

CHAPTER 3

Methodology

A descriptive qualitative approach was used as the method of inquiry. The chapter is divided into the following sections: study design, study setting, research participants, research instruments, data collection method, data collection procedure, data analysis procedures, trustworthiness of the data, and protection of human rights.

Study Design

The descriptive qualitative approach proposed by Sandelowski (2000) was used to address the research question which focuses on identifying the perspectives of the elderly in the rural Central Thai village regarding ways to maintain elderly health. The descriptive qualitative approach was a suitable method because it enabled the researcher to gain understanding through the informant perspectives, experiences, and the way of life of the elderly regarding maintaining their health on their own terms. In addition, a descriptive qualitative method allows for a full description of the facts of the phenomenon both concrete and rich descriptions of experiences. The study purpose was to explore the perspectives of the elderly on how they maintain their health using central Thai area local wisdom.

Study Setting

The study was conducted in the Suphanburi province of central Thailand which reflects two essential characteristics of the central- region Thailand. First, the province lies within the Chao Praya River basin, where people are living with “*plenty of rice in the field and fish in the river*” (Saraya, 1999), and so the older people live their lives close to the nature. Secondly, all of the elderly identified themselves as Buddhist which is the dominant faith of the people in Central Thailand. The elderly believed and behaved according with Buddhist teaching “*think good do good and talk good*”. Therefore older people applied the Buddhist doctrine in their daily lives to maintain

their health in later age and very happy on the land of Buddhism. Also Suphanburi village is counted as the village heritage from Sukhothai period and had long history of central Thai culture and traditional. People in the area carry on the accumulated culture and traditional knowledge passed down from generation to generation. In addition, elderly in this region live long. Elderly who counts as nearly centenarian (age over 100 year) were evidenced with healthy living (Local healthcare center in community).

Research Informant

In the study, two groups of informants were recruited: 20 key informants and 19 general informants. Purposive sampling and snowball technique were used in the selection of informants (Streubert-Speziale & Carpenter, 2007).

Key Informants

Twenty key informants were elderly; they were recruited for participant observation and in-depth interviews. The inclusion criteria for their selection was that they were:- 1) aged 60 years and over; 2) born in and residing in a community of Makhamlom sub-district, Bang Pla Ma district of Suphanburi province; 3) self-identified as healthy; 4) able to do daily activities as judged by a score of at least 5 on the Chula Activity Daily Living Index (The Chula ADL index), (normal ADL); 5) mentally healthy as judged by the Mini Mental State Examination (MMSE), with 24 to 30 points (for literate persons); 6) able to communicate in the Thai language; 7) and willing to provide rich information about their experiences in maintaining good health into older age, with their willingness indicated by their written consent in the study.

The exclusion criteria covered those persons who:- 1) had dependent living; 2) had poor mental health or cognitive function; or 3) were not willing to participate in the study

General Informants

There were nineteen general informants; they were family members, community leaders, healthcare providers, and village health volunteers. The inclusion criteria was persons who:- 1) had contact with elderly who were the key informants regarding the

maintenance of elderly health by using the central Thai local wisdom; 2) willing to share their experiences in the study.

The exclusion criteria for selection of supplementary informants covered those persons unable to communicate in the Thai language, and those who were unwilling to give informed consent to participate in the study.

Family Members

Five family members were recruited for in-depth interviews. Three of them were male and two of them were female; four of them were their children, and one was a spouse. The family members lived with the elderly and were primary caregivers to them. They had experience related to the maintenance of elderly health with the central Thai area local wisdom.

Community Leaders

Six community leaders were recruited for in-depth interviews. All of them were male; three were local civil servants (one was the chief executive of the sub-district administration organization, and two were heads of their community). They had experiences related to the maintenance of elderly health with the central Thai local wisdom, and had good relations with the key informants.

Healthcare Providers

Three healthcare providers were recruited for in-depth interviews. All of them were female, and residents who had been born in the villages. All were registered nurses. One of them worked with the traditional knowledge of health at Suphaburi Public Health Office, and two were registered nurses working in the community health center. They had experiences related to the maintenance of elderly health care with the central Thai area local wisdom, and had good relations with the key informants.

Village Health Volunteers

Five village health volunteers were recruited for in-depth interviews. All of them were female residents who had been born in the villages. They worked as volunteers for elderly health in the community for more than five years. They had experiences related to the maintenance of elderly health with the central Thai area local wisdom, and had good relations with the key informants.

Research Instruments

The research instruments are tools for data collection and tools for operation. The instruments used include the researcher as an instrument, a demographic data form, participant observation guidelines (PO), and field notes, and in-depth interview guidelines. The tools for operation include pens, paper and a handy notebook, audio recorders, and camera.

Researcher as an Instrument

In a qualitative study, the researcher is the primary instrument, and was involved throughout the research study. Therefore it was important that the past experience, the awareness of the background of the researcher be known because otherwise it could affect her interpretation.

For this study, the researcher's pre-conceptions arose from her experiences as a person who has experiences in taking care of the elderly, and as a researcher who has experience in conducting research among the elderly. The researcher is a Thai who was born and grew up in an extended family in a village of central Thailand. Her family is middle class and Buddhist. The researcher has been a nursing lecturer for 15 years, at the Thai Red Cross College of Nursing, Bangkok and had responsibility for teaching diploma degree students regarding geriatric nursing both in the classroom and supervising nursing students working with patients at wards in the hospital and in the community. The researcher took a course on qualitative study and practiced some qualitative data collecting methods such as conducting focus group discussions and in-depth interviewing. Also the researcher practiced how to analyze qualitative information, and to practice how to perform and analyze contents. In addition, the

researcher conducted fieldwork for 4 months at Penn Nursing's Living Independently for Elders (LIFE). The fieldwork consisted of participant observation, discussions, in-depth interviews, and field-notes. In the field /site, the researcher observes and accepts through deep understanding, the events or cultural activities in the informant's life that had occurred, identifying with their lifestyle, to enable them to be reflective.

Demographic Data Form

This form was developed by the researcher. It poses the closed-end questions to collect information of informants including background information (gender, age, ethnicity, religion, education levels, income levels, marital status, and type of occupation). This data was obtained by the researcher and was used to describe the informant backgrounds relative to their perspective in maintaining good health into older age.

Participant Observational Guidelines

The researcher developed participant observational guidelines to observe how the elderly informants performed their activities and behaviours to maintain their health in daily life. She also observed a general community setting, environment, cultural context, people who were associated with the elderly informant, and activities / interactions that took place among the elderly. Open-end questions were used to explore the information regarding maintaining good elderly health with the Central Thai area local wisdom, such as 'What is a strategy used to maintain elderly health?' and 'Why could that strategy help maintain good health among the elderly including physical, psychological, social, and spiritual dimensions. (See Appendix).

In-Depth Interview Guidelines

In-depth interview guidelines were used to gain a deeper understanding of the individual informant's perspective on maintaining elderly health with local wisdom. Open-end questions were used to explore the activities and behaviors that the elderly villagers in the study performed to maintain good health, plus determine the results or benefits from applying local wisdom in maintaining health. The guidelines were developed and revised by the researcher and validated by her advisory committee for

accuracy and comprehensiveness. Open-end questions were used to explore the information regarding maintaining the elderly health with the Central area local wisdom as follows:- 'What do you define as elderly health?' and 'What is the meaning of maintaining elder's health from your perspective?' and 'How do family and community get involved in maintaining an elder's health?' and 'What are your views about local wisdom that is used to maintain an elder's health from your life experience?' and 'Why is local wisdom used to maintain health among the elderly important?' and 'How is work helpful in maintaining good elderly health?' In general the questions were flexible, although words were adjusted as necessary to fit with each informant (See Appendix).

Pens and Paper, a Handy Notebook

Pens, paper and a handy notebook were used for drafting observation data, thoughts, feeling and impression, detail conversation while working in the field. Also they were used for sketching the physical layout of the setting and preliminarily analyzing data.

Tape Recorders

Tape recorders were employed while the researcher conducted in-depth interviews. Tape recorders help to capture lengthy conversations effectively (Fetterman, 1998). This equipment was used only after receiving the participant's informed consent.

Camera

A camera was used to record behaviors that were visual. Before a photo was taken, the researcher asked for the informant's permission to do so. All informants were allowed to take a photo.

Data Collection Method

The two qualitative methods were adopted for collecting data in terms of participant observation, and in-depth interview. These methods are described as follows:

Participant Observation

The researcher conducted participant observation (PO) in the community in order to understand the behavior and experience of people in a natural setting (Spreadley, 1980). The researcher observed the participants' behavior in their daily lives where they were engaged in activities and shared interactions with other elderly people. The researcher observed their activities on at least two occasions depending on the available time.

The researcher gained insight about the local wisdom used to maintain good elderly health. The elderly who were key informants were observed while they were performed activities related to daily living or when they were engaged in various activities studies. After she conducted observations, the researcher wrote a summary of the information received from observation in field notes. The researcher jotted down her thoughts about her experiences and made theoretical comment. She used the field notes daily before obtaining the next data collection to remember important issues, questions or solutions to problems, and used this during data analysis. The field notes help the researcher to clarify and provide data for understanding observations, conversations and behaviors, personal thoughts and feelings.

In-Depth Interviews

Interviews were conducted to give the opportunity for participants to describe their beliefs, their experiences of individuals relative to their accumulated knowledge, the skills, behaviors, beliefs and practice of local wisdom used, and the exploration of unexpected responses. The researcher conducted interviews by using the interview guide with open-ended questions, to gain the elderly's perspective regarding maintaining good elderly health using local wisdom. All in-depth interviews were conducted in

privacy to protect the participants' confidentiality and encouraged open and accurate expression.

The length of in-depth interviews was 90-120 minutes for key informants, and 60-90 minutes for general informants. Some key informants took more time than two hours because they elaborated on their feeling. The in-depth interviews were conducted until data saturation. Permission for recording the interview was obtained before recording began. Thirty-nine people were involved in the in-depth interviews. Interviews of twenty key informants and 15 key informants were conducted in 2 in-depth interviews; 5 key informants who were traditional healer were interviewed in depth 4 times.

Data Collection Procedures

This session, describes data collection procedures following each approach in data collection. The procedure was started after receiving approval from the Institutional Review Board of Chiang Mai University and permission from Suphanburi public health office. The procedure was as follows:

Access to the Setting

The researcher gained access to the setting by building initial contacts and recruiting informants as follows:

Building initial contacts. The researcher entered Makamlom sub-district, Bang Pla Ma district, Suphanburi province a few months earlier to establish contact with two local gate keepers, one was the healthcare provider and another was village health volunteer in the village. After obtaining formal permission, the researcher communicated to the village head, community leaders, monks, village health volunteers, health personnel, elderly people, and people in the community to better learn and understand social life and relations, local languages, local culture, and artifacts. The researcher also approached the gate keepers in the community to gain access to the informants. The researcher entered the field and introduced herself as a doctoral student in the researcher setting.

Recruiting informants. After building initial contacts, the researcher explained the purpose of the study, the scope, time, the researcher instruments, data collection methods to the gate keeper. The researcher asked them to introduce the informants who met the inclusion criteria to participate in the study.

In the beginner, the key informant was selected throughout the purposive sampling advised by gate keeper. Then the researchers were applied snowball technique to recruit the informant and filled out the demographic form.

Establishing Rapport and Trust

Establishing rapport and trust by introduced herself as a doctoral student in the setting and involved the elderly's activities in a community for several times. In fact, the researcher gets in part of the elderly activity in daily life. She joined their exercise, religious activity, local ceremony, and weekly home visit. Also she stay in the research setting it make participants to familiar with her, and the researcher adapted herself and lifestyle as villager such were simple cloths, eat local foods that village cooking, and pray respected to the senior. Multiple contacts helped her build rapport and trust with them. Once rapport and trust established, then the researcher was explained the purpose of her study and asked permission to observe their health activity in their daily living at their residences.

Conducting Participant Observation

Conducting participant observation following participant observation guidelines at various times and in variety of situations.

For twenty key informants, researcher observed their activity at the place that elderly participated in as; home, temple, community meeting, exercise group, rice field, vegetable bed, harvest land, and house that performed the central Thai traditional ceremony.

The researcher was also observed several activities that take place and interaction among the elderly regarding; daily activity that elderly perform regarding using central

Thai local wisdom in maintaining health such following diet, practice exercise, practice followed religion principle and cultural believe, and social or community activity.

The researchers visited each elderly and spend time for 1-8 hours at their home, and visited of each elderly at least two to five times depending on an available time. Visiting was conducted different time in each day and different days of week (during time 5 A.M. - 10 P.M.).

The researcher visited and interacted with informant were as follows: following diet when each informants prepare ingredient for cooking and eating in daily life; central Thai local herbs recipes when find out the herbs in the garden, preparation traditional medicine, and how to use for health.

Practicing exercise, the researcher was observed when they preparing before do exercise, practicing exercise, after exercise. Practice followed religion principle and cultural believe, the researcher was observed about the religion's activity, and practicing mediation, chanting, merit making, Dharma chat, activity on Buddhist holy day during uposatha (lunar observation) day. Also observed central Thai tradition ceremony such “performing a ceremony for chanting parents' loving kindness” (การทำบุญนาค), ordination (การบวชพระ), this traditional ceremony usually the elderly key informants went to join as who give blessing and perform a ceremony, and other villagers come to participate which take time from day time tonight time.

Conducting In-Depth Interviews

Conducting in-depth interviews to gain a deeper understanding individual informants' subjective perspectives on maintaining elderly health with local wisdom. In-depth interviews were conducted to collect data from 20 key informants and 19 general informants. In-depth interviews were conducted following the in-depth interview guideline.

For key informants. The researcher was conducted in-depth interviews where the place that elderly feel comfortable; at their home, temple pavilion, and chicken

farm. The researcher conduct 2-5 interview for each case depending on data richness. The length of in-depth interviews time is 90-120 minutes with each case in general.

The researcher was interview about the believe and practicing to maintain health among the elderly, benefit of using central Thai local wisdom to maintain health, the perception about their health, cause and reason of behavior, when they will use, and who get involve to using central Thai local wisdom to maintain health. During the first interview of the informants, the interview guide was used as a major instrument. The interview start with general question: How are you doing?” How do you rate your health in the present time? The series of questions began with se-structured question: “Could you tell me how do you do to maintain health in later age?” Could you tell me the method or strategy that could help to maintain your health in later age”. Probing questions such as “What do you mean by that? “Why do you think or believe that?” “How do you feel about that”, the probe questions were asked and the researcher listens and gain understanding about their experiences. Before ending each interview, informants were asking to gain more information related to their experienced “What do you have anything else”. Prior recording the researcher was seeking permission from the participants and explain the purpose for recording is to transcribing conversation for analysis.

For general informants. The researcher was conducted in-depth interviews at their home, temple pavilion, and local health care center, interviews were conducted in different place which convenient place for them at the community. Each case was interviewed for one time. The length of in-depth interviews time is 60-90 with each case in general.

The interviews conducted follow the interviews guideline and cover the topic of guideline. However, the questions were not strictly in the same order with every informant. The interview tape recording were replay and transcribe verbatim as soon as possible and carefully reflect on the question, information and take note of following each interview by the researcher for the future interview.

Data Analysis Procedures

Throughout data collection, descriptive qualitative study is required to analyze data that helps structure later encounter with social group of interest (Streubert & Carpenter, 1999). Data analyses take place iteratively throughout data collection. Data analysis was beginning with a general review of all data resources. Data obtained from in-depth interviews and focus groups were transcribed verbatim in the Thai language to retain the meaning of the informants' descriptions. The analysis was carried out using this Thai transcript and done by hand. All transcripts were read in their entirety, repeatedly, in order to become immersed in the data. All transcribed and descriptive data from in-depth interviews, focus groups, participant observation, field-notes, reflexive journal and documents were be analyzed using thematic analysis method (Braun & Clarke, 2006). In this study data that was analyzed as described by Braun and Clark (2006), composed of 6 phases is as follows; familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defines and naming themes, and producing the report. Noticeable that thematic analysis is more recursive process. The procedures are as follows:

Becoming Familiar with the Data

Familiarizing with the data is the process of immersion yourself into the data. First stage of analysis, the researcher read over the rewrite field notes, transcription of verbal data from interviews, or documents in several times, repeatedly, until myself immerge through the data. Researcher was familiar with all aspects of the data. Then, the researcher looks for meanings, or patterns for things related to maintaining elderly health with local wisdom include objects, place, and people. Next, the researcher took notes or marked ideas for coding during this phase. This process was happening since researcher conducted data collection in the field until the end of data analysis.

Generating Initial Codes

Generating initial codes involves the production of initial codes from the data. Codes identify a feature of data include latent or semantic content. The researcher organized the data into meaningful groups in which the researcher identify the cultural

domains by looking at similarities and differences of code. Coding will depend on the themes are more data driven, in the beginner the themes will depend on the data, but in the latter the researcher might approach the data with specific questions in mind that he/she wish to code around. Important, the researcher has to ensure all actual data extracts are code, and then collated together with each code. Notice, code data differ from the units of analysis (theme), which are broader. Three main issues for initial coding include code for as many possible themes, code extracts of data inclusively, and code individual extracts of data in as many different themes.

For example of initial coding framework used in data generated from actual interview with the elderly in maintaining elderly health by using Central Thai local wisdom (Table 3-1).

Table 3-1

Example of Data Analysis: Initial Analysis

| Interview transcript | Initial coding framework |
|--|--|
| Interviewer: Can you tell me about what you do to maintain health? | |
| Elderly: Firstly, I do exercise every day in early morning before get out of bed. Next, I try to have a good emotional, and stay away from anxiety and loneliness. | Exercise: time Emotional control Avoiding from poor mental health: Anxiety, loneliness |
| Interviewer: How does it in contribute to good health in the elderly? | |
| Elderly: Stretching Exercise in early morning help me to get balance walking all day, also it can prevent knee pain or knee stick. I never feel knee join pain. Moreover, if I have chance to exercise with group, we can chat with each other's, that make me feel delight and cheerful. | Exercise: Type, Time Exercise: individual, group Exercise's benefit: Physical benefit/ Mental benefit/ Social benefit Exercise's benefit: prevention knee pain |

In this study, initial analysis and identification for codes began when data obtained from each informants, indeed word codes reflecting the purpose of the study. Word codes were clustered into categories and sub-categories. Inductive process, this process the researcher had ideas of initial theme from word codes by data driven. In addition, while researcher organized the data into meaningful groups by identify both of the cultural in natural setting which was considered in Central Thai local wisdom, and elderly health. Two feature of Central Thai culture, first people were belong to Buddhist religion , however all of informants self-identify themselves as Buddhist, but in the local ceremony shown the harmonious of integral part of Buddhism , Brahminism and belief about ghost, second the main river flow pass the Central area, people there live with simple life due to Central Thailand was a fertile area, they can grow plants and harvest all year. In addition many types of fish that people can catch in the river or swamp and feed in the natural pool. Therefore, the basic needs of people were response already. In addition people practice follow the Buddhist doctrine, to response their sense of actualization. For example, “preparing for peaceful death by behave well through Buddha principal”, (สร้างความเป็นส่วนหนึ่งของการปฏิบัติตามหลักพุทธธรรมเพื่อการเตรียมตัวตายอย่างสงบ) the researcher asking additional question or probe question in case of further interviews and observation. These would allow the researcher to pervasive quality explore the informant point of views upon the return to each of them. An illustration of such questions were “What are kind of behave well based on Buddhist?” What is relationship between behave well and peaceful death. (การสร้างความคิดตามหลักพุทธธรรมหมายถึงอะไรและมีความเกี่ยวข้องอย่างไรในการเตรียมตัวตายอย่างสงบ) Noticeable, participant observation is significant to identify salience issue, in Central Thai culture elderly people be aware to acknowledge themselves in society, so pervasive observation was needed in this study. In addition, participant observation was one of the best ways to explore the latent content related to initial codes in an initial phase.

Searching for Themes

Searching for themes reveal as collating codes into potential themes, gathering all data relevant to each potential theme. This phase begin after data have been initially code and collated. In this phase the researcher might produce the thematic mind-maps or use tables. This stage, the researcher may have a set of codes that do not seem to

belong in any theme, so the researcher should acceptable and create a miscellaneous theme. Next, the end of this phase the researcher may has a collection of candidate themes, and sub-themes, and all extracts of data that have been coded in relation to them.

In this study, researcher had been done the process of searching for themes in the same time as reviewing themes. This process was begun after generating initial codes and organized the data into meaningful groups for larger categories. In the beginner researcher identified theme from raw data, after that she discussed with advisory committee to obtain their agreement. The data driven the theme by reflecting the purpose of the study of the maintaining elderly health with Central Thai local wisdom.

Reviewing Themes

Reviewing themes involves two steps composed as checking the relevant between themes and coded extracts, then checking the entire data set. Also, the researcher has creating a satisfactory thematic map of the analysis in this phase. At the end of this phase, the researcher might has idea of what the different themes are, how they fit together, and the overall story they tell about the data. In this study, reviewing and defining themes were done in the same time as example bellowed.

Defining and Naming Themes

Defines and naming themes involves to refine the specifics of each theme, and looking all story of the analysis display. The researcher produces the clear definition and names for each theme, by the end of this phase the researcher clearly define what the themes are and what they are not.

In this study, researcher has been defined and refined the theme after peer debriefing was performed.

Producing the Report

Producing the report is process to tell the complicated story of data in the interest way that can convinces the reader of the merit and validity of the analysis.

Trustworthiness

Establishing Trustworthiness

Qualitative researches had several methods to evaluate data credibility. The several strategies employed to ensure credibility were prolonged period of time in the fieldwork, persistent observation, member checks, and triangulation. Transferability, dependability, and conformability were also considered (Lincoln & Guba, 1985). In this study, data credibility was described by prolonged engagement, persistent observation, triangulation, peer debriefing, and member checking. The detail was discussed as following:

1. Prolonged engagement, researcher was stayed in the villages, conducted a study of healthy elderly who using central Thai local wisdom in maintaining health. The twenty key informants were interviews four to six times each over a year period to gain on insight understanding of their experience with maintaining elderly health by using central Thai local wisdom with based upon their socio-cultural in natural.

2. Persistent observation, researcher was continued observed feature of the elderly by focused on the healthy elderly about daily lifestyle with using central Thai local wisdom to maintain health regarding maintaining physical health, psychological health, social health, and spiritual health. Also researcher continued observed and conducted the data until that data saturation has been achieved.

3. Triangulation, researcher was applied triangulation by using multiple data sources; researcher was collected data with elderly, traditional healer and their related people, as family member, community leader, healthcare providers, and village health volunteer; and using multiple methods, such as participant observations, in-depth interviews, and focus group discussion were employed.

4. Peer debriefing, researcher employed the completing of the results ask the peer who were the insight experts in qualitative method and local wisdom using in maintaining elderly health. Researcher was presented the completed results including theme and category to the peer to confirm for credibility of findings.

5. Member checking, researcher employed the research finding to confirm for validity with four key informants including elderly and elderly who were traditional healers, by asking these key informants for their perception of findings.

Protection of Human Subject (Ethics Approval)

Approval for informed consent procedures and protection of human subjects was obtained from the Institutional Review Board of Chiang Mai University. In addition, permission to collect data was requested and received from the Suphan Buri Public Health Office. The participant consent form contained the study purpose, confidentiality procedures, and the rights of study volunteers. The purpose of the study stated as this research would like to explore local wisdom used in maintaining elderly health, which refers to knowledge, skills, behaviors, and beliefs of the elderly in maintaining their health in daily lifestyle, the researcher will conduct participant observation and interviews in natural settings. In addition, it outlined the benefits including the statement that there would be no direct benefit to the participant, the potential risks involved in participation involved discomfort to share experiences , and contact information if follow-up referrals were needed. The researcher was conscious of the researcher-informant relationship and tried not to interrupt or disturb the informants while they were conducting their activities. Also coding was used in this paper to preserve the anonymity of informants. Finally, the researcher reassured the participants about confidentiality and anonymity throughout the research and presentation of findings.

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