

# **PARTICIPATION IN SHAREHOLDING NETWORKS FOR THE CARE OF OLDER PERSONS IN RURAL THAILAND – Older persons' and relatives' experiences**

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## **Abstract**

The aim of this thesis was to explore how older persons and family caregivers experience taking part in shareholding networks related to health promotion activities for older people in rural areas in Thailand. The thesis had a qualitative research design and is based on original articles (I-IV). Data were collected through paired interviews with older persons and their relatives (I), individual interviews with older persons (II), and by narrative interviews (III-IV). Qualitative data was analyzed with content analysis, phenomenological hermeneutics, and phenomenological philosophy. **Study I** showed that older persons and their family members experienced outsider status and disregard for older persons' individuality in the community, when participating in shareholding networks. The theme of outsider status described shortcomings in healthcare encounters and the theme of disregard described the lack of engagement of authorities and caregivers in older persons' care. The concept of participation emerged as a framework for understanding interviewees' experiences. Local authorities, older individuals, and their family members should engage in dialogue in order to support healthcare based on shared understanding. **Study II** identified four categories that reflected expressions of health promotion elements in shareholding networks activities: empowerment to control health, participation in society, self-determination, and shared responsibility. All of this can be seen as an important part of a health process. The results indicated that shareholding networks activities contributed to peer volunteering support that has potential to be an effective strategy for increasing activities in older adults, particularly among those who are inactive and socially disengage. Shareholding networks for the care of older people in rural areas seems to promote and preserve volunteerism that satisfies the individual old person's needs—from a holistic perspective—as a way to strengthen self-care. **Study III** found that older person's lived experiences with participation in shareholding networks entailed both positive meaning and negative meaning. The participation could be understood as being satisfying, being valuable, being frustrating, and being boring. **Study IV** showed that participating in shareholding networks activities entails an always-present existence of aging intertwined with life. Its constituents further described the essential meaning of the phenomenon: "experience of improved self-management", "feeling of increased self-esteem", and "bridging the gap in the care of older people". Participation in shareholding networks activities meant keeping contact with oneself and being able to have a life that corresponds to how one perceives oneself to be and must therefore be understood from a holistic perspective that satisfies the individual older person's needs in the process of strengthening self-care. This thesis concluded that participants experienced benefits when they participated in shareholding networks for the care of older people in rural areas. Participation improved their health, increased their independence and their self-care ability, as well as strengthened their feelings of dignity. Health professionals should initiate a dialogue with shareholding participants to develop a cooperating model of care focusing on the participants' needs. Healthcare must be based on shared understandings and reflections on existential issues such as identity, trust, self-confidence and dignity.