



Developing A Participation-Building Model for Promoting Active Ageing among Older Adults

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Abstract

This study aimed to develop and study the effects of a participation-building model for promoting active ageing among older adults. The methodology in this study was a mixed method, including 1) deriving lessons from three best practice areas with high indices of older adult participation, 2) use of data from Stage 1 as baseline information presented in focus group discussions for developing the model, and 3) study of the effects of the Participation-Building Model for Promoting Active Ageing among Older Adults through quasi-experimental research. The results show a model consisting of area executives with the following policies and plans for supporting older adults who have the leisure to participate in social activities: 1) modifying facilities, environments, and communications; 2) supplying necessary equipment; and 3) providing lecturers to offer knowledge about activities, self-care, and communication technology. The people responsible for providing information and coordinating activities were arranged. At six months after the quasi-experiment, the mean scores of the experimental group were higher than the control group ($t = 7.166$, $p = .000$ and $t = 7.570$, $p = .000$, respectively). In addition, the experimental group's mean scores for posttest participation and active ageing were found to be higher than the pretest scores ($t = -4.030$, $p = .000$ and $t = -3.422$, $p = .002$, respectively).

According to the findings, the older adults who participated in social activities were found to have higher levels of engagement in active ageing with greater ability for self-care and security while participating in activities continually with a generally friendly attitude toward their surroundings. Therefore, it can be concluded that the program provides guidelines for promoting participation among older adults so they can be ready to perform activities in daily life, have good health, and be independent.

Keywords: active ageing, participation-building, Active Ageing Index, older adult

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1. Introduction

Thailand fully became an ageing society in 2021 and is expected to become a super-aged society in 2035 [1]. Consequently, Thailand's demographic structure will have a higher ratio of older adults with a smaller working-age population. Furthermore, Thailand reported over one million births in 1963–1983 and these people will become elderly in 2023, which means over one million people will become older adults each year from 2023 onward [2]. This will accelerate Thailand's transition to an ageing society. When a person grows older, the body undergoes age-related deterioration. According to the Biological Theory of Ageing, older adults have reduced organ function and subsequently become dependent [3].

Based on the assessment and screening of older adult health in 2015 by the Ministry of Public Health, the percentage of dependent older adults was as high as 21 percent [4]. In addition, according to a report on the conditions of Thai older adults in 2016, one-third

of older adults have incomes below the poverty line, while the number of older adults living alone or living with other older adults is rising [2]. According to the situation of Thai older adults in 2018, more than 60 percent of older adults have chronic illnesses leading to increased health deterioration [5]. According to the Disengagement Theory [6], older adults disengage from work if they perceive negative physical changes, or if society views old age as a period of reduced working abilities. This phenomenon reduces the number of workers. In addition, older adults have to leave work upon retirement, which creates a shortage of working-age people, as has happened in countries that first became ageing societies. Changes must be made by raising the retirement age to allow older adults to continue working and hiring more older adult workers. When older adults have work and income, they are enabled to become independent and are not a burden to society [7]. This is consistent with the Activity Theory, which posits that older adults with regular activity are engaged in active ageing and regular social activities with life satisfaction [6].

Thailand has implemented the concept of active

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ageing. According to a survey conducted by the National Statistical Office using the Active Ageing Index (AAI), active ageing has four components consisting of health, participation, security, and a supportive environment. The Active Ageing Index for Thai older adults was 0.685. Health had the highest AAI score at 0.797, followed by security (0.751), supportive environments (0.691), and participation (0.502) [8]. The Active Ageing Index in the area of participation was noticeably lower than in other areas. If participation is promoted, the index for every area should increase. When older adults participate in social activities, they have better physical and mental health, more income, and wider social networks. As a result, older adults feel secure and in harmony with the environment [9]. Therefore, supporting older adults to continually participate in social activities can help older adults have better energy in performing activities and better quality of life. The researcher is interested in developing the Participation-Building Model for Promoting Active Ageing among Older Adults. Therefore, the researcher is interested in participation-building in selected provinces of Thailand in order to achieve high Active Ageing Index scores for older adults in the area of participation and good practices rated at 80 percent and up. The study was conducted in the provinces of Chiang Rai, Nan, and Roi Et, and the program served as the guidelines for promoting participation among older adults in these provinces.

2. Research Objectives

This research was conducted to meet the following four objectives:

1. To transcribe the lessons on good practices in active participation by the elderly.
2. To create a participation-building model for promoting active ageing among older adults.
3. To study the effectiveness of the participation-building model for promoting active ageing among older adults.
4. To present guidelines for policy recommendations for participation-building to promote active ageing among older adults.

3. Research Hypothesis

The participation-building model for promoting active ageing among older adults increases participation and active ageing in this group.

4. Research Conceptual Framework

A conceptual framework for this research is illustrated in Figure 1.

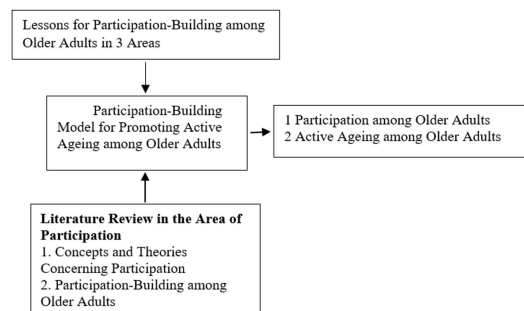


Figure 1: Research Conceptual Framework

5. Literature Review

Participation is one of the main components of active ageing, which can change with age. In particular, when a person becomes an older adult, the body changes in a negative direction, causing older adults to have reduced ability to perform activities of daily living, less ability to perform other activities, and reduced participation in social activities. Based on the Disengagement Theory of Cumming Henry, a person who enters old age is believed to accept reductions in roles and duties, causing the person to gradually retreat from society, thereby reducing interactions with society and income, followed by subsequent dependence [3, 10].

Participation in social activities causes the body to move more, which boosts the body's physical capacity, strengthens muscles and bones, improves health and provides readiness to perform activities that lead to income, friends, networks, knowledge, and abilities, resulting in better quality of life followed by good mental health [3]. Therefore, supporting older adults to participate in social activities promotes activity among older adults while enabling them to perform more activities in daily life and society. Capacity-building to enable older adults who have retreated from activity due to physical deterioration so they can return to activity requires changing to new concepts by preparing environments and older adults to have suitable abilities for activities in the area's context and to meet older adults' satisfaction [11]. Beginning at the policy level, the focus must be placed on success in motivating older adults to participate in social activities [10], as well as arranging environments that facilitate travel, such as close, convenient, and safe environments [12]. Emphasis should be placed on social acceptance of changes in old age. Policies and environments should be supportive of older adults' needs, while changes and advertisements should be made to motivate older adults to participate in activities [13]. Activities should be suitable for older adults' capabilities and personal needs to be developed and enable older adults to perform activities before they start by providing relevant knowledge so older adults can be ready to participate, which will create energy for older

adults to successfully perform activities, help people creatively change worldviews of themselves and society and help people feel valued [14]. Various forms of participation in society can be increased with readiness of resources, individuals, and environment.

Based on the abovementioned information, active ageing in the area of participation can be seen as the main health-related factor because participation causes older adults to have continual movement in activities along with generating income, which creates security for older adults and supports them in becoming active older adults in order to effectively promote participation [13, 15]. Therefore, the researcher is interested in learning the lessons of best practices concerning participation for older adults in the context of people involved in areas with active older adults who participate in activities continually as executives, people responsible for older adults, or workers in fields involving older adults, in order to develop the Participation-Building Model for Promoting Active Ageing among Older Adults.

6. Research Methodology

The research to develop the participation-building model for promoting active ageing among older adults is the product of research and development divided into the following four stages:

Stage 1: Learning lessons on best practices for the participation of older adults in the area.

Stage 2: Developing the participation-building model to promote active ageing among older adults.

Stage 3: Studying the effectiveness of the participation-building model for promoting active ageing among older adults through quasi-experimental research.

Stage 4: Present the findings in terms of policies for building participation among older adults for promoting active aging in this group.

6.1 Population and Sample

In Stage 1, the researcher selected the sample purposively by sampling three of five provinces in Thailand with high Active Ageing Index scores for older adults in the area of participation and good practices rated at 80 percent and up. These provinces were Chiang Rai, Nan, and Roi Et [8]. Subsequently, the researcher selected the most popular activities among the older adults in each province and those in which the number of elderly participation continuously increased, namely those of the Sanklang Tambon Administrative Organization, Bosuak Tambon Administrative Organization, and Buengngam Tambon Administrative Organization, respectively.

In Stage 2, the researcher used data from Stage 1 as baseline information presented in focus group discussions among experts, executives, operators, older adults, and other people involved.

In Stage 3, the researcher purposively selected the sample for the quasi-experimental research from one of five provinces in Thailand with a low Active Ageing Index score, namely Samnak Bok Tambon Administrative Organization, Muang Chonburi, Chonburi, which had 574 older adults consisting of 242 men and 332 women. The sample was matched and assigned to experimental and control groups with 30 subjects each. The sample was aged 60 years and up and had free time to participate in the activities.

6.2 Research Instruments

1) The Participation-Building Model for Promoting Active Ageing among Older Adults that was created based on the focus group discussions in Stage 2 was tested for construct validity by three experts and found to have an index of item objective congruence (IOC) of .89.

2) The three-part interview form on older adults' demographic data, the interview form for measuring participation among older adults, and the interview form for measuring active ageing among older adults, all of which were based on the literature reviewed, were tested for content validity and found to have IOC scores of 0.87 and 0.97, respectively. The forms were revised, tried out, and found to have Cronbach's Alpha Coefficient at .982 and .838, respectively.

6.3 Certification of Research Ethics

The researcher asked for certification of research methods from the Institutional Review Board, Huachiew Chalermprakiat University, and received Certificate COE No. Or. 1017/2563 on 12 October 2020.

6.4 Data Collection

The researcher learned lessons from the three model areas by studying documents and holding focus group discussions about participation-building among older adults. The data obtained were used in focus group discussions with the area where the model was tried out with a low AAI, namely Samnak Bok, Mueang, and Chonburi. The focus group discussions were held with executives, experts, workers, and older adults. In addition, the Participation-Building Model for Promoting Active Ageing among Older Adults was tried with older adults in the area of responsibility. The model was used to measure levels of participation and active ageing among older adults before and after the experiment.

6.5 Research Findings

1) From lessons learned in building participation, the findings from all three areas can be summarized as follows:

1.1) The organization executives in the area had policies concerning participation-building among

older adults with plans and budget allocations to support older adult participation in activities; facilitate participation in activities by older adults; supply the necessary equipment for activities consistent with objectives and provide lecturers to educate older adults about activities, daily life, and healthcare.

1.2) The aforementioned information was publicized to older adults through the people responsible and older adult leaders in order to allow older adults to acknowledge and decide to participate in activities with experience and satisfaction. In addition, the older adults had to be able to self-manage participation in order to be eligible for the activities.

1.3) Personnel in the organizations were assigned to perform duties to coordinate and provide information for older adults who had time in order to consider the ability to manage personal readiness to participate based on individual and area contexts and enable activities to be consistent while helping every older adult gain satisfaction as follows:

(1) Older adults and officials responsible for older adults jointly provided necessary materials and equipment.

(2) The ability to carry out activities was provided by providing more lecturers.

(3) Market networks to distribute products were coordinated.

(4) Networks were built to exchange knowledge and increase product quality.

(5) The activities made it easy to participate, were convenient, not academically focused, aimed at building energy and inspiration, creating smiles, and having resources that were easy to procure in the areas.

1.4) The older adults who had free time received information, so they participated based on their knowledge, ability, and experience. When their knowledge and ability were subsequently improved, their participation in activities was adjusted as suitable for individual capacity. As a result, the older adults were satisfied and happy, so they continued to participate and perceived their readiness to continue participating.

2) The conclusions drawn from the lessons learned were developed into the participation-building model for promoting active ageing among older adults as follows:

2.1) The organization executives in the area had policies concerning participation-building among older adults with plans and budget allocations to support older adult participation in activities; facilitate participation in activities by older adults; supply necessary equipment for activities consistent with objectives; and provide lecturers to educate older adults about activities, daily life, and healthcare.

2.2) Personnel in the organizations were assigned to perform duties to coordinate publicizing the aforementioned information to older adults to acknowledge and decide to participate in activities with experience and satisfaction. In addition, older adults had to be

able to self-manage participation to be eligible for the activities, and to provide information for older adults who had time in order to consider the ability to manage personal readiness to participate in individual and area contexts, while enabling the activities to be consistent and help every older adult to have satisfaction as follows:

(1) Older adults and officials responsible for older adults jointly provided necessary materials and equipment.

(2) The ability to carry out activities was developed by providing more lecturers.

(3) Market networks were coordinated to distribute products.

(4) Networks were built to exchange knowledge and increase product quality.

(5) The activities made it easy to participate, were convenient, not academically focused, aimed at building energy and inspiration, creating smiles, and having resources that were easy to procure in the area.

2.3) The older adults who decided to participate in the activities gained knowledge, developed skills, and underwent role changes through participation in the activities appropriate for them, namely engaging in management, decision-making, performing activities, procuring resources, coordinating work, publicizing information, and receiving benefits together. For example, the older adults perceived improved health, had greater ability to participate in activities, gained security in life and perceived their environments as being conducive to life, all of which made them ready for active ageing.

The sample in the experiment was divided into experimental and control groups. Most of the experimental group was female (73.33%). In the area of age, subjects ranging from 70 to 74 years were found to have the highest percentage (36.67%), followed by subjects aged 65-69 years (26.67%). Four out of ten of the experimental group were married (40%). Most of the experimental group had primary education (80.00%). About one-third of the experimental group did household chores (30.0%) and had four or more family members (36.67%). Most of the experimental group (53.3%) had incomes less than 800 baht per month, had chronic illnesses (73.33%), and were members of associations or clubs (60%). In the control group, most of the subjects were female (66.67%). In the area of age, subjects ranging from 60 to 64 years were found to have the highest percentage (33.33%), followed by subjects aged 65-69 years (30.00%). Almost half of the experimental group was married (46.67%). Most of the experimental group had primary education (63.33%). One-third of the experimental group did household chores (33.33%) and four out of ten had four or more family members (40.00%). Most of the experimental group (63.33%) had incomes less than 800 baht per month, had chronic illnesses (63.33%), and were members of associations

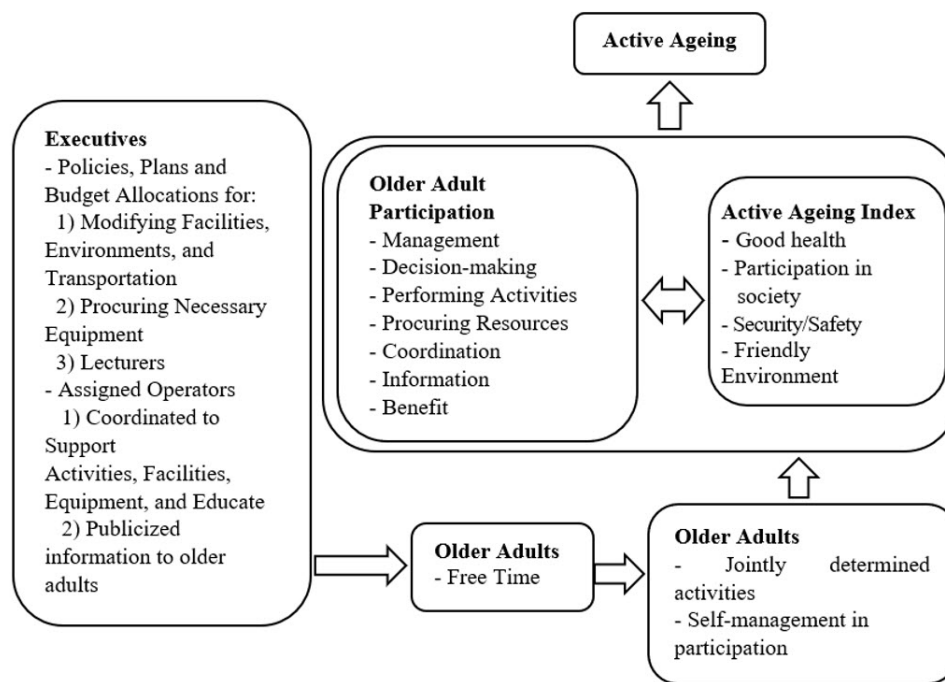


Figure 2: The Participation-Building Model for Promoting Active Ageing among Older Adults.

or clubs (66.67%). Mean scores for demographic data were compared to find differences between groups and every variable of the sample in the experimental and control groups was found no differences.

According to the table, the pretest participation of the older adults in the experimental and control groups was found at a moderate level ($x = 2.246$, $SD = .822$ and $x = 2.395$, $SD = .708$, respectively) and active ageing was found similar at a moderate level ($x = 3.448$, $SD = .654$ and $x = 3.563$, $SD = .537$, respectively). Both groups had mean scores for participation and active ageing with no difference ($t = -1.149$, $p = .255$ and $t = -.741$, $p = .461$, respectively). Six months after the experiment, the older adults in the experimental group had moderate participation ($x = 2.980$, $SD = .703$), while those in the control group had low participation ($x = 1.768$, $SD = .603$). The experimental group had active ageing at a high level ($x = 3.871$, $SD = .360$) while the control group had active ageing at a moderate level ($x = 3.175$, $SD = .351$). When differences in the mean scores for participation and active ageing were compared in both groups, the mean scores for participation and active ageing in the experimental group were found higher than of the control group ($t = 7.166$, $p = .000$, and $t = 7.570$, $p = .000$, respectively).

According to the table, the experimental group was found having higher mean pretest and posttest scores for overall participation and active ageing with statistical significance ($t = -4.030$, $p = .000$ and $t = -3.422$, $p = .002$, respectively), while the control group had lower mean pretest and posttest scores for overall participation and active ageing with statistical significance ($t = 4.279$, $p = .000$ and $t = 3.589$, $p = .001$,

respectively).

7. Discussion of the Findings

Based on the findings of this study, the following two issues were revealed:

1. The participation-building model for promoting active ageing among older adults.

2. Effectiveness of the participation-building model for promoting active ageing among older adults.

1. The participation-building model for promoting active ageing among older adults consists of local executives with policies for building participation among older adults, including plans, supporting budget allocations, and advertisements of information concerning the organization of activities for older adults in the area, because policies are a guideline toward practices that build confidence. In addition, the older adults had access to knowledge about activities that matched their interests, including facilities, equipment, resources, knowledge, development of abilities, and public transportation facilitating participation in activities. In order to help older adults decide to participate in activities, policies had to include participation-building, such as the promotion of older adult readiness and policies for developing environments related to participation. These policies give older adults confidence in their personal capacity in the visible environment, perceived safety in participating, and confidence in benefits as motivation to participate in the activities. It is because the participation of the older adults in each respective area depended on the characteristics, traditions and culture, resources and ability to procure re-

Table 1. Comparison of Mean of Pretest and Posttest Scores for Participation and Active Ageing among Older Adults between the Experimental and Control Groups.

	Variables	Experimental Group		Control Group		t	P (2-tailed)
			SD		SD		
Pretest	Participation of Older Adults	2.246	.822	2.395	.708	-1.149	.255
	Active Ageing	3.448	.654	3.563	.537	-.741	.461
Posttest	Participation of Older Adults	2.980	.703	1.768	.603	7.166	.000
	Active Ageing	3.871	.360	3.175	.351	7.570	.000

Table 2. Comparison between Pretest and Posttest Mean Scores for Participation and Active Ageing among Older Adults in the Experimental and Control Group.

Group	Variables	Pretest		Posttest		t	P (2-tailed)
			SD		SD		
Control Group	Participation of Older Adults	2.393	.708	1.768	.603	4.279	.000
	Active Ageing	3.563	.537	3.175	.351	3.589	.001
Experimental Group	Participation of Older Adults	2.246	.822	2.989	.697	-4.030	.000
	Active Ageing	3.452	.649	3.880	.360	-3.422	.002

sources and friendliness of the environments of each social context or setting in the respective areas [16, 17]. As a result, the older adults were able to easily manage themselves while participating in the activities [18]. When the older adults had sufficient and necessary equipment for activities, they were satisfied with the activities and gained energy from them [19]. When the older adults participated in the activities and benefited from having good health and better quality of life, including participation in society, the older adults had income security, which was a major factor in achieving the goals of building sustainable participation, causing older adults to be engaged in active ageing and good health [20]. This was consistent with a study conducted by Levasseur et al. [21] who found that building older adult participation in communities, particularly at the area level or having public transportation systems that are supportive for older adults while providing sufficient information, changes to activities for easy access and participation in order to help older adults make the decision to participate. Most of the older adults who participated in the activities perceived benefits to themselves and/or society, and came frequently because they perceived a higher ability to perform activities, causing them to feel more valued and gain more income. Afterwards, the older adults perceived the environment to be more supportive of health because they had better self-management

ability or better ability to adapt to that environment [9], which led to readiness of energy, ability, intellect, and knowledge to perform preferred activities within cultural and environmental contexts likely to be beneficial and enable the activities to be easily successful [22].

2. Regarding the efficacy of enhancing the participation-building model for promoting active ageing in the experiment, the mean scores for the participation of older adults and active ageing of the experimental group were found higher than the control group at six months after the experiment. This showed that the participation-building model for promoting active ageing caused older adults to have higher overall participation in activities, causing correspondingly higher active ageing scores. The finding was consistent with the findings of Punyakaew et al [23], who found that social participation leads to active ageing in older adults in the areas of health, social participation, and security guarantees in life. It is because the older adults, who decided to participate in activities and perceived participation to be valuable to communities, had better health, were able to return to performing previously inconvenient activities, had more income, built wider networks, had higher self-esteem, and perceived energy and readiness to perform activities continually [9]. In addition, participation in activities created learning opportunities from performing

activities, maintaining health, and using technology.

The control group did not receive participation-building in the activities. Therefore, participation in activities did not rise in the control group and declined with statistical significance in terms of levels of participation and active ageing. It is because they did not participate in the activities. Furthermore, as time passed, their bodies underwent age-related and degenerating changes. In addition, social networks gradually narrowed with these physical changes. Consequently, their readiness to participate in activities decreased which directed them to avoid leaving home. The number of older adults in the control group who participated in old activities declined accordingly. In addition, these older adults in the control group received less information from society due to having fewer social interactions, thereby reducing social participation [23]. As a result, they had reduced readiness for activities or active ageing, which might lead to dependence. This was a factor causing accelerated physical degeneration, lower income, loss of life security, and difficulty living in their degenerated conditions. This finding corresponds with the findings of a study by Gottlieb Gillespie [24] who compared non-volunteers to volunteers and found people with experience as volunteers to have less depression, less frequent use of health services and lives longer than people who were non-volunteers. It is because targeting social participation may present one of the greatest opportunities to improve older adults' general health [9].

8. Recommendations

Based on the findings, the researcher proposes the following three recommendations:

9.1 Policy Recommendations

1) Local agencies are responsible for the quality of life among older adults; therefore, they should have the following policies concerning participation in activities for older adults:

(1) Local older adults, particularly those with leisure time, should receive the following support to perform activities with budgetary support from local agencies in order to provide information for older adults to participate in activities organized by local agencies:

(2) Activity venues should be modified to facilitate the lives of older adults and ensure their safety, such as in restrooms, floors, recreation areas.

(3) Transportation systems should be modified and provided to enable older adults to manage their personal travel, e.g., by reducing travel time and distance, maintaining road surfaces or pathways in good conditions, providing transportation with seats, ensuring convenience in walking or cycling, and providing safe public transportation systems.

2) Personal travel should be encouraged by reducing travel time and distance, maintaining road surfaces

or pathways in good conditions, providing seating, facilitating walking or cycling, and providing safe public transportation systems.

3) Activity equipment and resources should be provided.

4) Lecturers to improve knowledge and ability to perform activities in accordance with older adults' current contexts and needs within appropriate contexts should be provided.

5) Lecturers to improve knowledge, communication skills, technology, and other necessary skills for older people should be provided.

6) Responsible people should be assigned for implementing plans and facilitating activities to be consistent with agency policies in the following duties:

(1) Providing required knowledge and coordinating with older adults and networks to manage professions lecturers, older adult lecturers, volunteer lecturers, experts, and supporting organizations.

(2) Planning and coordinating the building, facility, and environmental construction and remodeling, including communication and public transportation systems.

(3) Collaborating with older adults to obtain and provide adequate activity equipment.

(4) Coordinating the distribution of products from activities for older adults to earn income, which can lead to the security and safety of older adults.

(5) Disseminating information about the anticipated benefits for older adults, society, and communities to encourage participation.

(6) Participating in managing activities to be consistent with older adults' needs and regional contexts.

(7) Promoting activity management by older adults with support from agencies through the responsible persons in order to help older adults feel as if they are part of activities, and building engagement and participation in activities in every step and model, including activity consistency.

(8) Encouraging network expansion so that older adults can exchange knowledge, abilities, and experiences, as well as expanding markets, to ensure that they gain experience and expected benefits.

8.1 Operational Recommendations

The findings can be used as guidelines for building participation among older adults to get them ready to perform activities in daily life, have good health, be independent, and build security for older adults. When they participate in activities continually in order to build security, safety in life, and harmony with the environment, it will lead to higher Active Ageing Index scores.

1) Researchers, operators, or those involved should investigate the factors influencing social participation among older adults in different environmental conditions and times change in order to provide baseline data for developing the Participation-Building Model

for Active Ageing among Older Adults in line with future contexts and possibilities.

2) Studies should be conducted to compare the effectiveness of older adult participation in promoting active ageing in small and large groups to provide more effective guidelines for building participation among older adults.

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