

COMMUNITY CONTINUING CARE FOR OLDER PEOPLE: ETHNOGRAPHY RESEARCH

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Abstract

Many countries, including Thailand, are entering an aging society. Older people have various problems and needs that affect their health in terms of social, economic, environmental, and medical aspects. Critical ethnography was employed herein to understand the community's continuing care for older people. This study was conducted with the key informants being 59 older people and caregivers and 41 related people. Participant observation, in-depth interviews, and focus group discussions were used to collect the data. Content analysis was employed to analyze the data. The results showed that there were 6 dimensions of continuing care in the community for older people: 1) Potential development, 2) Improvement of a suitable environment for the older people, 3) Development of the service system, 4) Establishment of funds or welfare, 5) Development of information for problem solving, and 6) Development of rules and regulations to support the implementation. Moreover, it was found that the activities of the community's continuing care for older people affected 7 groups of older people: 1) older people in general, 2) the home-bound older people, 3) the bed-bound older people, 4) older people with disabilities, 5) older people who were abandoned or living alone, 6) older people with chronic illnesses, and 7) people who were preparing to become older people. The activities covered 5 aspects: 1) social, 2) economic, 3) environmental, 4) health care, and 5) political which can all be the guidelines for community nurses and multidisciplinary teams in providing continuing care for older people to improve their quality of life.

Keywords: Older people, continuing care, community nurses, critical ethnography

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Introduction

The demographic structure of Thailand has been changing rapidly over the last 3 to 4 decades, as well as in other countries around the world (WHO, 2012), so Thailand has become an aging society since 2000-2001, with people aged 60 years accounting for more than 10 percent of the total population. According to a survey conducted by the National Statistical Office of Thailand, it was reported that the numbers and the proportion of older people were increasing rapidly and continuously. In 1994, the number of older people accounted for 6.8 percent of the total population. The numbers rapidly increased to 12.2 percent, 14.9 percent, and 15.6 percent in 2011, 2014, and 2015, respectively (National Statistical Office of Thailand, 2014; 2015). The Office of National Economic and Social Development Board expects that Thailand will become a completely aged society in 2021 and a super aged society in 2031. The health of older people degenerates as they enter into retirement age, and they may not need help only for health (Muramatsu, 2011; Damrikarnlerd, L., 2012; Kuluski *et al.*, 2012; Thamma-aphiphol *et al.*, 2014). Based on the lessons and experiences in the development of a care system for older people by the community (Nuntaboot *et al.*, 2007; Nuntaboot *et al.*, 2016), older people also need help in social, economic, environmental, and political aspects. The community plays an important role in caring for older people from the time they enter old age until the end of life; it is an organization that is close to older people and has updated information on the older people, so that help can be provided quickly. In terms of health care for older people at present, the care system has been developed and is linked from the community to the health service center with the cooperation of many organizations in the area (Sritanyarat and Aroonsang, 2002; Bundhamcharoen and Sasat, 2008; Yodpet *et al.*, 2009; Kheawsod, 2010; Sritanyarat and Damrikarnlert, 2010; Suthisukon *et al.*, 2014; Bumroongsakulsawat *et al.*, 2016; Nuntaboot, 2016b) such as the link of a continuing care center with the family, community, and both public

and private hospitals. In the case of the local community, it is the link of working with local organizations (Sritanyarat and Damrikarnlert, 2010) such as local government organizations (Office of the Council of State, 1999), nurses, trained caregivers, family member caregivers, volunteer caregivers, and other caregivers trained as needed in the local community.

At present, although the older people's health service is provided by state service units, the health service system is not able to meet all the problems and needs of older people and some older people still do not reach the service. In addition, each community has different social and cultural backgrounds, so that care for older people is different based on the context of the area (Cheek, 2000; Leininger and McFarland, 2002). The uncovered and unequal care of older people is caused by several factors. Therefore, critical ethnography which focused on questioning why the existing community-based care model for older people does not meet the needs of older people and caregivers was used in this study. The research also raised the question as to what the continuing care in the community for older people should be so that older people can be sustainably cared for in all dimensions.

Materials and Methods

Study Design

Each community has different social and cultural backgrounds. Therefore, care for older people is different based on the context of the area (Fetterman, 1998). Uncovered and unequal care of older people is caused by several factors. An ethnographic study was employed to understand the community's continuing care for older people under the social, economic, environmental, and cultural contexts of the area, and to synthesize the factors for managing the community's continuing care for older people based on the social and cultural contexts of the community.

Setting

The study was conducted in 1 of the sub-districts in the Northeast of Thailand. The study area consisted of 8 villages with 6038 people: 2986 males (49.45 percent) and 3052 females (50.54 percent). There were 1395 households, in the 8 villages. There were 1005 older people (aged 60 and over) comprising 493 males and 512 females. The proportion of older people to the total population was 16.6 percent. There were 846 people entering old age (50-59 years old). The proportion of the people entering old age to the total population was 13.4 percent.

Research Instruments

This was a critical ethnographic study. This report was part of the research on The Community's Continuing Care System for Older People. It was conducted in semi-urban and semi-rural communities in the Northeast of Thailand. The informants were purposively selected. Those who were willing to participate in the study and experience the community's continuing care for older people were selected for studying the life scenarios of care for older people in various groups. Participant observation, in-depth interviews, and focus group discussions were used to collect the data (Gribich, 1999; Graneheim, 2004; Nuntaboot *et al.*, 2013). The main questions for the key informants were: 1) What are the characteristics of the older people in the community? 2) What are the problems and needs of the older people in the community? 3) How does the community care for the older people? 4) Who are the people and related agencies involved in caring for the older people?

Participants

For the key informants, in-depth interviews and focus group discussions were selected purposefully and via snowball sampling. There were 59 older people and caregivers, and 41 related people involved. The samples consisted of 4 levels which were: 1) the individual level: those aged 60 years old or over who had normal health status, and patients and risk groups without brain or mental disorders and being able to understand questions; 2) the family level: the head of the family or family

representatives supporting the development of the older people's care system, such as families with dependent older people and families which had inherited older people's wisdom; 3) the social group level: group leaders or social group representatives or community organizations directly and indirectly involved in the development of the older people's care system (all groups involved in the community) such as older people's club, volunteer funds, volunteer groups, career groups, and health volunteer groups; 4) community level: representatives of social groups, community organizations, communities, or villages, including: 4.1) both formal and situational community leaders: official leaders including village headmen, and community committee and situational leaders including monks, local scholars, and teachers; 4.2) representatives of local organizations such as staff working in the Sub-district Health Promotion Hospital responsible for older people's health care, including directors of the Sub-district Health Promotion Hospital, registered nurses, public health technical officers, traditional Thai medicine officers, community health center officers, and staff of the non-formal education center; and 4.3) staff of the municipality consisting of the municipality mayor and municipal clerk responsible for the problems and needs related to the care of older people, the head of the health and environment division, head of the division of public works, community developers, and rescue leaders having roles in providing care in the sub-district and being able to communicate the feelings of older people and the meaning of practical care for older people in social, economic, environmental, health, and political aspects. Data collection was conducted from December 2016 to December 2017.

Ethical Considerations: The research was approved by the Office of Ethics in Human Research, Khon Kaen University, Thailand (HE 592302). The research process included: 1) submitting a letter asking for permission to collect data to the municipality and to the people involved in health care for the older people, including officers at the Sub-district Health Promotion Hospital, Municipal Health Service Center, and community leaders;

2) clarifying the purposes of the research and, as older people are vulnerable, the researchers respected their rights to participate or refuse to answer the questions; their names were not revealed; and their benefits were taken into account and everyone was equal in participation in the research; and 3) collecting data by observing the activities in the Sub-district Health Promotion Hospital, the municipality health care center, and community activities. The researchers collected data from 59 main informants through in-depth interviews. It took 45-60 min per person. The caregivers with direct experience in caring for older people were selected to participate in a 5-8 person group discussion on care for older people in the community for 60 min. The group discussion was administered 3 times. Data were also collected from 41 general informants by in-depth interviews for 45-60 min. Documents about the area were also studied. The research tool was the researchers who were experienced and had practical skill in ethnographic research and the advisor. Also, a study regarding the research and the contextual area was produced for preparation to enter into the study area.

Data Collection and Data Analysis

The main informants included the representatives of local government organizations, the Sub-district Health Promotion Hospital, municipality health service center, social capital, caregivers of older people in the family, and the older people. They were selected by the purposive sampling method and they had to have experience in the community's continuing care for older people. A snowball technique was used when social capital referred to other people who played important roles in the community's continuing care for older people. Participant observation, in-depth interviews, focus group discussions, and the study of relevant documents were used to collect data.

Data analysis: Data analysis was divided into 2 phases: 1) Data analysis in the field: field data analysis was used. The researchers observed the events, the situations, and people in the field and noted what the researchers thought about the observation and what was

being learned while being in the field. This preliminary information was used for discussion with the informants. 2) Analysis after data collection: organizing content, typological analysis, content analysis, time line analysis, matrix analysis, and mind mapping were conducted. The data were verified before they were analyzed. There were 3 stages of the study. Phase 1 was a study of the community context for older people in care for a 3-month period. Phase 2 was a study of the continuing care by the community for older people for a period of 9 months. Phase 3 was the stage of synthesis and development of policy proposals for a period of 3 months.

Reliability Verification

The researchers prepared questions for data collection based on the research objectives. The research instruments had been prepared and previously confirmed with the advisor. The information was triangulated with published literature. The researchers conducted a number of visits in order to keep in touch with the situation and view it from the position of both insider and outsider. The advantages of multiple visits provided opportunities to analyze the data and review notions and philosophies between visits.

Result and Discussion

The results showed that there were 6 aspects of continuing care by the community for older people from the time of entering old age until death, as follows:

Potential Development: 1) establish an older people's club and encourage older people to participate in activities; 2) establish an older people's school and provide training courses on health care, vocational training, mental health care with methods of communication, stress relief, music therapy, and dharma therapy, fund Friends Help Friends for caring for each other, support teaching and learning, and support the skilled older people to be teachers; 3) provide training to improve older people care skills to enable family members to

understand the degeneration of age; 4) provide training to improve care skills for older people, such as self-care, eating safe and appropriate food for their age, exercising, and rehabilitation; 5) encourage older people to be volunteers and participate in activities such as cleaning up the streets and public areas; and 6) provide caregivers for older people, including volunteers and professional caregivers, provide training for the caregivers of older people, and improve the potential of caregivers.

Improvement of the environment suitable for older people : 1) improve both the inside and outside of houses to be safe and suitable for older people, such as repairing damaged floor or stairs and having a handrail in the toilet; 2) build houses for the underprivileged older people; 3) provide advice on house plans that were suitable for older people for households wanting to build houses to live with older people; 4) establish a service center for older people to borrow equipment necessary for care such as wheelchairs, walkers, oxygen equipment, and adjustable beds; 5) adjust public areas that are suitable for older people, such as having ramps and stairs with handles, determining specific seats for older people, having separate toilets for older people, and providing an expressway service at the municipality and Sub-district Health Promotion Hospital; and 6) organize a playground or sports court for older people.

Development of the service system: 1) organize the older people's health care program at home, such as the "You Touch Me" project which was a proactive, home-based health service; 2) continue health care services; 3) develop a transportation service for older people which at present is provided for 2 types of situation: (1) to take older people to hospital in emergency cases and (2) to pick up older people in normal cases to participate in community activities and to take them to hospital when they have an appointment with the doctor, are having physical therapy, or are receiving medicine.

Establishment of funds or welfare fund: 1) support older people to become members of at least 1 community fund such as the funeral fund, the savings group, or community welfare fund; 2) promote extra occupations for older people to increase their income, such as planting vegetables, weaving, and crafts.

Development of information for problem solving for older people: 1) create an older people's information system in the sub-district and 2) analyze and use older people's information as a reference for a plan or project related to older people's care.

Development of rules and regulations to support the implementation of activities to strengthen older people's care system: 1) prepare local ordinances and budget plans to support older people's care and 2) encourage older people to participate in defining the rules of local policy planning.

Events and activities for older people's care: The details of the events and activities organized to address the problems and needs of older people for each group covering social, economic, health, environmental, and political aspects can be described as follows:

1) The group preparing to enter old age (50-59 years old)

This group will focus on learning the way of being an older person and engaging in activities for the older people in 5 dimensions: 1) Social : The local government organization encourages those who are preparing to enter old age to study the work and activities of the older people's club in order to prepare for being a member of the club; it encourages them to participate in activities related to older people; it increases the understanding of older people by creating a database of older people. 2) Economic : This group is encouraged to be committee members of the fund to help older people's friends, to be members of career groups, and occupation trainers. 3) Health

care: The group is trained to be health care volunteers providing care for other older people. They are also encouraged to attend the training for preparation for entering old age. 4) Environmental: The donation of used prostheses, orthoses, and medical equipment for older people who need help is supported. They also have to learn and produce exercise equipment for rehabilitation of joints and muscles with local materials. 5) Political: This group of people are given support to join the older people's club, to participate in the community process, and to create a village development plan.

2. The group of older people in general

This group has the potential to help themselves and others. The community provides 5-dimensional care for older people: 1) Social: The activities of the older people's school are organized. They are supported to be students and guest speakers at the older people's school. Activities related to the older people, such as Songkran Festival for the older people. They are also encouraged to join the older people's club and be older people's health care volunteers. Older people scholars and those who are role models (in waste management and sufficiency economy) are honored. 2) Economic: A fund for helping older people was established. The older people are encouraged to join a savings group and be speakers/career group members. A community market or green market was set up in order to sell the products in the area. Learning the sufficiency economy for households is also promoted. They grow vegetables and plants and use herbs to cook and treat diseases. 3) Health care: A local health service unit provides expressway services (health check-up, receiving medicine, and Thai massage), and home health check-ups (examination for diabetes and pressure measurement). The local administration organization provides transport services for older people of 2 types: emergency cases and normal cases. Alternative care such as sauna, herbal infusion, herbal compress, and hand-foot herbal spa and health services at the temple are promoted. There is provision of knowledge to change the concept and behavior

of health care by monks and health officials. The use of local wisdom in exercise such as the loincloth dance, pole dance, and local dance is promoted. Health care volunteers are assigned to be responsible for every household. 4) Environmental aspect: The local government organization gives advice in altering the home, external environment, and public areas to assist older people, such as providing chairs on the floor of the temple when there is a praying activity, having ramps at the community hall, and having a workout area. 5) Political: Older people are encouraged to join the older people's club and community process participation, to create a village and sub-district development plan, and participate in the review of the health statutes and NHSO projects. They are also encouraged to be representatives of the older people's club and to be the committee members of the community council.

3. Home-bound group

The home-bound group are mostly incapable of self-help, and have less community activity. The community provides 5-dimensional care for this group: 1) Social: The local government organization organizes older people's school activities at the community hall in order to allow older people to easily access the activities. The monks give food to the children or people who come to the temple so that they can give it to the older people. The monks go to the houses of older people to allow them to offer food to the monks. They are encouraged to share food with relatives, neighbors, and others. 2) Economic: Older people are provided with support to establish a fund for the older people, to have additional careers, and to join career groups. The local government organization gives allowances to older people at home or to their children. 3) Health care: The local government organization organizes the "You Touch Me" project providing home health care for this group, the healthy group, and the patient group (diabetes and hypertension), together with a transportation service for emergency cases and for the unprivileged older people. The sale of vegetables and food by people in the community is supported in order to allow older people to

easily access food. The health service unit provides an expressway service for older people (health check-up, receiving medicine, and Thai massage). The health volunteers provide health care for the households for which they are responsible. The local government organization and the Health Promotion Hospital provide training for older people's health volunteers and the family members.

4) Environmental: The local government organization and the Health Promotion Hospital provide the necessary equipment for the care of older people at home; they produce exercise equipment for rehabilitation of joints and muscles with local materials and alter the home environment such as the lighting, bathroom handrails, and exterior of houses, public areas, and roads so that it is easy for older people to use wheelchairs. 5) Political: Older people are encouraged to be consultants on the operation of the village and organization of the community, and to consider helping older people who are in distress and need help with housing. There is a network of caring for older people suffering from illness and other difficulties which cooperates with the district hospital and educational institutions.

4. Bed-bound group

The older people who are bed-bound have little or no self-help. They need total care from family members and caregivers. The community provides 5-dimensional care for this group: 1) Social: The local government organization developed a database of older people who are bed-bound and home-bound and cooperated in a plan with the Health Promotion Hospital to provide home visits, encourage older people to live close to each other, and talk to the bed-bound older people during the daytime. Their spirit is supported by prayers and wrist tying ceremonies by monks. 2) Economic aspect: a fund for helping older people was established. The bed-bound older people are encouraged to be members of the savings group. Careers that can be followed at home are provided for the caregivers. The older people's allowance is given to them at home. 3) Health care: Responsible caregivers for each household are assigned. The local

government organization and the Health Promotion Hospital provide training for health volunteers. Health volunteers take care of, follow, and assess the symptoms of older people such as dealing with nasogastric intubation, urinary catheterization, and pressure ulcers, and coordinate with home care. The Health Promotion Hospital, the multidisciplinary team, and health care volunteers provide home visits for the bed-bound older people. The LINE group of the health care volunteers with the local administration organization and health service unit group was set up to send information about the older people. Caregivers monitor the older people at home such as their walking, sitting, speaking, and swallowing. There are an "older people help older people" group and a "home visit of the older people" project. 4) Environmental: The local government organization supports equipment for bed-bound patients such as providing wheelchairs, beds, and sticks from older people who have already died. Some people do not dare to use those devices because it is believed that the former owners of those devices will get them back. The monks help to dispel those fears and ask permission to use those devices from the former owners and make merit to them. The local government organization alters the environment inside houses such as the lighting and bathroom handrails, and the exterior of houses, public areas, and roads so that it is easy for older people to use wheelchairs. 5) Political: The local government organization staff, including village headmen and the committees at the community level, consider helping older people in distress and needing help with housing. A transportation service is provided for the underprivileged older people.

5. Older people with disabilities

Older people with disabilities are able to help themselves and can use a wheelchair to do activities outside the home. The community provides 5-dimensional care for this group: 1) Social: The local government organization encourages people to participate in traditional merit-making activities that are suitable for their disabilities, and to meet and do activities with other older people at the older people's

school. They are also encouraged to be volunteers according to their abilities, such as cleaning the temple and streets in the village. 2) Economic: The local government organization collaborates with the district hospital and educational institutions to support the employment of people with disabilities. Older people are encouraged to join career groups, such as making herbal compresses, balm, and multi-purpose liquid. Fund raising is done to support the older people's club to help older people with disabilities. 3) Health care: Older people with disabilities are assisted to be volunteers giving moral support for other older people with disabilities. They are also encouraged to do proper exercise that is appropriate for their disabilities. The local government organization provides a transportation service for older people with disabilities on demand so that on receiving a disabled card they can have a medical examination and meet with doctors. The Health Promotion Hospital and health volunteers provide home visits to older people with disabilities. 4) Environmental: The local government organization and Health Promotion Hospital donate used medical equipment and tools to older people with disabilities. The environment inside and outside the house such as public areas and roads are altered for older people with disabilities. 5) Political: Older people with disabilities are encouraged to participate at the community level and in the sub-district development plan. A home renovation budget for older people with disabilities was prepared.

6. Older people who were abandoned or living alone

For older people who are alone in the research area during the day due to family members going to work, the community provides 5-dimensional care for this group: 1) Social: The local government organization organizes older people's school activities at the community hall so they do not have to travel far from home, and provides responsible people to take care of older people who are abandoned or living alone. Neighbors and acquaintances are encouraged to support older people who are abandoned or living alone. The

monks give food to the children or people coming to the temple in order for them to give it to older people who are abandoned or living alone. The monks go to the houses of older people who cannot go anywhere to allow them to offer food to the monks. 2) Economic: A fund was established to help the older people. Older people who are abandoned or living alone are also encouraged to join any career groups that they want. They are also encouraged to join a cremation group. 3) Health care: The local government organization organizes a project for providing home health care for older people who are abandoned or living alone and provides a transportation service the same as for other older people's groups. The health care volunteers and family members are trained to understand the degeneration of age. The sale of vegetables and food by the people in the community is promoted in order to allow older people who are abandoned or living alone to have access to food. The health care volunteers provide home health care and are responsible for older people in households. 4) Environmental: The local government organization and the Health Promotion Hospital provides the necessary equipment for the care of older people at home and alters the home environment the same as for the other older people's groups. 5) Political: The local government organization organizes the community stage to consider helping older people in distress and provides transport for the underprivileged older people.

7. Older people with chronic illnesses

Older people with chronic diseases are mostly diabetic, have high blood pressure, or kidney disease, and so require continuing care. Some patients have complications such as chronic foot ulcers, diabetes mellitus, and diabetic retinopathy. The community provides 5-dimensional community care for this group: 1) Social: Older people with chronic illnesses are supported to be students and guest speakers at older people's schools. Knowledge of health behavior modification for older people with chronic illnesses is provided. They are also supported to join an older people's club and be older people health care volunteers.

2) Economic: The fund for helping older people was established. A community market was set up in order to sell specific products for older people with chronic diseases in the area, at prices that are cheaper than others in the area. The learning of the sufficiency economy of households is also promoted. They grow vegetables and plants and use herbs to cook and treat diseases. 3) Health care: The local health service unit provides expressway services. The local administration organization provides a transportation service the same as for other older people's groups. Alternative care such as sauna, herbal infusion, herbal compress, and hand-foot herbal spa and health services at the temple are promoted. There is provision of knowledge to change the concept and behavior of health care by monks and health officials. The use of local wisdom in exercise such as the loincloth dance, pole dance, and local dance is promoted. Health care volunteers are assigned to be responsible for every household. 4) Environmental aspect: The local government organization gives advice and an adjusted home and external environment in public areas to assist the older people, such as providing chairs on the floor of the temple when there is prayer activity, having ramps at the community hall, and having a workout area. A model for waste management in households is also promoted. 5) Political: Older people are encouraged to participate in the review of the health statutes and NHO projects for older people with chronic diseases.

Discussion

According to the results of this study, nurses have 2 main roles in continuing care in the community: 1) Health services for older people covering the problems and needs related to many factors, including food management for older people and the promotion of exercise, savings for older people, careers, volunteering to provide care for the older people, provision of a safer environment for and a reduction of accidents involving older people, and establishment of an older people's school,

older people's club, and a prosthesis and orthosis center and provision of welfare in order to provide care for older people in all groups. Integration of work which is consistent with the community context is done such as promotion of exercise for older people which can be done at the temple on Buddhist holy days or when older people get together to practice the dharma in order to allow the older people to access health promotion for exercise. In addition, the potential of the health care volunteers to provide expertise in caring for older people should be developed as they are closer to the local people. They have all the current demographic information which can allow them to monitor the health of older people. 2) The community must be strengthened since, in providing care for older people covering all aspects, the co-operation of 4 main participants, which are the local government organization, local administration, local organizations, and the public sector, is needed. Therefore, strengthening the health of the people and the health management system of community organizations is essential for creating sustainable health care for older people. Also, the use of social capital in the community for older people's health care allows all older people's groups to receive care or service consistent with the problems and needs of the older people in each context. We can confirm with this study that, with regard to various activities relating to social, economic, and health aspects described by Nuntaboot (2008; 2012; 2016a), the Ministry of Public Health has changed the health policy from passive care to active health care for targeted populations, such as from individuals to families and communities. The WHO states that the key drivers for progress in the sustainable development of health are the economy, society, and the environment. So, the care provided for older people is in accordance with the quality criteria of nursing care for older people (Bureau of Nursing, Ministry of Public Health, 2016), including: 1) the percentage of older people who have been assessed with health problems (80 percent), 2) percentage of older people with health problems that are taken care of (100 percent), and

3) percentage of the dependent older people receiving continuous care(100 percent), so that the dependent older people patients can receive continuing care.

Recommendations for Nursing Role Development

Community's continuing care for older people

Professional development: The Thailand Nursing and Midwifery Council should: 1) promote the provision of short-term training courses on nursing roles in the community's continuing care for older people that can be adjusted according to the context of the area, in order to cover the problems and needs of the older people, which are related to many factors, including social, economic, health, environmental, and political issues, and to provide older people with continuing care covering all aspects and all groups by integrating the work in the community context; and 2) support knowledge management on nursing roles and health promotion, in particular the strengthening of the community, focusing on the work of the 4 main participants in the area, the local government organization, local administration, local organizations, and public sector; strengthen health care by the public sector, and strengthen the health management system of community organizations to ensure sustainable health care for older people by aligning with the Ottawa Charter for Health Promotion and the goal of sustainable development.

Education: Educational institutions should coordinate with the Thailand Nursing and Midwifery Council to launch short-term training courses on nursing roles in the community's continuing care for older people covering the problems and needs of older people and related factors in the context of the area; and they should design courses with various faculties such as those of architecture, engineering, medicine, and associated medical science.

Nursing practice: Health service units should: 1) focus on the increase of the older people population and provide care for some older people who do not have access to services, or who have other needs that have not been solved, and understand what can affect the health of older people, such as social, cultural, political, economic, and environmental factors; 2) develop the potential of health care volunteers, other volunteers in the community, and family members in order to be able to provide care for older people and understand the problems and needs of the older people; and 3) nurses should support the preparation and implementation of an older people's database to plan all activities and all community policies as well as the provision of local ordinances and budget plans to support older people's care.

Recommendations for Further Studies

Older people's care in each area is different. It is also recognized that older people may be burdensome. However, the social situation is that the country is about to enter into a completely aged society in 2021 and a super aged society in 2031, so the concept of caring for older people should be changed, such as changing the burden of power in order to allow the potential for some older people to care for other older people who need help. Therefore, the model for empowerment of older people should be conducted in various ways, such as encouraging older people to be members of the local council committee, and honoring the local scholars in cultural, herbal, and spiritual aspects which affect the development of care systems for older people in the community, so that older people are provided with equal care and social support.

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