

# “Bai Lod” holistic health experienced by homebound older people in the southern Thai community

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## Abstract

**Objectives:** This qualitative descriptive study aims to explore the meanings of holistic health in the southern Thai culture experienced by homebound older people.

**Background:** The ageing society necessitates many services to meet the holistic needs of older people. Homebound older people are commonly an understudied population who may view their holistic health and well-being differently from others. Due to geographical differences and local Thai cultural context, exploring the holistic health in the southern Thai culture would help promote a healthy lifestyle and improve their health outcomes.

**Methods:** Based on purposeful sampling, 16 key informants who were homebound older people (ages ≥ 60 years old) living at home in a rural southern Thai community were participated in semi-structured interviews. Informants consisted of six males and ten females who were Buddhist and married. Their ages ranged from 79 to 99, including nine homebound older people who lived in a couple, and seven widows and widowers. Eight had completed the primary school, and others were uneducated. The data were analysed with a content analysis.

**Results:** Most of the informants had chronic diseases. In a broad main theme, the informants described the holistic health in local context as ‘Bai Lod; which means being alive with positive, active and independent functioning. This theme included three sub-themes: self-supporting or taking care of themselves, having the ability to control their health conditions and being proud as a healthy older adult. The older people described self-supporting as the ability to perform their activities of daily living, take care of their own health and work independently (active living). Having the ability to control their health conditions meant functioning well physically, although being frail, by maintaining their health through self-management, and having a good mental health during such a life-changing situation. Older people valued the ability to live by themselves without being a burden to their family. They felt happy with their life.

**Conclusion:** Holistic health was described as being positive and active at home, and influenced by beliefs and values related to good physical function, mental health and spiritual activities. These findings could help healthcare professionals better understand older people’ health, well-being and cultural care in order to develop alternative

strategies to maintain, enhance and support an active life for homebound older people.

#### KEYWORDS

holistic health, homebound older people, qualitative study, Thai culture

## 1 | INTRODUCTION

Due to the ageing society and increasing number of dependent people, care at home needs to expand worldwide. Homebound older people are often reported as vulnerable and at risk of memory loss, chronic conditions, polypharmacy and high frequency and duration of hospitalisation (Cohen-Mansfield et al., 2012; Musich et al., 2015). The Asian region consists of a high number of homebound older people and that trend will increase in the future (The United Nation, 2019). Most of them live independently or with their own family. The older people considered as homebound are still able to go outside their home, walking short distances every day or every few days (Putthinoi et al., 2016; Umegaki et al., 2015). The older people may also consider themselves being healthy despite being homebound. Many older people experience positive living because of their ability to manage their illness and maintain their independence in activities of daily living (ADL) (Qiu et al., 2010). Their positive attitude stems from a holistic view which implies the concept of health as having various aspects—physical, mental, emotional, social and environmental—that cannot be separated (Dossey, & Keegan, 2016).

Previous literature points out various concepts of healthy ageing, most of which are seen from the perspectives of healthcare workers. However, in order to promote healthy ageing, holistic health in various sociocultural contexts should be viewed from individual perspectives. Holistic health is a state of well-being that covers multidimensional approaches for recognising the person as a whole human being that includes their physical, psycho-social-spiritual, emotional, intellectual health and also the importance to enhance the quality of life as they age (Institute for Holistic Health Studies, 2018; WHO, 2017). Promoting holistic health is a major goal for homebound older people, and it should consider multifactorial, physiological, sociocultural, mental and spiritual dimensions of health (Beard et al., 2016). Previous studies underlined that the holistic approach is significant to guide nurses in developing nursing care models or programmes for people with complex or long-term conditions by increasing the quality of care and health outcomes of older people (Eriksson et al., 2017; Pretzer-Aboff & Prettyman, 2015; Snodgrass, 2009; Wade, 2009).

Nevertheless, most of those studies have been conducted among general older people and do not focus on the healthcare services needed by homebound older people. The population of older people is rapidly increasing with decreased fertility rates, urbanisation, international migration and increased longevity (The United Nation, 2019). Therefore, specific healthcare services are

### What does this research add to existing knowledge in gerontology?

- This study describes the meanings of holistic health of homebound older people, including their beliefs and values related to living in a rural Thai community.
- The findings explain the importance of holistic health seen by a specific population and could be applied to pre-ageing populations to apply strategies to maintain healthy older people in an aging society.

### What are the implications of this new knowledge for the nursing care for older people?

- It is essential for nurses to understand the beliefs, values and perceptions of holistic health of older people in order to provide suitable healthcare activities to them.
- Implementing person-centered nursing care for homebound older people is necessary and should encompass their beliefs, values and sociocultural context.

### How could the findings be used to influence policy practice, research and education?

- Policymakers in developing countries including Thailand, which are also becoming aging societies, need to rethink and reshape their healthcare services so as to consider the sociocultural context of this marginalized population.
- The results of this study are useful for the development of suitable care services which would take into account the needs expressed by homebound older people.
- This study might be the basis for future research on developing culturally appropriate healthcare programmes which would evaluate the outcomes that are considered suitable for the sociocultural context of Thai older people.

needed to support older people. In addition, their lifestyle and quality of life may have changed due to the fluctuating social and economic conditions. Similar findings reported that physical and mental health statuses of older people have declined in the past years (Finkenzeller et al., 2018; Hasseen et al., 2010; Punsakd, & Hoontrakul, 2011). Several factors have increased the risk of poor health and reduced quality of life in older people, for example,

living alone associated with a lack of social relationships, which results in depression (Bilotta et al., 2012; Frias, & Whyne, 2015; Renne, & Gobbens, 2018). However, these studies have been conducted with older people in general, but not specifically with homebound older people.

Homebound older people (who tend to be at home and less able to go out or attend social activities by themselves) are in the middle of the health status continuum—between bedridden older people in poor health and social bound older people (who tend to be neighbourhood-bound, have independent access to their social community) in good health (Foundation of Thai Gerontology Research & Development Institute, 2015). To promote the health of homebound older people, community nurses should consider their lifestyle and understand their holistic health's perspectives. Previous studies indicated that healthy ageing was encouraged not only by others, but also by themselves, for example by their ability to take care of themselves, by adopting health promotion behaviours, by being involved in social activities and by attending religious services (Nathamongkolchai et al., 2011; Plodpluang et al., 2017; Szanton et al., 2016). Support of homebound older people highlights the importance of several resources, for example, of good housing, transport accessibility, adequate healthcare support, financial support and social network in order to maintain their health as long as possible (Juanita et al., 2012). This was not explored for Thai homebound older people in rural communities.

Previous studies indicate that homebound older people are still healthy despite their age and that they want to maintain their life and healthy lifestyle. Therefore, conducive environment, healthcare facilities, social services, family support and motivation are vital features in promoting the holistic health of older people. A conceptual study on the Isan-Thai people reflected that the views of older people's relatives are significant to promote healthy life (Manasatchakun et al., 2018). Another study presents the perspective of active older people in Thailand (Thanakwang et al., 2014). However, there is a lack of evidence focusing on the holistic health and exploring the views of homebound older people related to health and healthcare services in the southern Thai culture, where there were at least three generations remained living together or nearby. This study aims to describe the meanings of holistic health experienced by homebound older people in the southern Thai community. A better understanding of holistic health in older people will help to identify the strengths and limitations of existing services and supportive care for homebound older people.

## 2 | METHODS

### 2.1 | Design

We conducted a descriptive qualitative study to explore perceptions and values regarding the meanings of holistic health for homebound older people in a rural Thai community.

### 2.2 | Context

The research setting was a small community in Southern Thailand. This community had a diverse sociocultural context because of internal migration. It consisted of 749 older people. Among them, 721 were social bound, 17 were homebound, and 11 were bedridden. Most of the people in this community had a good economic status, as they owned farms.

### 2.3 | Sample

We used purposive sampling to recruit 16 key informants which allowed to reach data saturation. The first criterion for recruiting the informants was to be a homebound older person, as defined based on National Health Security Office (NHSO) (2016), with a Barthel Index score between 5 and 11. The other criteria included being an older person who did not have complex health problems or whose condition was under control, and who was able to speak and understand the Thai language or southern Thai dialect.

### 2.4 | Data collection

Semi-structured interview was mainly used to capture in-depth data from the field. The interview guideline was developed by the first author based on the literature review and Leininger's transcultural care theory (Leininger, 2002). Data were collected between August 2018 and June 2019. The informants were interviewed in their home. The duration of the interviews was 45–60 min. Examples of questions from the interview guide are as follows: 'What are your opinions/views about holistic health? According to your age and experiences living at home, what are the values or contexts of a typical southern Thai person regarding holistic health?' Additional probing questions were asked based on the participants' responses. When the initial question was difficult for informants to answer, the researcher asked a general question related to their current health conditions before asking them to link it to their perspectives on holistic health. Also, the structured observation of the informants' behaviours and activities in their daily lives during interview was conducted using diary/record forms. In the field, a personal diary, field notes and an audio tape recorder and camera were used. The field notes recorded the first author's reflection during the interviews and also the general situation during the researcher's stay in the field.

### 2.5 | Data analysis

A content analysis as proposed by Schreier (2012) was performed to analyse the qualitative data. The interviews were transcribed verbatim. These transcriptions and descriptions were reread line by line and listened many times. The data analysis consisted of five

steps and was done using the software Excel. In the first step, a template for data analysis was developed, which included a memo sheet and coding units. Secondly, all the data were gathered together (i.e. field notes, observation recording forms, transcriptions) and read several times to understand the perspectives of the informants, and the relation between data and the research goal. Thirdly, the main ideas of the informants were coded inductively. Fourthly, the codes were organised in tables to identify the similarities and differences. Finally, the main theme and sub-themes emerged based on this code organisation. Relevant verbatim statements and data from the field notes and observation record were integrated. All data were Thai and translated from Thai to English for a purpose of investigator's triangulation. The trustworthiness was ensured following criteria: credibility, confirmability and dependability (Linclon & Guba, 1985). Credibility was ensured by the immersion of the first author in the field for seven months and by member checking to validate and clarify the research findings with the informants. In addition, method triangulation combined methods of data collection (by semi-structured interviews, observation and field notes), while researcher triangulation with two co-authors to validate and clarify the research findings. In order to achieve confirmability and dependability, the researchers maintained an audit trail and the clear methodology described. The data were also systematically recorded with field notes of the researcher's reflection. The co-authors verified all the steps of data collection and analysis offering a clear description of the results.

## 2.6 | Ethical aspects

The study was approved by the Institutional Research Board Committee of the Faculty of Nursing, Prince of Songkla University (#PSU IRB 2018-NSt-024). The study objectives, research methods, and potential risks and benefits had been described to the informants before the data collection. The permission from the informants for audio recording was obtained, and data were kept confidential on a personal laptop secured by a password.

## 3 | RESULTS

### 3.1 | Sociodemographic characteristics

Sixteen homebound older people met the inclusion criteria included six men and ten women. They were, on average, 84 years old ( $SD = 6.10$ ). Nine were married, and seven were widows or widowers. Nine of them lived in a joint family, three were living with a spouse, and four lived alone. All informants were Buddhists. Eight of them had four years of formal education, and eight were uneducated. The majority of the informants had chronic diseases, that is hypertension, stroke and asthma. Most of them had a good income from successful farms.

### 3.2 | The meanings of holistic health experienced by southern Thai homebound older people

The meanings of holistic health described by the informants were based on their beliefs and values as homebound older people. Most informants stated that they were happy in their daily lives. Their lifestyles were similar regardless of whether they lived in extended family, as a couple or alone. They woke up early in the morning to walk near their home and then had breakfast prepared by their family members. Some of the informants had breakfast with their friends at a boiled-rice shop close to their homes (100 metres) and talked with each other. During the day, they were able to take care of their own health, performed their daily routines with support of their family members and worked on their nearby farms. The content analysis showed a broad major theme reflecting a local term, 'Bai Lod' meaning 'Being alive with positive, active and independent functioning' as described below.

### 3.3 | Being alive with positive, active and independent functioning

Within this theme, three sub-themes emerged as follows: 1) self-supporting functioning, 2) having the ability to control their health conditions and 3) valuing being proud to be a healthy older adult. Verbatim extracts supporting the results are in italic and were translated from Thai to English. The codes of the informant and line number of verbatim are mentioned in parentheses. In an effort to preserve the authenticity of the language, these verbatim statements were not edited to correct errors in grammar or word choice.

#### 3.3.1 | Self-supported functioning

The informants focused on their capability to perform their activities of daily living (ADL), taking care of their own health and ability to work on their farms. Within this sub-theme, two subcategories emerged as follows: (1) ability to perform ADL and taking care of their own health, and (2) ability to work on their farms independently.

*Ability to perform activities of daily living and taking care of their own health*

All informants were able to perform their daily routines by themselves. Although they lived with chronic diseases or functional limitations, they thought that the basic indicator of a healthy older adult was being independent in ADL (such as cooking, eating, bathing, dressing and doing activities as desired). The informants believed that living without their own ability to do those daily routines would decrease their self-esteem. Therefore, being able to perform their ADL was ensured that they were healthy, as an informant said:

I think I am healthy because I am able to take care of myself. I think everyone should take care of themselves. A person who is unable to take care of themselves is a bedridden older person. Like me, I can cook rice, eat, take a bath, dress, and do everything I need. My daughter cooks for me because I don't like to cook. Moreover, my son and another daughter bring their food for me, so I have a lot of food every day.

(K7, line 16)

#### *Ability to work on their farms independently*

All informants emphasised the ability to work and personal potential in their age. Some informants believed that working on their farm improved their functional ability, prevented stress and maintained their health. The physical limitations were unlikely in making them unable to work, and they would consider themselves healthy, as an informant explained:

I just want to work on the farm near home and walk smoothly. I would like to be healthy; so, I should work on the farm, and if I stop working, I will end up bedridden. Also, I am very happy when I have a chance to take care of my rubber trees. In contrast, if I just stay at home, hold still, I will be stressed out.

(K10, lines 49-54)

### 3.3.2 | Having the ability to control their health conditions

The informants stated that they were able to maintain their health because they had a good physical function, able to control chronic diseases and had good mental health. Three sub-themes were described as follows: (1) having good physical function although facing some frailty, (2) having good self-management to maintain their health status and (3) having good mental health in life transition.

#### *Having good physical function although facing some frailty*

Twelve informants of this study had chronic diseases and some complications. Five informants were stroke survivors who perceived their engagement in activities as preventing another stroke. All of the stroke survivors were able to improve their functional ability and regain their capacity to walk and do things with and without assistance. Likewise, the informants who had other chronic diseases also focused on their ability to control their diseases in order to prevent complications. Most of the informants understood that older people face health problems because of their age and that it can have more impact on their life if they did not control it. An informant explained the following:

I am improving from stroke, I believe that I am able to take care of myself. I am not burden on others. I am

so happy, I am healthy because I have improved very fast, I can walk smoothly without a cane.

(K12, lines, 207-214)

#### *Having good self-management to maintain their health status*

The informants considered holistic health as having good health status with a good physical functioning, and also being valued by their family members, relatives and the community. They put a lot of emphasis on maintaining their own health. The majority of them exercised, performed their daily routines, took regular medications as recommended and was punctual to manage their health, as an informant explained the following:

If I had the chance to talk with other older people, I would tell them that an older person should do everything as recommended and on time, such as exercise, eat, take a bath, take medicines, see the doctor. If we do everything as recommended and on time, we will not miss something of our life. It will become the daily routines of our life. One day, if we forget to do something, we will feel that something is lost in our life and we will recognize it immediately.

(K7, line 109)

#### *Having good mental health in life transition*

Not only informants considered that good physical function influenced their health status, but also thought that having good mental health. The ability to take care of one's mental health during the life changes caused by health problems which affected the well-being of homebound older people was important. Most of the informants put a lot of emphasis on their mental health under the belief that 'mind has power over the body'. For them, if older people have a good mental health, they will be totally healthy, as an informant said the following:

In my opinion, most people have chronic diseases and we can control them by medicines the doctor give us, but doctors cannot help us with our mental health. We must take care of our mind because the mind is very important for our health. If we have a good mental health, physical health will follow. Like me, I had several problems in my life, but I try to take care of myself and my wife. I always take care of her mental health [his wife] too, for all healthy.

(K13, line 55)

### 3.3.3 | Valuing being proud to be a healthy older adult

The majority of the informants believed that their health status could deteriorate because of their age and that several health problems could occur (i.e. chronic diseases, pains and aches,

anorexia, flatulence and insomnia). They had consciously prepared themselves to deal with those issues. The informants with limited physical functions tried to improve themselves, to manage their daily activities and take care of themselves without being a burden for their families. Moreover, the informants were able to earn income by themselves. Most of them had their own farms that enabled them to support themselves, so they did not need to ask their children for financial support. Their own ability to continue living actively at home could enhance their feeling of happiness and raise their perception of their own value later in life. Within the data, two subcategories appeared the following: (1) living without being a burden for their family members and (2) feeling happy with their old age, as described below.

#### *Living without being a burden for their family members*

The informants were proud of themselves especially that they were able to do things without burdening their families. The informants with functional limitations asked their family members for assistance and used equipment to help them perform some ADL, but they were happy with their own ability, too, since they were able to maintain their physical function. They believed that everyone wanted to take care of themselves without burdening their family members. Their happiness increased as a result of their independence, as an informant explained the following:

I feel good that I don't burden my children too much. Thus, they can work smoothly and don't need to worry about me. My wife has been bedridden for more than 10 years, and my children must take care of her, so I must take care of myself in order to decrease their burden.

(K12, line 17)

#### *Feeling happy with their old age*

The informants were surrounded by their family members and explained that their happiness came from several sources such as equally distributed arable and housing land to their children as part of their inheritance. So, there were no conflicts among their family members. Moreover, they perceived that they could adjust their role in the family and become interdependent. They felt happy when their children were encouraged to have a good career which influenced by the principles of self-sufficiency, they were able to give advice and took care of their grandchildren when they had problems. In addition, they were respected by their family members and defined their role as the soul and spirit of their families who maintained the close relationships and contributed to harmony in the family. So, they perceived as if they were responsible for their children's success and brought up their own spiritual health, as an informant explained the following:

I don't worry about changes in my life. I worked hard enough when I was young. My work in the past was different than my present work, I did everything with

my two hands, I did not have any machines. I got a lot of farms and gave them to my children equally between each child. I also taught them to be economically sufficient, to have no debt and to work at the farm diligently. My children are not stubborn, they never quarrel with each other. They always respected me.

(K7, lines 123–131)

Therefore, for the informants, holistic health combined physical, mental and spiritual health. It reflects 'Bai Lod', the concept of being satisfied with their life of good health which they are proud. Consequently, they are a great source of support for family members, and well respected leading to an increase in their perceived self-esteem.

## 4 | DISCUSSION

The findings of this study revealed that meanings of holistic health were understood by homebound older people as 'being alive with positive, active and independent function'. Due to their beliefs, values and Thai culture, the informants had learned about the relation between the body, mind, social, environment and spirituality that influenced human life. They explained the meanings of holistic health (*Bai Lod*) as a combination of all components in their whole life. Moreover, they also learned to accept the changes in social life, environment and deterioration of the human body, so that they could live along those changes without suffering.

Our results about 'self-supporting or taking care of themselves' emphasised the ability of older people to perform their daily routines and work as before, although sometimes they used assistive equipment or asked their family members for support. As such, they were not felt of dependent or a burden to others. As mentioned in the literature, daily routines were considered basic activities that everyone wanted to do by themselves (Nosraty et al., 2015). They understood it as preventing them from becoming bedridden. Moreover, the ability to work at their farms nearby was also considered that they were still healthy.

'Having the ability to control their health conditions' was also important, and all informants accepted the natural decay of the human body while considering their health problems under control. This was influenced by a cultural belief common in Thai people who performed dhamma in their daily lives which indicates that: 'the mind is a boss, the body is a servant'. In our findings, the power of the mind was also emphasised as the force which controls human body. If a human being has a good mental health, they will be able to overcome many issues in their lives and stay healthy (Tassanasri, 2014). This finding is congruent with the previous studies that reported the ability to deal with underlying health issues such as chronic diseases as a way to age successfully (Manasatchakun et al., 2018; Thanakwang et al., 2012; Tkatch et al., 2017). However, those studies mostly described the ability of physical control over health conditions. Our findings add the



view from informants that the ability to control their health condition also came from their good mental health, which led to their holistic health.

Another important characteristic in the ability to control one's health condition was good self-management. Our informants set their daily routine priorities as recommended and performed other activities on time and by themselves. This was considered as showing their ability to take care of themselves because they had a good physical function. They were free to do their ADL independently and when they wanted. Previous studies reported that the ability of older people to manage their personal health by themselves decreased depression and increased good physical and mental health (Camp et al., 2015; Girdler et al., 2010). This means that facilitating independent living is coherent with the promotion of holistic health for homebound older people. Moreover, our results show that good mental health also allowed homebound older people to develop their self-esteem and be proud of themselves. This is coherent with Rojpaisarnkit (2016) who claims that physical activities, mental health, social health and spiritual health are related to each other. As such, the interdependence among those dimensions highlights the meanings of holistic health (*Bai Lod*) from the perspective of homebound older people.

In our study, 'Valuing being proud to be a healthy older adult' means for older people living without burdening their family and being happy in their old age. Our informants accepted the changes around them and were able to overcome those changes in both health and illness. They believed that strong family relationships and community ties through religious and social activities allowed them not to burden their family members and be happy. Therefore, practicing dhamma, making merit, responding to people's needs and valuing gratitude were important in their lives. This improved their self-respect as people responsible for their children's successes, and they were also respected by their family members who acknowledged their parents' role in their success. This finding reflected that being proud of oneself was related to self-esteem, and connected to spiritual health, and that both self-esteem and spiritual health were linked to the holistic health of homebound older people. In addition, it was found in this study that family ties and interdependence are essential resources for older people, similar to previous studies in the North and Isan communities (Manasatchakun et al., 2018; Thanakwang et al., 2014).

In summary, our findings reveal that the meanings of holistic health for homebound older people from the southern Thai community are based on self-support and independence, and correspond to local southern Thai keyword '*Bai Lod*'. Although there were similar to other parts of Thailand, this study adds to knowledge by explaining that the meanings of holistic health are inseparable from mental, physical and spiritual health. Holistic health was especially promoted by their ability to take care of themselves, live without burdening their family members, the ability to control health conditions and to feel respected by their family members. They emphasised the gratitude of their children, as they encouraged them to follow traditional family practices which are unique to southern Thailand.

## 4.1 | Strengths and limitations of the study

Our findings emerged from a natural context and are based on the first author's immersion in the research setting for seven months to collect and analyse the data. Therefore, the findings represent the genuine feelings, experiences and beliefs of homebound older people in a rural region of Thailand. Nevertheless, this study has some limitation. The main one is that the first author who did the fieldwork is a nurse who works in the province of the research setting. Such position could have influenced the findings despite measures taken to maintain reflexivity such as engaging in the research setting only as a researcher and taking a learner's position. However, it is possible that the relationship between her and the informants could have influenced their response.

## 5 | CONCLUSION AND RECOMMENDATIONS

This study has contributed to the understanding of holistic health as perceived by homebound older people in Southern Thailand. The homebound older people considered themselves being healthy physically and mentally despite their age and the fact that they have a lower score on the Barthel Index measuring functioning in ADL. These findings could help healthcare professionals better understand homebound older people's health from a holistic perspective. Further studies should be designed to include more informants from the Muslim community—a major ethnic group in Southern Thailand—to develop alternative strategies for promoting or supporting their holistic health and active living in an ageing society.

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### CONFLICT OF INTEREST

We wish to declare that there are no known conflicts of interest associated with this publication. This manuscript has been read and approved by all the named authors and that there are no other persons who satisfied the criteria for authorship. In addition, the order of authors listed in the manuscript has been approved and each author has contributed for the following activities: Study Design (PS, SD), Data Collection (SD), Data Analysis (PS, SD, AB), and Manuscript Writing (PS, SD, AB).

### DATA AVAILABILITY STATEMENT

The research data are not publicly available due to privacy and ethical restrictions (participant consent forms stated that data will only be available to the principal investigator and the research team).

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