



## Development of the Learning Center for Holistic Elderly Care, Rajabhat Rajanagarindra University, Chachoengsao Province, Thailand

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### Abstract

This mixed methods research was aimed to study: *1)* The current situation, problems, and guidelines for development of the learning center for holistic elderly care, *2)* The success factors affecting development of the learning center for holistic elderly care, and *3)* Guidelines for development of the learning center for holistic elderly care. Research participants for a part of qualitative study included 55 people; they were the elderly, elderly families, and the presidents of the sub-district administrative organizations, municipal mayors, directors of sub-district health promoting hospitals, heads of sub-district, village heads, Senior Citizen Clubs, and community health networks in all districts in Chachoengsao Province. The participants were selected to participate into the study through purposive sampling and data were elicited through in-depth interview. The quantitative sample size of **400** people was determined by using the sample calculation formula according to Taro Yamane's table, and the sample was selected by using the stratified random sampling method. Questionnaires were used as tools for data collection. Data were statistically analyzed with frequency, percentage, mean, standard deviation, and multiple regression analysis. Results of the study were showed in the following: *1)* The current situation, problems, and guidelines for development of the learning center for holistic elderly care with the participation of relevant parties, it was found that most of the elderly had several health problems, including lack of knowledge in self-care, lack of exercise, joint pain, body deterioration, and underlying diseases. Their psychological problems included feeling lonely and being bored. In economic aspect, they had limited amount of money for regular spending. In social aspect, they were afraid that they would not be taken care by their own children and grandchildren when they became so old that they could not take care of themselves. In environmental aspect, some of their houses were cluttered and untidy. In some spaces, grass was dense and overgrown as high as it could block the view along the road curves. Guidelines for developing the learning center for holistic elderly care should include participatory brainstorming among both the governmental and the public sectors, organizing training to educate and enhance good management factors, implementing the participatory process of all parties, and receiving appropriate support from various agencies, together with the leadership of quality executives; these factors would lead to success. As a result, there should have development in health, economy, safety, and social support which would help to support the development of the holistic elderly care learning center in an effective and successful manner. *2)* The success factors for developing the learning center for holistic elderly care, there were three success factors including support from various agencies, management factors, and leadership factors, which had a statistically significant **74.40%** impact on the development of the holistic elderly care learning center at the level of .01. *3)* The guidelines for development of

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the holistic elderly care learning center were found that the input success factors included management factors, participation factors, leadership factors and support factors from various organizations. The success factors were based on the 6-step process: 1) Survey needs, 2) Identify the main issues to be implemented, 3) Design appropriate guidelines, 4) Implement the prescribed design, 5) Summarize and report the results, and 6) Build a network to ensure the success and efficiency of the operation that affects the sustainable development of the holistic elderly care learning center.

**Keywords:** Learning Center, Holistic Elderly Care, Rajanakarin Rajabhat University, Chachoengsao Province, Thailand

## Introduction

Due to the rapidly increasing number of elderly population in 2022, there were 1,109 million elderly people worldwide. It accounted for 14 percent of the world's population. In 2020, 2021, 2022, and 2023, number of the elderly population in Thailand had increased gradually accounting for 18, 19, 19.4, and 20.08 percent of the total population (Department of Elderly Affairs, 2024). The ratio of the elderly population in Thailand has been increasing until it

From review of literature on the establishment and operation of learning centers in nine communities, it was found that there were obstacles in the operation of the learning center, divided into three main problems: problems in the development of the learning center, problems in the management of learning centers, and problems from the utilization of learning centers (Suvicha Trinet, 2019, pp. 8 - 10). Therefore, the research team conducted a pilot study by interviewing provincial leaders of the Social Development and Human Security Division and provincial administrative organizations and people who took care of the elderly with dependency conditions in Chachoengsao Province. It is found that there are still problems in effective policy communication to the community, solving problems of caring for the elderly in the community, and assistance from the central and other parts to the community has not yet been covered thoroughly (Interview with the Head of Social Development and Human Security, 29 October 2020). From interviewing families who have the dependent elderly in a community of Chachoengsao province, they have suggested that an elderly care center should be established to reduce the burden of caring for families during working hours. As a result, family members could work and earn more money to take care of their families (Interview with Elderly Families, October 22, 2020). This is in line with the interview with the President of

the Chachoengsao Provincial Administration Organization, stating that he wants Chachoengsao Province to have an elderly care center to be an agency that could take care of daily life, daily health care, and routine nursing. These will result in an improvement in the quality of life of the elderly in the province (Interview with the President of the Chachoengsao Provincial Administration Organization, November 23, 2020). In addition, information given from the elderly care at home in Bang Khla District, Chachoengsao Province, it is found that there are still problems in communicating policies regarding care and welfare rights to the target group. There are also several elderly people with dependency conditions who are not able to access to benefits or the use of benefits from the fund is not covered. The economic situation of families who take care of the elderly because they must take care of the elderly who are dependent on them all the time, 24 hours a day, so there is no time to go to work, so there is a lack of income to support the family, which is stressful. It was found that any family with an elderly person with a dependency condition must share the responsibility of taking care of them. Or some families cannot quit their jobs, they must leave the elderly alone or leave it to village health volunteers to visit and take care of them for some time, considering that there are difficulties in taking care of the elderly who are dependent on the community and have a low quality of life.

In addition, Rajanakarin Rajabhat University is a public university classified in the local development group and is the only higher education institution located in Chachoengsao Province. The researcher is an instructor of the Faculty of Nursing at Rajanakarin Rajabhat University, realizing the significance of quality of life of the elderly who need to take care of their daily lives. There is currently no learning center for the elderly at the university. It can also be a source of learning about geriatric nursing for nursing students, a source of skill training for nursing instructors, and a source of learning about caring for the well-being of the elderly in the community. Therefore, there is an idea to establish a community elderly care center at Rajanakarin Rajabhat University, Chachoengsao Province, but it might take a long time to establish the center in practice. It is also combined with information from the community forum on the need to establish the elderly care center in Chachoengsao Province on July 11, 2023 at Rajanakarin Rajabhat University. At the meeting, more than 100 participants attended the meeting; they included the provincial governor, as the chairman, and representatives of the elderly, social development and human security, academics, directors of hospitals and social workers. They participated in the comments concluded that the people want the province's elderly care center. But, in the first stage, they asked for it to be operated as a learning resource for leadership development, administrators, and related persons. Then, in 2024, the first phase of the project

was proposed as the starting point for the establishment of University Elderly Care Center, Rajanagarindra Rajabhat University, Chachoengsao Province, to provide academic services to caregivers of the elderly at all levels, including the elderly who have problems with lack of caregivers at home for some time and need full-time services. It was aimed to improve the quality of life of the elderly in Chachoengsao Province to have quality caregivers. Therefore, the research team was interested in studying the development of a holistic learning center for elderly care, Rajanagarindra Rajabhat University, Chachoengsao Province. The results of this research would provide a way to develop a holistic learning center for elderly care, Rajanagarindra Rajabhat University, by participating in all relevant sectors. It would help improve the quality of life of the elderly and their families in Chachoengsao Province and be a good model for improving the quality of life of the elderly in other provinces in the future.

## Research Objectives

1. To study the current situation, problems and guidelines for development of the holistic elderly care learning center, Rajanagarindra Rajabhat University with the participation of relevant parties.
2. To study the success factors affecting development of a holistic elderly care learning center, Rajanagarindra Rajabhat University.
3. To study guidelines for development of the holistic elderly care learning center, Rajanagarindra Rajabhat University.

## Conceptual Framework for the Research

The research team analyzed and synthesized the ideas obtained from the interviews about the success factors of integrated operations with the ideas obtained from documents, research related to the factors of operational success that are feasible and appropriate for this research. From scholars and educators, Ratchanikorn Intachua (2020), Senior Citizens Council Association of Thailand (2013), Juthaporn Kammani (2015) Quality of Life Development and Community Management Standards Department and Community Management Department 2 (2021), Chaiwit Krudamas, Waiwit Noeek and Somchok Chakharat (2021), and Kasema Wannaro (2018) showed that the primary variables were success factors, including management factors, participation factors, leadership factors, and support factors from various agencies. And, from the research concept of Wongprasit (2021), the following variables were the development of a holistic learning center for elderly care, including health, economy, safety, and social support. The research process and the conceptual framework for the research are as shown in figure 1.

## Research Methodology

This research was an integration between qualitative research and quantitative research, including seven steps of conducting research as follows.

Step 1: Survey of problems and needs for development of a holistic elderly care learning center to identify needs of the elderly in various aspects. Research team interviewed 55 people; they were the elderly, the elderly families, presidents of the subdistrict administration organizations, mayors, Directors of Sub-district Health Promoting Hospitals, heads of sub-districts, heads of villages, village health volunteers, senior citizens clubs, and community health networks in all districts in Chachoengsao Province. The results of interviews and various suggestions received were proceeded to analyze the problems and needs of elderly care in development of the holistic learning center with participation of Rajanagarindra Rajabhat University.

Step 2: Integrating results of the analysis obtained from the interview and concepts, principles on factors affecting development of holistic elderly care learning centers. Once the factors were obtained, they were presented in the workshop for brainstorming to listen to the opinions and suggestions of five experts. Then, research team prepared (draft) guidelines for development of a holistic elderly care learning center, Rajanagarindra Rajabhat University, using a participatory process to obtain consistent and responsive feedback information, revised and summarized it into a draft guideline for development of a holistic learning center for elderly care, Rajanagarindra Rajabhat University.

Step 3 Implementation Phase: Research team conducted a trial of the draft guidelines for development of holistic elderly care learning centers in the field site, at the Seminar Building at Bangpakong Park, Rajanagarindra Rajabhat University, Bangkok, coordinating the related people, preparing guidelines of learning centers, designing various learning bases, and organizing seminars for target groups, including: 1) Elderly people or elderly families, 2) Mayors, presidents of sub-district administrative organizations, 3) District Health Officers, Directors of Sub-district Health Promoting Hospitals, 4) heads of sub-districts, heads of villages, and 5) Village Health Volunteers, caregivers or Senior Citizens Clubs, Community Health Networks of Chachoengsao Province. Ten people were drawn from each district, total of 11 districts. There were 110 participants in total, and the training period lasted for one day. Training content included establishing the learning center, management system, objectives, and six holistic learning activity bases: including, physical health base, mental health base, musical art base, agricultural product base, online trading base, and research and innovation base. The trainees would be able to understand needs of holistic caring for the elderly in various dimensions.

There was an evaluation of what they had learned before and after training to assess knowledge and understanding the establishment of a learning center. The contents were designed by determining topics including the readiness of the learning center, building-space and facilities, personnel, various databases, data compatibility, time, learning resource platforms, and user satisfaction assessment at the learning center. Results of the evaluation were synthesized and summarized as a draft guideline for development of the holistic elderly care learning center, Rajanakarin Rajabhat University, and brought in the first group discussion among five participants of the local government organization executives, Directors of Sub-district Health Promoting Hospitals, administrators of well-known elderly care centers and academics. In this training, the research team also had to monitor COVID-19 and influenza by wearing masks, use of alcohol gel and social distancing.

Step 4: Applying the analysis results of both before and after the training to be summarized as a draft guideline for development of the holistic elderly care learning center. It consisted of four success factors including management, participation, leadership, and support from various agencies. The guidelines for development of the learning center for holistic elderly care contained four aspects, namely health, economy, safety, and social support. They were drawn to prepare a questionnaire for eliciting opinions of the elderly and their families about factors affecting the development of four factors and guidelines for developing the holistic learning center for elderly care, if it would appropriate and feasible to develop a learning center for holistic elderly care at Rajanakarin Rajabhat University, and if it would meet the needs of the elderly and their families in the community. And, to what extent the public would use the service.

Step 5: Statistical analysis of the data collected through the questionnaires to determine to what extent the individual factors could affect the development of holistic elderly care learning center. The researcher brought the factors which had the least impact to analyze, improve, and develop what should be done in the following step, and to mostly affect the guidelines of development in which aspects, which aspects were the least and which one had least average value. Which approach it should be developed and how to summarize the draft guidelines for the effective development of a holistic learning center for the elderly in Rajanakarin Rajabhat University.

Step 6: The Second Group Discussion was done to evaluate and confirm the draft guidelines from the executives of local government organizations, directors of sub-district health promoting hospitals, administrators of well-known elderly care centers, and academics; they were five participants.

Step 7: Summarizing the completed guidelines and

presenting them at the seminar on the development of elderly care centers: It was organized at Rajanagarindra Rajabhat University, to the President of Rajanakarin Rajabhat University, Provincial Public Health Doctor, District Public Health Officers, Presidents of the Sub-district Administration Organizations, Mayors, Directors of Sub-district Health Promoting Hospitals, Heads of Sub-district, heads of village, Senior Citizens Clubs, Community Health Networks, and Social Development and Human Security of Chachoengsao Province. They were 110 participants. It was a publicity for the project to establish the learning center for holistic elderly care, Rajanakarin Rajabhat University.

## Population and Sample

### 1. Population

The population comprised of 125,843 elderly people, 108 local government administrators, 117 directors of sub-district health promotion hospitals, 93 heads of sub-districts, 852 heads of villages, 10,401 village health volunteers, and one social development and human security executive of Chachoengsao province.

### 2. Sample

The key informants in qualitative research included the elderly, elderly families, and the president of the sub-district administration organizations, mayors, directors of sub-district health promoting hospitals, heads of sub-districts, heads of villages, Senior Citizens Clubs, community health network in all districts in Chachoengsao Province (Creswell, 2007, 2013, cited in Chamniar Zhuangtrakul, 2018). Purposive sampling from those who met the research objectives would be able to communicate and provide information and voluntarily consent to provide information. Samples were drawn for the pilot workshop on the draft guidelines for the development of learning center, comprising various learning bases. Representatives of the key informants were: 1) the elderly or their families, 2) mayors or heads of the sub-district administrative organizations, 3) the sub-district health promotion hospital or the director of the sub-district health promotion hospital, 4) heads of villages, or heads of villages, and 5) caregivers or senior citizens clubs, community health networks of Chachoengsao Province, 10 people from each district, a total of 110 people. It used a point-specific sampling method. Experts in the group discussion included local government organization executives, Directors of Sub-district Health Promoting Hospitals, administrators of the elderly care centers, and academics. A total of 5 people were subjected to purposive sampling from people who qualified according to the population. The sample size for quantitative research in the questionnaire inquiry was determined using the sample calculation formula according to the table of Taro Yamane (Yamane, 1973), at the 95% of confident interval.



There were 400 elderly people and their families. Once the sample size was calculated and determined, the researcher used a multi-step sampling method to include the individual sample. After that, the stratified sampling was performed by district where the elderly were living. There were 11 districts in total. Then, the number of samples from the elderly population of each district were compared. A simple random sampling was conducted by randomly selecting from the sub-districts available in each of the 11 districts by determining the proportion (Quota Sampling). Then, a lottery method was applied to select the sample used in this study in each sub-district. It was a selection of samples without prejudice and independence from decision-making, dividing the sample by community; they were 400 people.

### Tools used for Data Collection

The tools used to collect qualitative data include in-depth interviews using semi-structured interviews about the content, current situation, problems, and guidelines for the development of holistic elderly care learning centers.

Checking the quality of the instrument in qualitative research was done through content validity reviewing by 3 experts, and the interview guides were applied with 3 non-sample interviews before improving and using them as a guideline to adjust the questions. The equipment used to collect data were: 1) a camera, which the researcher chose to take photos related to the issues under study, 2) a voice recorder, and 3) a notebook. Before using the equipment in data collection, the researcher asked for permission and received consent from informants. The tools used to collect quantitative data included questionnaires about success factors and development of a holistic elderly care learning center. The questionnaires were generated by the researcher. The answers to questions in the questionnaires had rated in five rating scale. Tool of quantitative data collection was verified its content validity. The questionnaire was presented to five experts to determine the completeness, accuracy, and consistency index of the questionnaire and calculate the Index of Item Objective Congruence (IOC) to obtain a content accuracy value of 0.90 (Pichit Ritcharoon, 2013). The questionnaires were revised as recommended by experts before trying out with 30 people of sample in Hua Sai Subdistrict, Chachoengsao Province. The questionnaires were identified the reliability by finding the alpha coefficient according to Cronbach's method (1990), where the whole confidence value was more than 0.75. This results in a confidence value of 0.885 and then made a complete version to collect further data.

The questionnaires were divided into three sections including:

Part 1 General information of the respondents includes information about gender, age, marital status,

Part 2 The opinion questionnaire about success factors is a standard question in the rating scale according to Likert's method (1967).

Part 3 The questionnaire on the development of a holistic learning center for elderly care is a standard question with an estimate (Rating scale) according to Likert's method (1967).

### Data Collection

**Qualitative Data Collection:** Through in-depth interviews and fieldnote taking, the interviewed data were used to decipher the data verbatim, analyze the content-based data, and capture the main and sub-issues. There were processes for collecting information, performing as follows: 1) Preparation stage: The researcher prepared in-depth interview guidelines before proceeding to collect data. The researcher asked for permission from the sample to conduct the study. All participants signed in a consent form to participate in the research and were informed that they could refuse to participate in the research and withdraw from the research without any adverse consequences. In addition, the information obtained from this research were kept in confidentiality, not disclose any damage to the participants. The researcher only used the research results for academic purposes. 2) Procedure: It was to request to conduct an interview at a convenient location for the main informant by selecting a convenient date and time for the researcher to meet the information in Part 1 at first. In Part 2, during the interview, the questions would be adjusted for clarity according to the context and facial expressions. The informant's emotions, using in-depth interview skills, considering the rights and dignity of the informants. There was a 2-minute break each time to prevent stress after the interview was over. 3) Observation and note-taking. The researcher used observation of the opinion behavior of the sample during the interview, and after the observation, the researcher recorded the data along with the observation.

**Quantitative Data Collection:** The researcher used a set of questionnaires created by the researcher to collect data manually among 400 people.

### Data Analysis

**1. Qualitative Data Analysis:** The researcher defined codes of data, used interpreting method, and interpreted the data, creating concepts comparable to the theories and research results which had already been researched according to the qualitative approach (Content analysis), by experts to make the analysis results more accurate. There are 3 steps in data analysis according to the guidelines of Strauss and Corbin (1998) and Subhank Chanthawanich (2008) as follows: 1) Open coding is the process of defining code or indexing (Supang Chantavanich, 2008). From the data obtained from the interview, it is an analysis to find the consistency of the type or group of data obtained from the interview. Problems

and guidelines for the development of learning centers for the elderly according to the research objectives will be coded. 2) Axial coding is the process of defining the code by processing the type of data and the characteristics of the type of data together. 3) Select coding is the process of selecting events that is the key to leading to the conclusion of the decoding findings from the data obtained from the interview. It is a process of using the types and relationships or core of data to summarize the characteristics of the relationships or phenomena discovered about the success factors that affect the development of the holistic elderly care learning center.

**2. Quantitative Data Analysis:** The sets of questionnaires were returned and given scores (codes) in each question and the results were recorded on a computer using a ready-made program by statistical and descriptive analysis such as frequency, percentage, and percentage, standard deviation, and multiple regression analysis are preliminarily validated by determining Pearson's correlation coefficient before multiple regression analysis was used.

## Research Results

### 1. Study the current situation, problems and guidelines for the development of a holistic elderly care learning center, Rajanakarin Rajabhat University with the participation of relevant parties

Results of interviews with key informants: It was found that the current situation in the development of a holistic elderly care learning center, most of the elderly were not very healthy. They had degenerative joints, difficult to walk. They also had underlying diseases such as heart disease, high blood pressure, hyperlipidemia, and diabetes required frequent medical visits, leading to medical costs. One of them said, "My family members go to work, and my grandchildren all go to school, and I have to stay at home alone, lonely, and get bored." They lacked socialization with others and families who did not take care of the elderly as much as they should do. They felt depressed. Some families had insufficient income to meet their expenses, resulting in debt. It affected the quality of life of the elderly and their families. The problems found were that most of the elderly had health problems. Lack of exercise, joint pain, and underlying diseases such as heart disease. Blood pressure Hyperlipidemia, diabetes mellitus psychological problems, loneliness, boredom. Depression, fear that their children will not be raised if they get older and can no longer do anything, economically and socially and environmentally, lack of knowledge on self-care, including eating an age-appropriate diet. Exercise, self-emotion management. First aid/health check-ups every week from various responsible departments, money is limited to spend on normal times. In some places, there is overgrown grass on the side of the road, blocking the view along the curves.

Guidelines for the development of a holistic learning center for the elderly, it was found that there was a participatory brainstorming between the government and the public. Organizing training to educate. The learning includes both theoretical and practical lessons that the elderly can put into practice to take care of themselves. In terms of body and self-care to be safe from society and the environment, and in addition to practicing from 6 bases, namely physical health base, mental health base, Musical Art Base Agricultural product base, online trading base, and research and innovation base to raise awareness and see the importance of using knowledge for the benefit of themselves and the community, and to be able to solve problems in line with the needs of the elderly and the general public. The development approach depends on good management factors with the participation process of all parties and appropriate support from various agencies, combining with quality executive leadership and lead to success. As a result, there have been developments in health, economy, safety, and social support, which have helped to support the development of a holistic learning center for the elderly in an effective and successful manner. Therefore, factors that support the development of a holistic learning center for the elderly can be effective and successful, consisting of Management Factors Participation Factors Leadership factors and support factors from various agencies.

As for the development of a holistic learning center for elderly care, including health, economy, safety, and social support, the establishment of a center establishment committee for good management is carried out determining the location for the establishment of the learning center, being registered as a member of the elderly center. The process of providing activities carried out in the center that meet the needs of the community and continuously, such as vocational training, vocational skills training such as crafts, wicker, crafts, to online trade, development of agricultural products such as healthy food for the elderly/herbs. In addition, there are government and private agencies supporting budgets, materials, equipment, exercise equipment, etc. Guidelines for improving the quality of life of the elderly by developing a learning center for holistic elderly care, it was found that a variety of recreational activities for the elderly should be arranged. There are regular joint activities such as training to educate, visit temples, sports competitions for the elderly: allow the elderly to pass on culture, traditions and traditions from the past to the present into a society in which children and grandchildren participate in activities to increase bonding, develop communication in the elderly society to understand each other better, and meet and talk and travel together. In addition, there should be a survey of visitors to study the needs to improve and develop the learning center for holistic elderly care to be more effective and sustainable.

## 2. Study on the success factors that affect the development of a holistic elderly care learning center, Rajanakarin Rajabhat University: The results of the study showed that:

2.1 Most of them were female, aged between 60 and 65 years old.

2.2 The overall level of success factors are at very high level. The highest average factor is the management factor, followed by the leadership factor and the participation factor. The average last level factor is the support factors from various agencies.

When considering each factor, it was found that:

- 1) Management factors are at a high level. The highest average is that the learning center in your community should be adequately and appropriately staffed according to their roles and duties. Secondly, the learning center in your community should continuously monitor, evaluate, and improve the performance of the learning center in the community. The operation of the learning center in your community is transparent and auditable. The last point with the average value is that the establishment of a learning center in your community should have a clear operational structure.
- 2) Participation factors are at a high level. The highest average is that you have the ability to participate in planning meetings for the development of the center. Secondly, the Center Board of Directors will ask for opinions to know the problems and needs of your community to make decisions on the various actions of the Center. Your community is involved in the management of the operation of the Center for Holistic Elderly Care. The last item with the average value is that you regularly participate in projects and activities organized by the Holistic Elderly Care Learning Cent
- 3) Leadership factors are generally at a high level. The highest average is that the management of the holistic elderly care learning center is rational and trusted by other members. Secondly, the management of the learning center for holistic elderly care is qualified to build trust between individuals involved in achieving the goals. The management of the learning center for holistic elderly care is a person of justice who gives equal importance to all personnel. The last average value is that the management of the holistic elderly care learning center is strong and resolute, determined to complete the task well.
- 4) The overall support factor from various agencies is high. The item with the highest average value is the Sub-district Administration Organizations (SAOs), hospitals or other agencies continually advocating and supporting the development of holistic elderly care learning centers.

Second highest is that SAOs, hospitals or other agencies provide budget support for the operation of the learning center for holistic care for the elderly appropriately. The SAOs, hospital or other agencies have continuously monitored the operation of the center. The last average value is that the SAOs, hospital, or other agencies are willing and enthusiastic to assist in the development of the center.

2.3 The level of development of holistic elderly care learning centers is at a high level. The aspect with the highest average value is safety. The second highest is social support in terms of economy. The last average value is health.

When looking at each aspect, it was found that:

- 1) In terms of health, as a whole, it is at a high level. The highest average is that local government organizations support the budget for health care for the elderly as needed, arranging a place for exercise in the village, or organizing other activities suitable for the elderly. Secondly, the Sub-district Health Promotion Hospital or village health volunteers did home-visit and recommended appropriate health care for the elderly and families of the elderly about the importance of choosing a healthy diet for the elderly. The last average is that the elderly exercise properly.
- 2) The overall economy is at a high level. The highest average is that the elderly have a job as much as their physical condition can do. Secondly, the local government organization promotes occupations for the elderly to earn an appropriate income; the elderly spend economically. The last average is that the family sends as much money as possible to support the elderly.
- 3) The overall safety aspect is at a high level. The item with the highest average value is that the local government organizes utilities for the elderly when they are outside the home. The second highest is the support of local government organizations, promoting the budget for community development, government agencies support and promote the provision of a safe environment in the community for the elderly, such as roads, fitness facilities, and other areas in the community. The last item with the average value is that the elderly and their families can take care of their homes to be clean and safe, such as arranging things in a place that is free from the risk of danger, toilets and houses to be safe.
- 4) In terms of social support, as a whole, it is at a high level. The highest average is that the elderly share things and aid others. Secondly, the local government organization organizes activities by training and providing knowledge on development of another knowledge as necessary according to the situation. There is an exchange of knowledge between communities, for example, elderly people from

other districts come to teach and educate the elderly in your community, or elders in your community go to teach other communities, etc. The last item with the average value is that the local government organization organizes activities by training and educating about self-care.

2.4 Results of the analysis of the relationship between success factors and the development of a holistic learning center for elderly care. The results of the study showed that the success factors and the development of the learning center for holistic care for the elderly were statistically significantly positively correlated at the level of .01. When considering the relationship between success factors and the development of a holistic learning center for elderly care, it was found that there was a statistically significant positive correlation in all aspects at the level of .01. They are in the following: Support from various departments, management factors, participation factors, and leadership factors.

2.5 Results of the analysis of success factors that affect the development of a holistic learning center for elderly care.

The results of the study showed that there were three variables of success factors: the factor of support from various agencies (X4), management factors (X1), and leadership factors (X3). All three factors affect the development of a holistic learning center for elderly care. The overall predictive efficiency ( $R^2$ ) is .744. That is, all three success factors together were able to forecast the development of a holistic elderly care learning center of 74.40 percent, statistically significant at the level of .01. Except for the participation factor, it does not affect the development of a holistic learning center for elderly care. Then, the information was summarized into a draft guideline for the development of a holistic elderly care learning center, Rajanakarin Rajabhat University, and brought in group discussion.

### 3. Development of the Learning Center for Holistic Care for the Elderly Rajanakarin Rajabhat University

Results of group discussions by experts, it was found that the success factors (input) include management factors, participation factors, leadership factors, and support factors from various agencies. They include 6-step process. Step 1: Explore, Step 2: Grasp the Issues, Step 3 Design Step 4 Proceed, Step 5: Summarize and report the results, and Step 6: Build a network. Those steps contribute to the successful operation and operational efficiency, affecting the development of a holistic learning center for elderly care (Output) in a sustainable manner in terms of health, economy, safety, and social support. The guidelines will be publicized to interested parties and a memorandum of cooperation will be made with relevant agencies to plan for further large-scale development. Then, the guidelines for the development

of a holistic learning center for elderly care in Rajanakarin Rajabhat University of Chachoengsao Province Thailand were summarized as shown in figure 1.

## Discussion of Results

The research team discussed the research results according to the research objectives as follows:

### 1. Current situation, problems, and guidelines for developing the learning center for holistic elderly care, Rajanakarin Rajabhat University, with participation of relevant parties.

Results of interviews with key informants, it was found that most of the elderly had health problems, including lack of exercise, joint pain, deterioration of the body, and underlying diseases. They also had psychological problems, including loneliness, boredom, depression, fear that their children would not take care of them if they were older and could no longer do anything. In socio-economic and environmental aspects, the elderly lack knowledge on self-care, including eating an age-appropriate diet, exercise, self-emotion management, first aid/health check-ups every week from various responsible departments, having limited money for living expenses. In some places, there is overgrown grass on the side of the road, blocking the view along the curves. The guidelines for development of the holistic elderly care learning center should include participatory brainstorming in both the government and the public sector. The development approach depends on good management factors with the participation process of all parties and appropriate support from various agencies. The good management factors alone are insufficient, but they should be combined with quality executive leadership and lead to success. As a result, there have been developments in health, economy, safety, and social support, which have helped to support the development of a holistic learning center for the elderly in an effective and successful manner. This may be due to the lack of knowledge and understanding of self-care for the elderly. In physical health aspect, self-protection from various diseases, emotional management, less socializing, causing boredom, loneliness can cause depression, providing useful knowledge for the elderly, arranging the environment both inside and outside the home to be safe for daily life. It is in line with Somboon Sirisanhira (2016) stating that when entering old age, the elderly will undergo changes in various aspects, including physical deterioration, slower movements, forgetfulness, and forgetfulness. There are health problems in society. The elderly must reduce their work or retire from their jobs, which makes them have free time, must be with themselves more often, some are away from society, and loneliness is caused by the current state of Thai society that has changed from the past. This makes the elderly must adapt to their lifestyles a lot. Both social, family, and communication technology



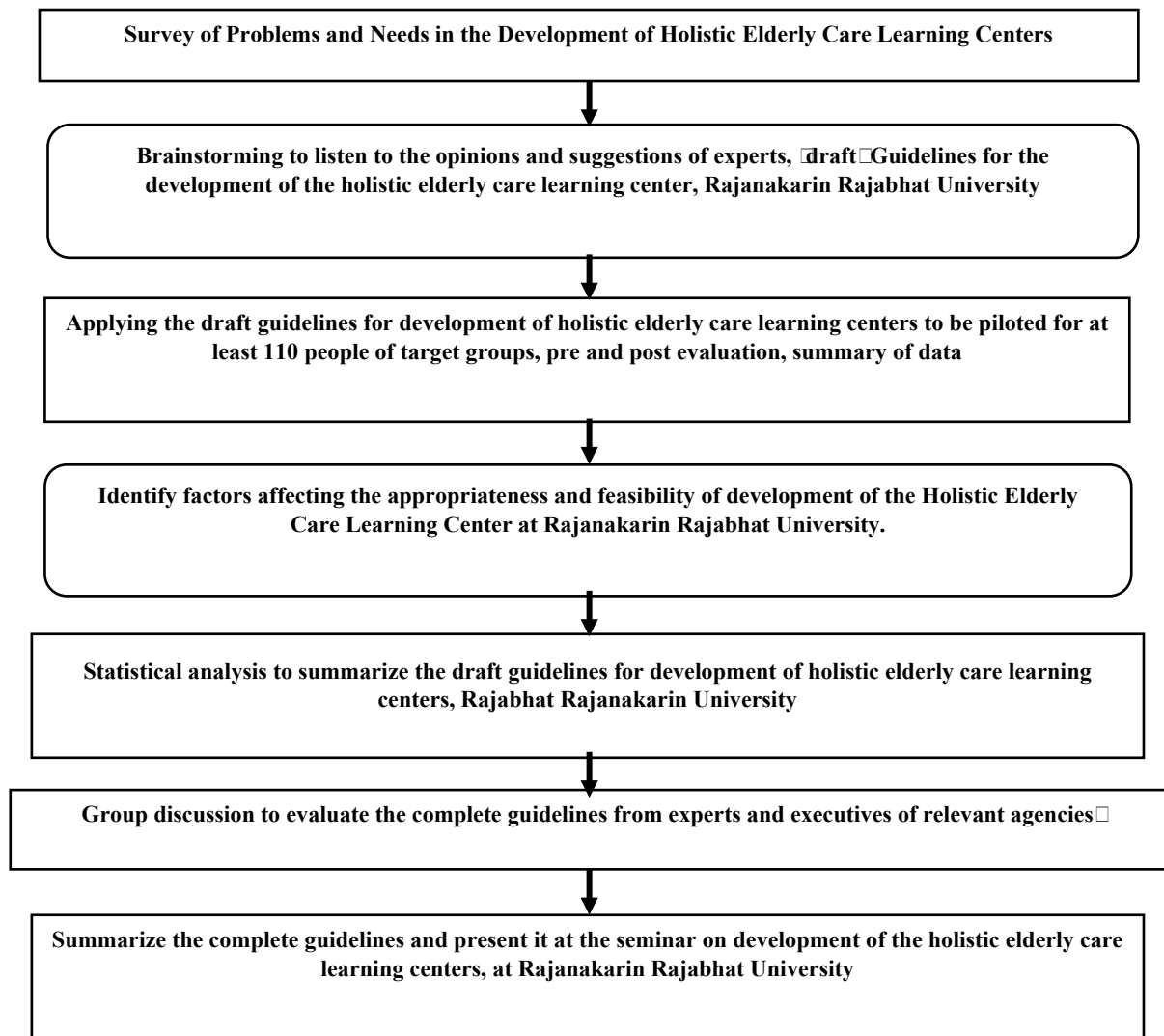


Figure 1: Research Conceptual Framework

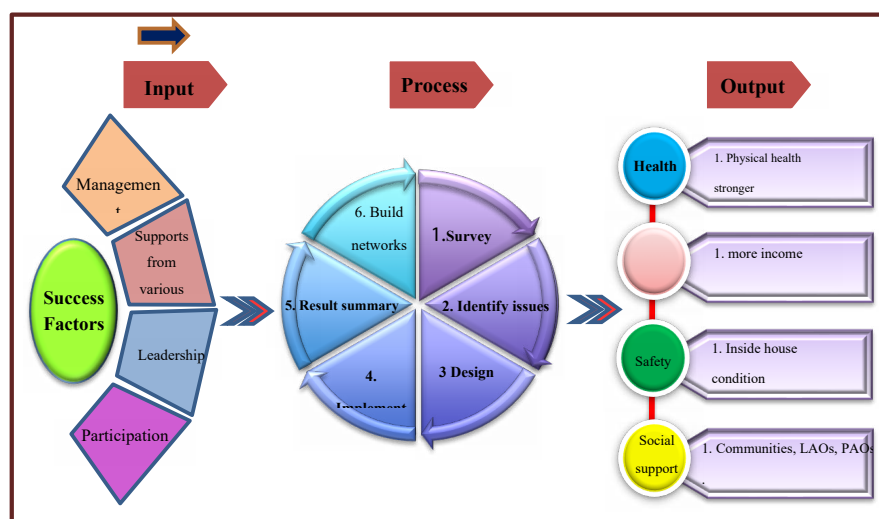


Figure: Guidelines for development of the holistic elderly care learning center, Rajanakarin Rajabhat University, Chachoengsao Province, Thailand

make the elderly who cannot adapt to the situation have to withdraw from society. It is also in line with the Center for the Promotion of Learning for Special Target Groups (2023), finding that knowledge is extremely important and necessary for the elderly because if the elderly receive information and knowledge that is useful to them, they will be able to adapt and develop appropriately and happily. The useful knowledge for the elderly includes health knowledge such as exercise, food and nutrition, mental health care, and economic aspects such as vocational training for income enhancement, saving money after retirement in social aspects, such as volunteering or local wisdom, laws related to the elderly, receiving services from the government, and environment/technology, such as arranging a suitable and safe living environment, awareness of Danger Cyber Protection against the temptation of call centers, the use of various technologies for modern and appropriate communication. This is because Thailand has entered an aging society for more than 10 years. Information and knowledge about self-care for the elderly and the importance of the elderly has been continuously provided, but it is still not possible to develop completely in all dimensions holistically because it requires help from all relevant sectors, not only the elderly. Therefore, there are still problems in health. The economic, social, and environmental conditions of the elderly are different, but they vary according to the local context.

### **Success factors that affect the development of a holistic learning center for elderly care Rajanakarin Rajabhat University**

The results of the study showed that the success factors consisting of three factors include: 1) support from various agencies, 2) management factors, and 3) leadership factors. These three factors affect the development of a holistic learning center for elderly care. The overall forecast efficiency is .744. That is to say, the three success factors together were able to forecast the development of a holistic elderly care learning center of 74.40 percent, statistically significant at the level of .01. It is in line with Phachara Sangsri (2013), studying on the guidelines for establishing a community learning center for lifelong learning for the elderly. It found that the three factors make the operation successful consisting of the existence of a directly responsible agency and the allocation of a budget for support. There is a committee that directly oversees the elderly. There is a plan to develop the elderly in the village, creating an understanding for the elderly to see the need for learning, organizing activities regularly and continuously, publicizing activities to the elderly, and building a network with senior clubs in other areas. As such results because the community elderly care center is an operation that covers all dimensions of holistic care for the elderly. Therefore, to operate well and with quality, there must be support from various relevant agencies and experts in

each dimension, such as the health dimension, which must be supported by the agencies of the Ministry of Health. In terms of medical personnel and equipment, it covers promotion, disease prevention, treatment, medical care, medication and health rehabilitation, etc. Economic and social dimensions, it must be supported by the agencies of the Ministry of Social Development and Human Security. The dimension of budget expenditure and policy formulation must be supported by local government organizations, and the academic and research dimensions must be supported by the agencies of the Ministry of Education. In addition, the management of a spontaneous center by the gathering of the elderly in the community is new, so it is necessary to have knowledge of center management and leadership development that is in line with the needs of the context. Therefore, it is found that the success factor should consist of these three factors: 1) support from various departments, 2) management factor, and 3) leadership factor.

### **Development of a Learning Center for Holistic Care for the Elderly Rajanakarin Rajabhat University**

Guidelines for the development of the holistic learning center for the elderly, Rajanakarin Rajabhat University, found that it consists of three input factors: 1) support from various agencies, 2) management factors, and 3) leadership factors. It relies on a 6-step process, including the needs survey, understanding the key issues, and designing the operation, Implementing as the summary plan, reporting the results, and building a strong network to ensure the success and efficiency of the operation that affects the sustainable development of the learning center for holistic elderly care (Output), covering the dimensions of health, economy, income, safety, and social recreation. It is in line with Somboon Sirisanhiron (2016), stating that the appropriate model for providing education for the elderly should focus mainly on the principle of informal education. This could be done as a learning activity in the daily life of the elderly, which the elderly could choose to learn continuously throughout their lives as their needs, opportunities, readiness, and learning potential of everyone. Vocational training according to the needs of the elderly, the training provides knowledge on matters that the elderly need and benefit the elderly, including health, welfare for the elderly, and proper rest, disease prevention, exercise, etc. This may be since Thailand has become aware of the elderly and Chachoengsao Province has an increasing number of elderly people who are still energetic, most of whom are educated seniors who have experience as executives before retiring from the government, who have gathered to apply their knowledge and experience in community development and benefit society.

### **Suggestions**

#### **Suggestions for the application of the research results**

1. According to the research results, the overall average

scores of all success factors are above high level. But the factors with the lowest average are support factors from various agencies. The last item with the lowest average value is “Sub-district Administrative Organization, hospital or other organizations have intention and active willingness to assist in development of the learning center.” Therefore, it is recommended that the Management Board Committee of the Learning Center should have regularly conducted survey if people who come to study or use the services of the learning center have met their needs, to examine the needs that may change according to the current situation, and to improve or develop the holistic elderly care learning center for diverse services.. Because if the same activities are organized and served, it may cause the learning center to stagnate. There would be no people using the service, so there should be at least some changes 1-2 times a year by publicizing activities, by requesting cooperation from the SAOs, hospitals, or other government and private agencies participate in organizing the activity. In each time, activities should be rotated according to the needs of the community based on the surveyed data for the efficiency and sustainability of the learning center.

2. According to the results of the study, development of holistic elderly care learning centers has an overall average level of high in all aspects. However, the last average is health, and that the elderly can exercise properly. Therefore, it is recommended that the Board of Committee of the Learning Center should encourage the elderly to come to have exercise activities including tai chi dance, senior-friendly sports, like playing and competing in pétanque, having fitness equipment suitable for all ages for the sake of having a healthy body.
3. According to the results of the study, the overall management factors are at a high level. The last average is that the establishment of the learning center in your community should have a clear operational structure. Therefore, it is suggested that the agency that establishes the center should have a clear administrative structure of the center, reporting to the command, throughout the powers, roles, duties and responsibilities of various management.
4. According to the study, the overall participation factor is very high. The last average item is that you participate in programs and activities organized by the learning center for holistic elderly care on a regular basis. Therefore, it is recommended that the agencies that will establish the center should have regular publicity before opening the center and all departments should participate in all processes for sustainable operation of the center in the community.
5. According to the study, the overall economic aspect is at a high level. The last average is that the family spend

much money for taking care of their elderly. Therefore, it is suggested that the relevant agencies are aware of the importance of saving for the elderly while they are still in working age so that they can have enough money to take care of themselves when they could not work.

6. According to the study, the overall safety aspect is at a high level. The last average item is that the elderly and their families can take care of their homes to be clean and safe, such as arranging things in a place that is free from the risk of danger, toilets and houses to be safe.. Therefore, it is recommended that relevant agencies be aware of environmental protection both inside and outside the home of the elderly to prevent accidents and falls among the elderly.
7. The guidelines obtained from this research should be applied to other areas to suit the context of each area. To inculcate guidelines for the development of the holistic elderly care learning center, for children, parents and the community could continue developing the appropriate guidelines in community area.

### Suggestions for further study

1. There should be an integration of quantitative and qualitative research, such as the public attitude towards the use of the elderly care learning center.
2. There should be a research study on the effectiveness of the implementation of the learning center for holistic care for the elderly.

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