

Effectiveness of a Participatory–Learning Program of Pre-retirement on Personal Satisfaction with Older Adults: Urban and Rural Area, Thailand

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Abstract

This study is a quasi-intervention investigation to examine the result of the participatory learning program of pre-retirement on personal satisfaction with older adults'. The participants were 120 older adults living in cities and rural areas selected by purposive sampling technique. The sample group is divided into 2 groups: urban and rural groups, intervention and control group of thirty each group. The intervention was conducted for 12th weeks to improve readiness aging and personal satisfaction as measured by demography questionnaire, pre-retirement survey form, and personal satisfaction form assessment parameter. Data on pre-retirement and personal satisfaction were collected before and after a 12th-week participatory learning program of pre-retirement. Participants in the control group received the convention care. There were significant differences between the two groups on autonomous regulation. There was no significant difference found in the pretest mean value base on pre-retirement in both groups. The posttest mean values of the pre-retirement and personal satisfaction were significantly higher than those of the control group. There was a significant difference between groups ($p < .001$).

The results of the study have shown that a participatory-learning program is effective in pre-retirement and personal satisfaction. It would improve the successful aging and quality of life in a long later life.

Keywords: *Adult; aging; participatory program; personal satisfaction; quality of life; retirement.*

Introduction

Readiness pre-retirement is a managerial plan or an action plan taken for life survival after retirement. Therefore, it is actually important for everyone who

is going to be at this stage. Those who have already well prepared before reaching the retirement point will have a good quality of life¹. Nowadays, aging societies has become a global phenomenon. The proportion of aging people will double from 11% in 2006 to 22% in 2050². Thailand's aging population represents the second-fastest-growing group of people over 60 years in Southeast Asia³. Thailand's population is aging very rapidly; its percentage of senior citizens increased from 5% in 1970 to 10% in 2006⁴. Thailand currently faces an aging society problem as the number and proportion of the aging population rapidly expand to 10% of the total population⁵. Estimation by the World Health Organization suggests that by 2025 there will be over 800 million people aging over 65 and two-third of such numbers shall be in developing countries⁶.

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Therefore, pre-retirement is considered a life planning activity. A good pre-retirement can prevent potential problems; improve adaptability and post-retirement personal satisfaction, and happiness as a retiree⁷. Moreover, Thailand must prepare defined as passive and active health care service especially for those who informal workers are known that faced with an unsuitable work environment and exposed to numerous hazards. As a result, Accessibility to appropriated health services is difficult. It is also found that 88% of the older adults have not prepared for aging or post-retirement life, and more urbanites are prepared compared to rural counterparts⁸. Accordingly, this study aims to investigate a participatory learning program of pre-retirement influences their personal satisfaction. The results were assessed to determine improvements in preparation and personal satisfaction. Our findings can be after the participatory learning program average readiness pre-retirement and personal satisfaction in the urban and rural groups have higher than previously.

Method

Study Design: A quasi-intervention study using a pretest and posttest design with 12th weeks follow-up was employed.

Sample and Setting: Study participants were selected by a convenient sampling method based on the participants' living area in four communities in Bangkok and its vicinity, two rural and two urban areas from January to May 2018. The inclusion criteria were as follows: 1) aged between 50 and 59 years; 2) having good consciousness; 3) being able to communicate in Thai; 4) willing to participate in the program. The sample size calculation by Polit & Beck⁹ using power analysis was employed to reduce the risk of type II error. The minimum level of significance (α) to estimate the number of sample size was .05 with the power of .80 (1- β), a medium effect size, which would yield a total sample size of $n=50$ ($n=25$ per condition, for a total of two conditions)¹⁰. Anticipating potential bias due to dropouts and the desire to prevent possible low power to detect small differences, the principal investigator (PI) recruited 25% additional participants which added seven more participants in each group for a total sample size of $n=60$ ($n=30$ per condition), in total 120 participants' data were analyzed.

Ethical Considerations: Ethical approval was obtained from the institutional review board of the

author's institution (Approval no. COA.1-003/2018). After eligible clients were informed about the study by researcher, verbal consent was obtained from those who agreed to participate. Participants could withdraw from the study at any time without penalty.

Measurements:

General Information Form: The collected data on age, gender, marital status, educational level, number of children, income, supplementary work, family type, chronic disease, hobby and eligible welfare.

Pre-retirement Questionnaire: The patient information was obtained regarding (a) Physical (b) Environmental (c) Mental (d) Esteem and (e) self-actualization. The questionnaire contains 20 items with 5 point Likert scales. The score range from 1 (never) to 5 (almost always) in each subscale. Higher scores represent excellent preparation. In this study, the Cronbach's alpha was 0.87

Personal Satisfaction Questionnaire: Neugarten's personal satisfaction questionnaire¹¹ revised and translated in Thai by Kaeokangwan¹². The questionnaire measures personal satisfaction using 18 items: (a) Liveliness and life appreciation (b) feeling of accomplishment and (c) mood. The questionnaire contains with Likert scale. The score range from 1 (never) to 5 (almost always) in each subscale. Higher scores represent the most personal satisfaction. In this study, Cronbach's alpha was 0.85.

Instruments for an intervention program: This intervention developed by a literature review¹³ from the participatory learning concept framework. The content validity of the program was reviewed by 3 experts (two public health nurse instructors, one educational nurse instructor), using the content validity index (CVI) between 0.8 and 0.9. The internal consistency reliability was tested with 30 participants, who met the same inclusion criteria as the study participants and revised according to their recommendation. It was pilot tested for understanding and program practicality with thirty participants who met the inclusion criteria but did not participate in the main study. This program has five phases, it was composed of two sessions over the 12th week program period leading by the participants and consisted of various strategies such as group discussion, home visits, and telephone visits.

Data Collection: The data collection of this

study was carried out from January 1, 2018 to May 31, 2018. After the participants were provided with explanation regarding goals and procedure of the study, the participants were asked to sign the consent form. Thereafter, the participants were asked to complete the demographic data form and personal satisfaction form. The pre-retirement was measured at baseline in the beginning, weeks 12th after completing the program by research assistance.

The first session began with 30 minutes of problem about readiness pre-retirement and motivation to change by encouraging the participants to express their own problem and share experience about readiness pre-retirement in the past including helping them to set a goal of change

The second session was a small group education focused on the participatory learning for 90 minutes. Activities comprised providing target of pre-retirement and action plan. Additionally, the participants learned how to readiness pre-retirement.

The third session began after completing education session for a week. This session was a 60 minutes for small group discussion. The activities composed sharing and discussion on preparation for aging experience including 5 items; (a) physical (b) environment (c) mental health (d) self-esteem and (e) self-actualization.

The fourth session was telephone visit used to monitor readiness pre-retirement of the participants for about 15-30 minutes at 3rd, 6th and 10th week. This session focused on preparation for aging at home including consultation, helping the participants to reduce barriers, and encouraging them perform readiness pre-retirement.

The fifth session was home visit which was strategy to monitor and discussed about readiness pre-retirement of the participants about 15-30 minutes at 4th, 8th week. This session focused on support to perform following the program.

Control Group: The participants in control group received the convention care: advice for lifestyle modification including nutrition, exercise, and emotional management. The participants were measured outcomes variables at first week as baseline and at 12th week as the end of the study.

Data Analysis: All data were analyzed using a SPSS 24.0 program was used to calculate all statistical

analyses. The general characteristics and disease-related characteristics of the intervention group and the control group were analyzed for differences in frequency, percentage, mean, and standard deviation between the two groups. Analysis of these characteristics and study result homogeneity was performed by using the following method: Chi-square test, t test, and paired t-test.

Results

Demographic Characteristics: There were no significant differences between the intervention and control groups in any of the general characteristics, age, marital status, education level, occupation, and income indication that two groups of urban and rural were homogeneous. The demographic characteristics of the sample group in both group (a) rural and (b) urban indicated that 50% of the intervention group were 50 to 59 years. They were married (60%), it was determined that 50% of men and had a monthly income between 6,001 to 10,000 baht (50%). Approximately 30% of the subjects were high school graduates, and 45% were employed. The homogeneity test of the participants' that there were no significant differences between the two groups as well, suggesting that the two groups of the urban and rural areas were homogeneous.

Effectiveness of a participatory – learning program of pre-retirement and personal satisfaction in older adults: Urban and Rural Area.

The effectiveness of a participatory – learning program of pre-retirement and personal satisfaction in older adults of two groups (a) urban and (b) rural was shown the intragroup and intergroup comparison of the pretest and posttest total mean values of intervention group obtained from readiness pre-retirement. There was no significant difference between the two groups for the pretest total mean readiness pre-retirement in intragroup comparisons. The readiness pre-retirement posttest means of the intervention group applying a participatory–learning program to older adults' in a rural area (4.04 ± 7.64) was statistically higher than the means value of the control groups were (2.4 ± 0.72) and the difference between the group was found to be statistically ($t = -1.42, p < .001$). Furthermore, the intervention group applying a participatory – learning program to older adults' in an urban area (3.90 ± 0.8) was statistically higher than the means value of the control groups were (2.27 ± 0.58) and the difference between the group was found to be statistically ($t = 0.40, p < .001$) (Table 1).

Our founding that the average delta between pretest and posttest after intervention 12th week total mean value for the level of personal satisfaction with applying a participatory – learning program from intervention group of who live in a rural area was (4.5±5.7) higher than that of the pretest (2.9±0.71). On the other hand, the level

of personal satisfaction with applying a participatory – learning program from intervention group of who live in urban area was (4.23±0.86) higher than that of the control group (3.0±0.64) and the difference between the group was found to be statistically (t=-14.54, p<.001) (Table 2).

Table 1: Comparison of pretest and posttest of pre-retirement between Intervention and Control Groups of the rural and urban.

Variables	Group	Pretest	Posttest	t	p
		Mean±SD	Mean±SD		
Pre-retirement					
Rural	Intervention (n=30)	2.3±0.53	4.04±7.64	-1.42	<.001
	Control (n=30)	2.1±0.53	2.4±0.72		0.16
	Difference	-0.23±0	-1.74±6.92		
Urban	Intervention (n=30)	2.27±0.58	3.9±0.8	.40	<.001
	Control (n=30)	2.4±0.67	2.34±0.6		0.68
	Difference	0.07±0.09	-1.64±0.2		

Table 2: Comparison of pre-test and post-test a personal satisfaction level between rural and urban areas in Intervention group

Variables	Pretest	Posttest	df	t	p
Personal Satisfaction					
Rural	2.9±0.71	4.5±5.7	29	-5.95	<.001
Urban	3.0±0.64	4.23±0.86	29	-14.54	

Discussion

This study attempted to identify effective strategies to improve success aging and quality of life in later life. The purpose of the present study was to determine the effectiveness of a participatory – learning program of pre-retirement on personal satisfaction in older adults. Results indicate that improvements a personal satisfaction in participants who received a participatory-learning program¹⁴. It was shown that the intervention of a participatory-learning program base on the personal satisfaction enhanced both groups of rural and urban areas and their personal satisfaction¹⁵. Our findings could explain that readiness pre-retirement of the participatory-learning program greatly helped with older adults. It is a great deal of learning goes on in groups of people sharing some common interest. Furthermore, the intervention groups were discussed, express their positive

and negative feeling, exchanged their experiences and interact with each other¹⁶.

Activities for pre-retirement start from the decision to participate upon invitation by the researcher, where the main operation group must collect community context information, summarize, synthesize and verify the information. Then the information is presented to the community to formulate the participatory process where the community is able to comment and select pre-retirement activities¹⁸. Moreover, the main intervention groups participate in result assessment and follow-up and thus perform the main duty along with the researcher. Missions are distributed based on expertise and willingness, and the group developed skills collectively in each step, it was shown that participatory development. Participation came in many forms such as participation as collaboration in development activities,

which in this case mean the main operational group consisting of an older adult and their families, community and local organizations¹⁶. There is also the participation as specific targeting of project benefits which in this case means retiring older adults participating in activities hosted by the researcher and main operational group¹⁷. Furthermore, retiring adults and the community commented on the activities, reflecting a personal satisfaction and desire to regularize the activities which mentioned participation as empowerment as a type of development¹⁹.

Our study has some limitations that there were small sample sizes and not randomized the intervention and control groups. In addition, assessing only the short-term and finding be unclear, long-term follow-up should be considered. However, the finding of our study can be used as a base to help improve readiness pre-retirement, personal satisfaction, and quality of life in later life.

Conclusions

The result of the study revealed that pre-retirement to age with knowledge and healthy routines requires an early start -before retirement. Readiness pre-retirement is highly important and has a deciding effect on whether or not a person would have physical, mental, social and emotional readiness upon transition to old age. A group-based participatory learning program allowed the exchange of experience on self-care, eating, exercise and saving and revealed that the participants were highly eager in mutual conversation and motivation in order to improve their own health. Therefore, it is important for health teams to be aware of education through group-based participatory programs for those approaching retirement in order to have them move through their elder years with knowledge and improve quality of life.

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