

# Self-Care Ability among the Community-Dwelling Elderly: A Qualitative Study in the Community Context of Khon Kaen Province, Thailand

Nukat U, MNS<sup>1</sup>, Kuhirunyaratn P, PhD<sup>1</sup>, Nonjui P, MD<sup>1</sup>

<sup>1</sup> Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

**Objective:** To explore the elderly perspective on the meaning of self-care ability, self-care behavior, and factors related to self-care ability among community-dwelling elderly.

**Materials and Methods:** A qualitative study was conducted among the elderly aged 60 years and over, living in the community. Thirty elderly participants were purposively selected for an in-depth interview until data-saturation. The tool was an in-depth interview guideline, which was validated by expert review. The in-depth interview dialogue was transcribed verbatim and analyzed by the content analysis technique.

**Results:** The meaning of self-care ability was “self-ability to perform activities” and “independence”. The present study found self-care behaviors among the elderly depend on the stage of illness and divided into two main themes, asymptomatic and symptomatic stage of the diseases. At the asymptomatic stage, the elderly practice self-care as health promotion behavior included physical, mental, and social self-care behaviors. In part of symptomatic stage of the diseases, there were several methods of self-care depending on the severity of the illness. The present study also found factors related to self-care ability were the internal factors of the elderly and external factors. The internal factors of the elderly were elderly characteristics, physiological functions of the body system, dignity, belief, and health literacy. The external factors were the health care system, caregiver, and peer.

**Conclusion:** To promote the self-care ability of the elderly, understanding self-care ability from the perspective of the elderly should be a concern and be recognized. The modification factors for self-care ability should be developed to promote them in advance.

**Keywords:** Self-care ability, Self-care behavior, Elderly

Received 17 Jun 2019 | Revised 29 Aug 2019 | Accepted 5 Sep 2019

**J Med Assoc Thai 2020;103(4): 337-45**

**Website:** <http://www.jmatonline.com>

Globally, the number of elderly and their average life span has increased. In 2015, there were 48% more people aged 60 or over worldwide than in 2000. In 2050, the number of older persons is projected to have more than tripled since 2000<sup>(1)</sup>. In the case of Thailand, the proportion of elderly has also increased. In 1994, Thailand had 6.8% of the whole population being older persons; whereas, in 2002, 2007, 2011 and 2014, these had increased to 9.4%, 10.7%, 12.2%, and 14.9%, respectively. The highest ratio of elderly

in Thailand is in the North and the Northeast parts of Thailand, at 18.4% and 17%, respectively<sup>(2)</sup>. Beyond the increase in the number of elderly people, the life expectancy has also increased and will increase from 2010 to 2015, 2015 to 2020, and 2025 to 2030 to 74.6 years, 75.6 years, and 77.5 years, respectively<sup>(3)</sup>.

These changes affect population structure and healthy life expectancy among the elderly. The increasing number of elderly people affects the potential support ratio. The potential support ratio in Thailand has decreased dramatically from 11.3 in 1960 to 10.3, 7.0, and 6.5 in 1980, 2000, and 2005, respectively. It is predicted to decrease to 4.8, 3.2, and 2.4 in 2558, 2568, and 2578, respectively<sup>(2)</sup>. In addition, the proportion of the elderly living alone has increased from 3.6% in 1994 to 6.3%, 7.7%, 8.6%, 8.7% in 2002, 2007, 2011, and 2014, respectively<sup>(2)</sup>.

## Correspondence to:

Kuhirunyaratn P.

Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen 40002, Thailand.

**Phone:** +66-43-363588, **Fax:** +66-43-202488

**Email:** [spiyat@kku.ac.th](mailto:spiyat@kku.ac.th)

**How to cite this article:** Nukat U, Kuhirunyaratn P, Nonjui P. Self-Care Ability among the Community-Dwelling Elderly: A Qualitative Study in the Community Context of Khon Kaen Province, Thailand. *J Med Assoc Thai* 2020;103:337-45.

Even though the elderly lives longer, the healthy life expectancy has decreased and the disability-adjusted life years (DALYs) has increased<sup>(4)</sup>. The Thai population aged 60 and over has DALYs of about 4.2 million years<sup>(4)</sup>. This consequence affects the health care services system with more requirements for the treatment and management of disease and health conditions.

The World Health Organization (WHO) defines self-care as the ability of individuals, families, and communities to promote health, prevent disease and maintain health, and to cope with illness and disability, with or without the support of a health-care provider<sup>(5)</sup>. In addition, self-care is the practice of activities that individuals initiate and do on their own behalf in maintaining health and well-being<sup>(6)</sup>. Self-care is the behavior that makes people able to promote self-responsibility and the ability to care for themselves, regardless of their health condition. Patel et al found the potential implications of improved self-care were improved quality of consultation with medical doctors, reduced number of general practice visits or outpatient visits, and improved medicine use<sup>(7)</sup>. Therefore, self-care is essential for elderly individuals to maintain their optimal level of health<sup>(8)</sup> and well-being<sup>(6,9,10)</sup>.

The present study was modified by integrating Orem et al's self-care theory<sup>(6)</sup>, health belief model, and health-seeking behavior where the qualitative technique used the content analysis for systematical data collection to uncover the information from the perspective of the elderly. In addition, the study area was Khon Kaen Province, which located in the Northeastern part of Thailand, where the proportion of elderly is high. However, the self-care ability among the elderly in this area is not well understood. Therefore, the present study aimed to explore the meaning of self-care ability from the perspective of the elderly and to identify self-care behavior and factors related to self-care ability of community-dwelling elderly. A better understanding of these points would be useful for health professionals, caregivers, and others to determine how to plan for promoting self-care ability among the elderly in this community context.

## Materials and Methods

The present study was a qualitative study conducted using content analysis approaches employed to analyze textual data on the phenomenal of self-care ability from the perspective of the elderly.

The study population was elderly people who were aged 60 and over, living in the area of Khok Si Health Promoting Hospital, Muang District in a rural community and the area of Ban Pet Health Promoting Hospital, Muang District wherein an urban community of Khon Kaen Province, Thailand.

Purposive sampling was used to select the elderly participants. The including criteria were 1) age, which was defined into three groups, 60 to 69 years old, 70 to 79 years old, and 80 years old and over, 2) gender, and 3) health conditions, which were healthy, having an acute disease, having chronic diseases. The exclusion criteria were elderly with severe illnesses, psychotic patients, being hearing impaired, or being speech or language impaired. The selection of the participants was not intended to be representative. The purpose was to get the elderly to recall various experiences and conditions that they came to interact and gave the data in self-care ability. The present study planned to do an in-depth interview with at least 30 participants in a variety of the elders' criteria until data-saturation, which referred to having found consistency of answer keywords among the elderly participants.

### Data collection methods

The in-depth interview guideline was conducted by questions using five items that were composed of 1) Please tell us about meaning of self-care ability. 2) Please explain self-care behavior experiences while asymptomatic in the aspect of physical, mental, and social behaviors. 3) Please explain self-care behavior when you are facing symptomatic illness. 4) Have you ever faced a terrible time or be sad or experiencing problems or some changes in your life? How do you manage what matter? Please give an example. 5) Please explain the factor related to self-care ability among the elderly. What was a kind of important factor that made you able to perform self-care? Please give an example.

Before conducting the data collection, the in-depth interview guideline was developed based on Orem et al's self-care theory<sup>(6)</sup>, health belief model<sup>(11)</sup>, and health-seeking behavior<sup>(12)</sup>, which had been reviewed by gerontologists and social science experts. The in-depth interview steps and equipment for an in-depth interview procedure was checked. In addition, the researcher and team visited the participants several times to make friends and earn their trust.

Interviews were conducted in the local language of E-san at the elderly home or residence. The data were recorded by a note taker and we asked elderly

**Table 1.** The meaning of self-care ability in the perspective of the elderly

Themes	Code categories
Self-ability to perform daily activities	Home activities/traveling on their own in a community/practicing exercise/go to see the doctor/look after their grandchild
Independence	Feeling of dignity due to no need to be burdensome for other people
Purpose of self-care	Good health/prevent illness/relieve sickness

participants for permission to use digital recording through the in-depth interview process. Time taken for the in-depth interviews ranged between 30 and 60 minutes. After the completion of each interview, some of the keywords of the elderly answer, which were unclear, were rechecked and re-asked. To improve the data quality and reliability, the triangulation method was used by observing the elderly residents and having additional interviews with elderly participant's caregivers to confirm the self-care behavior and self-care ability among the elderly.

After each interview, the record was transcribed verbatim and closely checked. The content analysis was started by counting words and extended the analysis to include latent meanings and themes. The manual sorting the data was applied to condense raw data into categories or themes. In addition, the process of coding was validated by two coders. After that, thematic analysis was generated by the coding tree and derivation of the themes.

### **Ethical consideration**

All elderly participants were informed and guaranteed for confidentiality and felt free to decide to participate in the study. Informed consent was given by every participant before the start of the study. Prior to starting data collection, this study was reviewed and approved by the Ethics Committee for Research on Human Subjects (HE601301), Faculty of Medicine, Khon Kaen University, Thailand.

### **Results**

Data were saturated after 30 interviews and no further information appeared after the twenty-seventh interview. Most of the key participants were female, completed primary school, and had several health conditions such as being healthy (seven elders), having chronic diseases (20 elders), and having disabilities (three elders). In addition, the minimum age of the key participants was 60 years old, while the highest was 89 years old. The present study found 12 young-old (60 to 69 years), 12 medium-old (70 to 79 years), and 6 old-old (80 years or over).

### **Self-care ability meaning**

Most of the elderly participant explained the meaning of the self-care ability as “self-ability to perform daily activities” and “independent” with the purpose for good health, preventing illness, and relieving sickness. The meaning of self-care ability in perspective of the elderly was summarized as themes and code as shown in Table 1.

The example of the self-care ability meaning among the elderly were expressed in the following perception:

In part of self-ability to perform daily activities, some of elderly stated:

“Self-care ability- meant I can do daily activities on my own.” (male, 65 years)

“I do not know the meaning of self-care ability but I hope that I can look after myself, I can go anywhere I like in the community such as go to temple for religious activities or make merit, I can exercise around the house or community, I can go to see the doctors when I am ill.” (female, 60 years)

“I meant self-care ability is the vitality that can perform daily activities and also I can look after and care for my grandchild too.” (female, 70 years)

In part of “independent” the elderly expressed their feeling of dignity due to no need to be burdensome in the aspects of a time or any other help from their family and others. If the elderly were still active, they prefer to do it by themselves, some of elderly stated:

“I don't want to be a burden to my children” (male, 61 years)

“...as I can self-care, I don't want to rely on others...” (female, 72 years)

“...even though I have diabetes and hypertension, but some activities I can do myself such as housework and help my daughter housework activities...” (female, 67 years)

“I believe I can carry on my daily activities without any help from my family.” (male, 65 years)

“I am shy to ask my children or other people to help me while I am still able to do. So, I would like to do everything by myself.” (female, 70 years)

**Table 2.** Self-care behaviors among the elderly

Themes	Code categories
Asymptomatic stage of illness	
Health promotion behaviors;	
• Physical behaviors	Personal hygiene/physical exercise/good dietary
• Mental behaviors	Accept life changes/understand the way of life/joining religious activities for peace of mind/meditate at home before bed or when waking up/join religious ceremonies/nurturing grandchildren
• Social behaviors	Having good interactions with others/being a member of the community social network
Symptomatic stage of illness	
Accept severity of sickness;	
• Rest	Sleeping/do not work in a garden or farm during hot weather/do not do heavy work such as digging the ground, carrying
• Avoiding taboo foods	Avoid eating growing vegetables when having joint pain/avoid eating catfish and beef when having a fever or a wound/avoid eating sweet, fat, and salty foods when having hypertension or diabetes.
• Self-prescription	Bought modern medicine at drug stores or shops close to houses/used traditional medicines (Thai herbs)
• Seeing the doctor	Go to see a doctor at hospital or clinic/go to see public healthcare worker or nurse at health promotion hospital

In part of the purpose of self-care, the elderly practiced self-care for good health or when they have a disease, they hope that it will relieve sickness, some elderly stated:

“...as a way to work and take care of myself make me strong, not getting sick and stay healthy” (male, 78 years)

“I exercise every day, it is refreshing, make me strong and decrease blood sugar levels”. (female, 71 years)

“I practice self-care for my life. I am living with my spouse who is old age, because my ability for self-care and care for others depend on my health, so I will do anything that is good for my health.” (male, 64 years)

### **Self-care behavior of the elderly**

The present study found self-care behaviors among the elderly depend on the stage of illness, which is divided into two main themes, asymptomatic and symptomatic stage of the diseases. At the asymptomatic stage, the elderly practice self-care as health promotion behavior included physical, mental, and social behaviors. At the symptomatic stage of the diseases, there were several methods of self-care depending on the severity of the illness. The self-care behavior of the elderly was summarized as themes and code as shown in Table 2.

The example of the self-care behaviors among the elderly were expressed in the following quotation:

At asymptomatic stage, some elderly explained in their physical behaviors:

“I got various methods to practice self-care. I

keep my body clean by taking bath every day and always wear clean clothes. I exercise by walking or biking around the village in the morning for about one hour every day...” (male, 82 years)

“I enjoy practicing exercise, so every evening, I am joining the community exercise group with friend and neighbor by Paslop dance (the classical and folk dances of Laos) for 20 to 30 minutes. Sometimes we have Thai Isan dancing (the folk dances among the northeast people of Thailand), and aerobic dance.” (female, 61 years)

“I exercise by doing housework and working about 15 to 30 minutes a day or until feeling tired and start sweating. I ate more vegetables due to the belief that eating vegetables prevents illness and promotes regular defecation. In particular, the local or natural vegetables and organic vegetables are safer from pesticides than vegetables sold in the market. Most of my meal was fish due to fish is easy to chew, causes no flatulence, and has less fat than other meats.” (female, 67 years)

Some elderly explained in their mental behaviors:

“I live at home alone. Sometimes I felt lonely, missing my children who have to leave to work in Bangkok. However, I do accept this necessity. I try not to worry about the changes and go to the temple every Buddhist Holy Day to observe the Buddhist precepts in a monastery.” (female, 75 years)

“When I am faced with a discouraging issue, the first consideration was my children. They made me became strong to fight again. I love them and happy to help them, wish to see their success and happiness ever.” (female, 66 years)

**Table 3.** Factors related self-care ability among the elderly

Themes	Code categories
Internal factors of the elderly	
Elderly characteristics	Education/income/working status/living arrangement/health status
Physiology function of the body	Having seeing eyes/hearing ears/well-functioning hands, arms and legs/good memory
Dignity	Need to perform self-care/do not want to be a burden to others/need to do anything without any help from others/proud to do anything by myself
Believes	To be a master of others/to be still strong/believe in self-capacity to perform self-care/feel young old
Health literacy	Health knowledge accessibility and take into practice
External factors	
Health care system	Health services close to village, convenient transportation, feasibility to access/having a home visit service by the healthcare workers/health education received
Family caregivers	Family caregivers supported self-care ability in the elderly; take care during illness/gave money or material/teach about using technology in daily life
Peers	Visit to encourage/talk as friends/practice activities together/exchange the ways to perform self-care

“I am happy to look after my grandchild and help them when they need. It made me become an important person in the family.” (female, 60 years)

“Making merit makes me happy, so I prepare the food and present and give to the monks every morning and pray before sleeping every night.” (female, 82 years)

“Usually, I will be a hot-headed man. When in trouble situation, I often get moody easily. The way to calm my mind was practicing Meditation before sleeping or when waking up.” (male, 69 years)

In part of social behaviors, some participant elderly explained:

“Self-care to live in the society safely by avoiding conflict with others and cooperate with the community such as join festivals and religious activities.” (female, 71 years)

“Knowing that helping others made me lives calmly, so occasionally, I donate some money or things to charity.” (male, 79 years)

“I am a member of the elderly community club because I want to help others and also being useful to self-care as well. It helps me not to feel lonely.” (male, 70 years)

At the symptomatic stage, there were several methods of self-care depending on the severity of the illness.

Some elderly said;

“...when I were ill, I have to take a rest and get more sleep” (female, 70 years)

“If I felt ill, I did not go to the rice field for work, I stayed at home instead”. (male, 62 years)

“Since I have gout, I stop eating young vegetables because they made my joint hurt.” (male, 68 years)

“Eating catfish and beef when having a fever or a wound will be toxic causing inflammation, pain, and fever”. (female, 89 years)

“...if I felt ill, not only taking a rest, some time I buy some medicine at the drugstore or go to the clinic in town” (male, 79 years)

“I used the boiled herb I have planted in the garden when having cold, sore throat, and bitter taste in the mouth.” (female, 64 years)

“If I had a few illnesses, I often go to see a nurse or a health personnel in the health promotion hospital near my house, ...when the symptoms did not improve or worsen, I asked my son or daughter to take me to see the doctor in Khon Kaen Hospital.” (female, 70 years)

### ***The factors related self-care ability among the elderly***

The present study found two themes of factors related to self-care ability among the elderly were internal factors of the elderly and external support factors.

The internal factors of the elderly refer to factors that influence self-care ability, which are the elderly characteristics, physiology function of the body, dignity, believes, and health literacy. In the theme of external factors, the present study found that support factors related to self-care ability were health care system, caregiver, and peer. These were summarized as themes and code as shown in Table 3.

The present study found that the elderly characteristics such as education, income, working status, living arrangement and health status were related to self-care ability of the elderly. In other words, the elderly who have education, sufficient

income, living with family, and healthy often have self-care ability well, while those having symptoms of illness, still working to earn income, and living alone were thought to be lacking self-care ability because they did not have time to care for themselves. Some elderly participant had expressed in the following dialogue:

“Certainly, educated people have self-care ability better than those uneducated, learned a lot would have more knowledge. They have the opportunity to get knowledge to perform self-care better than others ...I have lower education, can barely read, and cannot write. Sometime, when I do something, sometimes I need to ask others for help such as read the drug label, the medical appointment, or fill out documents, so I am not sure if I could perform self-care well?” (male, 79 years)

“If I have more income, I would have a better life because I have enough money to buy better quality foods or products. I have seen some wealthy people having good diet when they were ill; they see the doctor at a hospital in town or a private hospital. I have low income, no need to say about healthy diet, just have enough food to eat is good enough.” (female, 62 years)

“I have to earn for my family, so I focus on working. And I have no time to practice self-care.” (male, 65 years)

“Although I have independently taken care of myself, sometimes my family is supporting me. So, I perform self-care easier than other elderly who live alone since they have to work for earning and have no time for self-care practice.” (female, 86 years)

“Before being ill, I have never performed self-care. I was just aware of practicing self-care when I got ill. However, when I am well, my body has more strength to practice self-care comparing to when I am ill.” (female, 67 years)

In part of the physiology functions of the body, the elderly stated that at young age, having good eyesight, good hearing, well-functioning hands, arms and legs, and good memory related to self-care ability. Once getting old or losing any part of the physiology functions, the self-care ability decreases too. Some elderly stated:

“When I am getting old, I felt my ears rarely heard, eyes became cloudy, and vision is not clear, more difficult to perform self-care, hands were shaking and when picked up something, it fell off, difficult to bend down to pick up objects, causing further more dependency on grandchildren or others. Unlike at the age of early 60, at that time, I was still

able to do everything well, good memory, calculating well, and travel around by myself.” (female, 74 years)

“I have been unable to stand for a long time due to arms and legs are not as strong as before, causes me to be unable to walk far distance, if I wanted to go, I must have my children to take care for me.” (male, 82 years)

“Now, I rarely remember things. Maybe I am too old already, I am often oblivious. When I would like to do something, I have to ask my children for help reminding me.” (female, 86 years)

Also, dignity, beliefs, and health literacy were important to empower the elderly to perform self-care. Some elderly paid attention and tried to manage self-care by themselves to maintain personal dignity and believed that they were able to perform self-care. Besides this, the elderly who believed they have self-care ability also have good health literacy. Some of elderly explained:

“I would like to perform self-care. I do not want to burden anyone or cause my children to be in trouble. Self-care is self-duty. We could be managed by ourselves. I felt proud if I could do things by myself, large or small, and do not disturb anyone.” (male, 62 years)

“I have to be the head of my family. So, I must be strong. I believe that I am able to perform self-care and look after my family. I’m not too old, I am strong enough to do many things by myself. In my free time, I often help in the village activities, such as being a leader to exercise. At home, I help taking care of my grandchildren.” (male, 64 years)

“When I went to see the doctor at the health promotion hospital, the doctor taught me to abstain from foods that are sweet, fatty, and salty to maintain good health. When I came back home, I told my children; when they are cooking, do not add a lot of fish sauce, sugar, and salt into the food. Should be cook with boiling or roasting, do not cook with oil fried, reduce sugar, fat, and salt in the meal.” (female, 62 years)

In the theme of external factors, the present study found the support factors from others were the healthcare system, family caregiver, and peer were related to self-care ability of elderly. Living in a community that has health service system, family caregivers support self-care ability and having good peers lead to progressive self-care ability because the elderly have an opportunity to learn or exchange experiences in self-care and helping each other. Some of elderly describe:

“My house is close to the health promotion

hospital. So, it doesn't take a long time to go to see a doctor. It's convenient. In a hypertension and diabetes clinic day, the staff was teaching health education to provide knowledge for modifying self-care behavior." (female, 63 years)

"Often, I have received a home visit from doctors, nurses, health volunteers, and elderly's caregivers. Every first and third Wednesday of the month, they invited me to join an elderly school for health promotion activities, such as exercise, listening to Buddha's Dharma, meditation practicing, and training various skills or knowledge for self-care." (male, 65 years)

"When I have suffering or illness, I usually get care from my children. In general, they would give me money to buy milk and food supplements to nourish the body. Sometimes, they teach me to use mobile phone and electrical appliance." (female, 70 years)

"I have neighbors who visit each other and have friendly talk. We go to the temple and exercise together. When we have a health problem, we exchange the ways that we have done to get healthy to each other." (male, 75 years)

The results of the present study showed that in the community-dwelling, elderly's opinion expressed that self-care ability is closely related to a variety of factors, both occurring by the elderly themselves and from other people or in the environment surrounding them.

## Discussion

The present study found that the meaning of self-care ability in the perspective of the elderly was self-ability to perform the daily activities and being independent. This finding was in line with Orem et al's self-care theory<sup>(6)</sup> and the theory of self-reliance<sup>(13)</sup>. In the case of self-ability to perform the activities, this means the elderly decided to manage self-care by defining the goals, seeking their own style, and trying to modify behavior at their residence. It represented the needs of the elderly to be independent in making decisions without being a burden to others, such as their children, relatives, or others. The "independence" is the thing that the elderly feel when they can control certain aspects of their life that change with age<sup>(14)</sup>, which promotes a sense of self-esteem<sup>(15)</sup>. Therefore, an intervention for promoting and maintaining independence while caring for the elderly should be recognized.

According to self-care for good health and to prevent illness, the present study found that self-care behavior among the elderly when at an asymptomatic

stage were health promotion behaviors (physical, mental, and social behaviors) similar to the study in four provinces of Thailand describing the elderly being healthy as a result of multiple components involving physical, mental, and social well-being<sup>(16)</sup>. In the part of physical behavior, the present study finding is similar to Soderhamn et al<sup>(17)</sup>, which described self-care behavior as including general hygiene, maintenance of a balance in metabolism (exercise, diet control), injury prevention, illness prevention, and disease control.

The present study found that self-care behaviors among the elderly depended on their perception of illness. When symptoms occurred, the elderly took a rest, avoided taboo foods, self-prescribe medications, and finally saw medical doctors. This phenomenon can be described by the health-seeking behavior theory<sup>(12)</sup>. This is similar to the study in the Donmuang slum community, which found that the elderly self-care behavior depended on the severity of illness as in minor illness with self-prescription, and major illness by going to see the doctor at a government hospital or private clinic<sup>(18)</sup>.

Moreover, in the part of mental health behavior, self-care included dealing with the mood by accepting life change, joining religious activities, and nurturing their grandchildren. These findings confirm a study in Thailand that found the elderly feel happiness when they think about natural feelings of accepting change, which is influenced by Thai culture and Buddhism<sup>(19)</sup>.

In terms of social behavior self-care, the elderly integrated into society through community organizations and peers. Moisescu<sup>(20)</sup> stated that joining social activities such as physical education had an essential role in preventing premature aging, maintaining functional independence, reducing risk factors for the appearance of primary and secondary disabilities, and helping to keep chronic illnesses in check. In addition, Soderhamn et al<sup>(17)</sup> found that interaction with family or others and having a social network with caring for each other, visiting, and arranging things for each other, were very important for the elderly to maintain their health and well-being.

Lastly, the present study found that self-care ability included internal factors of the elderly and external support factors. According to the elderly, the internal factors include good physiological function, good health status, having dignity, being literate, and having belief in their ability. The external factors that support the self-care ability among the elderly were the health care system and peers. These findings are similar to Soderhamn et al<sup>(17)</sup>, which revealed that self-

care among the elderly was composed of having health care accessibility as required, consciousness in life, being well in physical and mental function, having social engagement, social interaction with family or others, and being optimistic. Soderhamn et al<sup>(17)</sup> also suggested that the caregiver was important to motivate and support the self-care ability of the elderly.

The strength of the current study was data collection with participants in a variety of health conditions such as health status and age until the data were saturated. The design of the present study is for any elderly adult; therefore, limitations apply to references with a similar context.

## Conclusion

The meanings of self-care ability in the perspective of the elderly were self-ability to perform activities and independence. The present study found self-care behaviors among the elderly depend on the stage of illness, which was divided into two main themes, asymptomatic and symptomatic stage of the diseases. At the asymptomatic stage, the elderly practice self-care as health promotion behavior, which included physical, mental, and social behaviors. In part of symptomatic stage of the diseases, there were several methods of self-care depending on the severity of the illness. The present study found two themes of factors related to self-care ability, which were the internal factors of the elderly and external factors. The internal factors refer to factors that influence self-care ability of the elderly characteristics such as the physiology functions of the body, dignity, beliefs, and health literacy. In the theme of external factors, the present study found that support factors from others were related to self-care ability, which was the health care system, caregiver, and peer.

## What is already known in this topic?

The present study confirms self-care behavior among the community-dwelling elderly.

## What this study adds?

The meanings of self-care ability from the perspective of the elderly were self-ability to perform activities and independence. This study also found the factors related to self-care ability for promoting self-care ability among the elderly.

## Acknowledgement

This study could not have been performed without the participants who are gratefully acknowledged. In addition, we would like to thank the gerontologist and

social science experts from Khon Kaen University for their consulting support and for their help in our study.

## Conflicts of interest

The authors have no conflicts of interest associated with the material presented in this paper.

## References

1. United Nations. World population ageing 2015 highlights. New York: United Nations; 2015.
2. National Statistical Office. The 2014 survey of the older persons in Thailand. Bangkok: Text and Journal Publication; 2014. [in Thai]
3. United Nations. World population prospects: The 2017 revision, key findings and advance tables. New York: Department of Economic and Social Affairs; 2017.
4. International Health Policy Development Office. The 2011 report disability-adjusted life year: DALY of Thai Population. Bangkok: Affairs Office of Printing, Veterans Welfare Organization; 2014. [in Thai]
5. World Health Organization. Self-care in the context of primary health care. Report of the regional consultation Bangkok, Thailand, 7-9 January 2009 [Internet]. 2009 [cited 2019 Feb 8]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/206352/B4301.pdf?>
6. Orem DE, Taylor SG, Renpenning KM. Nursing: Concepts of practice. 6th ed. St. Louis: Mosby; 2001.
7. Patel A, Patel H. Promoting self-care in the community: the evidence and why it is important. *Pharm J* 2014; 292:484-92.
8. Klainin P, Ounnapirok L. A meta-analysis of self-care behavior research on elders in Thailand: an update. *Nurs Sci Q* 2010;23:156-63.
9. Høy B, Wagner L, Hall EO. Self-care as a health resource of elders: an integrative review of the concept. *Scand J Caring Sci* 2007;21:456-66.
10. Wongvichan N, Sonthirattana S. Attitude toward aging, self-care, social skills and well-being of the elderly in Amphoe Kabin Buri's Elderly Club, Prachin Buri Province. *J Soc Sci Hum* 2013;39:66-79. [in Thai]
11. Janz NK, Becker MH. The health belief model: a decade later. *Health Educ Q* 1984;11:1-47.
12. Chrisman NJ. The health seeking process: an approach to the natural history of illness. *Cult Med Psychiatry* 1977;1:351-77.
13. Smith MJ, Liehr PR. Middle range theory for nursing. 3rd ed. New York: Springer Publishing; 2014.
14. The Audit Commission for Local Authorities and the National Health Service in England & Wales. Older people-independence and well-being: The challenge for public services. Loughton: CW Print; 2004.
15. Karagözoğlu S, Dönmez AA, Inan N, Höyük ZG. The self-esteem, autonomy level of the elderly staying in the rest homes and the relation between two variables. *Cumhuriyet Med J* 2013;35:152-65.
16. Thanakwang K, Soonthorndhada K, Mongkolprasoe J. Perspectives on healthy aging among Thai elderly:



- a qualitative study. *Nurs Health Sci* 2012;14:472-9.
17. Soderhamn U, Dale B, Soderhamn O. Narrated lived experiences of self-care and health among rural-living older persons with a strong sense of coherence. *Psychol Res Behav Manag* 2011;4:151-8.
  18. Sangngern L, Kanchanakhan N, Somrongthong R. Health status and health seeking behaviours among the elderly in the Donmuang slum community, Bangkok, Thailand. *J Health Res* 2014;28:205-10.
  19. Gray RS, Rukumnuaykit P, Kittisuksathit S, Thongthai V. Inner happiness among Thai elderly. *J Cross Cult Gerontol* 2008;23:211-24.
  20. Moisescu PC. The social integration of elders through free-time activities. *Procedia Soc Behav Sci* 2014;116: 4159-63.