

QUALITATIVE STUDY TO DETERMINE THE MEANING OF EMERGENCIES AMONG ELDERLY PEOPLE IN THE COMMUNITY

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ABSTRACT

Emergency services play a vital role in addressing the needs of the elderly in the community. Proper adjustments to service policy are necessary, but the current policies fail to adequately address these needs. This study investigated the emergency needs of the elderly and emphasized the definition of the emergencies from the perspective of those involved. A qualitative research approach was employed, utilizing data gathered from observations, in-depth interviews, demographic information, and group discussions. Initial data access was facilitated through gatekeepers, who selected information providers using purposive sampling, and employed the snowball sampling method to identify individuals with relevant experiences and involvement. A total of 63 participants were involved in this study, comprising local administrative organizations, community leaders, government officials, community members, and elderly individuals. The results revealed three dimensions: 1) the perspective of emergency service users, 2) the perspective of emergency service providers, and 3) the perspective of administrators in emergency management for the elderly. Consequently, the emergency medical policy, management strategies, and community nurse competency framework should be adjusted to meet the emergency needs of the elderly in the community, ensuring alignment with the emergency situation within in the community.

Keywords: *Emergency management; elderly; elderly patient; experience; qualitative study*



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INTRODUCTION

Emergency situations involving the elderly are varied, encompassing medical emergencies, accidents, natural disasters, instances of violence, and, loss of property, among others. A review of emergency events found that 71% of individuals accessing emergency services were elderly. Furthermore, it is projected that by 2030, there will be a 47% increase in these incidents. Notable disaster events, such as the Indian Ocean tsunami in 2004, which affected India, Indonesia, Sri Lanka, and Thailand, resulted in approximately 92,000 elderly individuals being impacted. During the sudden flooding in Japan between 2004 and 2010, 65% of the total victims were elderly. In the United States, more than 50% of the fatalities from Hurricane Katrina were elderly individuals (Regina et al., 2018). Emergency management for the elderly is increasingly critical due to their unique vulnerabilities during crises. Integrating specialized care, such as advanced wound management within geriatric emergency management

(GEM) nursing, exemplifies a tailored approach to addressing the complex needs of older adults in emergency settings (Garcia, 2024).

Emergency medical services for the elderly in Thailand have been experiencing an annual increase in the number of services provided. Among the 8,116,969 eligible emergency calls, the majority originated from the Northeast region (45.5%), while the Western region reported the fewest calls (4.6%) (Thepmanee, Tanaka, & Takyu, 2022). The most common medical issue reported included severe weakness (27.06%), difficulty breathing (19.27%), loss of consciousness or fainting (15.22%), falls and accidents (9.80%), and diabetes (6.62%) (Isabella et al., 2021). The reported fatality rates from accidents were 5.3%, from falls 25%, from acute myocardial infarction 29.09%, and from stroke 6.8%. The trend of deaths occurring outside hospitals is also on the rise (McCabe and Kennelly, 2015; Thanuchit et

al., 2017). Additionally, instances of violence within communities have been noted, with 115 cases of elderly individuals being abused within families and 52 cases occurring outside families (Rosen et al., 2018).

The elderly deserve significant attention due to age-related decline, limited self-care abilities, increased susceptibility to injuries, and a higher likelihood of having chronic illnesses, which make them more prone to mortality than other age groups. Consequently, there are still gaps in emergency services that fail to address their specific problems and needs. Research has shown that the elderly continue to require assistance. Consistent with findings of this paper, there has been no specific focus on the annual increase in emergency medical services for the elderly in Thailand (Thepmanee, Tanaka, & Takyu, 2022).

The majority of individuals affected by emergency events are often the elderly. The impact of emergencies, which can include severe illnesses or injuries ranging from minor to critical encompasses wounds, pain, swelling, intracranial bleeding, fractures, disabilities, and even death (Muntinga et al., 2016). Disabilities resulting from emergencies can lead to bedridden conditions, home confinement, reduced functional abilities, and diminished societal roles (Eagles, 2018). Consequently, the elderly may experience fear and isolation from society as result of these emergencies (Zulfitri et al., 2022). Additionally, there are significant economic repercussions, as the elderly and their families incur expenses related to healthcare, loss of income for caregivers, and potential job resignations to provide full-time care for elderly family members. This results in financial burdens and an increased need for additional support (Huang et al., 2020; Doheny et al., 2019). Families may face challenges such as loss of income and the necessity of full-time caregiving, which can adversely affect their financial stability (Bell et al., 2021). The problems and needs of the elderly in the community are complex and diverse, encompassing medical emergencies, emergency accidents, natural disasters, instances of violence, and loss of property, among others. These issues include concerns related to family relationships, societal dangers, violence, illness, and accidents both within and outside the home, as well as community environmental factors. Community members need immediate and safe assistance during emergencies. Furthermore, post-recovery measures, symptom monitoring, welfare services, and follow-up care are essential aspects of supporting the elderly in the community (Cacchione, 2020; Chung, 2016).

In reviewing emergency management within the community, it was found that when emergencies arise, certain segments of the community offer assistance, while the elderly and their families feeling fearful, often decide to call emergency services or seek help from others (Vera et al., 2021). The elderly need support from the community, and key organizations in the community must be actively involved in managing emergencies to enhance potential for effective emergency management. The elderly and their families are unable to independently care for and manage emergencies, relying instead on community and organizational assistance (Craswell et al., 2016; Jessica et al., 2021).

However, in Thailand, there are still significant gaps in emergency medical services for the elderly. While some preparations have been made for specific situations, many areas remain unaddressed, with most efforts focusing solely on the first aid only. Individuals involved in providing assistance are eager to enhance their capacity to manage emergencies within the elderly community, aiming to address

their unique problems and needs. However, they often feel frustrated by their limited potential. Some individuals offer help based on their previous experiences and instincts to resolve issues (Fazal et al., 2023). Currently, there is no emergency medical service specifically tailored for the elderly in Thailand. Previously, there were few guidelines for emergency management for this age group, and the existing teaching and learning arrangements were neither comprehensive nor adequate according to the international standards (Thepmanee, Tanaka, & Takyu, 2022).

Therefore, the researcher aimed to study how elderly individuals in the community interpret emergencies, with the goal of reflecting actual emergency situations and perspective of those with direct experience in a designated model area. This area has been developed as a center of expertise for creating a care system for older adults at the national level. To achieve this, this study employed a qualitative approach to explore emergency situations within the specific contexts and culture of the study area, thereby enhancing understanding phenomena involved. This methodology facilitated an examination of ideas, emotions, worldviews, meanings, and interpretations from an emic perspective, all within cultural contexts of the community. It also aimed to identify and summarize inductive knowledge. Qualitative research methodology was used to give access into socio-cultural contexts, thoughts, beliefs, values, and the meanings of behaviors arising from interactions among community members. Additionally, the research sought to understand conditions that enable stakeholders to deliver health services during emergencies, as well as to propose the roles and responsibilities for organizations and affiliates involved in providing these health services, tailored to the studied context, society, and culture.

METHOD

Study design

This study was qualitative research methods to understand the phenomena surrounding emergencies faced by elderly in the community, as well as to critique existing practices in order to foster change. The researcher collected data through interviews, focus groups, and observations. Phase 1 involved an examination of community context and emergencies encountered by the elderly. Phase 2 focused on synthesizing emergency management, identifying key determining factors, and providing recommendations for improving emergency management for elderly in the community.

This study was conducted in northern Thailand among people with practical experience in managing emergencies involving older adults within the community. This research took place at a learning center that has been upgraded to serve as a model area and a center of expertise in developing care systems for older persons, supported by local communities at the national level. In sub-district areas, practical management of emergencies concerning older adults included the sub-district emergency management center, rehabilitation centers, facilities aimed at enhancing quality of life and supporting the occupations of older persons, civil defense volunteer groups, and substance abuse treatment centers, among others.

Sample/ Participants/ Informant

The researchers classified the data providers into two groups: (1) Key informants, who could provide firsthand information, including elderly individuals with experience in emergencies and disasters, as well as those directly involved in emergency management, such as volunteers, healthcare personnel, local authorities, and relevant organizations; and (2) General

informants, who were supportive of emergency management and included various professionals and community funds representatives. In total 63 individuals were interviewed until data saturation was achieved. The qualitative research aimed to understand and generate knowledge from informants while collecting in-depth data using a small sample size. However, data must be collected in great detail (Dworkin, 2012). researchers studying related phenomena and cultures can Utilize a sample size of only 25 to 50 participants (Moser & Korstjens, 2018).

Table 1. Demographic characteristics of the participants (n =63)

Characteristics	Quantity
Types of technical team	Nurse = 5 participants
expertise/participant position	Public health academic = 1 participant
	Emergency Medical Technician-Intermediate = 1 participant
	Older person groups and their family caregivers = 15 participants
	Local administrative organizations = 11 participants
	Community leader = 6 participants
	Community members = 12 participants
	Supporters in the community = 12 participants
Age	Average= 58.39 years; Minimal= 28 years; Maximal= 80 years
Sex	Women= 38.10%; Men= 61.90%
Marital status	Married= 70.15%; Not married/divorced/widowed= 29.85%

The sample group consisted of following categories:1) Public health officials, which included seven individuals: two directors of the sub-district health promotion hospital, three professional nurses, one public health academic, and one Emergency Medical Technician-Intermediate; 2) Community members, comprising twelve individuals: one volunteer organization manager, two rescue workers, three community volunteers, two representative of the Elderly Club, two student representatives from the senior school, and two caregivers; 3) Community supporters, which included twelve individuals; 4) Local Administrative Officials (LAO), comprising eleven individuals; 5) Community leaders, which included six individuals; and 6) Older adult groups and their family caregivers, consisting of fifteen distinct individuals.

The researchers employed gatekeepers to gain initial access and utilized purposive and snowball sampling methods to select participants who had direct experiences relevant to emergency management for the elderly.

Instrument

The research tools consisted of (1) in-depth interview questions characterized by open-ended formats focusing on emergency situations and management. These questions were developed through a comprehensive literature review and content validity checks prior to their implementation. The researcher examined literature related to emergencies affecting elderly individuals in the community in order to formulate questions for in-depth interviews and focus groups. Subsequently, the interview form was submitted to the advisor for verification of content and adjustment based on

feedback. After refining the interview form, it was tested with a sample group whose context closely resembled the research area. Details of the interview guide consisting of main open-ended questions for key informants and respondents regarding emergency definitions for elderly people in the community are as follows.: 1) How was the situation for elderly people in your community? 2) What is your perspective on defining an emergency for the elderly in the community? 3) What operations and activities had you organized in order to mitigate impacts from emergency for older persons? and 4) What were the results of emergency management for older persons? (Fetterman, 2023) (2) Data recording tools included audio recording equipment and field notes to summarize key issues. The researcher prepared a voice recorder with blank audio tapes to capture data during focus groups and interviews, ensuring that audio recording were utilized to verify and prevent data discrepancies. (3) The researcher played a crucial vital in qualitative research, by developing their skills as a quality researcher by studying relevant concepts and theories and practicing qualitative research technique through field exercises in advisory professors' research project over a period of three years. The researchers considered essential tools for data collection. The researcher received training in qualitative research data collection skills, which provided them with the confidence and understanding necessary to synthesize the data effectively.

Data collection

Data collection was conducted from May 2022 to June 2023. (1) Participant Observation: The researcher conducted participatory observation by systematically observing and engaging in and activities at Tambon Health Promotion Hospitals, Tambon administrative organizations, and sub-district emergency management centers. This included participating in observing health services delivery during both normal situations and emergencies. Participatory observation allowed for a deeper understanding of the context surrounding emergency involving the elderly, and the data collected was analyzed in conjunction with other information.

(2) Focus Group Discussions: The researcher conducted a two-hour focus group discussion with community leaders, civil defense volunteers, village peacekeeping teams, and members of the Tambon administrative organization. Additionally, the researcher held a separate focus group discussion with health service unit members. The Data was collected from these focus groups to check the accuracy of the information and to confirm the situations being studied with key individuals in the community.

(3) In-depth Interviews: the researcher carried out in-depth interviews wlasting 45 to 60 minutes with key informants, utilizing targeted interview questions to determine meaning behind situations involving emergency needs. During these interviews, the researcher employed topic-capture techniques, took detail notes, and made audio recordings to obtain comprehensive information.

(4) Document Study: First, the researchers obtained documents from the Faculty of Nursing at Khon Kaen University to study documents related to the emergency management of elderly people in the community. Second, the researcher studied various local documents, including village plans, community plans, local development plans, sub-district information systems, and data from health service units. The information gathered was synthesized and compared with other relevant information.

(5) Field Notes: Immediate and post-observation notes were recorded to document the date, time, location, individuals involved, actions taken, activity plans, relationships, and participants' perceptions. This process facilitated the interpretation of data and the sequencing of significant events.

The researcher tested by triangulation in the following ways: 1) triangulating data was conducted through as follows: (1) gathering information from various individuals, including older adults, family members, community organization leaders, disaster and rescue volunteers, and community hospital staffers, etc. (2) collecting data at different times, such as morning, afternoon, and evening, as well as across the week from Monday to Friday, Saturday, and Sunday; (3) obtaining data from diverse locations, including elderly's homes, community hospitals, older persons' clubs, emergency management centers, and Tambon administrative organizations.. The researcher spent 13 months in the field, with intermittent breaks to review data, examined the researcher's insights, and participated in academic activities with advisory professors. This approach aimed to broaden ideological worldviews and minimize bias before re-entering the research area. The researcher also transferred information, provided updates on research, and periodically debriefed with advisory officers to enhance understanding and evaluate the research process. 2) Methodological triangulation was performed by analyzing and comparing data from observations, in-depth interviews, focus group discussions, and document studies conducted on various dates and times, ensuring data validation and completeness.

Data analysis

Qualitative data analysis, interpretation, component sorting and organization, as well as the identification of information correlation, contributed to a comprehensive understanding of the phenomenon of managing emergencies among elderly in the community. Data analysis was conducted concurrently with data collection to refine the data collection guidelines. Data analysis encompassed field data evaluation, content organization, data categorization, content analysis, periodic analysis, and matrix analysis.

The data analysis process consisted of two main components: (1) field note analysis and (2) post-data collection analysis. In the first component, field note analysis, the researcher recorded observations during each visit to the research area and observed situations encountered. This included documenting the date, time, location, events, individuals involved, actions, activity patterns, relationships, and the perceived meaning of each event. This documentation helped clarify interpretations and created a systematic sequence of important events. The information was then synthesized to reflect the opinions and perspectives of those with direct experience and involvement. Subsequently, the collected information was presented to participants to confirm its accuracy. The second component, post-data analysis, involved organizing the content of the data, categorizing data types, and conducting various analysis including content analysis, time-based analysis, and matrix analysis. Text data were analyzed using field note analysis and content analysis. The transcript were read, and response were analyzed and listed. The codes sample of the transcript were checked for similarities and differences. During the study, the data will be identified to reflect the problem situation and the definition of emergency of the elderly in the community and important players or social groups, community organizations and related organizations. We conducted the analysis along with the data collection and

reviewed all the data with the informants afterward for triangulation purpose. (Fetterman, 2023) To determine the reliability of the study, Lincoln and Guba criteria including credibility, transferability, dependability, and Confirmability were considered.

Trustworthiness

Trustworthiness-building established through several key components: 1) Credibility from Prolonged Engagement Over 13 Months – The researcher developed a strong relationship with the community, collaborating with the community research team, health service unit staff, and community leaders for debriefing and validation of the knowledge obtained. Furthermore, the researcher, who had a background in community nursing, provided health services during emergencies from the perspectives of health service providers. To gain a deeper understanding of the roles of community nurses in providing health services during emergencies, the researcher employed the method of bracketing personal biases and engaged in debriefing with advisory professors; 2) Transferability – Knowledge gained from this study can be applied to similar contexts, offering potential benefits; 3) Dependability – The researcher invested time in key areas to foster relationships within the community, ensuring the data collected had closest meaning to the status of an "inside person"; 4) Confirmability – The researcher rigorously tested the findings, objectives, and research questions, while also examining data collection process and triangulation methods.

Ethical considerations

The researcher recognized the significance of research ethics, particularly in protecting and safeguarding individual rights. The study has received ethical approval from the Research Ethics Committee of Khon Kaen University, reference number HE 642210. The researcher has coordinated with relevant authorities to secure permission for fieldwork and has communicated the research objectives and benefits to the community. The study adhered to the ethical guidelines for human research in Thailand, which encompassed international ethical principles, respect for human rights and dignity, consideration of benefits and non-maleficence, as well as fairness and equitable distribution.

RESULT

Table 2. Themes and sub-themes code perspectives on defining emergencies

Category	Sub-category
The perspective of emergency service users	<ul style="list-style-type: none"> – Emergencies faced by the elderly regarding the dimensions of causes and threats of illness – Emergencies faced by the elderly regarding the dimensions of causes of danger within the community. – Emergencies faced by the elderly in terms of their impact on the lifestyles. – Emergencies faced by the elderly, dimensions affected by natural disasters.
The perspective of emergency service providers	<ul style="list-style-type: none"> – Emergencies faced by elderly according to medical criteria. – Emergencies faced by the elderly according to disease-specific symptom criteria. – Emergencies faced by the elderly in crisis situations.

Category	Sub-category
The perspective of emergency management administrators of the elderly	– Emergencies faced by the elderly, serious illness dimension.
	– Emergencies faced by the elderly, dimensions of suffering.
	– Emergencies faced by the elderly as a aftermath of disasters.
	– Emergencies faced by the elderly due to problems of essential needs.
	– Emergencies faced by the elderly due to disasters in the community

Perspectives on defining emergencies for the elderly in the community. This analysis synthesized the perspectives on emergencies and emergency management as viewed by three distinct groups: 1) the perspective of emergency service users, 2) the perspective of emergency service providers, and 3) the perspective of emergency management administrators of the elderly, the findings as follows:

1. Perspective of Emergency Service Users. The researcher synthesized definitions of emergencies as understood by the elderly from the perspectives of the elderly and their families. An emergency services user was defined as an individual who has experienced emergencies. The finding revealed a variety of meanings and differences, including:

1) Emergencies of the elderly concerning the dimensions of causes and threats of illness. Elderly people and their families often expressed their feelings about recognizing abnormal physical and mental symptoms associated with various conditions, including chronic illnesses. Sudden severe discomfort and injuries could occur, leading to significant changes and profound impacts that induce fear and anxiety. Elderly people and their families might find themselves unable to cope independently. Such situations were considered life-threatening and necessitate to alleviate the symptoms and restore the body to normal state.

"...I fell and had a broken arm. While there was a small child in the house. I didn't know the child was there, so I accidentally stepped on it, causing me to slip. At that time, I felt very frightened. After a while, the pain began to increase. I couldn't lift my arm..." (PEO-005)

2) Emergencies faced by the elderly regarding the dimensions of causes of danger in the community. Elderly people and their families interpreted dangerous situations in the community as behaviors that contribute to risk, such as substance addiction and vulnerability to harm. An unsuitable environment posed risk danger, including desolate forests, water canals with no boundaries, slippery, rough roads, and others.

"...Elderly people were stranded in the forest. He had a job burning rice to sell. He went to find the firewood. Firewood in the forest preserved water near the temple. He lost consciousness while looking for firewood. This time, the rescue vehicle was unable to help..." (LAO-003)

3) Emergencies of the elderly in terms of their impact on lifestyles. Elderly people and their families gave meaning to distressed situations. Various factors can significantly impact their lifestyles, including homelessness, shortages of essential resources, unemployment, and financial instability. Elderly people and their families are afraid and worried about their lifestyle.

"...Elderly people have always been bedridden and visually impaired. Recently, the caretaker's daughter had

a problem with muscle weakness. When it was apparent that the daughter's condition was worse than the mother's at present, there is no occupation and no income, so assistance has been provided to receive a living allowance according to the rights ..." (LO-002)

4) Emergencies faced by the elderly, dimensions affected by natural disasters. Elderly people and their families interpreted the situation of their exposure to natural disasters. The severity of natural disasters can lead to substantial property damage, loss of belongings, and decreased income. For instance, a house fire can render individuals homeless, a garden fire causes financial losses, flooding of livestock pens can lead to both property and income loss, and a storm cause the roof to collapse, making a house unsafe.

"...In the case of a house fire, when the incident occurred, the villagers immediately called to report the problem when they thought they could not solve the problem. What was found was that the fire had spread and the damage was widespread. Unable to manage by myself..." (LAO-002)

2. Perspective of Emergency Service Providers. The researcher synthesized the meaning of emergencies for the elderly from the perspective of emergency service providers, including relevant medical personnel. It was found that the interpretation of meaning varied depending on the circumstances surrounding the incidents and the factors influencing the risk of illness. This is determined based on the criteria of a medical emergency and specific disease symptoms, as outlined below:

1) Emergencies faced by the elderly according to medical criteria. Defining emergencies situations in the elderly based on medical criteria that may threaten illness. Physical symptoms may include severe headaches, high fevers, diarrhea, food poisoning, unconsciousness, nausea, vomiting, poisoning, exacerbation of pre-existing medical conditions, physical abuse, and accidents.

"...responds to the incident when contact is made and notified directly to the emergency department. I will coordinate and call a team consisting of professional nurses. Emergency personnel ..." (HS-002)

2) Emergencies faced by the elderly according to disease-specific symptom criteria. Defining emergency conditions for the elderly from guidelines for specific disease symptoms, including stroke, diabetes, heart disease, etc.

"...in the case of an emergency case coming to the Subdistrict Health Promoting Hospital, they will be referred to a community hospital, for example, if they are found to have numbness, drink water and spill it. Patients will receive an initial evaluation, such as a blood sugar test and blood pressure measurement. When an abnormality is found, a rescue vehicle will be called to help take the person to the hospital..." (HS-001)

3) Emergencies faced by the elderly in crises.. Defining emergency conditions for the elderly in crisis situations. This includes serious illnesses or the need for monitoring the spread of diseases, such as during the COVID-19 outbreak and other disease control measures..

"...There is help for elderly people who are infected with COVID-19. Assist them by having a rapid mobile unit pick up patients at home and transport them for treatment..." (LAO-003)

3. Perspective of emergency management administrators for the elderly. The researcher synthesized the definition of

the emergency management framework for the elderly according to the challenges and needs possessed by the elderly, the hardship experienced by the elderly and their families, and illness problems that necessitate immediate assistance. This approach aligns with the policies and missions of local government organization leaders and local organization leaders, ensuring that assistance operations are carried out effectively across all dimensions. Services are provided in response to problems and needs, as follows:

1) Emergencies faced by the elderly: serious illness dimension. Defining emergency situations among the elderly related to illnesses in the community and outlines emergency medical criteria. It also details the roles and responsibilities that must be adhered to according to established regulations. Additionally, it provides guidelines for delivering assistance and addressing the challenges and needs of elderly individuals and their families.

"...Local government organizations adhere to the announcement of the National Institute of Emergency Medicine regarding the criteria for local government organizations to operate and manage local emergency medical systems to assist disaster victims in emergencies." (LAO-005)

2) Emergencies faced by the elderly, dimensions of suffering. This section defines the emergency situations faced by the elderly, focusing on the various sources of distress that impact their lives and the lives of their families. These sources include inadequate housing, lack of stable livelihood, homelessness, unemployment, and insufficient income. The elderly require assistance with their employment opportunities and access to welfare benefits.

"...Opportunity for the elderly to have work. I work here because I have no income. Leaders open learning development centers to employ the elderly...." (PEO-015)

3) Emergencies faced by the elderly as a result of disasters. This section defines emergencies affecting the elderly in the context of disasters, including floods that damage property and agricultural land, result in loss of income, and create hazardous situations such as storm impacts, damaged houses, collapsed roofs, and unsafe living conditions. This aligns with the mission and decentralization efforts of local administrative organizations, which are tasked with addressing these issues.

"...from the policies of the Prime Minister since 2000, operations or development depend on the leader's policies so they can continue to develop. In the past, there was a strong community of leaders rooted in emphasizing the issue of sufficiency economy..." (LAO-004)

4) Emergencies of the elderly due to problems of essential needs. The elderly's emergency is defined as problems or essential needs that they cannot manage independently and require assistance, such as transportation or treatment at a regional hospital.

"...for the main citizen assistance center is the duty of the Permanent Secretary's Office. However, it will be forwarded for further action and consideration related to other parties.. The Permanent Secretary's Office will send it to the Executive Committee to consider suitability..." (LAO-006)

5) Emergencies of the elderly due to disasters in the community. This section defines the emergency situations faced by the elderly, including physical abuse within families and harm from the community. It highlights the importance of ensuring the safety of both life and property for older adults.

Many elderly individuals experience both physical and mental suffering and require assistance to mitigate risks and enhance their safety within the community.

"...Policies come from the central government and are included in plans to carry out operations such as managing drug problems, organizing projects, and allocating budgets. Mostly, the directors of each department share responsibility by including it in each department's plan..." (LAO-006).

DISCUSSION

1) The results emphasized the definition of emergencies from the perspective of older adults who have experienced emergencies. It was found that emergencies are associated with threats to life, stemming from both from illness and dangers presented in the community. Elderly people often struggle to manage on their own and require immediate assistance. It was consistent with the emergency definition as outlined in Emergency Medical Act, which describes an emergency as an event in which a person is injured or suddenly becomes ill, threatening life or the functioning of vital organs, and necessitating evaluation (Morgans & Burgess, 2011). Additionally, a research study examining the needs of the elderly regarding emergency medical services revealed that the greatest need was for access to assistance services. These services include channels for reporting incidents, helping providers understand local conditions, and transportation to access assistance (Khansakhon et al., 2018). This literature review indicates that Thailand's emergency medical policy does not currently include a specific policy for addressing the needs the elderly. Therefore, to meet the this gap, there should be a policy in emergency medicine that prioritizes emergency medical services specifically for the elderly in the community.

2) The research results underscored the definition of emergencies from the perspective of service providers. It has been determined that emergencies are closely related to established practices and service system standards. This aligns with the International Council of Nurse's definition of emergencies in the context of emergency and disaster nursing, which emphasize risk reduction, disease prevention, and health promotion for individuals, families, and communities (Tillman, 2011). This perspective is consistent with the role of those involved in emergency management for the elderly within the community, where community nurses can serve as effective managers. Furthermore, it aligns with contemporary study on nursing leadership and management, which reflects the importance of leadership and management competencies for modern nursing leaders who must navigate changes across various world contexts. Nursing managers have qualifications in 5 dimensions: 1) general qualifications, including age, experience, and working position, and human relations; 2) knowledge; 3) work ability; 4) attitudes of nursing leaders; and 5) specialized expertise skills (Konkanghana, 2021). It is evident that community nurses play a role that extends beyond merely providing health services. Research highlights the perspectives of community service providers on the emergency needs of older adults. It has been found that community nurses have a role in dealing with urgent illness problems in accordance with the International Council of Nurses' competencies in emergency and public disaster nursing. Therefore, when preparing the competency framework for community nurses, it is essential to incorporate skills in emergency nursing management that are relevant to the specific situations and address the emergency needs of the elderly in the community.

3) The research finding highlight that the definition of an emergency, as perceived by community leaders, is closely tied to the issues and needs of the elderly, particularly concerning their suffering and that of their families. This includes health-related problems that necessitate timely assistance. This was consistent with the emergency definition of the community health system concept, which emphasizes the importance of community relationships. For people in a community to maintain, good health conditions must be managed by leveraging the community's strengths and social capital through collaborative efforts (Keon et al., 2013). This viewpoint is consistent with Ottawa Charter's commitment to enhancing community health, which includes fostering population participation in identifying health issues, planning, decision-making, and developing strategies for addressing health challenges. It also emphasizes building empowerment and instilling a sense of ownership so that communities can self-manage their health (Kim et al., 2013). Furthermore, It is consistent he mission of administrative organizations in emergency management, ensuring that support for the elderly is effectively managed in accordance with their specific problems and needs (Petri et al., 2016). It can be seen that the research emphasizes defining emergencies from the perspective of community administrators who are involved in dealing with the problem. Therefore, adjusting the national policy to be in line with this importance should adjust the emergency management policy for the elderly. This could involve creating suitable staffing plans for local government organizations and revising regulations and procedures to effectively address the identified problems and necessary needs.

This study has limitations in that it did not collect data on instances where the elderly experienced acts of violence in the community. The researcher opted to gather information through in-depth interviews with individuals involved in managing emergencies. These individuals include welfare officers. Additionally, community leaders, village volunteers, and local administrative officers.. Additionally, general community behaviors were observed to prevent conflicts and to understand their impact on the mental well-being of the elderly.

CONCLUSION AND RECOMMENDATION

This study examined the definition of emergency among elderly people in the community, considering the perspectives of emergency medicine, emergency nursing, and community health system concepts. The research indicates that emergency medical policies needs to be revised. Emergency management for the elderly in Thailand, as well as the competency framework for community nurses, require to be adjusted to meet the needs of the elderly in the community. This study helps open the door to further studies aimed at exploring the definition of emergency from the perspective of service users, service providers, and emergency management for the elderly. Such research could lead to the development of a policies and competency frameworks for community nurses. Additionally, long-term studies could yield valuable insights into the effective methods.

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