

Perceptions on quality of life among older adults with hypertension in Thailand: a qualitative study

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Abstract

Purpose – This study aims to explore the perceptions of quality of life among older Thai adults with hypertension.

Design/methodology/approach – A descriptive qualitative design was used. Semistructured interviews were conducted with 40 older adults. Thematic analysis was used to analyze the data.

Findings – The analyses were divided into six major themes: happiness in life; health and functionality; activity in social relationships; religion anchor; autonomy to manage their own life; and security in finances and environment.

Practical implications – The findings can guide health care professionals and policymakers when planning and implementing interventions and policies for improving the quality of life of older adults, particularly that of rural older adults with low incomes.

Originality/value – The findings showed minor differences between urban and rural older adults in financial security, where the rural participants expressed greater financial insecurity than the urban counterparts. However, no other major differences emerged.

Keywords Hypertension, Quality of life, Older adults, Thailand

Paper type Research paper

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Introduction

Globally, the proportion of older adults is predicted to rise sharply from 15% in 2015 to 22% in 2050 (World Health Organization, 2022). In Southeast Asia, Thailand is ranked as the second-aged country, with estimates indicating the older population (aged 60 and over) will increase from approximately 17% in 2017 to 30% in 2035 (Glinskaya *et al.*, 2021). With aging comes changes to physical and mental health, which may cause health issues (Sasiwongsaroj and Burasit, 2019). According to the Thai National Health Examination Survey Sixth 2019 to 2020, over 65% of older adults have hypertension (Ekkapalakorn *et al.*, 2021). When blood pressure is uncontrolled from poor self-management, complications such as stroke, cardiovascular and chronic kidney diseases can develop, which negatively influence the quality of life (QoL) among older adults (Sukpattanasrikul *et al.*, 2022).

QoL is a broad and multidimensional concept that has become a common indicator for evaluating good living and is an important consideration during the implementation of necessary health care for older adults (Van Leeuwen *et al.*, 2019). However, QoL varies based on individuals' perceptions related to their health and cultural context (Sukpattanasrikul *et al.*, 2022). The literature shows variability in QoL among older adults, dependent on factors broadly encompassing socioeconomic status, capacity for self-care and urban-rural geographic disparities (Moss *et al.*, 2021).

In the past decade, Thailand has had a higher population growth rate in the industrialization of the town than in rural environments leading to changes in urban-rural geographical and economic structures (Teerawichitchainan, 2020). Consequently, the Thai family structure has changed from traditionally multigenerational households to increasing numbers of households comprising only parents and their children (Sasiwongsaroj and Burasit, 2019). Breakdowns in family structure may lead to inadequate support from children and contribute to uncertainty and poor QoL in older Thai adults (Seangpraw *et al.*, 2019; Teerawichitchainan, 2020). Furthermore, urban older dwellers appear wider opportunities to have healthier lifestyles, greater accessibility to health-care services and better QoL than those in rural areas (Moss *et al.*, 2021); this is largely due to several disadvantages of rural settings, including socioeconomic limitations and deficiencies in quality health services (Yodmai *et al.*, 2021).

Understanding older Thai adults with hypertension from their perspectives can illuminate how health affects QoL and if the residential environment has some impact on their experiences, which is only a little studied topic (Dorji *et al.*, 2018; Seangpraw *et al.*, 2019). Therefore, the current study purposed to explore urban and rural disparities in perceptions of QoL among older adults with hypertension in Thailand. It is important to explore whether the various places of residence affected QoL's perspectives of older adults living in urban and rural communities to understand the health and support needs of older adults and design proper interventions to maintain and improve QoL for this age group.

Methods

Study design

A descriptive qualitative approach was used in this study because this method allows the participants to share their deep individual and varied perceptions about their QoL (Polit and Beck, 2017). The university ethics committee gave a supporting statement (No. 16/2018) for the study, and permissions were obtained from the subdistrict health promotion hospitals responsible for the older adults' clubs. Written informed consent was obtained from all participants after explaining to them the purpose of the study and the process of research. They were informed that they were still free to withdraw from the study at any time and without giving a reason or without any penalty. Pseudonyms were used for a file linking to participants in any audio recordings and transcripts, and data was stored in a computer with secure password protection.

Recruitment, sampling and sample

This study was conducted in urban and rural areas of Chonburi province, which is in the eastern region of Thailand. The study participants were classified according to their urban and rural residence, using definitions released by the national report guideline for defining urban and rural areas in Thailand (National Statistical Office, 2020). Forty participants were recruited through purposive sampling between October 2018 and March 2019. Inclusion criteria were as follows: participants were members of clubs for older adults; were aged 60 years and over; diagnosed with hypertension; were able to understand and communicate well; and were willing to take part in the study. Participants who demonstrated hypertensive crisis symptoms such as severe headache, chest pain, dizziness, blurry vision, nausea or vomiting were excluded.

Data collection

Individual face-to-face with semistructured interviews were conducted, which lasted between 45 and 90 min and were audio-recorded. The interview was held either in the

participant's home or at the older adults' club, as the participants preferred. The interview guide consisted of five open-ended questions as follows:

- Q1. What does QoL mean to you?
- Q2. What makes you have a better or worse QoL?
- Q3. Does your health condition influence your QoL?
- Q4. Could you tell me what kinds of your healthy behaviors affect your QoL?
- Q5. Does your environment or living area affect your QoL?

Moreover, probing questions were asked depending on the answers of participants during the interviews (e.g. Could you describe it more). Data were generated from ongoing interviews until data saturation was reached, which no new information was observed in the data (Polit and Beck, 2017). Pseudonyms were used for a file linking to participants in any audio recordings and transcripts, and data were stored in a computer with secure password protection.

Data analysis

The data using a six-phase thematic analysis based on Braun and Clarke (2006) is as follows:

1. familiarization with data, multiple readings of all transcripts were performed to familiarize the author with the data and identify initial ideas pertaining to the research question;
2. generation of initial codes, initial codes were generated by distinguishing important features across the data set. The NVivo 12 software was used to manage the textual data to manage the codes defined for all transcripts;
3. searching;
4. reviewing of themes, searching for and reviewing potential themes among the previously defined codes with the help of mind mapping;
5. defining and naming of themes, the author created clear names and definitions of each theme. Confirmability and consistency of findings were verified by the research team, reviewed and discussed all themes until the final themes were achieved; and
6. production of the report, focused on creating a written report of the generated themes.

Trustworthiness of the findings

To ensure the trustworthiness of the findings, credibility, dependability, confirmability and transferability were achieved (Holloway and Galvin, 2017). Semistructured was used to ensure credibility, which was achieved through providing insight into the perceptions and experiences of participants. To ensure confirmability, this study presents quotes demonstrating the themes within each subtheme using the direct quotes of informants. All Thai quotes were translated into English by a professional translator and discussed in the research group to prevent any loss of meaning. To obtain dependability, the draft of the original identified themes in Thai has been discussed with a Thai member of the research group who is currently working with older adults to ensure that the findings are appropriately interpreted. Transferability was achieved by using purposeful sampling and providing detailed descriptions of the characteristics of each participant. The clarity and completeness of reporting the results complied with the standards for reporting qualitative research (O'Brien *et al.*, 2014).

Findings

Characteristics of participants

The 40 participants were older adults aged between 63 and 89 years (average 74.5 years). Most number of participants were female, lived with family members and had been diagnosed with high blood pressure about five years earlier. Almost all participants were literate, as shown in Table 1. Based on interview data, six primary themes and 14 interrelated subthemes of QoL emerged as most relevant for perceptions of QoL among older Thai adults with hypertension are presented in Table 2. Their descriptions of QoL are demonstrated in the following section.

Table 1 Characteristics of participants (*n* = 40)

Characteristics	Urban (<i>n</i> = 20)		Rural (<i>n</i> = 20)	
	<i>n</i>	%	<i>n</i>	%
Age (years)				
Range (min–max) (63–89)	66–89		63–85	
Average (mean ± SD) (74.5 ± 6.1)	75.5 ± 6.5		73.5 ± 5.8	
Gender				
Female	18	90.0	16	80.0
Male	2	10.0	4	20.0
Education				
Illiterate	1	5.0	0	0
Literate	19	95.0	20	100
Living arrangement				
Lived with someone	13	65.0	17	85.0
Alone	7	35.0	3	15.0
Marital status				
Married	7	35.0	10	50.0
Unmarried	13	65.0	10	50.0
Monthly income				
≤5,000 baht (US\$ ≤166)	7	35.0	14	70.0
>5,000 baht (US\$ >166)	13	65.0	6	30.0
Hypertension duration				
≤5 years	6	30.0	3	15.0
>5 years	14	70.0	17	85.0

Source: Table by author

Table 2 Perceptions on quality of life among older Thai adults with hypertension

Themes	Subthemes
Happiness in life	Physical happiness Psychological happiness Social happiness
Health and functionality	Physical and mental health Health was related to their ability to maintain functioning Comparing health status with prior situations or others
Activity in social relationships	Social support sources Social participation
Religion anchor	Religion activities Religion beliefs
Autonomy to manage their own life	Independent Freedom and control over their time
Security in finances and environment	Security of financial and economic status Safety of home and environment/neighborhood

Source: Table by author

Happiness in life

Having happiness in life was described as feeling pleasure and overall life satisfaction. Three subthemes emerged for having happiness in the life of participants. Participants highlighted that feeling healthy and having controlled blood pressure were positive influences on their *physical happiness*, as playing a key role in their QoL:

“I have high blood pressure, but it hasn’t affected my happiness as it is under control. It is good that I am not disabled. Having good mental health makes me also have good physical health.” (Urban 5)

“My physical health as well as my age now, it is still healthy as usual, which lets me do things on my own.” (Rural 3)

Older adults acknowledged that *psychological happiness* was associated with positive emotions of feeling happy, peaceful, satisfied with life and optimistic:

“I am satisfied with my life [. . .]. I grow a lot of plants and hope they will give me a lot of fruit. There is hope, and if people have hope they will try to stay healthy . . . to succeed.” (Rural 7)

“I am very happy because I play a Thai stringed instrument, which I taught myself. I have played from when I was young until I retired. I became the most professional musician in the band.” (Urban 2)

Participants explained that being with their children, grandchildren and friends were sources of social happiness, which helped them feel connected to others that enhanced their QoL. Moreover, being a volunteer and supporting others was important to a happy life. As one participant explained:

“I am satisfied with the life that I have. My happiness is living with my children and grandchildren. Family is important mainly because they take care of me.” (Urban 12)

“I feel very comfortable and not stressed. My children are all good . . . they have finished studying and have a good family life. Sometimes I chat with friends, which makes me feel happy.” (Rural 13)

“My happiness was working for society to help others. I am very happy to be with other people every day by sitting and talking with them. I am happy that I can help others.” (Rural 9)

Health and functionality

This theme had three subthemes to clarify maintaining health and functionality. Older adults expressed that being healthy was an essential component of QoL. A sense of health or suffering was determined by *physical and mental health*. Participants described that having controlled blood pressure was important to remain healthy and avoiding health complications from hypertension may reduce their QoL:

“I have high blood pressure, but it hasn’t affected me. I am old, but my blood pressure is still under control. I have good physical health without a disability.” (Urban 5)

“My health status affects my happy life; my health condition caused blurred vision, slow walking or speaking, forgetfulness, and dizziness sometimes.” (Urban 1)

The participants described that *health was related to their ability to maintain functioning*. Functioning physically, safely and independently from other people significantly influenced their QoL. Thus, some reported being committed to improving their QoL through a positive attitude and active lifestyle:

“I have had high blood pressure and other diseases, which limit me from doing activities and make me seem like a lazy person. I wish I was healthy [. . .]. Exercising with Tao Ter [Chinese dancing] and stick dancing made me healthier physically and mentally.” (Urban 6)

Participants emphasized the importance of having better health by *comparing health status with prior situations or others*. They compared their health with others of the same age whose health was worse because of their uncontrolled blood pressure. However, some older adults also accepted that health problems are natural in old age:

"My friends who are younger than me said that I'm healthier than them. They have higher blood pressure, while my blood pressure is under control [. . .] They take six to seven pills a day, but I only take four pills in the morning." (Urban 3)

Activity in social relationships

Participants cited their social connections with family, friends and neighbors as key elements of an enhanced QoL. This theme included two subthemes to describe how the participants were active in social relationships. The primary *social support sources* of the participants were family members, who played an important role in their lives. Participants appreciated the exchange of practical help and emotional support that friends and neighbors provided. These support sources allowed older adults to feel that others cared about them:

"My children and grandchildren transferred money to me to spend. They often call me to ask about my daily life and remind me of doctor's appointments, and they want to take me to the hospital." (Rural 15)

"My friends and neighbors who are similar ages gathered to sit and chat together. I felt more comfortable in later life like this." (Rural 13)

Social participation referred to older adults' satisfaction with opportunities to support and share in their communities. Participants emphasized that supporting their society added meaning to their lives. Having close relationships with people enhanced having a sense of community belonging, prevented feelings of isolation and loneliness, and contributed to a positive QoL:

"I am a volunteer who takes care of the older adults who are disabled and need help. I am happy that I can help others in our society." (Rural 19)

"I am satisfied with my life, as I enjoy being a companion to friends and neighbors. We support each other by chatting and traveling, which helps me avoid being isolated." (Urban 6)

Religion anchor

Having a religion anchor contained two subthemes of religion activities and religion beliefs. Older adults perceived that participating in *religion activities* played an important role in their routine, emphasizing that religion activities (e.g. making merit, meditation, praying) facilitated social interactions and enhanced their QoL. All participants were Buddhist and described that having *religion beliefs* helped them to cope with health and accept age-related changes. Trust in religion doctrines and spiritual growth shaped the older adults' life philosophies:

"Happiness is doing religion activities; they make me understand more about human life. I also like to do meditation and go to pray or participate in the activities at the temple." (Urban 1)

"I was happy to make merit by giving food to the monk at my home and praying before going to bed. Buddha is my spiritual guide and makes me feel comfortable." (Rural 14)

Autonomy to manage their own life

Older adults were described as having the autonomy to manage their own life by being independent and having freedom and control over their time. Participants valued being *independent* and not relying on others. Older adults described that remaining mobile and

independent allowed them to perform activities for themselves, do housework and participate in outdoor activities. Having freedom enhances autonomy, self-esteem and life satisfaction by maintaining their capacity to socialize. Participants appreciated their *freedom and control over their time*, as it improved their QoL. Participants stressed that it was important to avoid feeling bored, and being able to care for themselves contributed to a sense of control. Without the pressure of working hard to make a living, they reported having the flexibility to partake in enjoyable pastimes and relaxation:

“I am satisfied with my health. I can walk and am still able to cook for myself and my great-grandchildren, as well as do housework.” (Rural 8)

“I am happy with routines, such as having food, taking a pill, and washing clothes. When I am bored, I will watch the Thai traditional dramatic performance.” (Urban 19)

Security in finances and environment

Participants described their feeling secure in finance and the environment as important aspects of having better QoL. Older adults emphasized that the importance of *security of financial and economic status* to their QoL. Having a good life meant being financially secure enough to meet expectations and enjoy life. Some participants expressed that a lack of money limited their participation in community activities. Urban participants were more likely to describe having financial independence based on their savings, while rural residents continued working to earn income:

“Our children take good care of us, they give money and many things for living. I also have my own savings money that I get interest on to spend each month without worry.” (Urban 9)

“I wish I was able to participate in religion activities, like the Thod Kathin ceremony with friends. Unfortunately, we do not have enough money to do that.” (Urban 16, age 80)

“I have my own land for farming and gardening. Selling those products earns enough money to spend. I also get 700 bahts monthly in pensions for older adults from the government.” (Rural 20)

Participants expressed that QoL was affected by their perception of the *safety of home and environment/neighborhood*, which encompassed living with family, having good neighbors available to help and residing in a familiar and pleasant place. Participants reflected that home was a safe place where they felt comfortable and had privacy and freedom to conduct everyday life. Having adequate facilities and community services was also important to QoL. Public transportation eased urban residents' ability to travel independently, while inadequate transportation and long distances negatively affected QoL among rural residents and acted as a barrier to social participation:

“This is my own comfortable house and my surrounding neighbors are grandchildren; they can help me when needed.” (Urban 15)

“I rarely go to make merit at the temple even though I would like to, but the temple location is a bit far from my home. If I want to go there, I have to ask someone to drive for me.” (Rural 1)

Discussion

These findings on perceptions of QoL were based on older Thai adults' views. The components of QoL were interconnected and encompass happiness, health status related to functional capacity, social relations, religion, financial situation and environment. Our findings are consistent with other Asian studies on participants in a similar cultural context; older adults frequently identified that QoL was positively affected by relationships with

family and community, religion, socioeconomic status and cultural activities (Dorji *et al.*, 2018).

Both urban and rural participants described their perspective on QoL similarly, though a slight difference in economic and environmental perspective was found. Participants generally emphasized that their happiness was multidimensional, comprising physical, psychological and social health and evaluated their current life as positive. Happiness is an established indicator of well-being and is an important component of QoL in older adults (Van Leeuwen *et al.*, 2019). Older adults in Asian countries indicated that happiness was linked to culture and being with family and that health conditions and active social relationships contributed to QoL (Bai *et al.*, 2020; Kohori-Segawa *et al.*, 2020).

In this study, participants perceived good health as controlled blood pressure and the ability to be independent in everyday activities. Older Thai adults with health conditions have often reported lower QoL than those who are healthy, which may cause a burden to others (Ong-Artborirak and Seangpraw, 2019). This may motivate healthy behaviors, including following physician recommendations (Chantakeeree *et al.*, 2022) and accepting illness, which, in turn, enhances self-efficacy and the ability to manage diseases (Chantakeeree *et al.*, 2021).

Older adults described being active in social relationships; close relationships and family support were most commonly highlighted. The Thai culture's traditional belief in the filial duty of adult children and the role of family as the primary source of support for older adults is an important factor in improving QoL among older Thai adults (Yodmai *et al.*, 2021). Meeting with friends provides active social interaction and facilitates a sense of belonging to society while preventing loneliness (Chantakeeree *et al.*, 2022). Older Thai adults reported participating in social interactions and religion activities, which increased their self-worth (Punyakaew *et al.*, 2019).

Participants in this study were Buddhist, and their reflections on how religion practices and beliefs can positively influence life satisfaction. A religion anchor has been shown to enable acceptance of the principles of the "circle of life" (e.g. birth, aging, illness and death) and provide calmness (Somrongthong *et al.*, 2016), which are vital components of healthy aging related to happiness and QoL (Van Leeuwen *et al.*, 2019). Religion has been connected to QoL in older adults through self-development and the capacity to use inner thoughts to overcome life's difficulties (Zin *et al.*, 2020); older adults have reported believing that in making merit through giving to others, the resulting merit will lead to health and happiness in life (Punyakaew *et al.*, 2019).

Participants in our study perceived autonomy in managing their lives play a vital role in their health and influential on QoL. Having independent physical function may cause less burden on their families and thus lead to greater happiness (Moss *et al.*, 2021). It appears that being free to perform daily activities and make decisions promotes a sense of control in older adults (Seangpraw *et al.*, 2019). Conversely, requiring support because of disability threatens autonomy and independence, leads to feelings of low self-esteem and decreasing QoL (Wang *et al.*, 2020).

Financial independence was linked to better QoL among urban residents more often than rural residents. Money has been found to be an important factor in older adults' ability to meet their basic needs, which positively influenced older adults' QoL (Yodmai *et al.*, 2018). Support from family through paying for transportation or health-care costs has been reported more among rural older Thai adults than urban dwellers (Quashie and Pothisiri, 2019). It is well-established that older adults can struggle financially due to a lack of income in later life. Participants in this study also mentioned that environmental factors, including housing, neighborhood and local community services, affected their QoL. Older adults' identity and autonomy may be enhanced by living in their own home or community as this facilitates social connection, security and familiarity (Glinskaya *et al.*, 2021).

Strengths and limitations of the study

The limitation of this study, there is no evidence supporting similarity regarding QoL among older adults in urban and rural areas across Thailand, so findings in other provinces may differ. Future studies will, therefore, require to examine data across multiple regions.

Conclusion

This research adds to the body of knowledge by providing insight into the perceptions of QoL in hypertensive older adults. The findings found only minor differences, specifically in income insecurity, between residents of rural and urban areas. Although financial support from families was also related to QoL, a low household income more heavily influenced those in rural communities. Therefore, the adoption of policies by the Thai Government to increase financial support or provide appropriate jobs for retirees may help to increase older adults' QoL, particularly for poor rural residents.

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Author contributions: Chonticha Chantakeeree – Corresponding author, Made a substantial contribution to the concept or design of the work; or acquisition, analysis or interpretation of data, Drafted the article or revised it critically for important intellectual content, Approved the version to be published.

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