area to Consider Living in Residential Home after Their Retirement**

### **Part I: subjects' demographic data**

#### 1. Gender

- Male       Female

#### 2. Marital status

- Single       Married  
 Divorced       Widow

#### 3. Age (years old)

- 20 – 25       26 - 30  
 31 – 35       36 – 40

#### 4. Educational level

- Lower than bachelor's degree  
 Bachelor's degree  
 Master's degree  
 Higher than master's degree

#### 5. Occupation

- Student  
 Private company worker  
 Government enterprise employee  
 Civil servant  
 Freelancer/Business Owner  
 Other (Please specify) .....

#### 6. Monthly income range (Thai Baht)

- 18,001 - 30,000  
 30,001 - 50,000  
 50,001 - 70,000  
 70,001 - 85,000

7. Current living or working in Bangkok?

- Yes       No

8. Characteristic of current residence

- Single house/Town house  
 Condominium/Apartment  
 Dormitory  
 Other (Please specify) .....

9. Number of person(s) living together in the same household

- No  
 Yes (Please explain) .....

**Part II: current general ideas regarding life after retirement**

1. How old do you plan to retire from your job?
2. In your current thought, where will you live after your retirement?
3. How would you like your living residence after retirement to be?
4. How would you like your daily activity after retirement to be?
5. What is your thought or how do you feel toward the wording “living in nursing home” after retirement?

**Part III: the key factors which influence subjects to consider living in residential home after their retirement**

1. In case a private organization is going to establish a residential home for living after retirement, what factor(s) would you concern or consider about the project?
2. What do you expect from living at this residential home?
3. What accommodations or services would you like this residential home to offer for you?
4. What activities would you like to do the most at this residential home?
5. In your thought, what would be pros and cons to live at this residential home?