

# The role of community nurse in the implementation of health policy for the elderly in Thailand

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**Abstract:** In the implementation of the policy for the elderly, the nurses who have the competency to pull out their potential power to continue living with several stakeholders' support are required to provide care in the community. Community nurse in Thailand has the responsibility to deliver adequate medical care and also social care for the elderly. The study aimed to identify the role of community nurse in the implementation of Thai health policy for the elderly. Codes regarding the role of community nurse in the implementation of Thai health policy for the elderly were extracted from descriptive data interviewed with 15 policy implementors in Thailand. The codes were categorized by similarities using thematic analysis. The role of community nurse was 16 categories and 102 codes out of factors promoting implementation of Thai health policy for the elderly, with 27 categories and 416 codes. The main roles were Coordination, Service delivery, and Monitoring and evaluation, composing seven categories and 45 codes, eight categories and 51 codes, and one category and six codes, respectively. It was conspicuous in coordination mechanisms, especially between the organizations and disciplines in providing Primary Health Care. Both health promotion activities and medical treatment were crucial roles for community nurses. The role of community nurse was one of promoting factors of Thai health policy for the elderly. The community nurse acts as a lubricant between the hospital and the community, which means that the community nurse implements seamless service delivery for the elderly integrating medical care and welfare.

**Keywords:** community-based integrated care system, Japan, primary health care

## Introduction

By 2050, the elderly population in the world is estimated to be double the current figure (1). As a global issue, ageing is not only limited to developed countries but also affects low- and middle-income countries in Asia. Moreover, for achieving universal health coverage (UHC), orienting to the needs of the elderly is essential (2,3). World Health Organization (WHO) advocates an approach to prevent disease, slow the decline of physical and mental capacity due to ageing, and maximize the use of existing physical and mental capacity complemented by the residential environment. Integrated Care for Older People (ICOPE) is a system in which health care and long-term care are integrated and service providers share the same goal of providing services to the elderly in the community (4), with the primary service provider being nurses (5).

Japan is expected to contribute internationally because of its rich experience in the field of health policy for the elderly. In particular, Japan has expressed commitment to achieving UHC in the Asian region and is working to strengthen relations through "Asia Health and Wellbeing Initiative" (6). Many Asian countries including Thailand have shown an interest in the Japanese elderly care system and service delivery, and projects transferring Japanese long-term care training skills such as home care, rehabilitation and services in nursing homes to Thailand are being developed (7). Thailand is promoting a community-based health policy for the elderly by continuing to provide Primary Health Care (PHC), which has already been revered for its dramatic improvement of health condition (8). Our previous study comparing implementation of health policy for the elderly among some Asian countries shows that the effectiveness of service delivery for

the elderly in Thailand has been based on PHC (9). PHC is an approach that guarantees community peoples' proactive participation and the right to self-determination, and that encourages them to solve problems equally through their own efforts. Japan's health policy for the elderly, such as the Community-based Integrated Care System focusing on self-help and mutual assistance, is also consistent with the concept of PHC (10). Therefore, Thailand's implementation of health policy for the elderly may serve as a reference for Japan.

Japan has developed integrated care for the elderly. In Japan, the municipality represents the insurer of long-term care insurance, and the government requires the local government to take responsibility for implementing the community-based integrated care system successfully in accordance with the unique characteristics of each community. Community General Support Centres, which are central to the system implementation, were established by the Long-Term Care Insurance Act (Act No.123) and their operation is entrusted to the municipality under Japan's Ministry of Health, Labour and Welfare. Community General Support Centres have a predominant role in preventive care management, general consultation, rights advocacy, and comprehensive continuous care support for the elderly and their families (11). There are almost 4,300 centres nationwide, of which 30% are managed by municipal offices directly, and the others by the private sector or non-profit organisations (11). The Japanese medical care insurance system allows users the freedom to choose the services and service providers based on their personal circumstances and decisions (12). Long-term care insurance is based on the same universality as medical care and permits the use of long-term care services, regardless of whether they are public or private. The government is also expanding the economic growth of long-term care services and welcomes companies in the field. To ensure these features in Japan, the essential roles of the Community General Support Centres involve the coordination and integration of diverse stakeholders, including welfare facilities for the elderly, hospitals, home care delivery companies, and municipal health offices. The centres are managed by a public health nurse, the chief "care manager", or a social worker, who are required to strengthen their role (13).

Thailand is one of the most aged countries in Southeast Asia, the population aged over 65 years in 2021 is estimated at 15% (1). The Thai government formulated the first National Plan for Older Persons (1982–2001) in 1982, influenced by the "Vienna Plan" endorsed by the United Nations General Assembly (14). It has been amended into the Second National Plan for Older Persons (2002–2021) (15) for advancing a community-based comprehensive care service for the elderly (14). The objectives of the plan include involving the community as a support resource (15).

The plan has been implemented nationally by both local administrative offices and hospitals at the provincial, district, Tambon (subdistrict), and village levels under the supervision of the Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Interior, and the Ministry of Education (16). In Thailand, public hospitals under the Ministry of Public Health deliver medical treatment and easy access to healthcare. Public hospitals also encourage medical care for the elderly and the prevention of non-communicable diseases through home care. Moreover, local governments also aim to financially support community caregivers in providing home care for the elderly. A pilot long-term care programme for the elderly funded solely by taxes has recently begun (7). The long-term care programme is not institution-based and focuses on community-based and home care services. Regional and provincial public health offices have a responsibility to train nurses and caregivers, monitor, supervise and evaluate the programme (17). In the long-term care scheme, health promoting hospitals, which provide primary care, disease prevention and health promotion as the closest healthcare facilities for community people. They collect health-related data on the elderly, assess their activities of daily living by using the assessment tool based on the Barthel Index standard and classify the elderly into three groups for long-term care planning (18).

Health promoting hospitals are not staffed by medical doctors, and 70% of them are staffed by community nurses. Concurrently, the family care team is composed of physician, nurse, physiotherapist, nutritionist, pharmacist, health volunteer for the elderly, village health volunteer and so on, who work at the district hospital, health promoting hospitals and local administration, visit the elderly and their family at home and provide care services including treatment and rehabilitation (17). Health volunteers and family caregivers assume the role of key family care team members because they are also community residents expected to provide health care services to the elderly in their own daily-life context. In addition, they have ensured guidance of skills and knowledge of elderly care from community nurses (17). Community nurses play the role of gatekeepers making appropriate care decisions and providing treatment for patients who access health care in the community (18). Previous studies have clarified that community nurses' role focused more on a disease-oriented approach (19,20). Since Thailand's health policy for the elderly is community-based and is designed to focus on supporting their daily living comprehensively, it is significant to clarify the role of community nurses who are the principal responsible for elderly care in the Thai community.

The study aimed to identify community nurse's role in implementing health policy for the elderly in Thailand. Findings from a specific country's attempts

to improve the quality of elderly care might be globally valuable.

**Materials and Methods**

*Study design*

A qualitative descriptive design was used.

*Interviewers*

Thai and Japanese researchers fluent in English conducted 10 interviews in Thai and English. Both of those were registered nurses, had learned theory and methods in graduate school and already experienced a qualitative research process. The other Thai researcher supported and refined the interview when clarification or explanation was needed.

*Study sites*

The study sites in Thailand were selected for their active engagement with community-based elderly care services according to the study purpose. The health system in Thailand is the same in all provinces and, in the Bangkok metropolitan is quite different from the others and difficult to generalize in not reflecting on the entire Thai health policy. Therefore, one out of 76 provinces except the Bangkok metropolitan administration was selected based on the Thai researcher's suggestions. The selected province is one of the leaders in providing home care independently and had been awarded for geriatric care. It is located in a mountainous area where residents are primarily engaged in agriculture, and the percentage of elderly residents over 60 years was 17% (21).

*Participants*

Participants were implementers under Thai health policy for the elderly (Table 1), and were selected purposively with advice from a responsible person in each division.

In Thailand, one officer was recruited from the Ministry of Social Development and Human Security at the provincial level, one from the Ministry of Interior at the district level, and two from the Ministry of Social Development and Human Security and the Ministry

of Interior at the Tambon level. The officers at each level were responsible to manage and organize, as well as to conduct activities in a non-medical field such as social and welfare. The healthcare providers including a medical doctor, a nurse, and a public health officer conducted direct interpersonal services in medical and disease prevention. Medical doctors only worked for provincial and district hospitals, and were directors of the hospital. Nurses worked at provincial and district hospitals, and health promoting hospitals at the Tambon level. Public health officers, those who had a bachelor's degree in public health, were directors of health promoting hospitals. "Health volunteers" are specific in Thailand, who were community residents and trained as long-term care providers as well. All healthcare facilities provided medical care and long-term care at each level.

*Data collection*

Semi-structured interviews were conducted in Thailand in October 2017 using the modified Policy Implementation Assessment Tool (22), which comprises seven dimensions to evaluate the policy implementation (Table 2). Participants provided informed consent in their native language before being interviewed. All interviews were audio-recorded. The interviews in Thai were transcribed and translated into English simultaneously by a translation company and rechecked the expression in English by Thai researchers. This study was approved by the Ethical Review Committee of the National Center for Global Health and Medicine (NCGM-G-002136-00) and the Provincial Hospital Research Ethics Committee of the study site (COA No.012).

*Data analysis*

Thematic analysis (23) was conducted using the qualitative data analysis software MAXQDA Plus12 (24). Transcribed data from Thai interviews were analysed in English with one Thai researcher and three Japanese researchers who were well experienced with thematic analysis including the interviewers. First, codes including factors promoting the implementation of Thai health policy for the elderly were extracted, and then the segments relevant to the role of community nurses were extracted and coded. In this study, community nurses

**Table 1. Participant characteristics**

Study sites	Officer	Medical doctor	Nurse	Public health officer	Health volunteer	Number of interviews
Thailand <i>n</i> = 15						
Province	✓	✓	✓			3
District	✓	✓	✓✓✓			3**
Tambon 1*	✓✓			✓	✓✓	2***
Tambon 2*			✓	✓		2

Note: \*Tambon 1 was administrated under the assigned district in the province, and Tambon 2 was administrated under another district in the same province. \*\*Conducted two individual interviews with a district officer and a medical doctor and a group interview with three nurses. \*\*\*Conducted two group interviews, the first with two officers and a public health officer, and the second with two health volunteers.

**Table 2. Sample questions**

Theme	Questions
1. The policy, its formulation, and dissemination	<ul style="list-style-type: none"> <li>• To what extent do you think the goals and objectives address issues for the elderly?</li> <li>• Are the goal and objectives achievable within the timeframe set out in the policy??</li> <li>• How well was the policy disseminated to various implementing agencies?</li> </ul>
2. Social, political, and economic context	<ul style="list-style-type: none"> <li>• What are (Social, Political, Economic) factors facilitate/hinder the process of implementing this policy?</li> </ul>
3. Leadership for policy implementation	<ul style="list-style-type: none"> <li>• Is there support/opposition among opinion leaders or influential institutions for implementing this policy? Which? How?</li> </ul>
4. Stakeholder involvement in policy implementation	<ul style="list-style-type: none"> <li>• To what extent are you involved in different departments within your office or other stakeholders?</li> <li>• To what extent is your organization implementing the policy or involved in its implementation?</li> <li>• Which organization could be involved to improve implementation of the policy?</li> </ul>
5. Implementation planning and resource mobilisation	<ul style="list-style-type: none"> <li>• What document is guiding in implementing activities under the policy? How helpful?</li> <li>• How would you describe the changes that this policy requires of your organization? How well is your organization adopting to the changes?</li> </ul>
6. Operations and services	<ul style="list-style-type: none"> <li>• How effective is the coordination among organizations to achieve the policy's goal.</li> <li>• Have there been positive changes/ barriers related to service delivery? What?</li> </ul>
7. Feedback on progress and results	<ul style="list-style-type: none"> <li>• What institution is monitoring the implementation of this policy? What methodology? What indicators?</li> </ul>

are defined as nurses assigned as community nurses by the hospital, who provide care both in the hospital and in the community at each level, regardless of possessing community nurse practitioner certification. Seven dimensions of the Policy Implementation Assessment Tool were used as themes due to its well-structured questions to cover all policy implementation areas. The codes were generated regardless of each theme. Categories were defined and named based on the codes' similarity. Interpretation in the context and validity of results were confirmed over repeated discussions with analysis team members in the process.

## Results

### *The role of community nurses in health policy for the elderly in Thailand*

In total, 102 codes regarding the role of community nurses were extracted from descriptive data interviewed with 15 policy implementers, those out of promoting factors in the implementation of Thai health policy for the elderly, with 27 categories and 416 codes (Supplemental Table S1, <https://www.globalhealthmedicine.com/site/supplementaldata.html?ID=72>). The codes were categorized into 16 including, 1) Being a bridge to the hospital and community, health and quality of life, 2) Coordinating between the Ministry of Health and the other ministries, 3) Coordinating between hospitals and other organizations to support elderly care, 4) Following the guideline to conduct activities for the elderly, 5) Engaging the community activity negotiating with a community leader to involve the elderly, 6) Coordinating between hospitals, including health promotion hospitals, district hospitals and provincial hospital, vertically, 7) Coordinating between departments within the hospital, 8) Collaborating with Health Volunteers

to obtain information of the elderly fast, easily and properly and conduct activities fit for individual health and environmental condition, 9) Conducting activities based on the elderly needs as a community member coordinating resources in the community, 10) Conducting activities for health promotion and preventive medicine, 11) Providing medical treatment focusing on the individual characteristics of the elderly, 12) Providing integrated care including treatment, rehabilitation, and health education to maintain their remaining functions after discharge from the hospital, 13) Supporting caregivers as a member of a health care team for the elderly in the community teaching skills and knowledge of care to provide necessary care at home, 14) Training the health promotion group and providing health education to the elderly group in the community not only inside the hospital to strengthen mutual support, 15) Allocating and utilizing budget for the elderly care activities, 16) Monitoring and evaluation of provided care and activities to understand the achievement and give feedback to build forward better (Table 3).

The categories showed three main roles; Coordination, Service delivery and Monitoring and evaluation. Coordination includes categories 1) to 7), Service delivery includes categories 8) to 15) and Monitoring and evaluation includes category 16). These codes were not extracted following the themes, however, community nurses' roles were revealed conspicuously in "Stakeholder involvement in policy implementation" and "Operations and services" based on themes of the Policy Implementation Assessment Tool (Supplemental Table S2, <https://www.globalhealthmedicine.com/site/supplementaldata.html?ID=72>).

### *The role of community nurses: Coordination*

Coordination consisted of seven categories and 45 codes.

**Table 3. The role of community nurse in Health policy for the elderly in Thailand**

Category	# of Codes (n = 102)	Representative code
1) Being a bridge to the hospital and community, health and quality of life	6	• Disseminate health information that nurses have and interpret it to the elderly for better understanding.
2) Coordinating between the Ministry of Health and the other ministries	4	• Coordinate to incorporate among ministries and departments focusing on both health and the quality of life
3) Coordinating between hospitals and other organizations to support elderly care	17	• Support the elderly club receiving financial and physical support from the private organization
4) Following the guideline to conduct activities for the elderly	2	• Arrange the activities to fit in a community context following the guideline
5) Engaging the community activity negotiating with a community leader to involve the elderly	5	• Ask the village leader to invite the elderly who has no social contact and negative participation in the activities to the group
6) Coordinating between hospitals, including health promotion hospitals, district hospitals and provincial hospital, vertically	4	• Provide care for complicated and difficult cases with the team to utilize the elderly's data transferring from the provincial hospital where he/she was hospitalized
7) Coordinating between departments within the hospital	7	• Conduct regular meetings in the hospital to connect the nursing department and patient care team such as orthopaedics, psychiatrist, obstetrics, surgery
8) Collaborating with health volunteers to obtain information of the elderly fast, easily and properly and conduct activities fit for individual health and environmental condition	4	• Have a meeting with health volunteer to discuss the case assigned and share information about elderly needed care in the community
9) Conducting activities based on the elderly needs as a community member coordinating resources in the community	10	• Utilize retirees for vocational training in the elderly club in the community
10) Conducting activities for health promotion and preventive medicine	16	• Focus on prevention of non-communicable diseases which are the main cause of health problems for the elderly utilizing the linkage between the outpatient department and community medicine department including home visit
11) Providing medical treatment focusing on the individual characteristics of the elderly	7	• Prepare medical equipment such as oxygen, suction and so on for the bedridden elderly patient at home in the health promoting hospital
12) Providing integrated care including treatment, rehabilitation, and health education to maintain their remaining functions after discharge from the hospital	4	• Make a discharge plan together with the elderly him/herself, nurses, doctors, physiotherapists and family caregivers by a hospital nurse
13) Supporting caregivers as a member of a health care team for the elderly in the community teaching skills and knowledge of care to provide necessary care at home	5	• Teach caregivers how to support activities for daily living such as cleaning up the body, aiding in eating and taking medicine
14) Training the health promotion group and providing health education to the elderly group in the community not only inside the hospital to strengthen mutual support	2	• Train the health promotion group in the community to decrease the number of elderly with chronic diseases
15) Allocating and utilizing budget for the elderly care activities	3	• Consider additional financial support to improve the environment
16) Monitoring and evaluation of provided care and activities to understand the achievement and give feedback to build forward better	6	• Evaluate the result using data, the prevalence rate of hypertension and diabetes, the incidence of aspiration pneumonia and fall accidents after hospital discharge

Several coordination types included inter-ministries, hospital-other organizations, in the community, inter-hospitals and inter-department within the hospital.

Community nurses make it so the elderly could receive services in both the hospital and community and make it easy to use local communication. They try to develop one community to minimize the personal burden and to have a quality of life for the elderly. They provide information when the elderly in the community do not recognize what they need. "We are a nurse. Ageing is a part of their life. We are going to coordinate with the hospital to do what you can contact. We use health information that we have in hand so that we can talk with them". (*Nurse, District hospital*)

Community nurses have recognized who is the community leader and have a dialogue with them utilizing the opportunity when they come to the health promoting hospital. Dialogue between community nurse and community leader has been conducted closely

and cultivates the community culture through health promotion activities for the elderly. "We have three community leaders and recognize who is the leader in the community. I sometimes feel close to the residents". (*Nurse, Health promoting hospital, Tambon*)

Community nurses working in the hospital, to conduct continuous care in the community, are involved in the hospital community care team, and consult and have discussions regularly with specialists inside the hospital. Provincial/district hospital and health promoting hospital share the health status information of elderly residents to provide needed care in the community. "We conducted collaboration with the psychiatric doctor, orthopaedics-surgery, physiotherapist, nutrition, and nursing using a meeting once or twice a month". (*Nurse, Provincial hospital*)

Simultaneously, community nurses work with other local organizations and private sectors as well not only to enhance service delivery but also to solve facing barriers

to service delivery. "In the case of the poor, I asked to support him to NGO and collaborated with other organizations to take a rehabilitation, then I bought a bed for nursing care". (*Nurse, Health promoting hospital, Tambon*)

#### *The role of community nurses: Service delivery*

Service delivery consisted of eight categories and 51 codes. Service included both prevention and health promotion, and medical treatment. Moreover, resources of service delivery were health professionals, health volunteers, caregivers and the elderly themselves as human resources and budget.

Community nurses conduct a regular meeting with health volunteers to share information about mainly health condition of the elderly. Moreover, community nurses pay close attention to cultivating health volunteers according to the community needs.

Community nurses intentionally make an elderly group in the community to have more social connection. They involve community leaders in the elderly club to have more chances to participate in the community group such as teaching school for the younger generation, disabled elderly support and prevention of depression. They coordinate financial support to the community group from the local administration office.

Conducting activities for health promotion and preventive medicine were 16 codes, that focus on more elderly's independent life in the community. Based on three categorized health conditions evaluated by community nurses, they conduct adequate health promotion activities for each condition. "Our goal is to promote quality of life (for the elderly) and promote our profession as well. There is a life (of the elderly) in society. We think that the activities will give them a good quality of life on all sides". (*Nurse, Health promoting hospital, Tambon*)

Community nurses always try to make the elderly go out of the house conducting activities such as exercise, health lectures, craft work and so on. There is a side purpose to check and observe health conditions of the elderly through the activities when community nurses conduct health promotion activities. "Most of our elderly will stay home, they will not go out and work at home. For synthetic information (about the elderly), we have to take him/her out of the house". (*Nurse, Health promoting hospital, Tambon*)

Some hospitals conduct a special outpatient department for the older person. Community nurses also connect to health promotion groups in the community and ask them to support maintaining the medical treatment of the patient, such as medication compliance for non-communicable diseases and remind them of an appointment to see a doctor. Community nurses provide services as team members of community care after discharge from the hospital, it is mainly

community nurses in district and provincial hospitals. "... cardiovascular disease patient hospitalized today, and maybe one week improve and discharge. Before discharge, we conduct a discharge plan with nurses and other department specialists. Then, we send the discharge plan to the lower level hospital through the system". (*Medical doctor, Provincial hospital, Province*)

Community nurses support caregivers, the majority of those are family caregivers, and train them to provide better care to the elderly at home as well. "Caregiver training ..... in the matter of long-term care. We give the knowledge to the caregiver on how to treat their family bedridden". (*Nurse, Health promoting hospital, Tambon*). "Bedridden elderly at home get better care with caregivers, who help us to take care of the elderly. But first, we did not provide services as maximum encouragement. With the caregiver, nurses can go to see him getting better". (*Public Health Officer, Health promoting hospital, Tambon*)

The budget is the incentive to conduct activities for community nurses. Community nurses arrange funding and its allocation because the budget from the government's long-term care scheme is a small amount. They sometimes use their own hospital budget to improve the environment for the elderly.

#### *The role of community nurses: Monitoring and evaluation*

Monitoring and evaluation consisted of one category and six codes. Community nurses monitor and evaluate input, output, outcome and impact of their activities qualitatively and quantitatively. "As a result of last year, the number of new cases of hypertension and diabetes patients was zero, Bedridden elderly had neither bedsore nor aspiration pneumonia, and there is no fall accident of elderly in the community". (*Nurse, Provincial hospital, Province*)

## **Discussion**

The purpose of this study was to identify the role of community nurses in health policy for the elderly in Thailand through semi-structured interviews with policy implementors at several administrative levels. The first finding of this study was that the role of community nurses was the promoting factor in implementing Thai health policy for the elderly. There were three main roles extracted from the interviews, and the coordination mechanism between the organizations and disciplines was conspicuous.

In this study, the Policy Implementation Assessment Tool was used. This aims to assess the extent and nature of policy implementation, to identify facilitators for and barriers to policy implementation, and to inspire dialogue and renewed commitment on the way forward (22). Among 416 facilitators extracted from Thai health

policy for the elderly, 102 codes were relevant in the role of community nurses, showing a nonnegligible number. This means that community nurses are one of the principal implementors of Thai health policy for the elderly. According to the dimensions that influence policy implementation, it could be said that community nurses implement their role in multiple dimensions comprehensively, whereas the appearance of community nurses' role in the dimensions was unbalanced, thereby suggesting the weight of community nurses' role in elderly care.

The three main roles – Coordination, Service delivery, and Monitoring and evaluation –extracted in this study were shown in the competency of Family and Community Nurse (FCN) in US and Europe (25,26), in which FCNs collaborate closely with other health workers, provide care based on evidence, conduct activities for health promotion and disease prevention such as screening, health behaviour change and medical recommendations for managing chronic diseases. This study indicated that these roles of community nurses contribute to PHC settings in the Asian context.

Through the entire data, the interviewee as a policy implementor described consistently not only health but also the quality of life of the elderly. It means that health is necessary for life but not all of life. Therefore, coordination was highlighted as a community nurse's role in policy implementation. *"Being a bridge to the hospital and community, health and quality of life"* and *"Engaging the community activity negotiating with a community leader to involve the elderly"* were direct linkages between the provider and the elderly as a recipient, and other coordination linked to the elderly indirectly. Moreover, *"Following the guideline to conduct activities for the elderly"* would be a part of accountability for the policy, passing a message of elderly care policy to the community. Community nurse's role is the most important to involve sectors except the health field in community-based elderly care. Opinion leaders and influencers are always both facilitator and hinderer of policy implementation. Community nurses were focused on the group more than the individual to strengthen community cohesion. In the Thai context, that is high respect for the dignity of older people and one's virtues as social norms, there is no opposition to health policy for the elderly. Community nurses make the best use of this. It is necessary to keep in mind many more difficulties in the multi-ministerial approach although Thai health policy for the elderly is implemented under a multisectoral approach with the Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Interior, and Ministry of Education. However, without these coordination mechanisms, satisfactory care for the elderly could not be achieved. In addition, the multidisciplinary team care approach in institutions has been significant in some areas (27,28). Elderly care is fit for multidisciplinary care due to the

variety of symptoms and comorbidities, individual differences and consideration of physical, psychological and social support. Even inside the hospital, a multisectoral approach beyond the department is not easy.

Service delivery could be explained by types, ways and targets. The first was *"Conducting activities for health promotion and preventive medicine"*. PHC is based on community needs and focuses on health promotion and interventions from prevention to treatment (29). Community nurse's role in Thailand was reconfirmed focusing on health promotion based on the PHC concept. *"Conducting activities based on the elderly needs as a community member coordinating resources in the community"* was also reflected in PHC, which is rooted in solidarity and participation (30). Community nurses support conducting their own PHC.

The second type was *"Providing medical treatment focusing on the individual characteristics of the elderly"*. Community nurses, who have the knowledge, skills, and competencies to tailor care to individual needs, are required to provide evidence-based care (30). That is why community nurses should be health professionals to give proper medication and assessment including checking vital signs, physical and psychological changes, as well as the surroundings of the elderly, such as family members, friends, the living environment and so on. From another point of view, focusing on the way of providing treatment, it was important that *"Providing integrated care including treatment, rehabilitation, and health education to maintain their remaining functions after discharge from the hospital"*. It means continuous care and observation, such as compliance with medication and health assessment. Because it tends to struggle to deliver continuous care after discharge from the hospital, the role of community nurses working between the hospital and the community is crucial. In Japan, a special unit arranged to support life in the community and continuing care after discharge has been prepared in the hospital, which assigns the nurse as a manager (31). Community nurses had a similar role to these nurses in Japan's system.

Next, the targets supported by community nurses in service delivery, who were mainly health volunteer and caregiver, were extracted. For the elderly especially those suffering from diseases, multiple barriers are faced in the process of returning to community life. Community nurses had the role of *"Supporting caregivers as a member of a health care team for the elderly in the community teaching skills and knowledge of care to provide necessary care at home"*. Informal caregivers such as family members are the main stakeholders of elderly care at home in many countries. In Japan, the care burden of family caregivers and long hospitalization periods for respite purposes had been a social issue by 2000, when long-term care insurance was introduced (32). Currently, there is significant

evidence for supporting caregivers in elderly care (33,34). It is a featuring point that the caregivers could also be objects of service delivery, not only direct care for the elderly, in the role of community nurses. In addition, "*Collaborating with Health Volunteers to obtain information of the elderly fast, easily and properly and conduct activities fit for individual health and environmental condition*" is also a part of the multidisciplinary team care approach. Health volunteers have a role in conducting a very close connection between the community and the hospital because they are community residents. On the other hand, issues in implementation except for health professionals have been raised, for instance, in the delegation of medication administration from registered nurses to non-registered support workers within community settings (35). This type of collaboration, in short, hospital-community collaboration, could be actively applicable in Japan's system considering regulatory factors.

"*Allocating and utilizing budget for the elderly care activities*" was also the basis of service delivery. Budgeting is supposed to be complicated although this study did not clarify its mechanism. However, community nurses are required to manage the budget for effective activities, which is not only for the elderly, when they are responsible for the health promoting hospital.

The last main role was Monitoring and evaluation, "*Monitoring and evaluation of provided care and activities to understand the achievement and give feedback to build forward better*". It pointed out evidence-based community nurses' activities that are required. Community nurse practitioner is required to analyse the situation, design a nursing programme, strengthen family management, improve the ability to work with the community, teach skills, develop information systems and digital technology, lead organizations and systems, have morals and ethics, encourage analytical thinking, improve health conditions and evaluate health outcomes (36). Community nurses utilize collected data and monitor it to find an approach point and to show the value of their activities as well.

The limitation of this study was that the results were collected in one province and district even though the health system in Thailand is the same in all provinces. This study was conducted in the selected province, which engages actively with community-based elderly care services according to the research purpose. When research in a whole country is conducted, the data could be more robust due to including the diversity of experiences in Thailand.

In conclusion, the role of community nurse in Thailand was one of the promoting factors of Thai health policy for the elderly. Community nurse is acting as a lubricant between the hospital and the community. Community nurse implements seamless service delivery

for the elderly integrating medical care and welfare. This finding indicated that coordination with different disciplines and beyond the organizations is needed more for healthcare service delivery for the elderly.

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