

การประเมินความพึงพอใจของผู้สูงอายุต่อโครงการสุขกายสุขใจผู้สูงอายุ ในวันพระ ตำบลนางาม  
อำเภอเสลภูมิ จังหวัดร้อยเอ็ด ประเทศไทย



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วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาวิทยาศาสตรมหาบัณฑิต

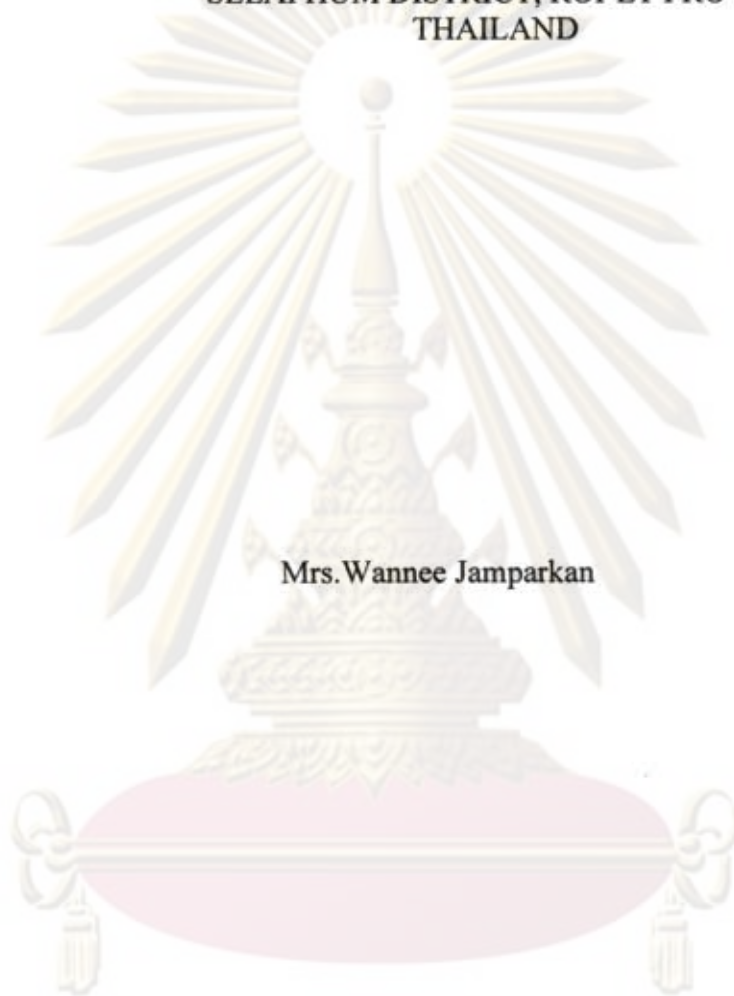
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ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

SATISFACTION OF THE ELDERLY PEOPLE TOWARDS THE  
HEALTHY AND HAPPINESS ON THE BUDDHIST  
DAY PROJECT IN NANGAM SUB-DISTRICT,  
SELAPHUM DISTRICT, ROI-ET PROVINCE,  
THAILAND



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อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ผศ.ดร.รัตนา สำโรงทอง, 69 หน้า

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อประเมินระดับความพึงพอใจ และศึกษาถึงปัจจัย  
ที่มีความสัมพันธ์กับความพึงพอใจของผู้สูงอายุ ที่เข้าร่วมโครงการสุขภาพสุขใจผู้สูงอายุในวันพระ  
ตำบลนางาม อำเภอเสลภูมิ จังหวัดร้อยเอ็ด โครงการนี้เริ่มดำเนินการปี พ.ศ. 2549-2552 โดย  
โครงการฯ มีวัตถุประสงค์เพื่อการส่งเสริมสุขภาพผู้สูงอายุ ซึ่งมีกิจกรรมหลักได้แก่ การนั่งสมาธิ การ  
ออกกำลังกาย และการผลิตสื่อมีแผ่นพับและ CD เพลง เพื่อใช้ในการออกกำลังกาย กลุ่มตัวอย่าง  
เป็นผู้สูงอายุจำนวน 92 ราย โดยการสุ่มแบบง่าย เครื่องมือที่ใช้ในการวิจัย คือ แบบสอบถามความ  
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ประจำสถานีอนามัยบ้านพันขาง

ผลการวิจัยพบว่า ผู้สูงอายุส่วนใหญ่ ร้อยละ 67.4 มีระดับความพึงพอใจต่อโครงการฯ ใน  
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ความพึงพอใจของผู้สูงอายุต่อโครงการฯ อย่างมีนัยสำคัญทางสถิติ ( $p < 0.018$ )

สำหรับเจ้าหน้าที่สาธารณสุขประจำสถานีอนามัยบ้านพันขาง กลุ่มตัวอย่างทุกราย มี  
ความพึงพอใจของต่อโครงการฯ เจ้าหน้าที่สาธารณสุขที่ให้บริการแก่ผู้สูงอายุต้องตระหนักถึง  
ความสำคัญของผู้สูงอายุ ให้มีความรู้ความเข้าใจเกี่ยวกับการส่งเสริมสุขภาพโดยเน้นทั้งร่างกาย  
และจิตใจผู้สูงอายุ เพื่อตอบสนองความต้องการของผู้สูงอายุ ทำให้ผู้สูงอายุเกิดความพึงพอใจต่อ  
โครงการฯ และยินดีร่วมโครงการตลอดไป

ในการศึกษาเรื่องการพัฒนาการส่งเสริมสุขภาพผู้สูงอายุ ควรศึกษาเพิ่มเติมในกลุ่มอื่นที่  
เกี่ยวข้อง ผู้สูงอายุ เช่น ผู้ดูแล อาสาสมัครสาธารณสุข เป็นต้น

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This study aimed to assess the satisfaction level and to identify factors influencing the satisfaction toward "The Buddhist Day Project at Na-ngam sub-district, Selaphum district, Roi-Et province" This project was initiated since year 2006 for promoting healthy aging. The three main activities were meditation, exercise and produce brochure and CD song for physical exercise. Ninety two elderly people who participated in the project were simple random sampling recruited. A face to face interview were conducted by trained data collectors using questionnaires. In addition in-depth interview 3 health care providers were employed.

The results revealed that the majority (67.4%) of the samples reported a high satisfaction level toward the project followed by 22.8% reported a highest level of satisfaction toward the project. The satisfaction level was high among three groups of activity including; meditation, exercise and produce brochure and CD song for physical exercise. The finding from in depth interview of the health providers revealed that all activities were extremely beneficial and proper as those activities can result a good caring for elderly people for both physiological and psychological aspects. In terms of factor influencing the satisfaction towards the project, it found that only chronic disease was shown the statistic significant ( $p$  value =0.018). A study on health improvement of elderly should be also conducted among various groups that involve with them such as care givers, relative and village volunteers.

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ศูนย์วิทยทรัพยากร  
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# CHAPTER I

## INTRODUCTION

### 1.1 Background and Rationale

A substantial rising of involvements from populations in prevention of disease and promotion of health in their own community has been started when World Health Organization (WHO) announced a concept of 'Primary Health Care' in order to achieve a goal of 'Health for All' (HFA) by 2000. Such concept is to enable all population at all age and all types of occupations to exercise their rights and opportunities in health improvement for themselves. To improve a health, they should involve in a health promotion, disease prevention, and self care management to prevent themselves from occurrence of diseases and disability. In addition, everyone should be benefited equally through a resource management by the government that can be valuable to a majority of entire populations. Throughout such improvement, they can have a quality of life and should effectively engage in the development of economy and society where they are residing (Metee Chancharupan, 2003:3).

Thailand is one of several countries where the above-mentioned concept has been used to develop a strategic plan that are currently being implemented based on four basic principles of primary health care which are Community Participation (CP), Deoriented Basic Health Service (BHS), Appropriate Technology (AT) and Intersectoral Collaboration (IC). As a result, a volunteer system has been applied by the Ministry of Public Health to upgrade a villager to a health communicator and village health volunteer (VHV) through provision of a training course. These people are required to involve in a working mechanism where they can concretely work with public health personnel. Such involvement can be recognized as a role of Change

Agent. These people as health communicator and village health volunteer (VHV) are expected to transfer information and knowledge to others in the community as well as to collaborate with the community members to promote and prevent health problem of the community. In addition, they are required to play as a role model regarding to health and health related (Poanil, W., et al, 2007:3).

According to the fourth national economic and social development plan, an organization of public health volunteer and a system of primary health care at village level was established. In the following plans, several training courses have been provided constantly to current and new health communicators and village health volunteers (VHV) in order to develop a centre of solving a problem related to public health in a village. In 1992, Community Primary Health Care Center (CPHCC), therefore; was established at village level all over Thailand. The center is managed by a village health volunteer (VHV) who is required to provide services related to public health to villagers. Therefore, in 1994 Ministry of Public Health provided additional training courses aiming to upgrade all current health communicators to village health volunteers (VHV).

Due to change in structure of Ministry of Public Health in 2001, Office of the Primary Health Care Committee where used to belong to the Office of the Permanent Secretary for Public Health has been changed to be under the Department of Health Service Support where was newly established at that time and later has been changed to Primary Health Care Division (Office of policy and strategy, 2002). Consequently, budget for supporting the village health volunteers' activities has been transferred to local organizations where are under supervision of Ministry of Interior. Nevertheless, Primary Health Care Division is still recognized as a significant agent of Ministry of Public Health where coordinates with and provides supports to village health volunteers to work sustainably all over Thailand.

For primary health care (PHC), only one type of volunteers being employed is village health volunteer (VHV) and responsible areas are divided for each VHV. One volunteer is responsible for population residing in their area or surrounding areas covering from 8 to 15 houses. Eight roles of village health volunteer required are to 1) disseminate information related to public health to populations/neighbors living in their responsible areas 2) share information regarding on public health and others related to works performed to other volunteers 3) provide suggestion and encourage neighbors in development of community public health 4) provide basic health care 5) prevent occurrence of problems related to public health in the community 6) encourage neighbors to participate in activities related to public health and quality of life 7) act as a leader in development of a problem solving plan for community health improvement and 8) take care of benefits related to public health of population in a village by coordinating with community's leaders, Tambon Administration Organization (TAO), and responsible agencies such as sub-district level health center for village health volunteer.

Health center, a place where provides care for populations. It aims to provide services related to health of the community members such as antenatal care, immunization, vaccination, nutrition, school health services, health screening for any disorders (such as diabetes mellitus, hypertension, cervical cancer), care for handicapped people, care for people at working age, care for elders, primary health examination, rehabilitation and so on.

Presently, one of the most important task of health center is aging care as the numbers of elders aged over 60 years old have been increased compared to other groups. The survey by Institute of Population and Social Research, Mahidol University was conducted on July 1, 2006, revealed that about 8.4% of all population (60.4 million people) were elders. Additionally, life expectancy at birth for male was 66.6

years, while 71.7 years was for female. Life expectancy at 60 years for male and female was 18.8 and 22.0 years, respectively.

Roi –Et province, there are 1,364,306 persons residing in Roi-Et province with 137,794 elders which is around 10 % of all populations. On the other hand, in Selaphum district, numbers of all populations are 119,218 and numbers of elders are 18,106 (15.1%). In Nangam district, 8,235 is a number of all populations while 1,267 is elderly population which is about 15.3% of all population (Data from Population Database system, Roi-Et Provincial Public Health Office, 2008). Elderly people are facing changes in physiological, psychological and social status which can cause a problem related to physiological and psychological conditions accordingly. Consequently, such problems are considered an economical burden towards their family. Nisa Chuto (Nisa, 1996) from Chulalongkorn University Social Research Institute (CUSRI) studied about health problems in 1996, it was found that 14.6% of all Thai elders had a health problem that led them to a bedridden condition. Only 32.7% had a good health, while another 50.4% reported that they did not have a good health. Therefore, it is necessary for both local government and private organizations, especially village health volunteer to provide suggestions and supports on health promotion for elderly people, so they can live happily with healthy physiological and psychological conditions in the society. To respond to the policy ‘Health for All’ by the current government that focuses on health promotion at all ages groups, a Phan Keang health center and village health volunteer (VHV) in Nangam sub-district has developed and implemented a ‘Healthy and Happiness on Buddhist Day Project’ focusing on elderly people since 2006 to the current. The project aims to promote health aging. The researcher as the health officer in Nangam sub-district, therefore; has paid attention on the evaluation of the above mentioned project.

## **1.2 Research Objectives**

1. To assess the level of satisfaction of elderly people towards ‘Healthy and Happiness on the Buddhist Day Project’
2. To identify the factors influencing the satisfaction of elderly people towards ‘Healthy and Happiness on the Buddhist Day Project’

## **1.3 Research Questions**

1. What are satisfaction levels of elderly people towards the activities consisting of 1) medication 2) exercise with stick and 3) production of IEC materials to be used along with medication and exercise (brochure and CD) organized by village health volunteers.
2. What are factors influencing a satisfaction of elderly people towards activities consisting of 1) medication 2) exercise with stick and 3) production of IEC materials related to medication and exercise (brochure and CD) organized by village health volunteers.

## **1.4 Research Hypothesis**

Level of satisfaction of elderly people towards ‘Healthy and Happiness on the Buddhist Day Project’ in each group is different.

### **Research Framework**

In the research, satisfaction of elderly people towards ‘Healthy and Happiness on the Buddhist Day Project’ residing in Baan Phan Keang (Moo 3, 4, 15), Baan Phoe Chan (Moo 5, 14, 16), Baan Kut Reau (Moo 7, 13), Baan Phoe Tak (Moo 6) located in Nangam sub-district, Selaphum district, Roi Et province are evaluated as explained in the following details.

### **Variables in the Research**

- Independent variables – socio-demographic factors include sex, age, marital status, education level, income, health problem, social status and intensity of participation in the project.

- Dependent variable – Level of satisfaction of elderly people living in the research areas towards the project.

### **1.5 Definition**

1. Village health volunteer (VHV) - village's population who were trained on curriculum 'village health volunteer' to perform duties related to health care of population in the village as well as to act as a networking center for development of public health in Baan Phan Keang (Moo 3, 4, 15), Baan Phoe Chan (Moo 5, 14, 16), Baan Kut Reau (Moo 7, 13), Baan Phoe Tak (Moo 6) located in Nangam sub-district. These people are a group of people having very important roles for the 'Health and Happiness on Buddhist Day Project'.

2. Public health personnel – an officer who has worked in the public health agencies situated in Baan Phan Keang Health Center, Nangam sub-district, Selaphum district, Roi-Et province more than 6 months. Those include public health executives, public health technical officer and registered nurse.

3. Elderly people - both male and female aged over 60 years who have participated in the 'Healthy and Happiness on Buddhist Day Project' and lived in the research areas.

4. Activities - activities organized as part of the 'Healthy and Happiness on Buddhist Day Project' that consist of meditation, exercise to stretch/warm up a body before using stick to exercise along with a song recorded in CD. For each activity, VHV is an instructor who can use a brochure developed for practice of medication and CD songs produced to use for exercise.

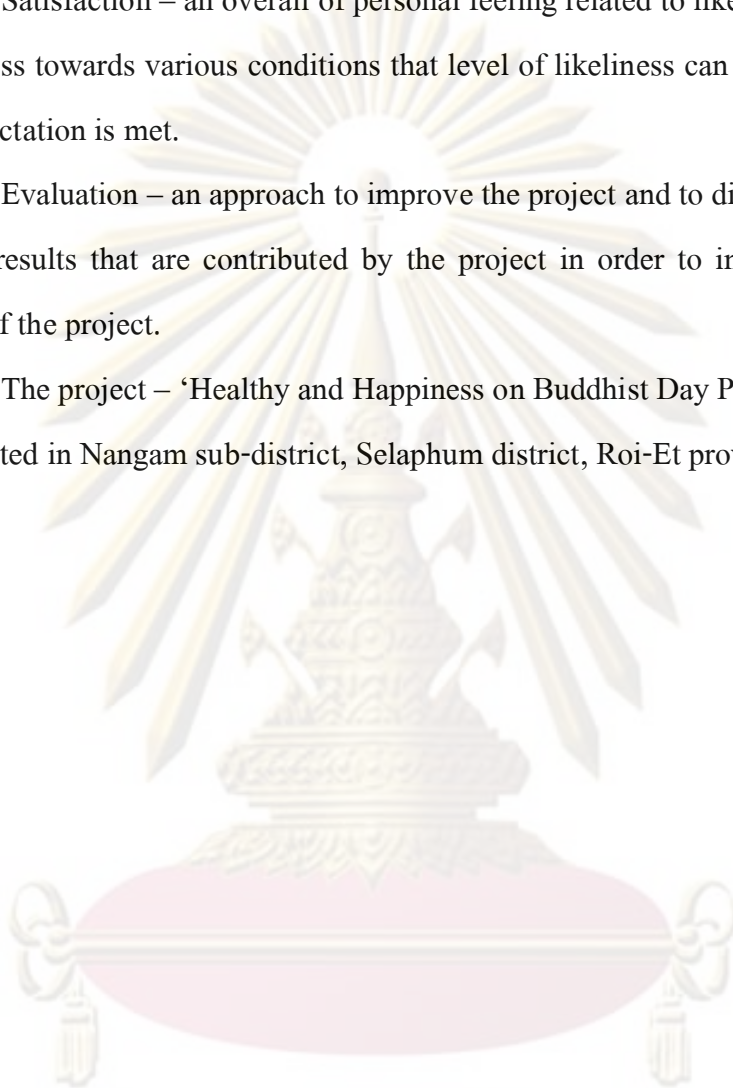


5. Health center – Baan Phan Keang Health Center, a public health center responsible for the ‘Healthy and Happiness on Buddhist Day Project’ where is situated in Nangam sub-district, Selaphum district, Roi-Et province.

6. Satisfaction – an overall of personal feeling related to likeliness or unlikeliness towards various conditions that level of likeliness can lead a self-pride as their expectation is met.

7. Evaluation – an approach to improve the project and to discover about the true end results that are contributed by the project in order to increase quality and efficacy of the project.

8. The project – ‘Healthy and Happiness on Buddhist Day Project’ that is implemented in Nangam sub-district, Selaphum district, Roi-Et province.



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## **CHAPTER II**

### **LITERATURE REVIEW**

To complete a research on satisfaction of elderly people towards ‘Healthy and Happiness on Buddhist Day Project’ which is implemented by village health volunteers in Nangam sub-district, Selaphum district, Roi-Et province, the researcher studied on several documents, concept, theories and research related. The information learned is explained below:

1. Satisfaction definitions
2. Satisfaction Evaluation
3. Research related
4. Healthy and Happiness on Buddhist Day Project

#### **2.1 Satisfaction Definitions**

The followings are various definitions of satisfaction define by different people:

Phaiboon Changrean (1973: 146-147 cited in Nrisa Narasri, 2001:28) stated that satisfaction is a physiological need of human in participating in the activities in order to respond to their physiological need. After such need is responded, they will be satisfied and accept that they are part of a group.

Utha Hiranto (1980: 272 cited in Nrisa Narasri, 2001:28) explained that satisfaction is what makes everyone comforts as their needs are responded.

Kitima Predeedilok (1981: 278-279) compiled definitions of satisfaction related to working as follows:

1. Job Satisfaction defined by Carter – means quality, conditions and individual satisfaction level that are results of interests and attitude of individual towards quality and conditions of each work.

2. Job Satisfaction defined by Benjamin- means a feeling of pleasure received when goals, needs or motivations are achieved.

3. Job Satisfaction defined by Ernest and Joseph - means various conditions of needs that are caused by performing works that are being responded.

4. Job Satisfaction defined by George and Leonard – means a pleasure feeling towards works and to perform those works willingly to achieve its objectives. Based on Thai dictionary (1981: 577-578) defined a satisfaction that to be satisfied, to be pleased, to be appropriate and to prefer.

### **Concepts and Theories on Satisfaction**

Creating a satisfaction for a person, a motivation is needed. 'Motivation' is an encouragement to make others to follow based on 2 aspects which are physiological needs and psychological needs.

Maslow's concept concluded that basic needs of human can be divided into 5 hierarchic levels as follows:

1. Physiological needs – these are biological needs consisting of such as food, cloth, shelter and medicine.
2. Safety needs – needs of security of life, body, property, employments; and needs of living securely in the society.
3. Social needs - needs of belongingness and love; and needs of being part of the society
4. Esteem needs – needs of self-confidence and respects by others
5. Self-actualization – needs of self-fulfillment which is the highest level of needs required. It is a kind of needs a person wishing to achieve everything he/she wants.

## **Satisfaction Evaluation**

Hathairat Prathumsuth (1999: 14) stated that an evaluation of satisfaction is similar to evaluation of knowledge in general. Normally, an evaluation of satisfaction can be conducted through questionnaire among people who are expected to give a required data. In addition, there are various types of tools that can be used for the evaluation. Although, there are various approaches to conduct an evaluation, however; according to Saleesanik Chirstens, a study on satisfaction can be divided into two concepts by its approaches as follows:

1. Evaluation to be conducted on all surrounding conditions of individual such as workplace, house and every aspect related to life. This evaluation can gain a complete data, but it also can face a complexity in evaluating and comparing a data.
2. Evaluation to be conducted on particular components by dividing into several components. For example, an evaluation can be conducted on particular components such as work, supervision and employer.

## **2.2 Concepts and Theories on Evaluation**

An evaluation is very essential and important for learning about results of a project performance. Through an evaluation, any mistakes/obstacles for each step can be found. Any data found through an evaluation can be used to improve a project being currently implemented or in the future in order to achieve its goals. Definition of evaluation is stated in many aspects as following:

Kreauwan Limapichart (1988: 145) stated that a project's evaluation is a process to analyze and examine a progress and accomplishment of a project that focused on provision of a training course. Therefore; through a process, a very beginning step should be analyzed such as curriculum development, project implementation, project management and results of project performance if its goals are met which were change in knowledge, skills, and attitude of training participants.

Nisa Chuto (1984: 9) described a definition of an evaluation that activities regarding about collection and analyze of data to find out a required fact in order to use such data to improve for a project. In addition, true results received through a project can be used to increase quality and efficacy of a project. The project evaluation is to determine whether project adjective s areresponded and followed to the required goals. In addition, how well a result of a project is can also be determined through a process of an evaluation

Rutman (1982: 59 – 60) explained that an evaluation is a scientific process or a method to determine a data that is real and reliable of a project. The data found later can be used to decide whether objectives of the project are met as well as to find out about how success of a project is. In addition, project evaluation defined the assessment as value estimation of any activities with systematical approach such estimation is aimed to improve those activities that are being currently conducted or will be conducted in the future

According to the above-mentioned definitions of an evaluation, it can be concluded that an evaluation is a process of receiving information through systematic approaches with an aim to determine whether objectives and goals of a project are achieved or not. For example, to see whether knowledge, skills and attitude of training participants are changed accordingly to the activities provided or not. The data learned through an evaluation can be used to increase a quality and efficacy of a project.

### **2.3 Research related**

Thiwa Prasuwan (2547) studied on satisfaction of population towards services provided by Tambon Administration Organization (TAO) officers at Baan Lang TAO. The study revealed that majority of population receiving services from Baan Lang TAO was members of elderly people club who reported that they were satisfied with

services at Baan Lang TAO. Satisfaction level on an aspect of TAO officer and service system was at high and medium, respectively and for aspect of facilities was at high.

Wanee Diewisares (2005:23) conducted a survey on satisfaction of population towards services provided by Sri Racha Municipality. The survey found that most of population was satisfied with services provided by various units under Sri Racha Municipality; expect services provided by education unit. Additionally, it was found that in overall about 79.10% and 80% of all surveyed population were satisfied with services and environmental conditions as well as facilities, respectively.

Vorachit Nongkae (2005) studied about factors influencing implementation of primary health care by Village Health Volunteer (VHV) in Khon Kean. The study found that factors influencing primary health care by VHV were experiences in public health, period of holding a position as VHV, attitude towards roles, expectations, receiving of health related information, family and community support and problems/obstacles in working on primary health care of VHV. In addition, a qualitative data showed that VHV did not have enough knowledge to perform their works. A problem of insufficient time to attend all activities in a village due to their family matters was found.

Hamer (1971 : 3373 – A cited in Narong Chupetch, 1994: 55) studied about satisfaction of Special Class Teachers in Iowa by using Herzberg's theory, it was found that factors making teachers satisfied were a development in work and respects by others. On the other hand, factors making teachers unsatisfied were control, work's security, interpersonal relationship, policy and personal life management, salary, job description, and work's environment.

A study on 'the Combined Effects of Participatory Styles of Elderly Patients and Their Physicians on Satisfaction' by K Tom Xu in 2004 found that among 5,000

samples at Texas Tech reported that they were satisfied with their physicians through a Consumer Assessment of Healthcare Providers and Systems (CAHPS). In addition, it was showed that the participatory decision-making (PDM) style of physicians and patients was considered a factor to control confounding variables and associated with the level of satisfaction of patients towards their physicians.

Serap Inal and team (2007) studied about 'the links between health-related behaviors and life satisfaction in elderly individuals who prefer institutional living'. it was revealed that life and health satisfaction was related to behaviors of elder individuals residing in Istanbul institute. Average age of the sample was between 60-90 years. 14.3% of them never got married and income of the majority (71.4%) was low. From the study, it showed that a regular exercise and relaxing time while they were living in the situation were related to satisfaction level of the sample. In addition, the longer program of exercise and relaxing time the better satisfaction of elderly individual in the institute.

James Allan and team (2009) studied about 'does patient satisfaction of general practice change over a decade?', it was showed that satisfaction of patients was related to the Program (PPP). A PPP program was certified by Royal Australian College of General Practitioners and designed to support general practitioners for continuously quality improvement for their works (CQI). A study was conducted among 3,500 patients during 1994 to 2003. The study focused to use the questionnaire among those patients to see changes in satisfaction towards care received in 10 years. From the study, about 99% reported that they were satisfied with care they received for general practices. As such high level of satisfaction reported, it was very difficult to see changes after. However, general practitioners (GPs) used a survey form to improve their work performance instead. The survey could be more useful in determining patients with negative comments and suggestions on GPs. At the current, there is a

concern about advantages of PPP in continuously quality improvement (CQI) of general practices.

As above-mentioned researches, it can be said that satisfaction of health officers in various agencies was found at different degrees. Factors of different places/environments, job descriptions and ages of officers were related to satisfaction level of individual. Such findings are beneficial to the researcher to conduct a research on satisfaction level of elderly people towards the Healthy and Happiness on the Buddhist Day Project in Nangam sub-district, Selaphum district, Roi-Et province. After all above-mentioned concepts, theories and the previous related researches studied, a conceptual framework of the research was developed accordingly as illustrated below:

#### 2.4 Conceptual Framework

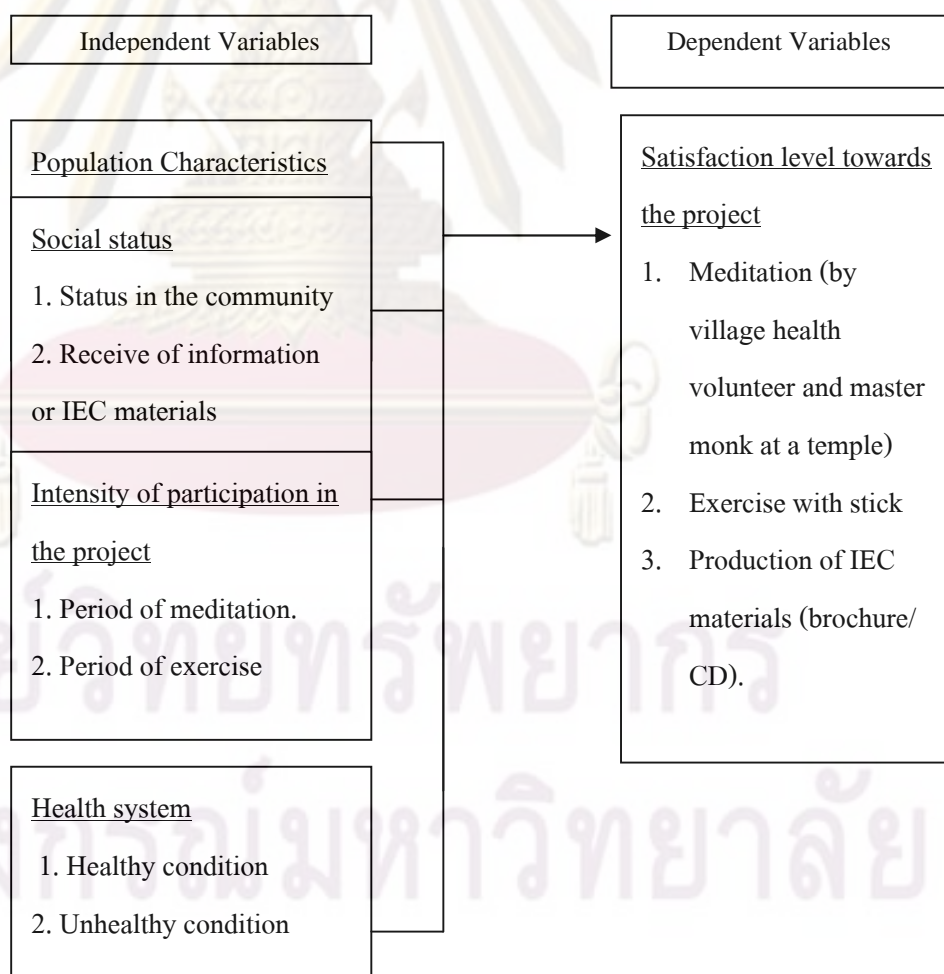


Figure 1 : Conceptual framework



## **2.5 Healthy and Happiness on the Buddhist Day Project”, Nangam sub-district, Selaphum district, Roi-Et province**

### **Background and Rationale**

Numbers of elders aged over 60 years old have been increased compared to other groups. Elderly people are facing changes in physiological, psychological and social status which can cause a problem related to physiological and psychological conditions accordingly. Therefore, it is necessary for both local government and village health volunteer to provide supports on health promotion for elderly people, so they can live happily with healthy physiological and psychological conditions in the society. To respond to the policy ‘Health for All’ by the current government that focuses on health promotion at all ages and all groups, a Baan Phan Keang Health Center and village health volunteer (VHV) in Nangam has developed and implemented a ‘Healthy and Happiness on Buddhist Day Project’ focusing on elderly people since 2006 to the present.

### **Objectives**

1. To enable elderly people to receive a health promotion in both physiological and psychological as well as to live happily in the society.
2. To gather elderly people in the village to collaboratively conduct activities with supports from government agencies and village health volunteer
3. To promote elderly people to exchange and give a support among the group.
4. To create an environment/opportunity for elderly people to conduct activities continually and sustainable that can be beneficial for themselves and their society.

## Workplan

- Establishment of a group that can be a role model in meditation and exercise.
- Production and distribution of IEC materials to the community.
- Implementation monitoring and supervision the project.

## Implementation

- From year 2006 to the current, VHV have received a training course on ‘Health Care for Household’ organized by the public health personnel. After the training, they have applied knowledge gained from the training in providing a care to their family and others in their responsible neighbors.
- After the training provided, a village meeting was organized to select a person to position as chairman of a VHV in a village who have knowledge and sacrifice as well as skills in disseminating information to others (1 person/village).
- After the selection of the chairman, four villages where are located near by each other were selected in order to ease coordination. Each village consists of 30 participants, totaling 120 participants for an entire project (Four villages are selected based on voluntary basis). Those four villages are:
  1. Baan Phan Keang – consist of Moo3, 4, 15
  2. Baan Phoe Chan – consist of Moo 5, 14, 16
  3. Baan Kut Reau – consist of Moo 7, 13
  4. Baan Phoe Tak – consist of Moo 6

## Methods for Selecting a Subject to Find Out a Result/Lesson Learned

A chairman of VHV is a main person to implement the project and public health personnel only acts as an escort providing a suggestion to VHV. According to discussion among the group, four subjects have been proposed as follows:

1. Examination of Breast Cancer

2. Healthy and Happiness on the Buddhist Day
3. Diabetes Mellitus (How to control blood glucose level)
4. Control and Prevention of dengue fever

At the conclusion of the meeting, 4 subjects have been reduced to 1 subject which is a **Healthy and Happiness on the Buddhist Day**. The three activities are consisted of ‘Healthy and Happiness on the Buddhist Day’ as following:

1. Practice of Meditation
2. Exercise with Stick
3. Production of IEC materials including brochures and CD developed to be used with meditation and exercise.

**Why a subject on ‘Healthy and Happiness on the Buddhist Day’ is selected.**

In each village, a role model is already existed that is a chairman of VHV who is also act as a chairman of elderly people club. He/she is capable in implementing and achieving activities.

Most of Master Monk at a temple are elderly people who provide knowledge on health care for both physiological and psychological aspects to villagers who go to a temple every the Buddhist holy day. Elderly people in the village are encouraged to convene for activities to exchange and discuss about various subjects that aims to promote healthy physiological and psychological conditions.

**Aim to develop the ‘Vision’ and ‘Mission’**

To enable elderly people to have a healthy physiological and psychological conditions. The project’s activities can be also expanded to others as well as evaluated for an improvement of the project

### **Activity (Exercise with stick)**

The activity was implemented according to the plan by dividing a VHV team into 4 groups and by recruiting research sample from in total of 9 villages with 30 elderly each village (4 villages). Four venues are selected in each village are:

1. Wat Baan Phan Keang
2. Wat Baan Phoe Chan
3. Wat Baan Kut Reau
4. Wat Baan Phoe Tak

### **Activity (Practice of meditation)**

VHV were arranged to be responsible for each venue and to implement the activities as planned by using produced IEC materials. In addition, Master monk at each temple (venue) also provided any suggestion on health care in the beginning period.

### **Participation of Elderly people in the ‘Healthy and Happiness on the Buddhist Day Project’**

1. All elderly people have participated in the activity ‘meditation’.
2. All elderly people have participated in the activity ‘exercise’.
3. Health personnel in collaboration with elderly VHV have produced brochures and CDs. related to healthy aging
  - Contents in the brochure include knowledge on steps of exercise.
  - Contents in the CD include 3 folk songs in total of 10 minutes-length for the exercise.

### **After the implementation of the project’s activities in the areas Exercise with stick (long stick supporting the exercise)**

Monitoring visits (every Friday) at home and at the elderly club (located in the temple) on the Buddhist holy day were conducted. The monitoring visit checklist

which was designed by the group was used for monitoring the projects activities. Monitoring visit checklist forms were finally sent by VHV to responsible health personnel on a date of 16 every month for further actions.

### **Meditation**

Monitoring visits at the points located in the temple and the questionnaire (monitoring visit form) designed for the group was used.

### **Activity (Meditation)**

The activity ‘meditation’ was implemented according to the plan: four groups were divided and 9 villages were recruited out of 16 villages in the Nangnam sub-district. There are two health centers namely ‘Baan Phan Keang’ and ‘Baan Kut Kae’ where the researcher is currently working were recruited as studied area.

**Baan Phan Keang Health Center:** This health center has had responsible for 9 villages consisting of Moo 3,4,5,6,7,13,14,15,16

**Baan Kut Kae Health Center:**This health center has had responsible for 7 villages consisting of Moo 1,2,8,9,10,11,12

The project was only implemented by Baan Phan Kean Health Center, while Baan Kut Kae Health Center did not implement it. Geographic and culture among those 9 villages are similar. Each village included 30 elderly people and 4 venues were defined as follows:

1. Wat Baan Phan Keang
2. Wat Baan Phoe Chan
3. Wat Baan Kut Reau
4. Wat Baan Phoe Tak

**Expected Benefits**

1. Level of roles of VHV in development of health care of elderly people is increased.
2. Elderly people have a healthy physiological and psychological conditions including self-esteem as well as have lived happily in the society.
3. Every Buddhist holy day, elderly people, VHV and village's members have realized about value of the project and implement the project continuously and sustainable.



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## **CHAPRER III**

### **RESEARCH METHODOLOGY**

This study is a qualitative and quantitative research that aims to assess the satisfaction of elderly people towards the Healthy and Happiness on the Buddhist Day Project and to identify factors affecting the satisfaction of the elderly toward the Healthy and Happiness on the Buddhist Day Project in Baan Phan Keang Health Center where is responsible for in Baan Phan Keang (Moo 3, 4, 15), Baan Phoe Chan (Moo 5, 14, 16), Baan Kut Reau (Moo 7, 13), Baan Phoe Tak (Moo 6) located situated in Nangam sub-district, Selaphum district, Roi-Et province. The following steps were conducted for the research

1. Selection of research population and research sample
2. Development of research tools to collect data
3. Collection of data
4. Analysis of data collected from the research population and research sample by using the statistics.

#### **3.1 Studied Population**

To find out the qualitative data, the research population is entire number (three staff) of public health personnel working in Baan Phan Keang Health Center, Nangam sub-district, Selaphum district, Roi-Et province. The researcher explained thoroughly about details of each step from beginning through the end of the project to those three staff before they decided to voluntarily participate in the project. Interview was conducted based on the questionnaire including in-dept interview questions and the data collected was verified until it can be ensured that there were no other different answers given. For the quantitative data, the research requires 120 elderly people to attend the project as the research population by asking the respondents to provide the data through the questionnaire.

## **Public Health Personnel**

### *Inclusion Criteria*

They can participate in the research, if they

- voluntarily participate in the project
- have worked in the Baan Phan Keang Health Center for more than 6 months

### *Exclusion Criteria*

They will be screening out from the research, if they

- are assigned to relocate their works to other places

## **Elderly People**

### *Inclusion Criteria*

They can participate in the research, if they

- have lived in the research area and voluntarily participated in the project
- are aged between 60 to 79 years old
- do not have any problems of communication
- are not sick with severe diseases

### *Exclusion Criteria*

They will be screening out from the research, if they

- are aged over 80 years
- are physically disable such as deaf, blind, paralyze
- did not live in the research area in 2009



### 3.2 Studied Samples (elderly)

The research sample is 92 elderly people who attended the project in the research area located in Nangam sub-district, Selaphum district, Roi-Et province in 2009.

#### Sampling Technique

Formula by Krejcie and Morgan in 1970 was used (cited in Aekakul, T., 2 2543, as following:

$$n = \frac{x^2 Np (1-p)}{e^2(N-1) + x^2p(1-p)}$$

$n$  = Sample Size

$N$  = Population Size

$e$  = Error allowance

$x^2$  = Chi-square with degree of freedom (df) =% 1 and confidence level of 95% ( $x^2=3.841$ )

$p$  = Portion of interesting characteristics of populations (If not know yet, 'p' is set as 0.5)

$$n = \frac{3.841 \times 120 \times 0.5(1-0.5)}{0.062 (120-1) + 3.841 \times 0.5 (1-0.5)}$$

$n = 92$

The Sample Random Sampling was used to select the research sample by sampling in each village based on the portion calculated by dividing 92 with 4. Therefore, 23 research samples were selected from each village.

### 3.3 Tools used for Data Collection

Tools used for collecting qualitative data are questionnaire including an in-dept interview questions among public health personnel to evaluate about satisfaction of

elderly people towards the project while the tool used to collect quantitative data among elderly people is a questionnaire by asking the sample to provide the answer in the questionnaire. Both tools were developed based on documents, theories, concepts and related researches that the researcher studied through the literature review process.

**Studied Community** (If the day of collection is on ‘Buddhist holy day’)

1. Wat Baan Phan Keang
2. Wat Baan Phoe Chan
3. Wat Baan Kut Reau
4. Wat Baan Phoe Tak

During the data collection, if case the collection day is not on ‘Buddhist holy day’, the data collection was conducted at home.

A training course on data collection was provided to university students who conducted a data collection. The training was organized at Baan Phan Keang Health Center for 1 day. The following details of the training provided:

**Questionnaire used for interview with public health personnel**

**Part 1: General Data on personal characteristics** – to collect a personal data of the sample that includes sex, age, marital status, education level, occupation, income, period of holding a current position and other position’s holding. This part is an open-ended questionnaire that requires the research sample to put (/) in the blank box based on the fact.

**Part 2: In-dept Interview Guideline**– to collect data related to research samples’ suggestions, problems and obstacles found from the Healthy and Happiness on the Buddhist Day Project. Suggestions about activities organized by VHV can be also stated here.

### Questionnaire used for elderly people

**Part 1 – General data on personal characteristics** that include sex, age, marital status, education level, income, health problem, holding a current position, holding of other positions, intensity in participating in the project. The closed-end questions that require the research samples to put (/) in the blank box based on the fact was used.

**Part 2 – Satisfaction level of elderly people towards the Healthy and Happiness on the Buddhist Day Project for three types of activities** which are meditation, exercise and IEC production organized by VHV. The questionnaire rating scale type was used to require the research samples to select answer according to 5 scales. Those scales are highest, high, medium, low and lowest as follows:

Message explaining about -	a positive performing	a negative performing
Highest (Satisfy about 80-100%)	5 points	1 point
High (Satisfy about 60-79%)	4 points	2 points
Medium (Satisfy about 40-59%)	3 points	3 points
Low (Satisfy about 20-39%)	2 points	4 points
Lowest (Satisfy less than 19%)	1 point	5 points

To divide a rating scale for a purpose of interpretation of result, the researcher divided satisfaction into three levels as following:

<i>Satisfaction level</i>	<i>Criteria for interpretation of results</i>
Low (mean score 1.00-2.49)	Score received is less than $\bar{X} \pm SD$
Medium (mean score 2.50-3.49)	Score received is equal as $\bar{X} \pm SD$
High (mean score 3.50-5.00)	Score received is more than $\bar{X} \pm SD$

**Part 3 – Problems/obstacles found during the Healthy and Happiness on the Buddhist Day Project and suggestions on activities** organized village health volunteer can be discovered through the open-ended questionnaire.

### **Validity and Reliability**

In the research, quality of research tools can be ensured through the following steps.

1. Content Validity – the researcher received a support from an advisor and technical officers to verify and give suggestions about contents, correctness, comprehensiveness and appropriateness on rating scale of the research tools.

2. Reliability – the researcher conduct a ‘Try Out’ of the research tools that were revised according to the suggestions from the advisor and technical officers on the content validity, The ‘Try Out’ was taken place among 30 sample in Thoong Kawluang district, Roi-Et province. The data collected was used to determine a ‘confidence level’ by using Cronbach’s alpha coefficient (Srisaard, B., 1992:96). Additionally, efficiency of research tools was concluded by determining its values of discrimination power. The items with the discrimination power from .20 are selected (Uprachai, N., 2000:159) and the reliability of the whole questionnaire is more than .80.

### **3.4 Data Collection**

**Step 1** – the researcher developed and sent a letter to the work related supervisor of the researcher to request for an approval on conducting the research in the research area and also sent another letter to the Thoong Kawluang Provincial Public Health Office to request for an approval on collecting data to try out a questionnaire.

**Step 2** – the researcher explored and developed a name list of public health personnel, elderly people according to the database system of Nangam sub-district, Selaphum district, Roi-Et province.

**Step 3** – the researcher developed and sent a letter on behalf of Public Health Science College, Chulalongkorn University to Selaphum Provincial Public Health Office to request for an approval on data collection.

**Step 4** – the researcher submitted a questionnaire along with a letter to request a collaboration in completing the questionnaire to the targeted health centers. The questionnaire was required to be completed and sent back within 2 week-time. The data collection was performed by a university student who was trained on data collection. The researcher also sent a letter to each involved village head to request an approval on data collection in his/her responsible area and to request them to inform the research sample to be aware of this data collection.

**Step 5** – the researcher verified its completion and correctness of the questionnaires completed by the research sample to screen out the incomplete questionnaire.

**How to use a questionnaire** – those who collected a data asked a question that was not yet answered by using a local language in order to ease communication between the research sample and the collector. This communication would take place when only for those who did not provide a complete answer to every question. Steps of collecting data were explained below:

1. Prior collecting a data, a list of the research sample with particular number was developed and used.
2. When the questionnaire was collected, it was verified for completeness. If some of the questions do not answered, the collector will ask the questions in person to that research sample.
3. The questionnaire was collected for every house selected according to the number. However, if some research samples are not at home or have moved out during the period of data collection, those with the later number will be collected until numbers of the research samples are met as planned.

4. The communication between the research sample/close care taker of the research sample and collector were conducted in case of some of the questions in the questionnaire filled by the research sample were not completed.

### **3.5 Data Analysis and Statistic Methods used for the Research**

#### 1. Preparation of data analysis

1. Verified the completion of the questionnaire in order to receive a complete and correct data
2. Developed a code book
3. Entered all data from the questionnaire into a code book
4. Analyzed the data by using SPSS for windows version 17 and recorded the data found as well as verified the data record
5. Verified the correctness of the data once again

#### 2. Data Analysis

##### *Descriptive Statistics*

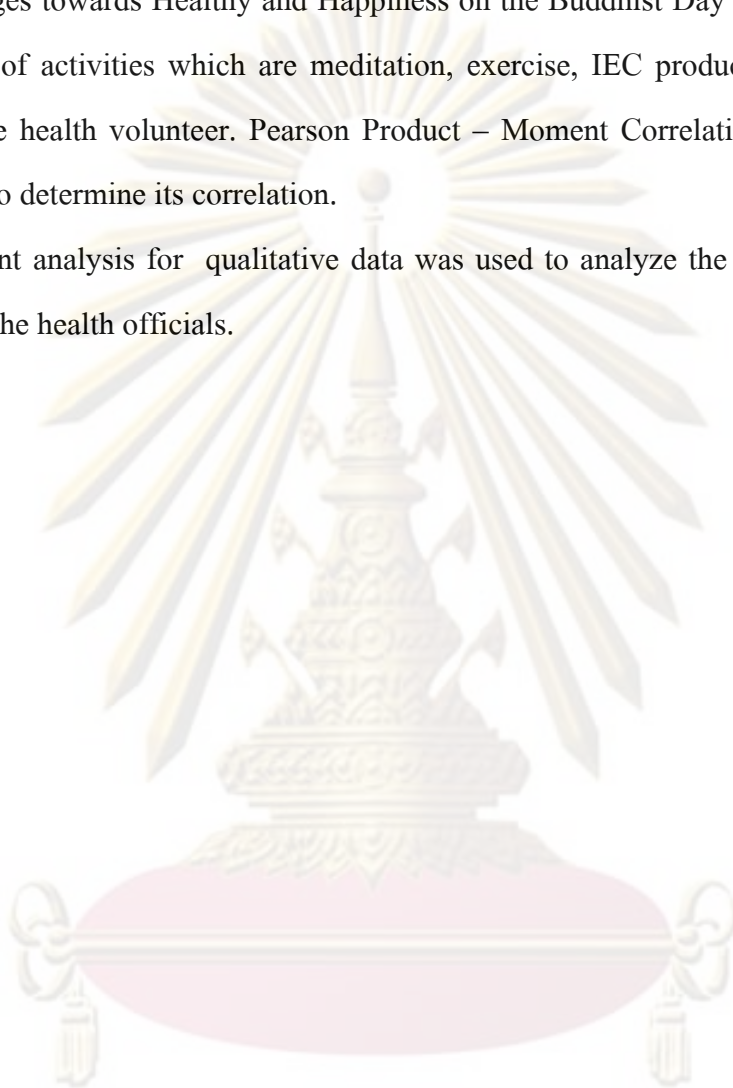
1. Personal characteristics (factors) of elderly people by frequency, percentage, average, standard deviation and minimum and maximum value.
2. Satisfaction level of elderly people towards the Healthy and Happiness on the Buddhist Day Project by percentage, average and standard deviation.
3. Problems/Obstacles and Suggestions of elderly people towards the activities organized by village health volunteer by frequency and percentage.

##### *Analytical Statistics*

1. Comparison on satisfaction level of elderly people by characteristics of population towards Healthy and Happiness on the Buddhist Day Project regarding 3 types of activities which are meditation, exercise, IEC production developed by village health volunteer. Independent sample t-test was used for evaluation of the

comparison in the research area in Nangam sub-district, Salephum district, Roi-Et province in 2009.

2. Comparison on satisfaction level of elderly people by level of accumulated averages towards Healthy and Happiness on the Buddhist Day Project regarding 3 types of activities which are meditation, exercise, IEC production developed by village health volunteer. Pearson Product – Moment Correlation Coefficient was used to determine its correlation.
3. Content analysis for qualitative data was used to analyze the data that gathering from the health officials.



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## **CHAPTER IV**

### **RESULTS**

A research on ‘Satisfaction of Elderly People towards the Healthy and Happiness on the Buddhist Day Project’ in Nangam sub-district, Selaphum district, Roi-Et province was conducted through an in-depth interview, face to face interview using questionnaire. Two sample groups were classified for the research. The first group consisted of 3 public health officials at health center who were evaluated on their satisfaction towards the project through questionnaire, while the second group were 120 elderly people participating in the project who were evaluated through questionnaire on several aspects. The evaluation of the satisfaction towards the project was conducted in Nangam sub-district on December, 2009. The data was collected among 92 elderly (76.6%). The researcher analyzed and concluded the data collected which its results can be explained in the later sections:

#### **4.1 Qualitative study**

##### **Public Health Officials at Health Center (who participated in the project)**

###### **Part 1 – General Characteristics**

All of public health officials at Baan Phan Keang health center, Nangam sub-district, Selaphum district, Roi-Et province were female who worked as a head of health center, a public health technical officer, and a registered nurse aged 32, 42, and 46, respectively. Period of holding a current position were 14, 6, 2 years old, in that order.

**Part 2 – Comments, Problems/obstacles and Solutions/Suggestions** of elderly people on improving the ‘Healthy and Happiness on the Buddhist Da Buddhist holy day Project’



## Comments

1. *For appropriateness of three types of activities which are: meditation, exercise and production of IEC materials, through an interview, it was reported by the three public health officials at Baan Phan Keang health center that ‘all activities are extremely beneficial and proper as those activities can result a good caring for elderly people for both physiological and psychological aspects’.*
2. *For venue for the project activities, from an interview with head of the health center and public health technical officer stated that ‘a temple is a center of faith of people in rural areas and also a place to exchange information on various aspects’, while a registered nurse mentioned that ‘a venue used for the project activities should be a school instead as there is a large sport ground’.*
3. *For an instructor, all of officials at the health center agreed that ‘having Master Monk to teach meditation is considered a good approach as they have specific skills in teaching and for an exercise, an instructor is a trained village health volunteer (VHV)’.*
4. *For an appropriateness of time, all three officials at the health center revealed through an interview that ‘conducting the project activities on the Buddhist holy day gives a most benefit to elderly people in rural areas as they normally go to a temple situated in their village on Buddhist holy day’.*
5. *For advantages received by elderly people regarding participation of the project, all three officials of the health center said that ‘the project is considered an advantageous intervention as it can provide a care in both physiological and psychological aspects’.*

## Problems/Obstacles

Problems/obstacles found in participating in the ‘Healthy and Happiness on the Buddhist Day Project’ can be summarized as below:

1. A body movement of elderly people is slow such as getting up, standing up, sitting and walking.
2. A memory of elderly people is poor (Dementia) such as they cannot memorize a posture for an exercise with stick, as a result; the postures of exercise are performed oppositely.
3. A stereo speaker cannot be turned up to the level that can be loud enough for elderly people to hear. Since the enough loud-level will disturb monks who require a peaceful environment to practice the dharma in a temple
4. Although a temple is a good place for an exercise as it is a center of faith of villagers, however; some temples are limited with condition of playground as they are full of trees that are not convenient for an exercise with stick.
5. Numbers of officials at the health center are insufficient as there are only 3 public health officials.
6. Lack in budget for provision of food and herbal drink after an exercise as well as for rewards or costumes used in a competition for elderly people.

## Solutions/Suggestions

To resolve problems/obstacles in improving the ‘Healthy and Happiness on the Buddhist Day Project’, the following Solutions/Suggestions should be followed.

1. During an exercise, VHV must provide a close care and instruction for elderly people to perform each posture of exercise slowly.
2. A brochure and CD is used along with instruction provided for meditation and exercise. In the brochure, it contains knowledge of steps and benefits of/from exercise, while in CD it contains folk songs to use with an exercise

with stick. In addition to that, at the end of both sides of a stick, it should be marked with a tuft in red on left side, while yellow on right side. With these tufts, elderly people will be able to notice when they perform wrongly and later they can change it for correctness and disciplines of an exercise.

3. A budget from a local organization to find a proper venue for an exercise should be arranged. Since, some temple's playgrounds are covered with lots of tree which is not convenient for elderly people to exercise with stick.
4. As there are only 3 officials in the health center, VHV should be intensively trained on provision of care for elderly people to provide mutual support to the three health officials.
5. A work plan and budget for conducting activities for elderly people should be developed to request a financial support from Tambon Administration Organization (TAO).

## 4.2 Quantitative Study

### Elderly People (who participated in the project)

The data collected was analyzed by using *Statistical* Package for the Social Sciences (SPSS) which its results can be described through the following sections:

**Part 1:** General characteristics

**Part 2:** Satisfaction towards the project

**Part 3:** Analysis of factors influencing general characteristics of the subjects in the Healthy and Happiness on the Buddhist Day Project and the level of satisfaction towards the Project Activities.

**Part 4:** Problems/obstacles and Solutions/Suggestions.

## Part 1 – General Characteristics

*Table 1 – Numbers and Percentage of General Characteristics of Elderly People*

Population's Characteristics	Number( n = 92 )	Percentage
<b>Sex</b>		
Male	33	35.9
Female	59	64.1
<b>Age</b>		
60-69 years old	56	60.9
70-79 years old	36	39.1
Average Age ( X ) = 69.65 years old		
Age Range (min.-max.) = 64-79 years old		
<b>Status</b>		
Single	5	5.4
Married	50	54.3
Widow/Divorced/Separated	37	40.2
<b>Education Level</b>		
Primary School	89	96.7
Secondary School	2	2.2
Bachelor	1	1.1
<b>Average Monthly Income</b>		
Less Than or Equal as Baht500	58	63
From Baht501 – 1,000	6	6.5
From Baht1001 – 2,000	20	21.7
More Than Baht2,000	8	8.7
<b>Membership of Elderly Club</b>		
A member of Elderly Club	89	96.7
Not a member of Elderly Club	3	3.3

<b>Population's Characteristics</b>	<b>Number( n = 92 )</b>	<b>Percentage</b>
<b>Social Status</b>		
Village Health Volunteer	10	10.8
TAO member	3	3.3
Community Leader	6	6.5
Others (a member of elderly club)	73	79.3
<b>Chronic Disease (including chronic dis.)</b>		
No	67	72.8
Yes	25	27.2
<b>Frequency of participating in the project activities</b>		
2 times/month	4	4.3
3 times/month	20	21.7
4 times/month	68	73.9
<b>Source of Information</b>		
From Health Centre	19	20.7
From Village Health Volunteer (VHV)	70	76.1
From self-study	3	3.3

**Table 1** indicates that majority of research samples are female (64.1%), while 35.9 percent are male. About 60.9 percent of all are aged between 60-69 years old and following group is over 70 year old which is found as 39.1 percent of all. Average age of all is 69.65 year old. More than 50 percent (54.3%) are married, on the other hand; widow/divorced/separated is 40.2 percent. For education level, most of them (96.7%) completed a primary school and only 2.2 percent finished a secondary school. In addition to that, about 1.1 percent of them graduated with bachelor degree. An average monthly income of the research samples being less than or equal as Baht500 is found among the 63 percent of the research sample, while between Baht1,001 - 2,000 are for

another 21.7 percent of them. Almost all of them (96.7%) are members of elderly club, while another 3.3 percent are not. For other types of social status, almost 80 percent (79.3%) of them are members of elderly club while 10.8 percent are VHV. In addition, about 6.5 percent and 3.3 percent are community leaders and TAO members, respectively. 72.8 percent of them have chronic disease and the rest do not. For frequency of participating in the activities, over 70 percent (73.9%) participate in the activities for 4 times per month, while 21.7 percent and 4.3 percent for 3 and 2 times per month, respectively. More than 75 percent (76.1%) receive information from VHV, while 20.7 percent and 3.3 percent receive information from the health center and self-study, in that order.

**Table 2: Average, Standard Deviation, Satisfaction Level towards the Project Activities**

<b>Satisfaction towards Participation in the Project</b>	<b>X</b>	<b>SD</b>	<b>Level</b>
1. Satisfaction of elderly people towards activity on meditation that is instructed by VHV and Master Monk at a temple.	3.78	.70	High
2. Satisfaction of elderly people towards a venue regarding participation of the project activities.	3.87	.71	High
3. Satisfaction of elderly people towards length of time for meditation (30 minutes) that is instructed by VHV.	3.91	.88	High
4. Satisfaction of elderly people towards an activity on exercise with stick and CD songs that is instructed by VHV.	3.96	.78	High
5. Satisfaction of elderly people towards an activity on exercise with stick and CD songs that is instructed by public health official.	3.85	.71	High
6. Satisfaction on support in the aspects of finance, supplies, equipments (brochure) for the project.	3.98	.79	High
7. Satisfaction on support in the aspects of finance, supplies, equipments (CD) for the project	3.92	.68	High

<b>Satisfaction towards Participation in the Project</b>	<b>X</b>	<b>SD</b>	<b>Level</b>
8. Satisfaction on support in the aspects of finance, supplies, equipments (stick) for the project	3.79	.79	High
9. Satisfaction on quantity of activities each month (every Buddhist holy day or 4 times/month)	3.99	.68	High
10. Satisfaction on knowledge about meditation that is instructed by VHV and Master Monk	3.96	.55	High
11. Satisfaction on knowledge about exercise that is instructed by VHV	4.02	.66	High
12. Satisfaction on knowledge about exercise that is instructed by public health official	4.13	.55	High
13. Satisfaction on knowledge described in the brochure with instruction of VHV	3.85	.71	High
14. Satisfaction on a project performance in the community			
15. Satisfaction on working performance of VHV who gives instructions on meditation according to the project's work plan	3.98	.79	High
16. Satisfaction on working performance of VHV who gives instructions on exercise according to the project's work plan	3.92	.68	High
17. Satisfaction on working performance of VHV who distribute brochures according to the project's work plan	3.79	.79	High
18. Satisfaction on working performance of VHV who conduct a monthly home visit according to the project's work plan.	3.99	.68	High
19. Satisfaction on advertisement through a household radio in the community	3.96	.55	High
20. Satisfaction on your participation throughout the project.	4.02	.66	High
	4.13	.55	High
<b>An average overall satisfaction</b>	<b>3.96</b>	<b>.49</b>	<b>High</b>

**Table 2** indicates that an average overall satisfaction is at high level. An average of satisfaction on knowledge about exercise instructed by public health official is at 4.13 as same as satisfaction on your participation throughout the project. The second rank is satisfaction on knowledge about exercise instructed by VHV with an average of 4.02 as same as satisfaction on advertisement through a household radio in the community. The later ranks are satisfaction on quantity of activities each month (every Buddhist holy day or 4 times/month) with an average of 3.99 as same as satisfaction on working performance of VHV who distribute brochures according to the project's work plan.

**Table 3: Satisfaction Level towards the Project Activities**

<b>Satisfaction towards Participation in the Project</b>	<b>X</b>	<b>SD</b>	<b>Level</b>
1. Satisfaction of elderly people towards activity on meditation that is instructed by VHV and Master Monk at a temple.	3.78	.70	High
2. Satisfaction of elderly people towards an activity on exercise with stick and CD songs that is instructed by VHV.	3.96	.78	High
3. Satisfaction of elderly people towards an activity on exercise with stick and CD songs that is instructed by public health official.	3.85	.71	High
<b>An average overall satisfaction</b>	<b>3.86</b>	<b>.73</b>	<b>High</b>

**Table 3** Satisfaction of elderly people towards an activity on exercise with stick and CD songs that is instructed by VHV (3.96) activity on exercise with stick and CD songs(3.85) activity on meditation (3.78) reported that they had a high satisfaction level.



**Part 2: Satisfaction Level of Research Samples from the beginning through the end of the project (question # 20)**

*Table 4 : Numbers of Satisfaction of Research Samples*

Question	Level of Satisfaction				
	Lowest	Low	Medium	High	Highest
	(1)	(2)	(3)	(4)	(5)
<b><i>Satisfaction towards Implementation Procedures of the Healthy and Happiness on the Buddhist Day Project in the Past One Year.</i></b>					
1. Please rate your satisfaction level with 'meditation' that is instructed by VHV and Master Monk at a temple.		4 (4.3)	23 (25.0)	54 (58.7)	11 (12.0)
2. Please rate your satisfaction level with 'venue' (temple) used for the project activities.		6 (6.5)	12 (13.0)	62 (67.4)	12 (13.0)
3. Please rate your satisfaction level with 'length of time for meditation' (30 minutes) that is instructed by VHV.		6 (2.5.)	22 (23.9)	38 (41.5)	26 (28.3)
4. Please rate your satisfaction level with 'exercise with stick and CD songs' that is instructed by VHV.		3 (3.3)	21 (22.8)	45 (48.9)	23 (25.0)
5. Please rate your satisfaction level with 'exercise with stick and CD songs' that is instructed by public health official.		3 (3.3)	22 (23.9)	53 (57.6)	14 (15.2)
6. Please rate your satisfaction level with financial support and material (brochure) for the project.		3 (3.3)	21 (22.8)	43 (46.7)	25 (27.2)

Question	Level of Satisfaction				
	Lowest (1)	Low (2)	Medium (3)	High (4)	Highest (5)
7. Please rate your satisfaction level with ‘support’ in the aspects of finance, supplies, equipments (CD) for the project.		2 (2.2)	19 (20.7)	55 (59.8)	16 (17.4)
8. Please rate your satisfaction level with ‘support’ in the aspects of finance, supplies, equipments (stick) for the project.			28 (30.4)	43 (46.7)	17 (18.5)
9. Please rate your satisfaction level with ‘quantity of activities each month’ (every Buddhist holy day or 4 times/month)			22 (23.9)	49 (53.3)	21 (22.8)
10. Please rate your satisfaction level with knowledge about meditation that is instructed by VHV and Master Monk.			16 (17.4)	64 (69.6)	12 (13.0)
11. Please rate your satisfaction level with knowledge about exercise that is instructed by VHV.	1 (1.1)	15 (16.3)	55 (59.8)	20 (21.7)	1 (1.1)
12. Please rate your satisfaction level with knowledge about exercise that is instructed by public health official			9 (9.8)	62 (67.4)	21 (22.8)
13. Please rate your satisfaction level with knowledge described in the brochure with instruction of VHV		4 (4.3)	23 (25.0)	54 (58.7)	11 (12.0)
14. Please rate your satisfaction level with project performance in the community.		6 (6.5)	12 (13.0)	62 (67.4)	12 (13.0)

Question	Level of Satisfaction				
	Lowest (1)	Low (2)	Medium (3)	High (4)	Highest (5)
15. Please rate your satisfaction level with working performance of VHV who gives instructions on meditation according to the project's work plan		6 (6.5)	22 (23.9)	38 (41.3)	26 (28.3)
16. Please rate your satisfaction level with working performance of VHV who gives instructions on exercise according to the project's work plan		3 (3.3)	21 (2.8)	45 (48.9)	23 (25.0)
17. Please rate your satisfaction level with working performance of VHV who distribute brochures according to the project's work plan		3 (3.3)	22 (23.9)	53 (57.6)	14 (15.2)
18. Please rate your satisfaction level with working performance of VHV who conduct a monthly home visit according to the project's work plan.		3 (3.3)	21 (22.8)	43 (46.7)	25 (27.2)
19 Please rate your satisfaction level with advertisement through a household radio in the community.		2 (2.2)	19 (20.7)	55 (59.8)	16 (17.4)
20. Please rate your satisfaction level with your participation throughout the project.		4 (4.3)	28 (30.4)	43 (46.7)	17 (18.5)

**Table 5 : Numbers, Percentage and Level of Satisfaction of Research Samples**

Level of Satisfaction	Number	Percentage
Highest (scores= 80- 100%)	21	22.8
High (scores= 60- 79%)	62	67.4
Medium (scores= 40- 59%)	9	9.8
Low (scores= 20- 39%)	-	-
Lowest (scores= 0- 29%)	-	-
<b>Total</b>	<b>92</b>	<b>100</b>

**Table 5** indicates that 63 research samples (67.4%) reported that they had a high satisfaction level, while about 22.8% (21 cases) of them showed a highest level of satisfaction towards the project.

### **Part 3: An association between Satisfaction Level and General Characteristic Factors of Elderly People towards the Project**

**Table 6: A Correlation between Satisfaction Level and General Characteristics of Elderly People**

General Characteristic	Satisfaction level (n=92)			df	$\chi^2$	P - value
	Medium (3)	High (4)	Highest (5)			
<b>Sex</b>						
Male	2(2.2%)	24(24%)	7(7.6%)	2	1.005	.605
Female	7(7.6%)	38(38%)	14(15.2%)			

General Characteristic	Satisfaction level (n=92)			df	$\chi^2$	P - value
	Medium (3)	High (4)	Highest (5)			
<b>Age</b>						
60-69 year old	6(6.5%)	33(35.9%)	17(18.5%)			
70-79 year old	3(3.3%)	29(31.5%)	4(4.3%)			
<b>Marital Status</b>						
Single	-	4(4.3%)	1(1.1%)			
Married	6(6.5%)	35(38%)	9(9.8%)			
Widow/Divorced/Separated	3(3.3%)	23(25%)	11(12%)			
<b>Education Level</b>						
Primary School	9(9.8%)	59(64.1%)	21(22.8%)			
Secondary School	-	2(2.2%)	-			
Bachelor Degree	-	1(1.1%)	-			
<b>Average Monthly Income</b>						
Less Than or Equal as Baht500	6(6.5%)	38(41.3%)	14(15.2%)			
From Baht501 – 1,000	2(2.2%)	3(3.3%)	1(1.1%)			
From Baht1001 – 2,000	1(1.1%)	15(16.3%)	4(4.3%)			
More Than Baht2,000	-	6(6.5%)	2(2.2%)			
<b>Chronic Disease</b>						
No	3(3.3%)	47(51.1%)	17(18.5%)	2	8.072	.018
Yes	6(6.5%)	15(16.3%)	4(4.3%)			

General Characteristic	Satisfaction level (n=92)			df	$\chi^2$	P - value
	Medium (3)	High (4)	Highest (5)			
<b>Frequency of participating in the activities</b>						
1 times/month	1(1.1%)	3(3.3%)	-			
2 times/month	3(3.3%)	13(14.1%)	4(4.3%)			
3 times/month	5(5.4%)	46(50%)	17(18.5%)			
4 times/month						
<b>Source of Information</b>						
From Health Centre	-	27(18.5%)	2(2.2%)			
From Village Health Volunteer (VHV)	9(9.8%)	42(45.7%)	19(20.7%)			
From self-study	-	-	-			
	-	3(3.3%)	-			

**Table 6** indicates through using Chi-square test, personal factors of the research samples which are sex; age; marital status; education level; monthly income; continental disease; frequency in participating the activities; and source of information are associated with satisfaction level of elderly people towards the project at the 95% ( $P - value = 0.018$ ) confidence level. On the other hand, there was no difference in mean value on the correlation between those personal factors and satisfaction level of elderly people towards the project.

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**Part 4: Problems/Obstacles and Solutions/Suggestions**

<b>Problems/Obstacles</b>	<b>Solutions/Suggestions</b>
<p><b>1. Meditation</b></p> <p>4.3 percent of the research samples reported an unproductive instruction session by VHV.</p> <p><b>2. Exercise</b></p> <p>3.3 percent of the research samples were found with a problem of poor memory in conducting a posture of exercise correctly.</p> <p><b>3. Provision of CD and Brochure</b></p> <p>CD and brochures are worn out.</p>	<p><b>1. Meditation</b></p> <p>The session should be instructed by Master Monk who is skillful in teaching.</p> <p><b>2. Exercise</b></p> <p>At the end of both sides of a stick, it should be marked with a tuft in red on left side, while yellow on right side. With these tufts, elderly people will be able to notice when they perform wrongly and later they can change it for correctness and disciplines of exercise</p> <p><b>3. Provision of CD and Brochure</b></p> <p>The CD and brochure should be produced more and distribute with free of charge by requesting a financial support from TAO.</p>

## CHAPTER V

### CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS

A research on ‘Satisfaction of Elderly People towards the Healthy and Happiness on the Buddhist Day Project’ in Nangam sub-district, Selaphum district, Roi-Et province was conducted in order to find out about satisfaction of elderly people towards ‘Healthy and Happiness on the Buddhist Day Project’ and to study about factors influencing satisfaction of elderly people toward the project.

First group of the research sample consisted of 3 public health officials working at Baan Phan Keang Health Center located in Nangam sub-district, Selaphum district, Roi-Et province. The tool used to collect data from the first group is an in-dept interview guidelines, while another is questionnaire used for the second group consisting of 92 elderly people. In total of 3 and 92 questionnaires were collected from the first and second group of the research samples, respectively.

#### 5.1 Conclusions

Based on analysis of general characteristics of public health officials at Baan Phan Keang Health Center, Nangam sub-district, Selaphum district, Roi-Et province, it was found that all of three officials are female aged between 36 to 46 yearold. These three government officials include a head of the health center; a public health technical officer and a registered nurse and their period of holding such positions are ranged from 2 to 14 years old

**Comments, Problems/obstacles and Solutions/Suggestions** of elderly people on improving the ‘Healthy and Happiness on the Buddhist Day Project’ are explained below:



### Comments

**For the project activities** which are: meditation, exercise and production of IEC materials, through an interview, it was reported by all public health officials at Baan Phan Keang Health center that ‘all activities are extremely beneficial and proper as those activities can result a good caring for elderly people for both physiological and psychological aspects’. **For venues of the project activities**, two of three public health officials stated that ‘a temple is a center of faith of people in rural areas and also a place to exchange information on various aspects’. However, another one mentioned that ‘a venue used for the project activities should be a school. **For an instructor**, all of officials agreed that ‘having Master Monk to teach meditation is considered a good approach as they have specific skills in teaching. For an exercise, an instructor is a trained village health volunteer (VHV)’. **For an appropriateness of time**, the finding revealed that ‘conducting the project activities on the Buddhist holy day gives a most benefit to elderly people in rural areas. **For advantages received by elderly people regarding participation of the project**, all the subjects said that ‘the project is considered an advantageous intervention as it can provide a care in both physiological and psychological aspects’.

### Problems/Obstacles

Problems/obstacles found in participating in the ‘Healthy and Happiness on the Buddhist Day Project’ of elderly people are divided in to 3 parts : 1) problem of elderly (especially physiological problem of the elderly groupse.g. slow movement, dementia etc.) , 2 venue for the activities ( limited space for exercise) and 3) shortage of health personal and VHV. For resovled the above mentioned, a work plan and budget for conducting activities for elderly people should be developed to request a financial support from Tambon Administration Organization (TAO).

In terms of assessment of the elderly's satisfaction towards the project, it was found that 64.1 percent of the subjects are female and range of age for all are between 64-79 year old. Almost hundred percent (96.7%) completed a primary school. 63 percent of them had average income less than or equal as Baht500. Almost 80 percent (72.8%) of them have chronic disease such as diabetes mellitus, hypertension. For frequency of participating in the activities, over 70 percent (73.9%) participate in the activities for 4 times per month, while 21.7 percent for 3 times per month. More than 75 percent (76.1%) receive information from VHV, while 20.7 percent receive information from the health center.

### **Satisfaction of elderly people towards the Healthy and Happiness on Buddhist**

#### **Day Project**

The findings revealed that all subjects have had high level of satisfaction towards 1) activity on meditation instructed by VHV and Master Monk, 2 ) a venue (temple) regarding participation of the project activities, 3) length of time for meditation (30 minutes) that is instructed by VHV, 4) an activity on exercise with stick and CD songs that is instructed by VHV, 5) an activity on exercise with stick and CD songs that is instructed by public health official, 6) support in the aspects of finance, supplies, equipments (brochure) for the project, 7) support in the aspects of finance, supplies, equipments (CD) for the project, 8) support in the aspects of finance, supplies, equipments (stick) for the project, 9) quantity of activities each month (every Buddhist holy day or 4 times per month), 10) knowledge about meditation that is instructed by VHV and Master Monk, 11) knowledge about exercise that is instructed by VHV , 12)

knowledge about exercise that is instructed by public health official, 13) knowledge described in the brochure with instruction of VHV, 14) a project performance in the community, 15) working performance of VHV who gives instructions on meditation according to the project's work plan, 16) working performance of VHV who gives

instructions on exercise according to the project's work plan, 17) working performance of VHV who distribute brochures according to the project's work plan, 18) working performance of VHV who conduct a monthly home visit according to the project's work plan, 19) advertisement through a household radio in the community and 20) research samples' participation throughout the project.

### **Factors associated satisfaction of elderly people towards the Healthy and Happiness on Buddhist Day Project**

Through data analysis, it is revealed that in general 'chronic disease' is associated with satisfaction level of elderly people towards the project. For example, samples with diabetes mellitus/hypertension/other chronic diseases are correlated with participating in the project activities. Such result is also previously found by Atchara Chingrom and Thaninrat Ratanapongpinyo (2008) who stated that health related factors have an influence on needs of elderly people to perform works after a retirement.

## **5.2 Discussions**

Through data analysis and summary for an evaluation on satisfaction of elderly people towards the Healthy and Happiness on the Buddhist Day Project in Nangam sub-district, Selaphum district, Roi-Et province, the following comments and solutions/suggestions raised by the research samples:

### **Comments from public health officials at Baan Phan Keang Health Center, Nangam sub-district, Selaphum district, Roi-Et province**

*Comments on appropriateness of the project activities* (meditation, exercise, production of IEC materials) – all activities are extremely beneficial and proper as those activities can result a good caring for elderly people for both physiological and

psychological aspects. This comment is in accordance with a study result discovered by Sumida Keawthin (2004) who concluded that factors influencing a tension of elderly people in elderly club, Saan Primary Care Unit (PCU), Wieang Sa district, Nan Province. And not consistent with the findings of Somporn Jaismut (2004) Self-care behavior and quality of life of the elderly in Ladkabang.

who Concluded that the majority of the elderly. Behavior in the exercise 3 days per week basis 76.5 % However, elderly project 1 day per week.

*Comments on venue (temple) for the project activities* – a temple is a center of faith of people in rural areas and also a place to exchange information on various aspects.

*Comments on a meditation session instructed by VHV and Master Monk* – the activity session is successful as it is instructed by trained VHV and Master Monk who specific skills in teaching.

*Comment on appropriate of time for conducting the project activities* - conducting the project activities on the Buddhist holy day (at least 4 times/month) gives a most benefit to elderly people in rural areas as they normally go to a temple situated in their village on Buddhist holy day'. In a month, a Buddhist holy days are on the the 8<sup>th</sup> and 15<sup>th</sup> day of waxing moon (Kuen 8 and 15 Kumm), 8<sup>th</sup> and 15<sup>th</sup> day of a waning moon (Raem 8 and 15 Kumm. Note: the waxing moon - from new moon to full moon, while the waning moon - from full moon to new moon.

*Comment on advantages of the Healthy and Happiness on the Buddhist Day Project received by elderly people* – the project is very advantageous for improvement on both physiological and psychological aspects of elderly people as they are happy when doing meditation and become physiological healthy when doing a regular exercise.

*Comment on problems/obstacles found in the project* – issues of a slow body movement and a poor memory of elderly people are found during the project. As a

result, there is a need for VHV to encourage or instruct them slowly to perform the postures of exercise correctly.

*Comment on 30 minutes taken for meditation* – quantity of time used for mediation at each time is appropriate.

*Comment on 30 minutes taken for an exercise* – quantity of time used for an exercise at each time is appropriate as first 5 minutes are used for warming up the body. The later 20 minutes are used for exercising with stick and the last 5 minutes for relaxing the body by stretching muscle.

*Comment on use of brochure and CD for meditation and exercise* - a brochure consists of knowledge on steps and benefits of/from exercise, while CD is recorded with folk songs used for exercise with stick.

*Comment on a project intervention* – the project went well although there was a problem of not memorizing postures of exercise in the beginning of the project. However, VHV slowly provides an instruction, so the elderly people can memorize and perform the postures correctly.

### **Satisfaction of elderly people towards the Healthy and Happiness on the Buddhist Day Project**

The research sample showed a high level of satisfaction on the following aspects due to particular problems as explained below:

1. *On aspect of the project activities* – Meditation instructed by Master Monk is a good activity. For an exercise with stick, there was a problem of not memorizing a posture of exercise occurred initially, but later such problem was ended. For production of IEC materials by public health officials and VHV, the problem of financial support from TAO was not found.
2. *On aspect of venue for the project activities* – Majority of villagers are Buddhist as a temple a viewed as a center of faith for them.

3. *On aspect of time for conducting the project activities* – As most of villagers always go to a temple situated in the village to make a merit 4 times/month on the Buddhist holy day.
4. *On aspect of instructor for the project activities* – There was no problem shown as the activities are instructed by VHV who are trained theoretically and practically and skillful Master Monk.
5. *On aspect of IEC materials* – The research sample most receive IEC materials and knowledge from VHV as they are close and responsible in caring villagers in their responsible areas.
6. *On aspect of home visit* – VHV conducts a home visit and reports a progress to the health center every month.

### **5.3 Recommendations**

5.3.1 *Recommendation for the project* on roles of public health officials for improving the project as follows:

1. Public health officials should develop a monitoring and support activities to be taken at least 2 times/month to encourage elderly people and VHVs in their responsible areas to stay healthy and continue their works.
2. Public health officials should request additional financial support from TAO.
3. Public health officials should develop a working team or strengthen a network in order to provide mutual support to their works at the health center as there are only 3 officials at one center.
4. Public health officials should organize an annual competition to find a best elderly people club, so the clubs can be encouraged and alerted to continue and sustain their activities.

### 5.3.2 Recommendation on the next research

- A study on the advantages of the Healthy and Happiness on the Buddhist Day Project should be conducted continuously.
- In addition to that, a study on health improvement of elderly should be also conducted among various groups that involve with them such as care giver , VHV, and others. Information that will be found among different types of group can be useful in developing a better effective plan for improving healthy aging.



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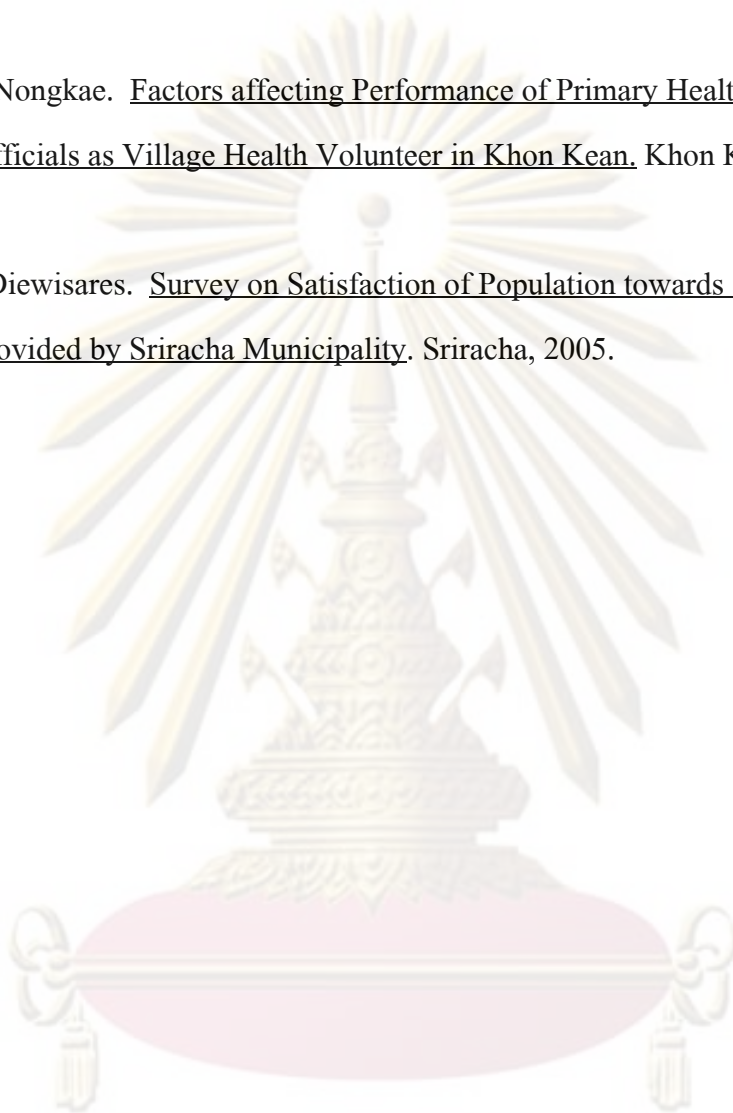
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ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



APPENDIX

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

Questionnaire Number .....

**Questionnaire Including In-depth Interview Questions****(For public health official)**

**Subject:** Evaluation on Satisfaction of Elderly People towards the 'Healthy and Happiness on Buddhist Day Project' in Nangam sub-district, Selaphum district, Roi-Et province.

**To:** All Questionnaire Respondents

This questionnaire was developed to use for an independent study as part of development of capacity of officials at Baan Phan Keang Health Center, Nangam sub-district, Selaphum district, Roi-Et province. The data received through this questionnaire is significant to be utilized for development of health care interventions for populations residing in Nangam sub-district, Selaphum district, Roi-Et province. The data collected from this questionnaire will be kept confidentially by the researcher. The result analysis will be shown as overall picture, thus there will not be any effects for respondents.

Therefore, please provide the data through the questionnaire based on the fact. The questionnaire is divided into 2 parts as below:

Part 1 General Data

Part 2 Comments, Problems/Obstacles, Solutions/Suggestions for the Health and Happiness on the Buddhist Day Project (Open-Ended Questions)

**Thank you for your collaboration**

Mrs. Wannee Jamparkan

Researcher

2009

**Part 1** General Data

- 1. Sex  Male  Female
- 2. Age.....years
- 3. Office Location  Health Center  District Public Health Office
- 4. Profession  Doctor  Registered Nurse  Technical Nurse  
 Nursing Staff  Dentist  
 Dental Nurse  Pharmacist  
 *Pharmaceutical* Assistant  Public Health Technical Office  
 *Public Health* Officer  Thai Traditional Medical Doctor  
 Other, please specify.....
- 5. Type of Profession  Government Official  Government Employee  
 Temporary Staff  Permanent Staff
- 6. Types of Holding Position  Executive  Operational Staff
- 7. Years of Holding a Current Position..... years  
(More than 6 months in the latest year can be counted as 1 year)
- 8. Years of Working from the Beginning to the Current.....years

**Part 2** Comments, Problems/Obstacles and Solutions on Improving for the  
‘Healthy and Happiness on the Buddhist Day Project’

1. Do you think that the meditation, exercise, and production of IEC materials as part of the ‘Healthy and Happiness on the Buddhist Day Project’ are suitable for elderly people residing in your responsible area? Please give an explanation and suggestion for improvement:

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2. Do you think that the temple is appropriate venue for conducting the project activities? Please give an explanation and suggestion for improvement:

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3. Do you think that Village Health Volunteer (VHV) and Master Monk at the temple are skillful in functioning as an instructor of the project activities? Please give an explanation and suggestion for improvement:

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4. Do you think that conducting the project activities on every Buddhist Holy Day is appropriate? Please give an explanation and suggestion for improvement:

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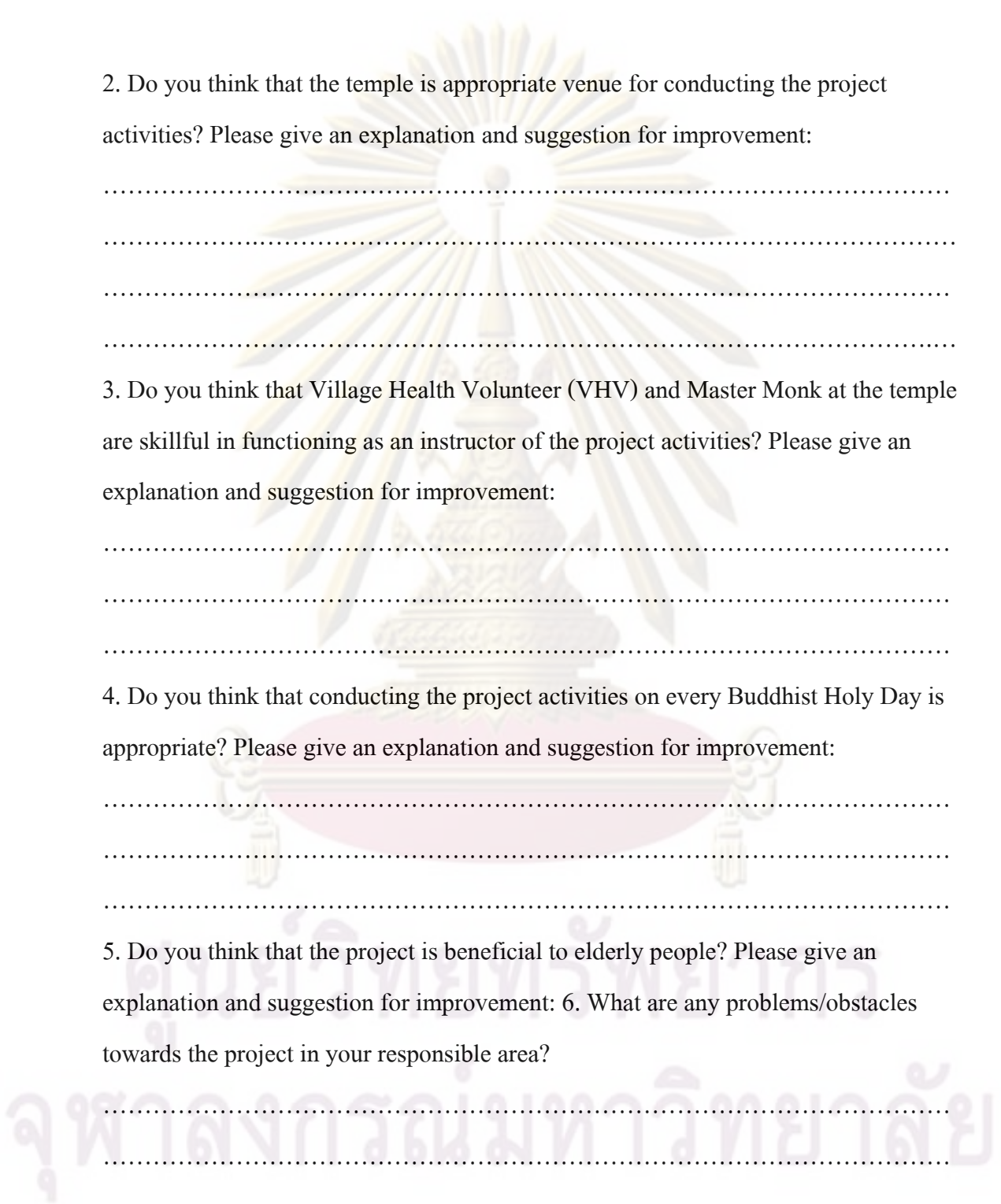
5. Do you think that the project is beneficial to elderly people? Please give an explanation and suggestion for improvement: 6. What are any problems/obstacles towards the project in your responsible area?

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7. Do you think that the 30 minutes-meditation as part of the project activities is appropriate? Please give an explanation and suggestion for improvement:

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8. Do you think that 30 minutes-exercise with stick performed by elderly people is appropriate? Please give an explanation and suggestion for improvement:

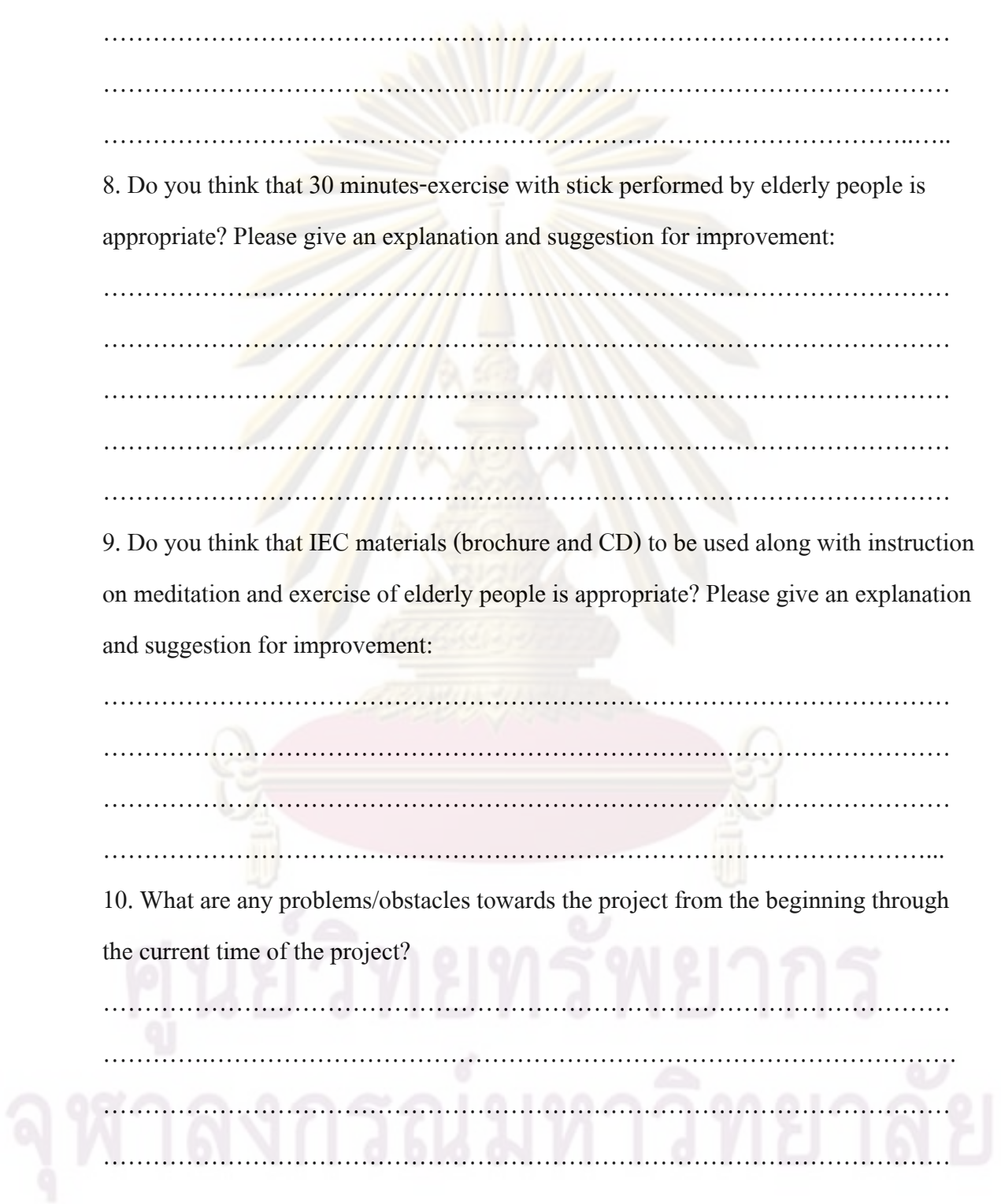
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9. Do you think that IEC materials (brochure and CD) to be used along with instruction on meditation and exercise of elderly people is appropriate? Please give an explanation and suggestion for improvement:

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10. What are any problems/obstacles towards the project from the beginning through the current time of the project?

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**Attachment # 2**

Questionnaire number.....

**Questionnaire****(For Elderly People)**

**Subject:** Evaluation on Satisfaction of Elderly People towards the ‘Healthy and Happiness on Buddhist Day Project’ in Nangam sub-district, Selaphum district, Roi-Et province.

**To:** All Questionnaire Respondents

This questionnaire was developed to use for an independent study as part of development of capacity of officials at Baan Phan Keang Health Center, Nangam sub-district, Selaphum district, Roi-Et province. The data received through this questionnaire is significant to be utilized for development of health care interventions for populations residing in Nangam sub-district, Selaphum district, Roi-Et province. The data collected from this questionnaire will be kept confidentially by the researcher. The result analysis will be shown as overall picture, thus there will not be any effects for respondents.

Therefore, please provide the data through the questionnaire based on the fact. The questionnaire is divided into 3 parts as below:

- |  |              |
|--|--------------|
| <u>Part 1</u> General Data   | 10 questions |
| <u>Part 2</u> Satisfaction of Elderly People towards the Healthy and Happiness on the Buddhist Day Project   | 20 questions |
| <u>Part 3</u> Comments, Problems/Obstacles, Solutions/Suggestions for the Healthy and Happiness on the Buddhist Day Project (Open-Ended Questions) |              |

**Thank you for your collaboration**

Mrs. Wannee Jamparkan

Researcher

2009

**Part 1**      General Data

1. Sex       Male       Female
2. Age.....years
3. Marital Status       Single       Married       Widow/Divorced/Separated
4. Highest Education Level       Primary school       Secondary school  
 Diploma       Bachelor  
 Higher than Bachelor       others.....
5. Monthly income.....Baht/month
6. Membership of Elderly Club       Yes       No
7. Social Status       VHV       TAO member  
 Community Leader such as 'Kamnun' (Head of group of villages), Village headman, Assistant village headman       Others (a member of elderly club)
8. Do you have any chronic disease?  
 No       Yes      Please specify.....
9. Frequency of participating in the activities  
 1 time/month       2 times/month  
 3 times/month       4 times/month
10. During the past 1 year, did you ever receive information or IEC materials related to the project?  
 Yes, please specify from which source:  
 Health Center  
 Other organizations (please specify) .....  
 Village Health Volunteer (VHV)  
 Neighbor  
 Self-Study  
 No

**Part 2** Satisfaction of Elderly People toward the Healthy and Happiness  
on the Buddhist Day Project

**Explanation:** Please read and mark ‘✓’ in the box where you think your level of satisfaction on each question is.

Question	Level of Satisfaction				
	Lowest (1)	Low (2)	Medium (3)	High (4)	Highest (5)
<b><i>Satisfaction towards Implementation Procedures of the Healthy and Happiness on the Buddhist Day Project in the Past One Year.</i></b>					
1. Please rate your satisfaction level with ‘meditation’ that is instructed by VHV and Master Monk at a temple.					
2. Please rate your satisfaction level with ‘venue’ (temple) used for the project activities.					
3. Please rate your satisfaction level with ‘length of time for meditation’ (30 minutes) that is instructed by VHV.					
4. Please rate your satisfaction level with ‘exercise with stick and CD songs’ that is instructed by VHV.					
5. Please rate your satisfaction level with ‘exercise with stick and CD songs’ that is instructed by public health official.					
6. Please rate your satisfaction level with financial support and material (brochure) for the project.					

Question	Level of Satisfaction				
	Lowest (1)	Low (2)	Medium (3)	High (4)	Highest (5)
7. Please rate your satisfaction level with ‘support’ in the aspects of finance, supplies, equipments (CD) for the project.					
8. Please rate your satisfaction level with ‘support’ in the aspects of finance, supplies, equipments (stick) for the project.					
9. Please rate your satisfaction level with ‘quantity of activities each month’ (every Buddhist holy day or 4 times/month)					
10. Please rate your satisfaction level with knowledge about meditation that is instructed by VHV and Master Monk.					
11. Please rate your satisfaction level with knowledge about exercise that is instructed by VHV.					
12. Please rate your satisfaction level with knowledge about exercise that is instructed by public health official					
13. Please rate your satisfaction level with knowledge described in the brochure with instruction of VHV					
14. Please rate your satisfaction level with project performance in the community.					
15. Please rate your satisfaction level with working performance of VHV who gives instructions on meditation according to the project’s work plan					

Question	Level of Satisfaction				
	Lowest (1)	Low (2)	Medium (3)	High (4)	Highest (5)
16. Please rate your satisfaction level with working performance of VHV who gives instructions on exercise according to the project's work plan					
17. Please rate your satisfaction level with working performance of VHV who distribute brochures according to the project's work plan					
18. Please rate your satisfaction level with working performance of VHV who conduct a monthly home visit according to the project's work plan.					
19 Please rate your satisfaction level with advertisement through a household radio in the community.					
20. Please rate your satisfaction level with your participation throughout the project.					

**Part 3** Problem/Obstacle and Solution/Suggestion for Improvement of the Healthy and Happiness on the Buddhist Day Project

**Explanation:** Please specify any problem/obstacles and solution/suggestion for improvement of the Healthy and Happiness on the Buddhist Day Project according to your opinion.

1. What are any problems/obstacles towards the project from the beginning through the current time of the project?

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2. According to the problems/obstacles stated in question #1, what do you have any solutions/suggestions for improvement?

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ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**VITAE**

**Name** : Mrs. Wannee Jamparkan

**Age** : 46 years-old

**Date of Birth** : 5 September 1963

**Place of Birth** : Roi-Et, Thailand

**Education** : Bachelor degree of Public Health, Khon Kaen  
University

**Current Office** : Baan Phan Keang Public health Center

**Position** : Head of Baan Phan Keang Public Health Center

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