

# The Correlation Between Self-Care Behavior with Application of Eastern Wisdom and Resilience Among Village Health Volunteers: A Cross-Sectional Study in Southern Thailand

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Submitted: 25 May 2021, Accepted: 12 November 2021, Published: 1 January 2022

Volume 30, 2022. pp. 240-250. <http://doi.org/10.25133/JPSSv302022.015>

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## Abstract

The job of village health volunteers (VHVs) is to coordinate between Thai government departments and the public. Such work can lead to boredom, discouragement, and physical and mental exhaustion. Therefore, strengthening the positive ability of VHVs can help them cope with fatigue. It is essential to continue supporting VHVs; consequently, it is necessary to incorporate Eastern wisdom into healthcare provided for village health volunteers. Purposive sampling was used in this descriptive research to study the relationship between self-care behaviors by applying Eastern wisdom to support and enhance the mental strength of the VHVs. The sample consisted of 77 VHVs in Southern Thailand. Demographic data questionnaire, self-care behavior questionnaire by applying Eastern wisdom, and resilience questionnaire were used to collect data. Pearson's correlation was used to analyze data. The relationship between self-care behavior by applying Eastern wisdom and resilience was found to have a statistically significant positive correlation ( $r = .246$ ,  $p < .05$ ). The relationship between self-care behavior by applying Eastern wisdom and resilience in this study was weak, but there was a positive correlation. Thus, health care providers should promote and integrate Eastern wisdom into self-care activities with VHVs.

## Keywords

Eastern wisdom; resilience; self-care behavior; Southern Thailand; village health volunteers

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## Introduction

Thai community health volunteers or village health volunteers (VHVs) are healthcare providers assigned to perform the duty of care for the people in their community. First, the most critical role of VHVs is to act as leaders who bring about change in the health behaviors of people in their communities. Secondly, VHVs are the coworkers who coordinate between the Thai government and the people (Department of Mental Health, 2018). All Thai VHVs must undergo a 43-hour comprehensive health management training in different age groups (Pongpirul, 2021). The training equips VHVs with the necessary knowledge to care for ten households under their responsibility. Such healthcare knowledge is a factor that can predict the health promotion behavior of people under the VHV's care (Padthapee & Prasertsuk, 2016).

Additionally, knowledge is part of self-care behavior and is related to a positive quality of life (Amelia, 2018). With such an important role to play, VHVs need to possess good mental health, which includes having an awareness of how to live with others in peace, being aware of their own needs, and having the ability to maintain one's mental status and relationships with others (Department of Mental Health, 2018). In addition, VHVs can be role models for enhancing physical and mental health among people in the community.

A previous study on the psychological resilience of volunteers in South Africa shows that an orientation helps volunteers cope with and adapt positively to challenges in working life situations and ongoing work as a volunteer. Building volunteer resilience can lead to coping, and positive adjustment (Barnard & Furtak, 2020), and VHVs play an essential role in taking care of people in their community to promote quality of life related to mental health and to living happily together in the community (Connell et al., 2012). In terms of social characteristics, the southern region of Thailand is a multicultural area consisting of people of various religious and cultural backgrounds, including Thai-Buddhist, Thai-Islamic, and Thai-Christian. In addition, the local beliefs, language, and Eastern wisdom of this area are different from those elements in other regions. Hence, VHVs who work in the southern region need to understand how to work in multicultural areas. Many complex and sensitive issues can arise, and VHVs are often faced with several problems (Piyasiripon, 2018).

The VHVs may also be expected to reach the indicators set by the Thai government. If VHVs are opposed to or critiqued negatively, they can develop tension, physical and mental fatigue, and boredom. When VHVs are faced with those negative emotions, they have to find ways to care for their emotional and mental health. Encouraging VHVs to develop the ability to cope with stress as self-care behavior can help them emotionally and mentally cope better. This feature is called positive psychological capital and is known as resilience. Resilience is a structure of positive psychology studied and continuously developed for decades. In previous studies, resilience was explored in the personality of personal traits – the nature of the process or the outcome (Vella & Pai, 2019). In the concept of Grotberg (1995), resilience consists of three components:

- 1) What I am (I am): Strong personality traits of a person, including a person's feelings, attitudes, and beliefs.
- 2) What I have (I have): A person's perception of having an external source of support or promotion that can be helpful when facing worse situations.

- 3) What I can (I can): Social skills or the ability to interact with others. These three components are the strategies that can empower VHVs to grow from life crises.

Wisdom has been found to be positively associated with life satisfaction (Mickler & Staudinger, 2008). A previous study revealed that resilience mediates the relationship between wisdom and life satisfaction in the elderly population (Hayat et al., 2016). Nowadays, Eastern wisdom, such as yoga, meditation, tai chi, food, and Buddhist dhamma, is increasingly integrated into healthcare. This integration is because Eastern Philosophy is seen as holistic healthcare that can be applied in all aspects of physical, mental, social, and spiritual health (Hatthakit & Thanoi, 2012). Eastern wisdom activities are based on the beliefs and needs of the users (Hatthakit, 2014). According to past studies on the development of mental strengthening programs, resilience programs can be designed by integrating Eastern wisdom into practices. It has been reported that the individuals who received such a program had a higher resilience score (Jiratchayaporn & Chetchaovallit, 2015; Songprakun & McCann, 2012).

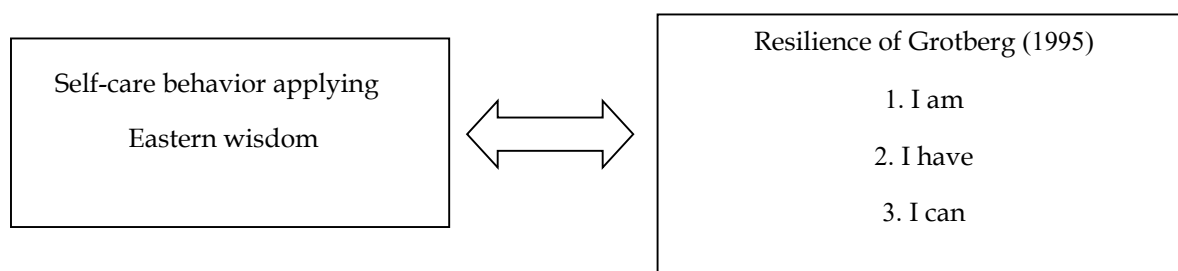
However, an extensive literature review has shown that there are very few studies on the use of Eastern wisdom in healthcare. Seeing as the personal development of VHVs is an important task to promote human resources, the application of Eastern wisdom may lead to a good level of resilience that can help prevent mental health problems in VHVs and people in the community. Therefore, the present study aimed at investigating the relationship between self-care behaviors with the application of Eastern wisdom and resilience of VHVs.

## Conceptual framework

The conceptual framework of the study, as illustrated in Figure 1, was developed based on the concept of self-care behavior based on the theory proposed by Orem (1991), which states that self-care refers to the practice of activities that individuals initiate and perform to maintain a healthy life and well-being. Self-care is a deliberate action, and when it is performed effectively, self-care contributes to maximum individual structure, function, and development. Self-care is the focus of managing or solving the problems involved with the external factors under the traditions and cultures of each group. This study emphasized Eastern wisdom care and the concept of resilience. This study was based on the concept of resilience proposed by Grotberg (1995), which consisted of the following three components:

- 1) "I am" refers to a person's strong personality traits, consisting of a person's feelings, attitudes, and beliefs within them.
- 2) "I have" refers to the perception of the person that there is an external source of support or promotion that is helpful in the face of negative situations.
- 3) "I can" refers to social skills or ability to interact with others and mental strength based on self-care behaviors.

**Figure 1:** A Conceptual Framework of the Study



## Definition of terms

*Self-care behavior with the application of Eastern wisdom* refers to an expression or action that makes oneself completely healthy, free from illnesses both physically and mentally, and able to live happily in society by applying the philosophy, concepts, principles, and beliefs of Eastern wisdom such as Buddhist Philosophy, Thai traditional medicine, Chinese medicine, as well as to take care of health according to Islamic principles. It also referred to the use of oriental wisdom skills in healthcare such as meditation, yoga, Tai Chi Kung, Navratri, food, and herbs.

*Resilience* refers to a person's ability to adapt when experiencing situations in which people are suffering, pressured, or having difficulty or problems in life so that they can get past that crisis and resume an everyday life. In addition, people can learn and solve problems from experiences that they have confronted.

## Methods

The present study was descriptive research undertaken to investigate the relationship between self-care behaviors with the application of Eastern wisdom and resilience in village health volunteers (VHVs). The population of this study was 300 VHVs in southern Thailand. The study sample was selected employing the purposive random sampling method. The sample group consisted of 60 VHVs, recruited based on Thorndike's formula as follows:  $N \geq 10(k) + 50$  (where  $N$  was the sample size,  $k$  is the number of independent variables) (Thorndike, 1978, as cited in Srisatidnarakul, 2010). The only independent variable used in this study was resilience. Data were collected from an additional 25%–30% of the initial sample to prevent subject loss and discrepancies, totaling 77 VHVs. The inclusion criteria were as follows:

1. They were males or females aged 18 years and over.
2. They had been a village health volunteer for at least 3 months.
3. They were able to understand and communicate in the Thai language.

The research instruments consisted of the following. First, the demographic characteristics questionnaire was used to elicit data regarding the demographic characteristics of the subjects, including age, gender, educational background, marital status, occupation, work experience, work as village health volunteers, and training on the use of Eastern wisdom in healthcare. It

consisted of eight questions constructed by the research team. Regarding its validation, the questionnaire was submitted to a panel of three experts to ensure its content validity. The questionnaire was revised based on the experts' comments and suggestions before it was used. Next, the Eastern wisdom self-care behavior questionnaire was developed by the research team based on Orem's self-care concept (1991). The questionnaire consisted of eight questions answered with a five-point rating scale, with a score in the range of 8–40 points. The questionnaire was validated by a panel of three experts to ensure its content validity. It was revised and improved based on the experts' comments and suggestions before being used in the pilot study. After the pilot study, the researchers revised this tool one more time. Cronbach's alpha coefficient was .726. Finally, the resilience questionnaire was developed based on the concept of mental strength (resilience) of Grotberg (1995). It was a five-level approximation scale with 20 questions covering three sub-elements as follows: 1) the strong personality traits and internal traits of the person, namely feelings, attitudes, and beliefs, 2) the elements of social support and promotion, and 3) the elements related to social skills or ability to interact with others. Cronbach's alpha coefficient was .873.

## **Data analysis**

Descriptive statistics of frequency, percentage, mean, and standard deviation were used to analyze data regarding demographic characteristics of the participants, self-care behavior with the application of Eastern wisdom, and resilience. The differentiation between groups of demographic characteristics data, self-health care behavior with the application of Eastern wisdom, and resilience were conducted using Analysis of Variance (ANOVA). Moreover, the relationship between self-care behavior with the application of Eastern wisdom and mental strength was determined using Pearson's product-moment correlation coefficient.

## **Protection of the participants' rights**

The present research was conducted after approval from the Human Ethics Committee, Faculty of Nursing, Prince of Songkla University (Approval code PSU IRB 2019-NL 008). The researcher informed the committee of the purpose and rights of the sample. The study participants had the right to withdraw from the research at any time, and their withdrawal from this research project would not affect the performance evaluation. In addition, personal information would be kept strictly confidential and would not be publicly available, nor did it contain any information that could be used to identify individual participants.

## **Results**

Of the 77 participants, almost all (94%) were female. Their mean age was 56.44 years old ( $SD = 14.88$ ). As for their religion, 83.12%, 14.29%, and 2.6% were Buddhists, Muslims, and Christians, respectively. When considering their educational background, 76.62% of the participants were secondary school graduates. In addition, 76.62% of the participants were married, and 85.71% were employed. Finally, more than half of the participants (50.65%) had been working as VHV for over ten years and had previous training on applying Eastern wisdom (55.84%).

As shown in Table 1, the Analysis of Variance (ANOVA) revealed that gender ( $p < .05$ ), occupation ( $p < .01$ ), and previous training on the application of Eastern wisdom ( $p < .01$ ) affected the self-care behavior of VHVs.

**Table 1:** Differences in Self-Care Behavior with Application of Eastern Wisdom and Resilience as Categorized Based on Demographic Characteristics of the Participants (N = 77)

Variables	n (%)	Self-care behavior with the application of Eastern wisdom		Resilience	
		Mean±SD	F	Mean±SD	F
Gender			2.009*		.643
Female	75(97.4)	20.413±4.402		76.24±8.437	
Male	2(2.6)	15±.000		70±4.243	
Age (mean = 56.44, SD = 14.88)			.647		.857
< 45 years	11(14.29)	24±2.972		76.08±9.314	
45–60 years	50(64.94)	20.26±4.868		76.76±8.893	
> 60 years	9(11.69)	20.571±4.12		73.64±5.108	
Educational background			.436		.582
< Elementary school	17(22.08)	19.235±4.867		74.35±5.689	
> Secondary school	59(76.62)	20.508±4.308		76.51±9.066	
Religion			1.242		.874
Buddhist	64(83.12)	19.937±4.066		76.36±8.675	
Christian	2(2.6)	20.0±9.899		76.0±5.657	
Muslim	11(14.29)	22.272±5.478		74.45±7.448	
Marital status			1.250		1.091
Single	4(5.19)	17.50±4.795		75.25±8.180	
Married	59(76.62)	20.372±4.294		76.19±8.993	
Separated/Divorced/Others	14(18.18)	21.0±4.966		75.69±6.197	
Occupation			2.515**		.791
Yes	66(85.71)	20.227±3.882		75.95±8.592	
No	9(11.68)	20.222±7.886		77.33±6.344	
Duration of being a village health volunteer			.607		1.067
< 1 year	6(7.79)	18.0±4.472		77.67±10.152	
1–5 years	17(22.08)	21.176±4.096		75.18±6.867	
6–10 years	15(19.48)	20.0±5.304		71.33±5.010	
> 10 years	39(50.65)	20.333±4.238		78.05±9.208	
Past training on Eastern wisdom			2.363**		.792
Yes	42(54.54)	20.523±8.873		75.4±8.873	
No	33(42.85)	19.878±5.266		76.91±8.036	

Note: \* $p < .05$ , \*\* $p < .01$

Furthermore, according to the findings, when it came to self-care behavior with the application of Eastern wisdom and resilience of 77 participants, it was found that the mean score was 20.27 (SD = 4.42), with the highest score being 33 and the lowest score being 12. Regarding the resilience scores, the mean score of resilience was 76.08 (SD = 8.399), the highest score was 93, and the lowest was 51. Moreover, the majority of the participants had a moderate score of resilience equal to 67.5%, followed by a high (20.8%) and a low level (11.7%), respectively (Table 2).

**Table 2:** Self-Care Behavior with Application of Eastern Wisdom and Resilience of the Participants (N = 77)

Variables	n (%)	Mean±SD	Max.	Min.
Self-care behavior with the application of Eastern wisdom	77(100)	20.27±4.42	33	12
Resilience: overall	77(100)	76.08±8.399	93	51
High (> 83.61)	16(20.8)	88.25±2.62	93	85
Moderate (66.41 to 83.60)	52(67.5)	74.62±4.495	83	67
Low (< 66.40)	9(11.7)	62.89±4.755	66	51

According to the findings, there was a weak but significant positive relationship ( $r = .246, p < .05$ ) between self-care behavior with the application of Eastern wisdom and total resilience scores. When considering each element, the findings showed that there was a weak relationship with no statistical significance between self-care behavior with the application of Eastern wisdom and resilience components ( $p < .05$ ) (Table 3).

**Table 3:** Correlation Between Self-Care Behavior with Application of Eastern Wisdom and Resilience (N = 77)

Variables	Self-care behavior with the application of Eastern wisdom
Resilience: total score	.246*
Domain of resilience	
"I am"	.219
"I have"	.181
"I can"	.213

Note: \* $p < .05$

## Discussion

This study emphasized the significance of resilience or mental health strength of village health volunteers (VHVs), focusing on mental health promotion and prevention of mental health problems by applying Eastern wisdom for the self-care behavior of VHVs. The study showed a weak positive correlation between self-care behavior with the application of Eastern wisdom and resilience. Such a finding was relevant to the study of Mukaka (2012), which interpreted the size of correlation that a low positive correlation of two variables. Previous studies have pointed out that using Eastern wisdom in health care resulted in positive health outcomes. These strategies help balance both physical and mental aspects of health, resulting in a peaceful state of mind (Suvarnarong, 2014).

In addition, a study by Keye and Pidgeon (2013) found that mindfulness was significantly associated with mental health ( $r = .67, p < .00$ ). Hartfiel et al. (2011) found that six weeks of doing yoga helped the subjects increase positive mental health. The findings of this study reflect the continued use of Eastern wisdom in practicing self-care, which could be applied to change self-care behaviors and promote VHVs' mental strength. The effect of self-care behavior by applying Eastern wisdom indicates the gender difference, occupation, and the Eastern wisdom training experience associated with self-care behaviors by applying Eastern wisdom significantly ( $p < .05, p < .01$ , and  $p < .01$ , respectively). The unemployed had a higher risk of mental health problems than the employed (Ahn et al., 2021) which was consistent with previous studies that found that the temporary job and unemployed groups had a lower health-related quality of life than the permanent job group (Park et al., 2020) and had a significantly worse perception of mental health (Pharr et al., 2012).

In general, health care using Eastern wisdom is a part of the lifestyle of the Thai people. According to a study carried out by Buttharat et al. (2015), professional nurses used Eastern wisdom to care for a wide variety of patients in hospitals, such as the use of herbal medicine to relieve pain, an allergic rash, and the symptoms of paralysis. Also, the nurses applied religious principles to reduce psychological symptoms. Through demonstration, guidance, encouragement, counseling, and sharing, these strategies were transmitted to patients rather than ordinary methods.

It is worth noting that this study found that healthcare personnel who tended to use Eastern wisdom in healthcare were female. Such a finding was congruent with the result of a study conducted by Hoffman et al. (2021) that found the mean scores for self-care were higher among women than men. Women reported having a wider variety of self-care items than men since females have more self-care and are more interested in taking care of themselves than men (Mei et al., 2019). Therefore, encouraging men to learn Eastern wisdom is crucial to promoting men's health. This finding was consistent with the study of gender variables and resilience. It was found that females had higher resilience scores than males ( $p = .01$ ) due to female characteristics. To further explain, females can share their thoughts and feelings with others better and dare to consult or seek help, making them much more adaptable and flexible (Phophichit, 2016).

Furthermore, the concept of resilience encompasses positive factors that can help people fight the problems in daily life. A study undertaken by Jiratchayaporn and Chetchaovallit (2015) indicated that resilience enhancement could be achieved during the childhood of males and females, and resilience enhancement can be developed from childhood to old age in both males and females without racial or religious restrictions (Javadpour et al., 2019). In addition, resilience enhancement can be promoted in people with physical (Seyedoshohadaee et al., 2018) and psychological problems (Songprakun & McCann, 2012). However, various factors can increase or decrease resilience, making resilience enhancement a constant concern. Finally, the study done by Arpabuthsayapan et al. (2019) found that psychological strength was positively correlated with successful aging, better health, more social involvement, and good mental health.

There are limitations to this study. The sample group used in this study was the village health volunteers in southern Thailand. Due to the limitation of the researcher in collecting data, the results of the study may not be representative of the population of VHVs in the whole of Thailand. However, this study found that the use of Eastern wisdom in health care improved the mental health of the volunteers. The use of Eastern wisdom may be different in each area of Thailand. The strength of this study is that in past research, there were relatively few studies



of resilience variables among the VHVs. Therefore, this study helps to clarify the importance of using Eastern wisdom in promoting the mental health of VHVs, which are essential personnel that helps to take care of the health of people in the community and work under the situation of the COVID-19 epidemic.

## Conclusion and recommendations

In this study, the relationship between self-care behavior with the application of Eastern wisdom and resilience was positive but weak. This study shows that Eastern wisdom has been applied continuously to take care of one's health until behavioral changes result in increased resilience. Therefore, village health volunteers must receive health promotion in using Eastern wisdom. If the VHVs have the knowledge and potential to take care of themselves, they will also be able to advise and convey to close people, families, communities, and society. The resilience enhancement program should be developed by incorporating Eastern wisdom in a subsequent study. Thus, in the situation of the epidemic of COVID-19, the VHVs have more workload and need to be taken care of themselves. Therefore, activities should be adjusted to suit the epidemic situation. In addition, because this study had more females than males, future research should be studied resilience in males to obtain a suitable model for promoting the health of the VHVs. There should be a study and data collection in each region of Thailand to cover the context of Thailand and should be conducted with additional mediator variables of Eastern wisdom in the development of the program.

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