

## ความต้องการของผู้สูงอายุสำหรับการสื่อสารสุขภาพกับสมาชิกในครอบครัวเพื่อช่วยให้เกิดความสุข

### Senior Citizens' needs for Health Communication with Family Members to Increase Happiness

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#### บทคัดย่อ

การศึกษาค้นคว้าครั้งนี้เป็นการวิจัยเชิงคุณภาพ มีวัตถุประสงค์ คือ 1) เพื่อสำรวจถึงระดับของความสุขในชีวิตของผู้สูงอายุที่เป็นผู้ให้ข้อมูลจากการศึกษาค้นคว้าครั้งนี้ 2) เพื่อสำรวจความสุขที่ผู้สูงอายุส่วนใหญ่ต้องการ 3) เพื่อค้นหาคำตอบที่เฉพาะเจาะจงเกี่ยวกับความต้องการของผู้สูงอายุสำหรับการสื่อสารสุขภาพกับสมาชิกในครอบครัวเพื่อช่วยให้เกิดความสุข กลุ่มผู้ให้ข้อมูล ได้แก่ 1) ผู้สูงอายุ ที่มีอายุตั้งแต่ 60 ปีขึ้นไป จำนวน 30 คน 2) ผู้เชี่ยวชาญเฉพาะด้านการสื่อสารสุขภาพกับผู้สูงอายุนักวิชาการด้านพยาบาลศาสตร์ นักวิชาการด้านสื่อใหม่ สื่อดิจิทัลและสื่อมวลชน จำนวน 5 คน โดยใช้วิธีการคัดเลือกกลุ่มผู้ให้ข้อมูลและผู้เชี่ยวชาญจากวิธีการต่างๆ คือ จากวิธีการคัดเลือกแบบ Purposive Selection และวิธีการคัดเลือกแบบ Snowball Selection โดยการใช้การแนะนำจากกลุ่มผู้ให้ข้อมูลกลุ่มนี้ไปยังผู้ให้ข้อมูลคนอื่น ๆ ที่มีลักษณะใกล้เคียงกับตนเองและสามารถให้ข้อมูลได้อย่างครบถ้วน เครื่องมือที่ใช้ในการเก็บข้อมูล ได้แก่ แบบสอบถามด้านคุณลักษณะประชากรที่ผู้วิจัยกำหนดข้อคำถามไว้และลงบันทึกคำตอบจากผู้ให้ข้อมูลด้วยตนเอง แบบมาตราส่วนของการวัดความสุขในชีวิตใช้วิธีการวิเคราะห์ข้อมูลแบบสร้างข้อสรุป ด้วยการวิเคราะห์แบบอุปนัย (Analytic Induction) การวิเคราะห์โดยการจัดจำแนกชนิดข้อมูล (Typological Analysis) หลังจากนั้นจึงทำการ Reduce เพื่อหาความหมายและการมีความสัมพันธ์กันของข้อมูลจนกลายเป็นข้อสรุปของผลการวิจัย โดยพบว่าระดับความสุขของผู้สูงอายุจะมีทั้ง 2 ด้านที่เท่าๆ กัน คือ ทั้งมีความพึงพอใจและไม่พึงพอใจอย่างใกล้เคียงกัน ส่วนใหญ่จะเน้นไปที่การได้พูดคุยกับลูกหลานเป็นประจำ โดยมีความต้องการทางด้านร่างกาย คือ อยากให้ตนเองแข็งแรงเพียงพอที่จะทำกิจวัตรประจำวันได้ด้วยตนเอง ไม่ต้องเป็นภาระของลูกหลานมากนัก มีความต้องการทางด้านจิตใจ คือ อยากให้ลูกหลานทักทายพูดคุยอย่างสม่ำเสมอ อยากให้สอบถามสารทุกข์สุกดิบกับผู้สูงอายุเป็นประจำ มีความต้องการทางด้านสังคม – เศรษฐกิจ คือ อยากให้ลูกหลานช่วยพาไปร่วมกิจกรรม นอกบ้านบ้าง ช่วย

รับผิดชอบค่าใช้จ่ายพื้นฐานรายเดือนให้ด้วย โดยวิธีการสื่อสารสุขภาพกับผู้สูงอายุนั้น ขอให้ครอบคลุมความต้องการ 3 ด้าน ได้แก่ 1) ด้านร่างกาย ได้แก่ อาหาร ขับถ่าย การพักผ่อน การมีที่อยู่อาศัยที่ปลอดภัย การมีเสื้อผ้าที่เหมาะสม การรักษาพยาบาล 2) ด้านจิตใจ ได้แก่ ความรัก การเอาใจใส่ การยอมรับนับถือ การเข้าใจ การเห็นอกเห็นใจและการให้อภัย 3) ด้านสังคม ได้แก่ การเข้าร่วมกิจกรรมพบปะเพื่อน การร่วมกิจกรรมทางศาสนา โดยเนื้อหาที่ควรสื่อสารไปยังผู้สูงอายุ คือ 1.เรื่องโรคภัยไข้เจ็บที่กำลังเกิดขึ้น 2.ข้อมูลเกี่ยวกับโรคที่ผู้สูงอายุมักจะเป็นกัน 3. ข้อมูลเกี่ยวกับวิธีการป้องกันโรคที่ผู้สูงอายุมีความเสี่ยงว่าจะเป็น 4.สอบถามถึงเรื่องสุขภาพเป็นประจำทั้งตอนพบหน้าหรือทางโทรศัพท์และ 5. ข้อมูลการดูแลสุขภาพที่สำคัญสำหรับผู้สูงอายุโดยเฉพาะ สิ่งเหล่านี้คือความต้องการของผู้สูงอายุ เพื่อจะได้มีความสุขในการใช้ชีวิตในแต่ละวันที่ลูกหลานไม่ควรจะเลยที่จะปฏิบัติต่อผู้สูงอายุด้วยความเข้าใจ

**คำสำคัญ:** ผู้สูงอายุ ความต้องการ การสื่อสารสุขภาพ ความสุข

#### **Abstract**

This was a qualitative research with the objectives of 1) surveying the level of life happiness of the senior citizens who participated in the study; 2) surveying what happiness most senior citizens desire; and 3) finding specialized knowledge about the needs of senior citizens for health communication with family members in order to promote happiness. The informants consisted of 1) 30 senior citizens aged 60 or more; and 2) 5 experts on health communication, nursing, new media, and digital media/journalism. They were selected through purposive selection and snowball selection to obtain informants with similar characteristics for more complete data collection. The data collection tools were a questionnaire of demographic data questions, which the researcher asked the informants and recorded the answers herself, and a set of scaled questions to assess life satisfaction. Data were analyzed through a process of building conclusions that included analytic induction and typological analysis. The data were then reduced to find meanings and relationships. The results showed that the happiness level of the samples was balanced, with approximately half of the senior citizens primarily satisfied with their lives and approximately half primarily dissatisfied with their lives. Their needs focused on speaking regularly with their children and grandchildren. Their physical need was to be able to perform daily duties by themselves without being a burden. Their main emotional need was to talk to their family members often. Their socio-economic need was to have their children

take them out for activities outside the home from time to time and help cover their monthly expenses. Health communication with elders should cover 1) physical needs such as food, rest, using the bathroom, suitable clothing, a safe environment and medical care; 2) emotional needs, such as love, attention, respect, understanding, empathy and forgiveness; and 3) social needs, such as meeting up with friends and joining in religious events. The topics that family members should communicate to their elders are 1. Current diseases; 2. Age-related diseases; 3. Methods of preventing diseases for which they are at risk; 4. Ask how they are feeling, either in person or on the phone; and 5. Health topics relevant to elderly people. Younger people should not neglect to engage in health communication with their aged parents or grandparents with understanding on a regular basis so that these needs will be met and they can live a happy life.

**Keywords:** Elderly, Needs, Health communication, Happiness

### **Background and significance of the study**

One thing that most normal people meet with eventually is life as a senior citizen. Modern medical advances have enabled people to stay healthy and enjoy longer lives than ever. On the one hand, this is very fortunate for humanity, but on the other hand, growing numbers of elderly people in society also bring about certain problems. As people age, they go through physical and emotional changes. Many old people become anxious or suffer depression. The majority of elderly people share the same needs ( Bureau of Health Promotion: Department of Health: Ministry of Public Health, 2016) **1) physical needs:** a healthy, strong body; close, personal care; a clean living area; fresh air; a good environment; sanitary, age-appropriate food; nursing care during illness; medical check-ups; fast and convenient medical services; adequate sleep and rest; regular exercise or physical therapy; and accident prevention facilities. **2) emotional needs:** most older people have had time to develop their minds and improve themselves, so they often have better emotional control and stability than younger people. Usually greater serenity and equanimity comes with age, but of course there are vast differences in personality between individuals. Education, life experience and one's surroundings have a strong effect on emotional development. Certain stresses that come with aging are inevitable. Two common mental changes found among the elderly are 2.1) in terms of cognition, elders tend to cling to their

ideas and reasons and find it difficult to learn and absorb new things, and their memory skills decline; and 2.2) in terms of mood, elders often have negative self images, are easily discouraged and overly sensitive. They may feel that their place in society is not as important as it once was. They may be emotionally unstable, and susceptible to feeling insulted, irritated or angry. They want respect and admiration from family members and want to demonstrate their personal value. Some old people have emotional abnormalities stemming from psychological reasons or age-related dementia. The early symptoms of these conditions are memory loss, inability to tell the date or time, loss of cognitive ability, slowed decision making and reaction time. The groups of symptoms of dementia are categorized as a. Alzheimer's disease; b. delirium; c. forgetfulness; and d. affective syndrome. **3) socio-economic needs:** the need for attention, being part of a family or social group, the need to feel helpful in a role with which one is comfortable, support and assistance from the family or society in the form of housing and money for expenses, being part of a community, and participating in community activities. Most seniors want to reduce their dependence on others and they do not want to feel pitied or accept charity.

Elderly people with emotional or mental challenges are apt to react badly to illness or the deterioration of their body systems or organs that comes with age. Elderly people whose physical health has weakened may find themselves dependent on help from others, may lose their work positions or may find their social role curtailed. These changes have an emotional impact, and the elderly person may become stressed, sleepless, irritable, lonely, or depressed. Some may become aggressive, loud and cranky. You could say that old age is a time of emotional crisis when mental problems are likely, and, more often than not, are doubly impacted by changes for the worse in the person's physical, social and financial conditions. Meeting the needs of the elderly so they can be happy in their day-to-day lives is largely the responsibility of children, grandchildren and other family members who live with them. They need to care for their senior family members' physical and emotional wellbeing in an understanding way, and that means they need the most appropriate and best health communication tools and skills. Health communication is one of the keys to creating a happy and healthy life for the elderly.

Rawiwan Palkanha (2015) wrote about health communication with the elderly that communication is the important tool that enables two people or more, or a group, family or

community, to understand the meaning of what each wants to communicate. Any time that communication fails or is disrupted for any reason whatsoever, many problems occur, such as interpersonal conflicts, misunderstandings within the family, loss of peace in the group, and division in society. The damage that occurs as a result may be calculable or inestimable, such as bad feelings between people, or the failure of a job, project or activity. This is also true of a break down in communications between an elderly person and his or her family. Most senior citizens in Thailand live together with their children or grandchildren, who are their main caregivers and providers, and many of them also have an elderly spouse who may be a caregiver or a dependent. There are interesting problems involved in the communication between seniors and their caregivers. Many of these problems result in miscommunication or deficient communication that does not meet the objectives of the message senders. Communication failure may result from factors involved with the elder or their children or grandchildren. Communication only happens when someone wants to transmit a message, which might be an idea, a feeling, or another type of content, to a message receiver. There are many factors to consider when analyzing communication between the elderly and their family members. In this research, the researcher intends to build specialized knowledge about the needs of the elderly in health communication with their families, with the aim of improving the quality of life of older people. Let us not forget that the old people in your family are your own parents or grandparents.

Family members, whether parents, siblings, or grandparents, are related by blood and naturally feel attached to each other and concerned about each other. However, modern technology and modern lifestyles have tended to reduce the amount of time and care family members spend with each other, especially their older relatives. Some people don't appear to pay attention to their elderly parents or grandparents at all. There may be a problem when old people feel that their needs for health communication have not been met. They may be unhappy in their daily lives. The happiness of senior citizens depends on the things around them, which are usually not difficult to manage, expect that many times their children or grandchildren do not know how to use health communication to meet their needs. Lack of effective health communication with the elderly is a problem in many families. To be happy, elderly people need holistic health, meaning physical, emotional, social and spiritual health, not just the absence of physical pain or disease. Holistic health implies long life and

happiness for everyone according to the concept of “well being,” both during ordinary times and in times of illness. Holistic health management covers all the dimensions that impact personal wellbeing.

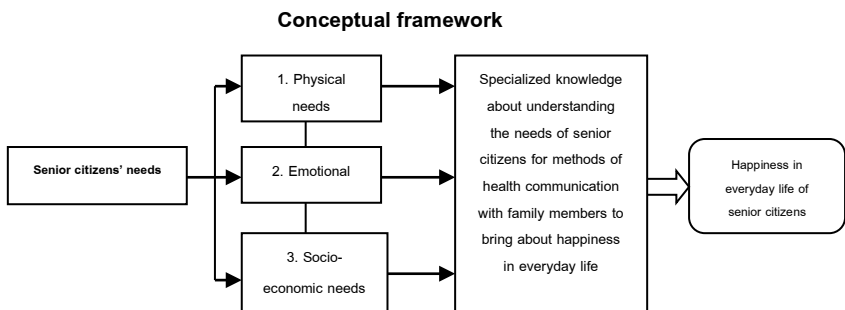
The researcher was interested in investigating this issue in order to gain specific knowledge that can be applied to promote wellbeing and solve problems associated with aging.

### Research questions

- 1) What is the level of life happiness of the senior citizens who participated in the study?
- 2) What happiness do most senior citizen desire?
- 3) How can health communication with family members promote senior citizens' happiness?

### Research objectives

- 1) To survey the level of life happiness of the senior citizens who participated in the study
- 2) To survey what happiness most senior citizens desire
- 3) To find specialized knowledge about the needs of senior citizens for methods of health communication with family members in order to promote their wellbeing



**Figure 1** Conceptual framework of the research on the needs of senior citizens for health communication with family members in order to improve wellbeing

## Literature Review

This research focuses on how health communication between senior citizens and their children and grandchildren can help meet their needs and improve their level of happiness in their everyday lives. It involves the following concepts and theories.

**1. Interpersonal Communication** - People who lack interpersonal communication find it difficult to adapt to society and have emotional problems. There are 3 major benefits of interpersonal communication: 1 ) Reducing fear – many people are afraid of communicating with other people. They may be afraid to speak, afraid to express themselves, or afraid to interact with other people because they lack self confidence. People who are very afraid of expressing themselves will become isolated from society. Elderly people and their family members need to participate in health communication with each other on a regular basis so they can help create a happier family life for all. 2 ) Creating concordance – when people communicate sincerely by speaking what they really feel, then they can usually convey their deepest feelings better than by relying on non-verbal communication. In health communication in the family, if the younger generations speak sincerely, in a way that conveys their love, care, and concern for their parents or grandparents, then everyone will understand that their intention is to do good thing. 3 ) Building trust – when what is being communicated in interpersonal communication is in accordance with the speaker's feelings, then the communication will be more effective and trust will be built up between the speaker and the listener. When there is mutual trust, then communication will be open, revealing, and straightforward, and a good relationship will result. This is a concept that can be applied to the main topics in this research.

Sometimes in interpersonal communication it is necessary to use an intermediary medium as a communications channel. Several factors should be taken into consideration, namely a) place – in some situations, the message sender and the message receiver are not in the same place and cannot see each other's faces, but they can still communicate; b) opportunity – in some cases a message sender may be ready to transmit a message but does not have the opportunity to reach the message receiver, or the time is not right. Then the message or content can be recorded or saved through an intermediary until it is possible to transmit it to the receiver; c) ability to use or access equipment – this depends on the personal abilities of the message sender and the message receiver. The necessary

equipment should be available to make communication possible and complete; d) attitudes – the senders' and receivers' attitudes may affect their behavior, and an intermediary medium could help lessen the differences in attitude; and e) moods – people's moods can sometimes interfere with effective communication, or alternatively, they can sometimes enhance and empower communication. People who are in a good mood tend to be able to communicate clearly. An intermediary medium may help offset problems related to a person's bad mood.

**2. Concepts of Attitude and Attitude Change** - Another thing that should be taken into account in this kind of study. Because the people communicating are an older person and their children, grandchildren or other family members, so the younger people may need to fine tune their attitudes in order to prevent unintentionally making the senior feel insulted, worried, or bullied. The concept of attitude shift is another concept that should be utilized when searching for the best way to proceed. William J McGuire (1985) proposed five steps in the creation and changing of people's attitudes.

**3. Concepts of Self Care Behavior** - D.E. Orem ( 1985) set the following objectives of self health care: 3.1 promote normal bodily functions and efficient personal growth; 3.2 maintain the structure, function and development of the body to make day-to-day life possible; 3.3 promote the ability to prevent, control and treat illness or injury; and 3.4 promote good quality of life and a good home environment. Orem conceived that self care was intentional and goal-oriented behavior consisting of two phases. In the intentional phase, characterized by consideration and decision-making, the individual takes part in an "estimative operation," evaluating what might happen to him or her if he or she takes a given course of action, before the "transitional operation" of deciding on a course of action. The second phase is the productive phase, consisting of actions taken following the individual's decisions and plans. The actions taken for self care should be organized and continuous, and the individual should be able to assess if the course of action is having the desired effect or achieving his or her health goals.



**Table 1** Steps in the arising and shifting of attitudes

Step	Phenomenon	Attitude and Attitude Change
1	Attention	The individual becomes interested in perceiving some news or information; the degree of interest depends on the characteristics of the communication and the individual who is the medium, in this case, the senior citizen
2	Comprehension	The individual understands the information; the degree of comprehension depends on the person who perceives the information (the senior citizen) and surrounding environmental factors
3	Acceptance	After the steps of attention and comprehension, there must be some incentive for the individual to become confident and want to change; the individual already has a new attitude; the speed with which he or she will think and behave in accordance with it depends on the person who is trying to affect the change in attitude, which in this case is the family member
4	Retention	The individual (the senior citizen) remembers the new attitude and integrates into his or her life habits
5	Action	The individual behaves in accordance with the new or changed attitude. In this study, it means after health communication with family members, the senior citizen is inspired to take better care of his or her physical and emotional health

**4. Concepts of Health Communication with the Elderly** – Rawiwan Palkanha (2015) recommended considering the following environmental factors: 4.1 the senior citizen's physical condition – as people age there are inevitable physical changes as their body systems deteriorate or lose function. Hearing loss and vision problems can affect people's ability to communicate. Elderly people with hearing problems may not hear the phone ring or may not be aware that their family members are trying to talk to them. Communication becomes difficult both face to face and over the phone. Another important organ for communication is the eye. As people age, their vision tends to decline. Vision is important

for communication because when people speak to each other, they send signals with their faces and eyes as well as the words and can get a better indication if the other understands what they are saying or not. Health communication may also be about some object or item that both should be able to see clearly. Lastly, the other major organs involved in communication are the organs that allow us to speak, but some might have chronic coughing, persistent sore throat, or memory loss and Alzheimer's disease also cause communication problems. The elderly person may have difficulty understanding what their family members are saying and may forget words. They may be unable to express what they want or need. In difficult cases, these problems reduce the senior citizens' day to day happiness or may make them miserable.

4.2 Factors related to the person responsible for health communication with the elderly – in this case, the people responsible for health communication with the elderly are their family members, usually children or grandchildren, who take care of them on a daily basis. These family members should practice health communication skills. They should try to understand the changes their elders are going through, including changes to hearing, vision, speech, comprehension and reaction. When the seniors are slow or inaccurate in their communication, the family members should try to be patient, understand their feelings and give them time. Family members are extremely important for the everyday happiness of old people. If family members lack understanding of the nature of the aging process, they may intentionally or unintentionally hurt the feelings of their elders. If both sides can learn from the process, then conflicts and blaming will not arise. In short, the younger family members need to be aware of the following:

4.2.1 Senior citizens may suffer hearing loss, vision loss, and speech problems  
4.2.2 More time is needed to insure effective communication  
4.2.3 Be patient and wait for a response  
4.2.4 Be understanding and sympathetic about physical and mental changes  
4.2.5 Use easy to understand language, speak loudly and clearly and be polite  
4.2.6 Try to talk about things that will make your senior happy and allow them to feel a part of the conversation, such as remembering their past work achievements or favorite songs or pastimes. Beneficial health communication between a senior citizen and younger family members depends on good mutual understanding, compromise and willingness to learn on both sides.

**5. Theories of aging** – There are three related theories: 5.1 Biological – based on physiological processes, this theory is concerned with discoveries about biological decline

and death at a cellular level, up to the level of tissues, organs and bodily systems. 5.2 Psychological – changes in personality and behavior that come with aging are the result of intellectual development and adjustments to the thought process, memory and perception. Changes are different in different individuals because of their incentives, surroundings, society and life experiences. 5.3 Sociological – based on the ways in which a person's social status changes as they age. Everyone has to develop over time, and their environment impact how they adapt. If society at large is changing quickly, then the status of the elderly is like to change quickly as well.

**6. The theory of 5 levels of human need** – In his “hierarchy of needs” (1970), Abraham Maslow described the desires and satisfactions of humans as a “wanting animal” that is human nature. In the need hierarchy conception of human motivation, Maslow describes the following levels of human need:

6.1 Physiological needs – the most basic, most powerful and most obvious needs, most of which are necessary for life, such as the need for food, water, oxygen, sleep, sex, warmth and the need for sensory stimulation.

6.2 Safety needs – the need for security still influences people after they grow up into adulthood.

6.3 Belongingness and love needs – All humans need love and a sense of belonging, which is achieved by building relationships with others, starting with family members.

6.4 Esteem needs – these are broken into self esteem and esteem from others. In terms of self esteem, people want a sense of power, confidence, strength, capability, efficacy, self sufficiency and independence. Everyone wants to feel that they have value, they are capable of successfully accomplishing various work, and their achievements are notable.

6.5 Self-actualization needs – this is the desire to be the best that you can be and live up to your true potential. Maslow wrote that a person's failure to understand himself could come from misdirected efforts, such as trying to make other satisfied with what one is while avoiding living up to one's mistakes. A path like that is an obstacle to self-actualization. The

researcher thinks that Maslow's hierarchy of needs can be used as a framework for studying the needs of senior citizens for health communication with their family members.

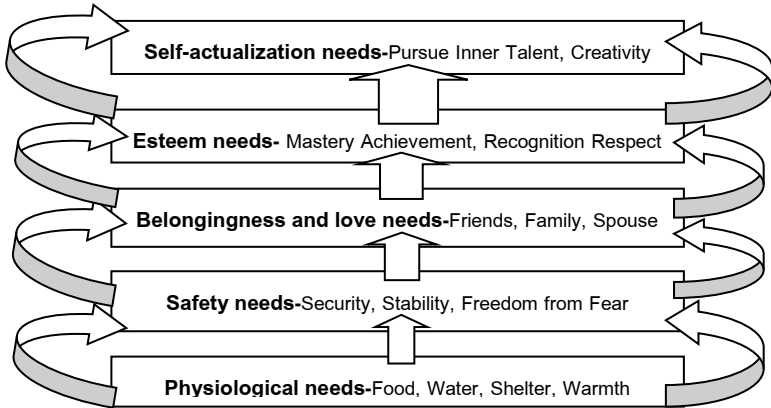


Figure 2 Abraham Maslow's Hierarchy of Needs

**Source:** Maslow, A. 1970. Motivation and personality (2nd ed.). New York: Harper & Row; reprinted by permission of Harper Collins Publishers.

From the collection of concepts and theories which are related to the area of interest can be summarized the main clear conclusions. Researcher has integrated the outcomes from the conclusions to apply with the conceptual framework of the research. By taking the factors that affect the happiness of the elderly in various contexts are; Birth and Attitude Change; Self-Care Behavior; Hierarchy of human needs 5 stages which included physical needs, emotional needs, Socio-economic needs; Interpersonal communication and Health communication with the elderly. With these factors are mentioned, these can lead to the finding of specialized knowledge about the needs of the elderly. This is concerned how to communicate with their family members to help them achieve the happiness. Communication with family members can help promoting their wellbeing.

### **Related research**

From Siriporn Suthanya's research (2007) findings about "Self-Care and Life Satisfaction of the Elderly" in this study, the elderly were found to have a mediocre level of their life satisfaction, and there was a significant difference at 0.05 levels in their life satisfaction on the basis of educational level, while no significant difference in life satisfaction of the elderly was found in term of sex, marital status, economic status and pattern of living. This study also indicated a positive correlation ( $r = 0.074$ ) at the 0.05 level of significance between self-care and life satisfaction of the elderly.

From Benjamas Nakwijit's research (2008) findings about "Psycho-social factors related to self-care behavior and happiness of the senior citizen club members in the hospitals under medical service department, Bangkok metropolis" in this study, Elderly's self-care behavior was positively correlated with elderly's happiness at the 0.01 level of significance. It also found that the more important, social factors of elderly in family support and medical officer support were positively correlated with elderly's self-care behavior at the 0.01 level of significance. One way to promote the health and happiness of senior citizens is to communicate to them how they can engage in beneficial self-care activities. Proper health care can slow the aging process and prevent some of the ailments and conditions associated with aging, including both physical and mental conditions. Good self-care habits can reduce the risk of illness.

From Wachiraphan Tapin's research (2010) findings about Bio-Psycho-Social Factors Associated with Geriatric Health Care Behavior by Geriatric Caregivers. The sample included a total of 270 family members and relatives of the elderly. The results showed that: Older geriatric caregivers were able to look after elderly patients more effectively than younger caregivers. Geriatric caregivers with higher stress from the caring role, greater knowledge concerning healthcare of the elderly, positive attitudes toward the elderly, personal belief in health care and a positive relationship between the elderly patient and the caregiver were able to look after the elderly more effectively than low bio-psycho-social caregivers.

In the study "Developing the Life Quality of the Elderly by Applying Sufficiency Economy-Based Schooling (Phase 1)," Sittipong Boonpaduang (2011) surveyed several

variables that affect quality of life of the elderly. He found that the factors of loneliness/isolation and good health were related to mood; the factors of family interactions, friends and interactions with neighbors were related to interpersonal relations; the factors of donation and acceptance from the community were related to social association; the factors of making a living, income and expense were related to standard of living; the factors of paying attention to health and wise consumption were related to good physical wellbeing; and lastly, the factors of independent thinking and freedom of choice were related to self direction.

In the qualitative study “A Case Study of the use of New Media through Social Media on Smartphone to Improve Quality of Life for Elderly with Family Members in New Zealand,” Nattanun Siricharoen (2015) found that New Zealanders, as well as Thais, Chinese, Malaysians, Indians, South Koreans, Jamaicans and Algerians who came to work or study in New Zealand, were concerned about communicating with their elderly parents or grandparents about health topics. The majority said that they were not confident about their knowledge about health care, prevention and treatment of ailments that affect the elderly. They felt unfamiliar and shy about passing on health information. Many thought that high-level psychological techniques were needed to communicate with the elderly about physical and mental health and that it could only be properly done by medical professionals such as doctors and nurses.

## **Methodology**

This was a qualitative research based on the fundamental concepts of qualitative research, i.e. studying phenomena in the natural setting, making observations without setting up special conditions for the study, and being very flexible about predictions (Wiersma, 2000). In addition, the research took into account the following components of qualitative research design:

### **Study population**

The study population was an incumbent population, that is a small group that makes up part of the population that is named in the research questions. The entire population could not be studied due to lack of time and resources (Nongluk Viratchai, 2000). The study population consisted of elderly people and experts in related fields,

demographically categorized to have homogeneity, meaning samples in each unit had similar characteristics and structure (Pichit Ritjaroon, 2002).

**Table 2** The components of the qualitative research design framework

Step	Outcome	Detail
1	Working Design and Scope of the study	The researchers selected the sample, they are the elder who the researcher can get the information comfortably by interviewing and talking with them. They can give the information and answer from their experiences. The researcher selected the area of data collection; which are within Bangkok, Samutprakarn, Samutsakorn, Pathumthani. The research collection time was during October 2015 - January 2016. Moreover, the researcher defined the necessary research variables in this step as well.
2	Developing Research questions.	The researcher created the problem of the statement and the research questions.
3	Data Collection	The researcher collected data by reviewing and analyzing the document, along with interviewing, observing, talking, and writing the summary report.
4	Data Analysis/Interpretation	The researcher divided and organized the data and categorized them into grouped and added information. Then the information was formed into the new structure which could be described in the special knowledge of findings.

### **Informants in the study**

There were two groups: 1) 30 senior citizens aged 60 or over; (15 male and 15 female from Bangkok, Samutprakarn, Samutsakorn and Pathumthani) the researcher required to obtain data from the elderly population with different demographic characteristics, such as educational level, number of family members, the means of using communication equipment including face to face communication with family members. As well as the

different residences of each family, this can affect the different communication culture in each area. Thus, the variables make it possible to discover reliable data in a general sense. It can be used as practical application guidelines; this will certainly ensure that the basis of the findings were from the truth of the various families and 2) 5 experts on health communication, nursing, new media, and digital media/journalism. The informants were chosen through different methods, consisting of purposive selection, to insure that they were people who were knowledgeable about the research problem and research objectives (Bailey, 1987), and snowball selection, because the first people chosen could recommend others they knew with similar characteristics who could help provide more complete data.

### **Data collection tools**

A questionnaire was developed by the researcher comprising questions on demographic data, scaled questions to assess the level of happiness in life, scaled questions to assess problems with health communication, and questions about what the senior citizens desired in terms of health communication. The researcher marked the answers on the questionnaire after asking the informants. Data were collected from October 2015 to January 2016.

### **Data collection methods**

The research developed discussion guidelines in advance for in-depth interviews consisting of

- 1) Questions about demographic characteristics (sex, age, educational level, number of family members, methods of communication with family members)
- 2) Questions about happiness level on a set scale
- 3) Questions about what the elderly people in general want or need
- 4) Questions about what the informants themselves wanted in terms of health communication from their family members.

For the interview method, the researcher was the interviewer, collecting data by speaking with and asking the informants (senior citizens and related experts) the set questions on the guideline. In the interview, the researcher would continue asking questions until complete data could be obtained from each informant. There were 3 kinds of questions



in the in-depth interviews: fixed-alternative questions, open end questions and scale questions.

For assessing happiness in life, the researcher began with the Satisfaction with Life Scale of Diener, Emmons, Larsen, and Griffen (1985) as shown in table 3, 4 and 5. The scores were added to see what group each informant was in.

**Table 3** The Satisfaction with Life Scale

No.	Score	The Satisfaction with Life Scale
1.	.....	In most ways my life is close to my ideal.
2.	.....	The conditions of my life are excellent.
3.	.....	I am satisfied with my life.
4.	.....	So far I have gotten the important things I want in life.
5.	.....	If I could live my life over, I would change almost nothing.

**Table 4** Scales level meaning for data evaluating

Scale	Meaning
7	Strongly agree
6	Agree
5	Slightly agree
4	Neither agree nor disagree
3	Slightly disagree
2	Disagree
1	Strongly disagree

**Table 5** Scales level interpretation for total score

Total score	Interpretation
31 - 35	Extremely satisfied
26 - 30	Satisfied
21 - 25	Slightly satisfied
20	Neutral
15 - 19	Slightly dissatisfied
10 - 14	Dissatisfied
5 - 9	Extremely dissatisfied

Note: Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale.

Then the family members could be informed about how happy their elderly family member was at that time, so they could make plans to use appropriate health communication techniques fitted to each individual's physical and mental condition.

In addition, the researcher used the techniques of both known and unknown observation to try to gain an understanding of the true thoughts and feelings of the informants, so that the data obtained would be as complete and reliable as possible (Macintyre, 2000 and Schmuck, 2006).

### **Data analysis**

To analyze the qualitative data, the researcher used the method of building conclusions. The data were descriptive data from observations and interviews, which were recorded through note taking, audio recordings, and video recordings. The researcher could go back and review the data in the recordings while in the process of analyzing and drawing conclusions so that the results would be more credible. To build conclusions, the researcher used the methods of analytic induction (interpreting tangible evidence or detectable phenomena like way of living) and typological analysis (categorizing acts, activities and relationships observed). The researcher formed conclusions after making comparisons between all the data types that were collected until all the data were saturated, and then reducing the characteristics of the items that were compared down to the most meaningful and shared characteristics.

### **Results**

#### **1. The result of demographics of the sample**

From the result data, summary of the demographics of the sample, the informants were 30 numbers male 15 and female 15, the youngest informants is 61 years old which are 2, 62 yrs are 4, 63 yrs are 2, 64 yrs are 3, 65 yrs are 3, 66 yrs are 2, 67 yrs are 2, 68 yrs are 3, 69 yrs are 4, 70 yrs are 2, 71 yrs is 1, 72 yrs is 1 and there is one the oldest informants who is 73 year olds. The least education level is elementary school from 10 informants, Middle school are 8, Senior High School is 1, Vocational Certificate are 2, High Vocational Certificate are 4, and the highest education level is bachelor degree from 5

informants. About family members, 4-members are 5, 5-members are 7, 6-members are 10, 7-members are 3, 8-members are 4 and 9-members is 1. There is family member's number at 6 which used Smartphone to communicate with grandchildren which are 17 informants and used face-to-face are 13 informants.

## **2. The result of the happiness measurement**

The interpretation of the summarized the happiness measurement of the sample are followings:

2.1 there are 8 informants, they are being slightly dissatisfied in the score between 15 -19, it means that they were not happy in the past life. At the present, they are being a bit happy in their live.

2.2 there are 7 informants, they are being slightly satisfied in the score between 21 - 25, it means that they were happy in the past life. At the present, they are being a bit happy in their live.

2.3 there are 6 informants, they are being dissatisfied in the score between 10 - 14, it means that they were not happy in the past life. At the present, they are being unhappy in their live.

2.4 there are 5 informants, they are being satisfied in the score between 26 -30, it means that they were happy in the past life. At the present, they are being happy in their live.

2.5 there are 2 informants, they are being extremely dissatisfied in the score between 5 -9, it means that they were unhappy in the past life. At the present, they are being very unhappy in their live.

2.6 there is 1 informant, who is being extremely satisfied in the score between 31 - 35, it means that informant was happy in the past life. At the present, they are being very happy in their live.

2.7 there is 1 informant, who is being neutral at the score 20, it means that informant was fine the past life. At the present, they are being fine in their live.

From result data, there are 8 informants, they are being slightly dissatisfied on daily life, and there is only one informant who is being extremely satisfied.

### **3. What most elderly people desire**

3.1 Physical needs: They want to be strong enough to perform all their daily tasks by themselves so they won't be a burden. They want their children or grandchildren to provide some of their meals, like at least one meal a day in the evening, by buying something for them on their way home from work or school. In most cases it is difficult or inconvenient for the elderly people to go out and get their own food. They would like someone to do their laundry once a week, because most did not feel strong enough to do the laundry, hang the clothes out to dry by themselves and do the ironing. As for household items like plates, cups, bowls, silverware and a microwave oven, most of the elderly people had enough, but in many cases they lacked specialized equipment like flashlights, magnifying lenses, canes, walkers, and rails/grips in the bathroom. If their children or grandchildren got these items for the home, it might increase their happiness.

3.2 Emotional needs: They want their children and grandchildren to talk with them regularly and ask them how they're doing, because it will make them feel that people care for them, love them, are concerned about them and are not annoyed by them. They don't want family members to think that they are a burden or just someone in the house that you don't have to talk to. They fear that younger people might avoid talking to them because they think it will be a waste of time and they won't understand each other because of the age difference. They want their family members to understand that they may seem to be picky, grumpy or bossy, but actually they are just worried about their relatives and don't want them to make mistakes or do something they'll regret, so they may warn them often and say "Don't do this, don't do that," but they have good intentions. They want their children and grandchildren to understand that they mean well, so they shouldn't be annoyed or bored with their warnings. Sometimes the elderly people may forget that one of their family members already answered a question or did something for them. If they seem to speak about the same thing or ask the same thing over and over, the younger people should try not to get angry. Some of the informants realized that they were suffering memory loss. If the family members could understand everything the senior citizens were expressing in the interviews then it should make the senior citizens have a happier life. They just want their family members to say "I understand you, Mom/Dad/Grandma/Grandpa."

3.3 Socio-economic needs: They would like their family members to take them out for activities outside the home from time to time, because they feel like they don't know what other people outside the home are doing. They don't know what activities are available for fun, or they don't dare to participate because they're not sure how to act. They would like their children or grandchildren to accompany them to different activities or events. If possible, they would like their family members to cover all the household expenses, or at least part of the expenses, such as food and medical expenses. Many of the senior citizens interviewed did not feel financially independent. Many were retired and had no income. They were living off of their savings, which were dwindling every day, and were worried what would happen when their savings ran out. In most cases their children or grandchildren did not give them any spending money on a regular basis. Others had no income and no savings, and felt they were entirely dependent on their children every day. Financial worries cause stress, so most elderly people would like their family members to provide support for expenses.

#### **4. Senior citizens' needs for health communication from their family members**

4.1 The elderly want family members to talk with them about diseases that are going around at the time.

4.2 They want family members to talk to them about diseases and health conditions that are common among the elderly.

4.3 They want their family members to find information about how to prevent diseases for which they are at risk, such as heart disease, diabetes, cancer, and high blood pressure so they can be reminded to eat right, exercise and get health check-ups.

4.4 They want their family members to ask about and talk about their health regularly, either face to face or over the phone, so they won't feel lonely and so that the children will be informed soon whenever a new health issue arises.

4.5 They want their family members to communicate important aging-related health information to them because they may be unaware and have no source of information about how to prevent or treat these conditions. The informants said that their family members rarely talked about health issues with them, perhaps because they didn't dare, weren't confident in their knowledge, or were afraid it might be too personal. However, the informants confirmed that they would be very pleased to receive health-related information

from their family members and would believe in advice they could give about appropriate exercise, nutrition, meditation and relaxation techniques. They said they would be pleased to talk about these topics with their family members at any time, but usually their family members would hesitate to bring up health topics directly. They liked to add health topics into daily greetings, such as saying “How are you today? Do you have a headache?” “Did you sleep well last night?” “What would you like for dinner? Don’t eat anything too sweet, or else your blood sugar level will go up.” “Have you eaten yet today? You should eat lots of stir fry, and not too much rice.” “Eat lots of vegetables so you won’t get constipated.” “You should move around and exercise to stretch your joints.” In this kind of communication, the elders felt that their family members were trying to transmit messages about health and were expressing their concern. However, the conversations were very brief and health communication was mostly limited to short daily greetings and jokes. The informants were glad that their family members had mobile phones and had bought mobile phones for the elders too and taught them how to use them, so they could talk more frequently by phone. They felt cheered up when they talked with their relatives. Some of their children and grandchildren had to go to work far from home and only returned home late at night. Sometimes their school-age grandchildren had to go stay overnight somewhere else for school activities and they were glad they could reach them by phone if they were worried.

4.6 They want their family members to use loving, respectful language and good manners when they communicate with them so that they know they love them, because receiving love and gratefulness from their children and grandchildren is what makes old people the happiest.

## **Discussion**

**1. Analysis based on demographic factors** – The greatest number of senior citizens in this study were aged 62, followed by 69. The youngest was 61 and the oldest was 73. They were all retired and no longer working regularly. They had quite a lot of free time, and spent some time reminiscing and recalling the past. Some tended to be stuck in old ways and habits and others tended to spend more time following what their children and grandchildren were doing. Some of the latter became very stressed due to worrying about every detail of their children’s and grandchildren’s lives. Due to the homogeneity of the study

population, these results can probably be taken to represent the elderly in Thailand as a whole. The researcher noted that males tended to be more attached to the past than females. Males frequently focused their thoughts on former work duties and responsibilities, successes and failures. Females tended to worry about the safety of their children and grandchildren. They were worried and upset about their own health problems, especially chronic illnesses they had had since they were young. They were worried about their loss of resistance to disease. This is compatible with the biological theory of aging, which states that the structure and function of various organs and body systems deteriorates with age, causing aches and pains. In addition, most female informants in the study tried to encourage and give moral support to their children and grandchildren so they could enjoy their work, and sometimes babysat for grandchildren. This is the case with most elderly people. The results can be used as guidelines for family members in managing health communication with senior citizens.

As for educational level, the largest number of informants in this study had completed elementary school as their highest educational level, followed by middle school, bachelor's degree, high vocational certificate, vocational certificate and senior high school. The data showed that educational level did not have a significant effect on the senior citizens' happiness. Their needs were all very similar.

The largest number of informants lived together with their children in households with 6 family members. The fewest reported living together with their children in households with 9 family members. This indicates that many families in Thai society still live together with their parents and/or grandparents. This is probably because they are concerned about each other. The younger generations probably want to pay back the generosity and care of the parents who raised them. The number of family members living together in a household is generally large. This is good, because it means people will be there to assist if anything happens to an elderly person.

As for communication methods, 17 of the informants reported that they communicated with their family members most often through a smartphone and 13 reported that they communicated with their family members most often through face to face interaction. As technology advances and people's way of life changes, smartphones are now used for almost all kinds of communication and it not necessary for people to travel to see

their elders in person. This makes communication possible even when people are very busy with their tasks and responsibilities. In an urban center like Bangkok, where the traffic is congested all day every day, communicating by phone instead of face to face can save a great deal of time, stress and expense. Modern smartphones are handy communication devices because they have all kinds of applications to enable different modes of communication for both message senders and message receivers. The data from this study showed that smartphones have enabled senior citizens to communicate with their family members more conveniently and more often while saving time and expenses. They are also convenient for communicating information about health.

### **The level of life the happiness of the senior citizens who participated in the study**

**2. Analysis of the happiness level of senior citizens** - Out of the 30 senior citizens interviewed in this study, 16, or more than half, reported from the Satisfaction with Life scale questions that they were not quite satisfied or happy with their life at present and in the past. Two of them were dissatisfied to the highest level; 6 were very dissatisfied; and 8 were slightly dissatisfied. Only one was satisfied to the highest level while 5 were highly satisfied, 7 were mildly satisfied and one was in between, equally satisfied and dissatisfied. You can conclude that the level of life happiness of the senior citizens in this study was balanced, with approximately equal amounts satisfied and dissatisfied. When asked about their feelings on their lives up to the present, such as their goals and expectations, their level of success, satisfaction with their life path, whether or not they got what they wanted in life, and what they would change if they could live it over again, most of the respondents had a similar conclusion, that there were approximately equal amounts of happiness and unhappiness or good and bad fortune in their lives. Many of them gave the opinion that everyone's life was always a mixture of good and bad times. Only a few felt that their life had been perfect and were satisfied with all the events that had happened ever since they were young. Some also were very dissatisfied with their past lives because they had been born into a poor family, did not have enough money to go to school, had to work hard all the time, had heavy family responsibilities, had no time to rest after they got married and had kids, and had never had the chance to go out and have fun or take a vacation. These people felt that if they could turn back time, they would like to have a better life, get a better education and a better job, and have more opportunities for advancement.



**The happiness which are the most senior citizens desire.**

**3. Analysis of what senior citizens want** - The informants wanted to have good enough health that they could take care of themselves and not bother their children and grandchildren. This is consistent with the basic physiological needs of all humans. Children and grandchildren of senior citizens should consider communicating to their elders on a regular basis about self care behavior (Orem, 1985), because it would improve their quality of life if they could take care of themselves. The younger relatives should encourage their elders to exercise one way or another to try to keep their body systems functional. The senior citizens would be happier if they could handle their daily activities by themselves without depending as much on their children and grandchildren. This is compatible with the research of Suthanya (2007), who found that there was a statistically significant positive relationship between self care and life satisfaction among the elderly. People who take care of their own health are happier. Younger relatives should also use health communication to teach their elders basic methods for preventing diseases and alleviating the symptoms of diseases by themselves. They should try to insure that the home environment is suitably and properly equipped for guarding the safety of their elders in doing their daily activities. A good environment will help meet their safety needs. Younger relatives should communicate about health subjects with their elders to stimulate them to consider new behavior and to inform their decision making. This communication will help lead to consistency in self care behavior. Senior citizens will surely be happier if their physical health is good and they are able to do things themselves without difficult. In her research, Nattanun Siricharoen (2015) found that the children and grandchildren of the elderly often lacked confidence in their ability to provide health information to their elders and felt awkward broaching the subject. Efforts need to be made to build up their confidence in this area so that they can feel comfortable talking about health related subjects with their elders on a regular basis to promote their health and happiness. As for the emotional needs of senior citizens, it should be remembered that it is the children and grandchildren who are one of the most important factors in making their elders happy. Children should learn to read the signs and symptoms so they'll know that if their parent or grandparent is acting in a certain way, then it means they need something. This is part of the human need for belongingness and love. Older people want to have good relationships with their family members based on mutual respect,

admiration and trust. If senior citizens receive love and acceptance from their offspring it will greatly add to their life satisfaction when they feel that they are loved and valued by their family. Close observation and frequent communication are factors that help family members understand the emotional situation of their elders at any moment. If family members learn about each other and understand each other better, then the senior citizens will be happier. As for the senior citizens' socio-economic needs, these are tied to their esteem needs. Senior citizens can live more happily if they are self confident, physically healthy and strong, and if they do not need to rely on their family members too much, such as for their regular expenses. Life satisfaction comes partly from feeling appreciated and esteemed by others. The ultimate type of need for older people nearing the end of life is self-actualization needs. Elders should have the opportunity to express their creative powers, which includes giving advice and consultation for the younger generations who may be experiencing various problems. The ultimate happiness that most senior citizens desire is to be able to help their children and grandchildren through difficulties by drawing on lessons from their own life experiences and their unique abilities.

**To find specialized knowledge about the needs of senior citizens for methods of health communication with family members to promote their wellbeing.**

**4. Analysis based on demographic factors** – The greatest number of senior citizens in this study were aged 62, followed by 69. The youngest was 61 and the oldest was 73. They were all retired and no longer working regularly. They had quite a lot of free time, and spent some time reminiscing and recalling the past. Some tended to be stuck in old ways and habits and others tended to spend more time following what their children and grandchildren were doing. Some of the latter became very stressed due to worrying about every detail of their children's and grandchildren's lives. Due to the homogeneity of the study population, these results can probably be taken to represent the elderly in Thailand as a whole. The researcher noted that males tended to be more attached to the past than females. Males frequently focused their thoughts on former work duties and responsibilities, successes and failures. Females tended to worry about the safety of their children and grandchildren. They were worried and upset about their own health problems, especially chronic illnesses they had had since they were young. They were worried about their loss of resistance to disease. This is compatible with the biological theory of aging, which states

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As for communication methods, 17 of the informants reported that they communicated with their family members most often through a smartphone and 13 reported that they communicated with their family members most often through face to face interaction. As technology advances and people's way of life changes, smartphones are now used for almost all kinds of communication and it not necessary for people to travel to see their elders in person. This makes communication possible even when people are very busy with their tasks and responsibilities. In an urban center like Bangkok, where the traffic is congested all day every day, communicating by phone instead of face to face can save a great deal of time, stress and expense. Modern smartphones are handy communication devices because they have all kinds of applications to enable different modes of communication for both message senders and message receivers. The data from this study showed that smartphones have enabled senior citizens to communicate with their family

members more conveniently and more often while saving time and expenses. They are also convenient for communicating information about health.

**5. Analysis of senior citizens' needs for health communication from family members** - This study revealed that most health communication between senior citizens and their family members was interpersonal communication in the form of ordinary everyday greetings and interchanges that contained some ideas about health. The senior citizens said they wanted to feel that their children and grandchildren were close to them and concerned about them. Health communication can help the family members get to know each other better and they can learn together about health topics that would be of benefit both to the aged people and the younger generations. The seniors interviewed in the study said they wanted their family members to stop worrying and feel more confident about discussing health topics, because the older people were willing to listen. If family members engage in health communication with the elderly on a regular basis it will foster good attitudes and good relationships, and the family will be happier. The younger family members are already like nurses, providing both physical and emotional care for their elders and communicating sincerely with them out of real concern. Health communication builds trust and makes the elders happier by meeting their needs. This is compatible with the research of Wahciraphan Tapin (2010), who found that health care of the elderly depended on good attitudes towards the elderly, personal beliefs that promoted health and positive relationships between the elderly and their caregivers. In this case, the caregivers are the family members, who can be more efficient in the role of caregivers. In health communication it is also necessary to take into account the place, time, mood, attitude and ability to use communication equipment of the communicators. Family members should choose appropriate methods of communication that can help them convey information accurately to their elders so that the elders will be more likely to have positive changes in their attitudes to self care. This is consistent with the findings of Nakwijit (2008), who wrote that there was a statistically significant positive relationship between support from the family and good self care behavior among the elderly. Regular health communication with family members can also help reduce the risk of illness among the elderly. In the present study, our data from senior citizens about any problems they had in communicating with their family members showed that these days there tends to be less face to face communication between family members. This is probably the result of

lifestyle changes because most modern people have to hurry to work or school every week day, and they often have activities outside the home on weekends as well. The children or grandchildren who are the primary caregivers of the elderly do not have as much time to spend with them as was common in the past. In some cases, the old people feel very lonely and isolated. This echoes the work of Sittipong Boonpaduang (2011), who in a study of the elderly found that the factor of loneliness was related to quality of life in the aspect of good emotional health; while the factor of interaction with family members was the most important factor influencing wellbeing in the aspect of interpersonal relations. It is heartening to know that the advancement of telecommunications that led to today's smartphone technology has enabled family members today to communicate with each other virtually anywhere, anytime with almost no limitations. The researcher is certain that today and in the future, smartphones will play a very important role in health communication with the elderly.

One thing that family members should be cautious about and aware of when engaging in health communication with the elderly is that all people naturally change over time, and as we learned from the theories of aging, it is inevitable that older people's bodily systems will deteriorate over time rather than getting stronger. Psychological changes are also to be expected. This may be apparent in behavior changes as older people might become more self-absorbed and more sensitive to perceived neglect or insult. They may become more critical or may be quiet and unresponsive. They may become overly distressed and upset with worry about family members. Regular health communication from family members can help mitigate these changes in physical and mental wellbeing. Bangon Thammasiri (2006) wrote that the needs of the elderly are different for each individual. Family members should get a good understanding of the basis in life of the elders in their care so that their health communication can be more successful and meet its objectives.

**6. Analysis of experts' opinions** - The experts mainly recommended that family members should try to gain a greater understanding of their elders and every dimension of changes that they are going through, including physical, psychological, and socio-economic changes. The experts gave the opinion that if younger family members paid attention and made an effort to research more information about all the changes that aging entails, then they would be able to warn, encourage, support and stimulate their elders to do more constructive self care such as changing their eating and resting habits or choosing foods

that are more appropriate and nutritious. The dimension of emotional health is more sensitive and younger family members have to learn how to observe their elders closely to analyze their behavior and actions. Close attention to postures, gestures, expressions of emotion through the eyes, voice or face, can help family members get clues as to the emotional status of their aged relative. If the younger people can get a deep understanding of their elders' feelings, then it will not be too difficult for them to use emotional health communication methods to manage their elders' wellbeing. If family members can help senior citizens maintain good physical and mental health so that they are strong and cheerful, then any worries or problems they may have about their social interactions or finances will be diminished and will not have as strong an impact on their wellbeing. In summary, the experts gave the opinion that successful health communication to promote the everyday happiness of senior citizens depends mainly on having the children and grandchildren dedicate some time to improving their knowledge and skills. Then they will be able to use creative approaches to communicate with their elders about health issues in an engaging way so they can persuade them to follow their advice. If the elders don't resist the ideas but consider changing their behavior, then the communication was a success.

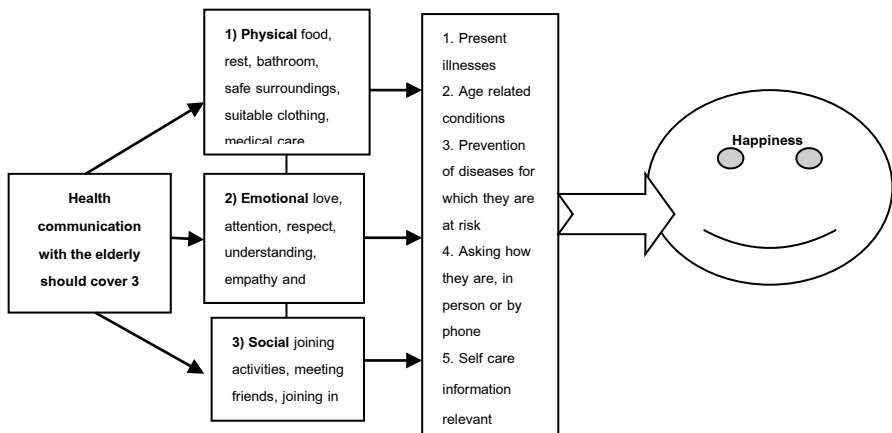
## **Conclusion**

Based on the research findings on how to create happiness in everyday life of senior citizens, the researcher needs to consider the various theoretical concepts to apply together. This is for health communication with the elderly should cover 3 areas of needs which are: 1) Physical food, rest, bathroom, safe surroundings, suitable clothing, medical care, 2) Emotional love, attention, respect, understanding, empathy and forgiveness, and 3) Social joining activities, meeting friends, joining in religious events. All three aspects will lead to variety of actions for the elderly which are: 1. Present illnesses 2. Age related conditions 3. Prevention of diseases for which they are at risk 4. Asking how they are, in person or by phone 5. Self-care information relevant especially to the aged. The last result is the happiness of senior citizens.

The conclusion data collected from the informants in this study suggested that most old people have a balanced level of happiness in life; that is they have experienced approximately equal amounts of good times and bad times. When asked about what they

most wanted or needed, the majority of informants overwhelmingly said that their main desire was for their children and grandchildren to talk with them often so they will have moral support every day. As for specialized knowledge about the needs of senior citizens for health communication with family members in order to promote their wellbeing, it was found that they want their family members to communicate with them about physical, mental and social health topics, diseases that are common at present, age-related disorders, and methods of preventing diseases for which they have high risk. They would like their family members to communicate with them in person or over the phone. Younger family members in every family who are involved in elder care should try to gain a deeper understanding of these issues so they can put it into practice in health communication with their elders to improve their overall happiness.

The findings are summarized in the following chart.



**Figure 3** Guideline by specialized knowledge about the needs of senior citizens for methods of health communication with family members to promote their wellbeing

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