



## RESEARCH ARTICLE

## The Model Development to Enhance Elderly Well-being: A Case Study of Elderly People in a Community in Buriram Province, Thailand

Nongnuch Hormnaim<sup>1\*</sup>, Yiam Kongreungrat<sup>2</sup>, Narongkorn Chaiwong<sup>3</sup>, Siripinya Tragoonram<sup>4</sup>, Pongpun Yingram<sup>5</sup>

<sup>1,3</sup>Faculty of Nursing, Buriram Rajabhat University, Thailand

<sup>2,4</sup>Faculty of Education, Buriram Rajabhat University, Thailand

<sup>5</sup>Director of Ban Pa-nam Health Promoting Hospital

ARTICLE INFO	ABSTRACT
<p>Received: May 22, 2024 Accepted: Jul 16, 2024</p>	<p>The aging population is constantly increasing, which inevitably affects the incidence of disease or health problems, ultimately leading to a decline in the quality of life. This research and development project aims to develop and study the effects of a well-being enhancement model for the elderly in a community in Buriram Province, Thailand. The study follows the framework of Cohen and Uphoff (1980) in conjunction with the WHO (1978) and consists of 3 phases as follows: Phase 1 analyzes the well-being status of the elderly through a survey of 279 elderly people and community engagement with 98 community leaders; Phase 2 involves developing a model to promote the well-being of the elderly by assessing the suitability and feasibility of the model through group discussions with a network of 21 related individuals; and Phase 3 divides the operations into 2 steps. Step 1 involves piloting the model with 37 elderly individuals in the community, and step 2 involves evaluating the model through in-depth interviews with 5 relevant individuals. Data were collected from March to June 2022, using various research tools including comprehensive well-being assessment questionnaires, community engagement question guidelines, group discussions, and in-depth interviews. Descriptive statistics, content analysis, and statistical t-tests were used to analyze the data. The results revealed that the community required well-being enhancement in only 2 aspects: physical (59.18%) and intellectual (54.08%). The well-being enhancement model consisted of two sets of activities: 1) well-being activities for the elderly, which included building relationships and exchanging knowledge, improving physical well-being through local wisdom practices, enhancing intellectual well-being, and engaging in self-reflection and commitment-making; and 2) a network of community activities. After piloting the model with the sample group, the physical well-being of the elderly significantly improved compared to before the experiment with a statistical significance of .05 (<math>t = 4.179, p = .001</math>), and their intellectual well-being also significantly improved compared to before the experiment with a statistical significance of .05 (<math>t = 8.776, p = .001</math>).</p>
<p><b>Keywords</b></p> <p>Development of a Well-being Program</p> <p>Elderly Well-being in Communities</p> <p>Well-being</p> <p>Elderly</p> <p>Community Participant</p>	
<p><b>*Corresponding Author:</b> nongnuch.hn@bru.ac.th</p>	

### INTRODUCTION

Thailand has become a completely aging society, with 20% of the population being elderly since 2021, and it was found that 95% of them are experiencing health problems or diseases, leaving only 5% without any health issues (Department of Health, 2021). As people age, the structure and function of tissues and

organs in the body deteriorate, leading to inevitable health problems. Common physical health problems in the elderly can be divided into 2 groups: (1) chronic non-communicable diseases consisting of four main diseases, including stroke and heart disease, diabetes, cancer, and chronic obstructive pulmonary disease, with a continuously increasing trend; and (2) symptoms that are specific to the elderly and frequently associated with chronic diseases, such as dementia, dizziness, and vertigo (Pongboriboon, 2020). These problems are related to mental health and emotions that are continuously linked to the deterioration of the body. They lead to a loss of power and a change in roles, the loss of loved ones, and living with chronic and frequent symptoms (Lehti et al., 2021). The social and economic problems arise from an inadequate care system and a lack of income stability, especially for low-income elderly individuals. Moreover, most of them lack skills in both work and adapting to changes in technology and social life (Department of Older Persons, 2019). Therefore, elderly individuals need to adapt to become happy elderly individuals. However, if they cannot adapt, they may face mental health problems such as stress, anxiety, and depression, leading to isolation, a lack of interest in social activities, and decreased overall well-being (Department of Health, 2021; Phumngam & Ragkhanto, 2021). It is essential to enhance the well-being of elderly individuals in all aspects, including physical, mental, emotional, social, and spiritual, to enable them to live with their families and engage in community activities. The Venerable Phra Dha, Apitaka (P.A. Pyutto, 2005), has described a method to enhance well-being based on the Four Noble Truths, which are interconnected and balanced. These include (1) physical growth, which involves awareness of the physical environment's benefits; (2) social growth, which involves appropriate social relationships and mutual support; (3) emotional growth, which involves good and complete mental health; and (4) intellectual growth, which involves the ability to think critically and use reasoning to solve problems.

Buriram province is entering a completely aging society. The elderly population in the province is 282,484 (18.29% of the total population) (Department of Health, 2022). The number and mortality rate of non-communicable chronic diseases has been continuously increasing. According to statistics in 2016, the number and incidence of diseases were 73.06 per hundred thousand people, which increased to twice that in 2020, with 149.13 per hundred thousand people, which is higher than the incidence rate of Thailand at 124.65 per hundred thousand people (Division of Non-communicable Diseases, 2021). Dongplong sub-district community is one of the rural communities in Buriram province, located outside the city, and the residents mainly make a living from agriculture. There are 937 elderly people in the community (19.36% of the total population), and they are the most socially dependent elderly group (79.22% of all elderly people) (Dongplong Subdistrict Administrative Organization, 2021). Most of the socially dependent elderly people have chronic non-communicable diseases, and the trend is increasing every year, especially hypertension, which is the most common disease in the community (33.9%) (Ban-Panam Health Promoting Hospital, 2021). In addition, diseases related to the agriculture profession cause the elderly to suffer from musculoskeletal and bone-related diseases. When they fall ill, the elderly have to live with chronic disease symptoms. According to preliminary data, the elderly still have unhealthy behaviors, such as consuming high-fat and salty foods that can be purchased from markets in the community, and a lack of regular exercise. Community health organizations have conducted health promotion activities by screening basic health information and providing recommendations for beneficial dietary habits and regular exercise. However, mental health, emotions, and intellect are still not fully covered. There is still a lack of integration to ensure that every sector in the community participates in enhancing well-being, such as the local government, community health intellectuals, and local administrative organizations that require government agencies to participate in sustainable and equitable health initiatives.

Therefore, the researchers are interested in developing a model to enhance the well-being of the elderly that involves community engagement and utilizes the potential of the area to drive the development of a well-being community. This is consistent with several studies that have found that developing a model of elderly care through participatory research can enhance community well-being. In addition, it leads to the elderly feeling a part of the community, acquiring knowledge, and

having a more positive attitude toward health promotion (Chen & Zhang, 2022; Vipavanich & Sungrugsa, 2019).

**Objectives**

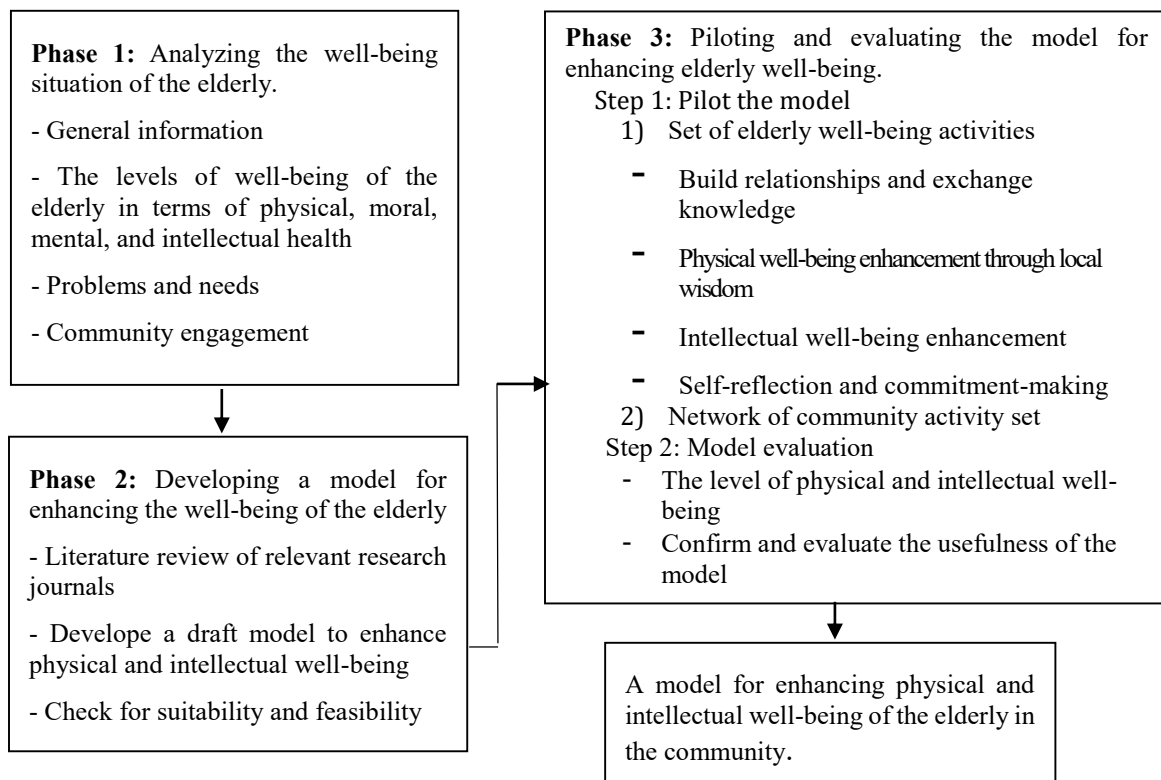
1. To study the well-being and issues of the elderly in the community.
2. To develop a model for enhancing the well-being of the elderly in the community.
3. To study the effects of utilizing the model for enhancing the well-being of the elderly in the community.

**Hypotheses**

1. After participating in the activities based on the model for enhancing the well-being of the elderly in the community, the sample group had a higher level of physical well-being than before participating in the activities.
2. After participating in the activities based on the model for enhancing the well-being of elderly individuals in the community, the sample group had a higher level of intellectual well-being than before participating in the activities.

**CONCEPTUAL FRAMEWORK**

This research utilizes the concept of community participation from WHO (WHO & UNICEF, 1978), and Cohen and Uphoff (1980) as a framework that believes that through activities or processes, the public can express their own needs, prioritize development, and emphasize participation in decision-making, implementation, and evaluation. The public will benefit from this development, which is carried out in three phases: Phase 1 analyzes the well-being situation of the elderly; Phase 2 develops a model for enhancing elderly well-being; and Phase 3 pilots and evaluates the model for enhancing the health of the elderly, which can be divided into 2 steps: Step 1 pilots the model for enhancing the elderly's well-being, and Step 2 evaluates the model, as shown in Figure 1.



**Figure 1:** Conceptual framework utilized in the research

## **MATERIAL AND METHODS**

### **Setting**

A study was conducted among the elderly living in Dong Phlong Subdistrict, Khaen Dong District, Buriram Province.

### **Study design**

This research & development project is divided into 3 phases of research as follows:

Phase 1 involves analyzing the status of the elderly's well-being, using a quantitative approach by collecting data on the well-being level through a comprehensive well-being assessment covering the four dimensions of well-being. Additionally, a qualitative study is conducted to explore problems and the need for well-being enhancement through community engagement. The sample group identifies problems and prioritizes what they want to develop based on the scores that they voted through by raising their hands.

### **Population and sample**

- 1) Study on the level of well-being. The population consists of elderly individuals who are residents of and living in a community, with a total of 937 individuals. The sample size was determined using the formula developed by Krejcie and Morgan (1970), resulting in a sample size of 279 individuals. Simple random sampling was used to select participants from all 13 villages, with selection criteria including being socially active elderly who can read and write in Thai and willingly consent to participate in the survey.
- 2) Investigate problems and needs for enhancing well-being. A purposive sampling method was used to select the sample group, consisting of 98 individuals, composed of 8 elderly leaders from each of the 13 villages, 4 village health volunteers (VHV) from each village, 1 representative from the local government organization, and 2 representatives from the community health organizations.

Phase 2 involves developing a model for enhancing the well-being of the elderly, utilizing data from Phase 1 to develop a draft model that is reviewed and refined based on a review of relevant literature and research. The suitability and feasibility of the draft model are then evaluated through group discussions.

Sample group for group discussion. A purposive sampling method was employed for individuals, including those who are involved in caring for the elderly and reside within the community, including 3 village head representatives, 1 representative from the local government organization, 2 representatives from community health organizations, and 1 village health volunteer representative from each of the 13 villages, as well as 2 elderly leader representatives, for a total of 21 people.

Phase 3 comprises two steps aimed at piloting and evaluating the well-being enhancement model for the elderly. Step 1 involves implementing the model by engaging the elderly in the designed activities. Step 2 is focused on evaluating the model's effectiveness by using a comprehensive well-being assessment form to measure the elderly's level of physical and intellectual well-being. In addition, the usefulness of the model is confirmed and assessed by conducting in-depth interviews.

The sample group used to pilot and assess the level of well-being consisted of elderly individuals who were socially active and did not have any chronic illnesses that hindered their participation in activities. They were able to understand and communicate in Thai, and they willingly participated throughout the duration of the research. The sample group was selected using a simple random sampling method without replacement from a total of 13 villages, resulting in a sample of 3 villages with 37 participants.

The sample used to confirm and evaluate the usefulness of the model consisted of 3 representatives of the elderly from 3 villages, 1 person in each village, 1 representative from the local administrative organization in the community, and 1 representative from the health organization in the community, totaling 5 people.

### Data analysis

1. Analyze the overall and specific aspects of well-being using mean and standard deviation, then interpret the results based on the established criteria. Analyze the nature of problems and needs for well-being enhancement using percentages.
2. Summarize the points of the review of appropriateness, feasibility, and confirmation of the model for enhancing well-being through group discussions and in-depth interviews using content analysis.
3. Analyze and compare the difference in well-being levels before and after the experiment using Dependent T-Test statistics on the sample group.

### Research tools

1. The general well-being assessment tool consists of two parts: Part 1 is a personal questionnaire created by the research team with 11 multiple-choice questions, and Part 2 is a well-being assessment that covers four dimensions with a total of 40 questions, which the research team modified from the concept of The Venerable Phra Dha, Apitaka (P.A. Pyutto, 2005) that was developed by Tangtrisorn et al. (2008). The assessment is a Likert-type scale, with five measurement levels ranging from 1 to 5. The well-being behavior is categorized into the lowest, low, moderate, high, and highest levels. The meaning is interpreted using the principle of dividing the range of rates (Srisa-ad, 2012) as follows: An average score of 1.00–1.80 means the well-being is at the lowest level, an average score of 1.8–1.60 means the well-being is low, an average score of 2.6–3.40 means the well-being is moderate, an average score of 3.4–1.20 means the well-being is high, and an average score of 4.21–5.00 means the well-being is at the highest level.
2. Community engagement question guidelines consist of the following components: (1) the overall situation of the well-being of the elderly population in the community through brainstorming, (2) the problems and needs for the development of the well-being of the elderly in the community, and (3) the activities that the elderly desire to address well-being issues.
3. Group discussion. The research team developed an open-ended question guide on the well-being of elderly individuals in the community, consisting of (1) the current state of well-being issues, (2) community involvement in enhancing well-being, (3) evaluation of the suitability and feasibility of well-being enhancement models, and (4) factors affecting well-being enhancement.
4. The model for enhancing the well-being of the elderly in the community includes details such as the concept of well-being enhancement, objectives, activity content, and evaluation methods.
5. In-depth interviews consist of open-ended questions about opinions, to confirm and evaluate the usefulness of the model.

### Assessment of research tools

The Content Validity Index (CVI) was examined by three experts. The overall well-being assessment questionnaire has a value of 0.79. The questionnaires for community engagement, group discussion, and in-depth interviews have a value of 1.

The reliability of the overall well-being questionnaire was tested using the alpha-coefficient method on 30 non-sample elderly individuals, resulting in a value of 0.82.

## Ethical considerations

The research team conducted research after obtaining ethical approval from the Human Research Ethics Committee of Buriram Rajabhat University, license number 001/2565 dated January 12, 2022, and safeguarded the rights of all research participants by having them sign the consent form voluntarily. The research findings will be reported only in general terms.

## RESULTS

### 1. The well-being and problematic conditions of the elderly in the community

The study results on the overall well-being of 279 elderly individuals in the community showed that the majority of the data were from females (62.7%) aged between 60 and 69 years (44.4%), marital status (58.1%), living with their children and grandchildren (37.6%), had high blood pressure (42.9%) compared to those without underlying diseases (40.9%), had completed primary education (72.8%), were unemployed (53.4%), had enough money to spend (86%), regularly participated in social activities (45.2%), had never smoked cigarettes (84.2%), and currently still smoke (8.2%). The majority of participants had never consumed alcohol (71.3%), while some were currently consuming it (23.7%).

The overall well-being average score is high ( $\bar{x} = 4.18$ , S.D. = 0.83). However, when looking at each dimension, the highest level of well-being is found in the mental dimension ( $\bar{x} = 4.34$ , S.D. = 0.75) and the moral dimension ( $\bar{x} = 4.25$ , S.D. = 0.82). The intellectual dimension ( $\bar{x} = 4.11$ , S.D. = 0.73) and the physical dimension ( $\bar{x} = 4.01$ , S.D. = 1.01) have a high level of well-being.

Problematic conditions and the need for enhancing overall well-being were obtained from the sample group of 98 individuals, and it was found that the sample group placed importance on the problematic conditions and the need for promoting physical well-being of 58 individuals (59.18%), intellectual well-being of 53 individuals (54.08%), moral well-being of 14 individuals (14.28%), and 0 individuals for mental well-being, as shown in Table 1.

**Table 1: Mean and standard deviation of overall well-being among the elderly in the community (N = 279), as well as the number and percentage of individuals with the need to solve health problems in the community (N = 98)**

Overall well-being	Level of well-being (N = 279)			The need to solve problems (N=98)	
	$\bar{x}$	S.D.	Interpretation	Number of participants	Percentage
1. Mental	4.34	0.75	Highest	0	0.00
2. Moral	4.25	0.82	Highest	14	14.28
3. Intellectual	4.11	0.73	High	53	54.08
4. Physical	4.01	1.01	High	58	59.18
<b>Average</b>	<b>4.18</b>	<b>0.83</b>	High		

From the study results in this stage, it was observed that the community gave importance to only two aspects in terms of problem situations and the need to promote well-being, namely (1) physical growth, such as wanting to receive knowledge on how to prevent chronic non-communicable

diseases, prevent diseases using local wisdom, especially high blood pressure, and wanting elderly representatives in the community who had good physical health as a role model for living, and (2) intellectual growth, such as wanting to organize activities that promoted thinking and problem-solving skills on their own and wanting to have happiness within themselves and access to Dharma through meditation activities led by clear-minded monks that they had faith in. As for the needs of the network community, there was a need for collaboration from all sectors to work together.

## **2. A model for enhancing the well-being of the elderly in the community**

There are two main sets of activities in the model development to enhance the well-being of the elderly in the community, namely the elderly well-being activities and the network of community activities, which were carried out from March to June 2022, as follows:

- 1) The elderly well-being activity set was conducted by grouping the elderly 4 times, with a total duration of 10 hours. The set consisted of 4 sub-activities, which were as follows:

Activity 1. Building relationships and exchanging learning experiences was conducted during Week 1 for 1 hour. The recreational activity was organized to break the ice. Then, an exchange of self-care experiences was facilitated through conversation to encourage and motivate the elderly to practice good well-being. Elderly participants who were selected from the sample group were asked to share their experiences of how they coped with the illness and continued to live happily.

Activity 2. Enhancing physical well-being through local wisdom practices implemented in week 2 for a total duration of 3 hours, aimed to teach and emphasize the practice of healthy behaviors to prevent hypertension. The activity was divided into three parts, with each part focusing on a specific knowledge base and a sample group of three groups rotating every 30 minutes. The first knowledge base covered information on hypertension in the elderly; the second covered medication use and appointments for the elderly; and the third focused on preventing complications and basic self-care. After that, exercise activities were conducted for the elderly using local wisdom. The activities included synchronized exercises to Kantrum (a type of folk music) and Pa Kao Ma (a traditional Thai sarong), and the participants were also provided with locally appropriate food choices for hypertension management. The session demonstrated how to use ingredients commonly found in local markets, such as sugar, vegetable oil, and salt, to adjust the flavor and nutritional value of food. Additionally, alternative products such as seasoning sauce instead of fish sauce or salt were introduced, along with recommendations for incorporating locally grown herbs and vegetables into their diet, such as chili paste from freshwater fish, boiled bitter melon and Ceylon spinach, herbal juice, etc.

Activity 3. Enhancing intellectual well-being activity was conducted in week 4 for a total duration of 5 hours. There was a spiritual growth activity that focused on providing the sample group with insights into life through listening to Dharma talks and attending meditation sessions at the temple on religious holidays with the monks in whom they have faith. This practice went beyond the usual observances on religious holidays and required a time commitment of 60 minutes. In addition, the sandalwood flower group activity focused on developing creativity through the formation of a group to produce sandalwood flowers for use in the community, led by an expert speaker. Responsibilities were assigned based on aptitude using representatives from the sample group consisting of a president, vice president, secretary, and treasurer. The sample group in the nearby communities came together to make sandalwood flowers continuously; it took 4 hours to complete the task.

Activity 4. Self-reflection and commitment-making were conducted in week 8 for 1 hour. The elderly were asked to reflect on the knowledge they had gained from participating in the activities. A reward was given to those who answered questions about positive behaviors to motivate them, and they were asked to commit to applying the knowledge they had gained in their daily lives and to ask questions about any obstacles they encountered while practicing positive well-being.

- 2) The network of community activity set was conducted during the first week, with the sample group deciding to assign tasks to representatives from the community leaders. The village head representative helped to find shops to sell products continuously and led the promotion to invite the elderly to join the activities. The representative from the local administrative organization worked together to design the group's operations, manage income and expenses, and coordinate with speakers, and the health organization representatives, including professional nurses and village health volunteer leaders, who were responsible for supervising, monitoring, and providing advice on the health care of the elderly.

The suitability and feasibility of a draft model were examined using group discussion with a sample group of 21 individuals. It was found that 16 members of the sample group (76%) were interested in organizing activities to improve the well-being of the elderly, believing that the elderly could benefit from receiving advice on how to enhance their well-being. Specifically, the group proposed developing physical well-being through the application of local wisdom, such as traditional dancing to local music, using Pa Kao Ma for exercise, and preparing traditional foods that can help reduce high blood pressure. Additionally, the sample group expressed a desire for activities aimed at enhancing intellectual well-being, such as engaging in self-directed activities that promote critical thinking, designing, and planning, as well as sharing their knowledge and wisdom with younger generations through the making of sandalwood flowers and participating in mindfulness meditation exercises to improve their awareness and attention to reality. The network of community activities was also deemed appropriate.

### 3. The results of applying a model to enhance the well-being of the elderly in the community

The results of applying an improved well-being enhancement model to 37 elderly individuals in the community revealed that after the experiment, the sample group had a significantly higher physical well-being score compared to before the experiment at a statistically significant level of .05 ( $t = 4.179$ ,  $p = .001$ ), supporting hypothesis 1. Additionally, the sample group had a significantly higher intellectual well-being score compared to before the experiment at a statistically significant level of .05 ( $t = 8.776$ ,  $p = .001$ ), supporting hypothesis 2. See Table 2 for details.

**Table 2: Means, standard deviations, interpretation, and differences in physical and intellectual well-being before and after the experiment in the sample group (n=37)**

Well-being	Before the experiment			After the experiment			t	p-value*
	$\bar{x}$	S.D.	Interpretation	$\bar{x}$	S.D.	The score level		
Physical	3.951	.144	High	4.105	.229	High	4.179	.001
Intellectual	4.167	.657	High	4.278	.540	Highest	8.776	.001

\* $p < .05$



## DISCUSSION

### 1. The well-being and problems of the elderly in the community

In analyzing the situation of the well-being of the elderly through a study of their level of well-being, problems, and needs for promoting well-being, the survey data revealed that high levels of well-being can be divided into two dimensions: intellectual ( $\bar{x} = 4.11$ , S.D. = 0.73) and physical ( $\bar{x} = 4.01$ , S.D. = 1.01). This corresponds to the problems and needs for promoting well-being found through community engagement, which can be categorized into two dimensions: physical (59.18%) and intellectual (54.08%). This indicates that the elderly in the community needs to promote physical well-being, particularly in preventing chronic diseases such as high blood pressure, which is most prevalent in the community. Additionally, there is also a need to enhance their intellectual well-being by participating in activities that promote their thinking skills, engaging in group discussions, solving problems by themselves, and cultivating mindfulness. This leads to the elderly considering moderate practice in their daily lives and being aware, understanding, and discerning about the benefits and harms of their actions. These activities not only promote physical and intellectual well-being but also contribute to mental and social well-being, which are interconnected. According to Pariyattikijwithan et al. (2021), good care for well-being consists of four dimensions: physical, mental, social, and spiritual or intellectual. However, in this rural community context, social work may have less impact on well-being behavior than in urban communities, as found by Rojpaisarnkit and Rodjarkpai (2018), who found that the mental well-being of the elderly in rural communities was higher than that of elderly people in urban areas. Therefore, in Dong Phlong Sub-district, there are only two aspects of well-being that need to be strengthened, which are physical and intellectual, and this is consistent with many studies that have found that the most important issues and needs for well-being care for the elderly are physical and intellectual well-being. Physical well-being is affected by aging and requires integrated health promotion with cultural community traditions to prevent complications from various chronic illnesses, which is an important indicator of the quality of life and good mental and emotional health. On the other hand, intellectual well-being is aimed at achieving happiness within oneself, understanding the truth of the Dharma, and solving problems independently, which is a way to train oneself to understand reality, as found in studies by Nunkliang et al. (2021), Pariyattikijwithan et al. (2021), Phumngam and Ragkhanto (2021), and Yun and Sung (2017).

### 2. The model for enhancing the well-being of the elderly

The model for enhancing the well-being of the elderly in the community consisted of a set of activities that covered both physical and intellectual aspects of well-being, as well as a network of community activity sets, with an emphasis on community engagement in every activity. Representatives from organizations, community leaders, and elderly representatives were involved in designing activities that were in line with the community context, participated in activities, and jointly evaluated the appropriateness and potential usefulness of the model in the community context. The sub-district administrative organization was responsible for managing the group of elderly people who worked together to make sandalwood flowers to create a continuity of activities. Community leaders facilitated publicity and invited elderly people to participate in activities and visit shops to sell sandalwood flower products. Health organizations in the community and village health volunteer leaders played a part in monitoring and advising on the well-being of the elderly, with community participation being a vital strategy that made operations efficient and led to appropriate and genuine community well-being enhancement, which was essential for providing good health services for the elderly (Gough et al., 2021; Nunkliang et al., 2021; Siriniyomchai & Panyoyai, 2021).

### 3. The effects of a holistic well-being enhancement model for the elderly in the community

The study found that the elderly had significantly higher levels of physical and intellectual well-being, with a statistical significance level of 0.05, in accordance with the hypothesis, as a result of the integrated well-being enhancement model implemented in the community. This model included activities that promoted a holistic approach to elderly well-being, such as consuming locally grown herbs, choosing products to

substitute fish sauce or seasoning salt, exercising with Kantrum (a type of folk music) and Pa Kao Ma (a traditional Thai sarong), adopting positive models of well-being, sharing life experiences, and improving intellectual well-being through mindfulness and religious practices with faithful monks. The community-based activities, including making sandalwood flowers, were driven by the community's needs and contributed to improving the physical and intellectual well-being of the elderly. Given the importance of social interaction in human society, interacting with family members and the outside world can help maintain inner peace and wisdom, allowing individuals to analyze the causes of their troubles and solve them with wisdom (Phumngam & Ragkhanto, 2021). This is consistent with several studies that have found that developing models of enhancing well-being among the elderly that involve community participation will improve their well-being and enable sustainable continuity (Seangpraw et al., 2018; Siriniyomchai & Panyoyai, 2021).

The confirmation and evaluation of the benefits of the model found that all sectors of a society attach importance to the development of the well-being of the elderly, seeing it as a benefit to the elderly and participating in providing feedback for the development of the model. This can be observed from the large number of participants in the activity and the following suggestions: (1) to give the elderly leaders in the community respect as leaders in the activity, and (2) to increase activities that require a commitment from the elderly to implement the aforementioned principles continuously at home to create sustainable community well-being.

### **Limitations of the study**

This is a study conducted in a specific community area and for a limited period. Therefore, the activity format and study results may be limited in generalizing to the wider population.

### **Suggestions for further research**

This research can serve as a guideline for healthcare teams to develop community engagement policies and organize appropriate activities to continuously and sustainably enhance the well-being of the socially active elderly members in the community.

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