

Assessment of Quality of Life and Work Motivation Among the Aging Workforce in Suphan Buri, Thailand

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Abstract

Demographic changes due to the reduced birth rate and aging in the population increase the proportion of older persons in the workforce. This article explores the determinants of and impacts on quality of life and motivation for work among the aging workforce of Suphan Buri, Thailand. Using a cross-sectional, mixed-methods approach from surveys and interviews with older persons, the quality of life of the older people in Suphan Buri was assessed as variable and dependent on their health and socioeconomic statuses. Personal characteristics of family and community, together with health and financial status, reflected quality of life and work motivation. A concept model connected the concepts of Relational, Income, Care, and Environmental (RICE) factors from analyzing themes to determine the quality of life and work motivation outcomes. Quality of life and work motivational factors for the aging workforce are also essential for the sustainability of agricultural and economic performance measures and production outcomes for Suphan Buri, Thailand. Efforts focusing on financial literacy, occupational policies, practices, and promoting family relationships, health status, and social engagements should be a strategy to prepare for aging and support a better quality of life and work experience.

Keywords

Aging workforce; quality of life; relational income care and environmental (RICE) model; work motivation

Introduction

A demographic change of an aging population occurs in all countries across all levels of development—the increase in the older population results in a considerable proportion of people above 65 in the workforce. Aging can be approached from several dimensions, such as functionality over temporal and biological progression (Chalise, 2019). The quality of life for older people includes health and the absence of disease or infirmity. Quality of life is increasingly associated with health and well-being, which includes physical, mental, social, spiritual, occupational, and financial (Strout & Howard, 2012).

Aging and quality of life in the workforce are increasing in terms of examination and awareness. The ability to retain physical attributes for work is the common approach for managing the aging workforce. The aging workforce challenges human resources management (HRM) due to a need to adjust approaches to the changing structure of the labor force and organizational productivity (Egdell et al., 2022). When combined, aging and quality of life integrate the advancement of age with the cognitive, psychological, emotional, social, and financial spheres of life (Abud et al., 2022).

This study examined aging workers' life quality and work motivation experiences in Suphan Buri, Thailand. The study hypothesized that variable socioeconomic factors influenced quality of life and motivation for work.

Literature review

As the aging workforce increases, there is a focus on engaging persons who are in the workplace or near retirement age and focusing on their ability to work and their quality of life at the personal level (Salminen et al., 2019). The focus is on retaining physical and experience abilities to remain or return to work. Intellectual and occupational wellness among aging workers can also determine cognitive stimulation and workplace performance, which also defines and depends on different dimensions of wellness (Kim et al., 2021). The aging workforce complicates existing human resources approaches as there is a difference in managing an organization with older workers (Stassen & Templer, 2005). Countries and organizations are beginning to act on managing the aging workforce by extending the age for retirement for workers and focusing on workers' health and well-being (Egdell et al., 2022).

Aging workforce

In managing the aging workforce, many factors are involved, such as personal preferences, health, safety, social and cultural norms, and environmental conditions to be considered (Minbaeva & Navrbjerg, 2023). Consideration of their ability to work with their health and well-being is required (Hertel & Zather, 2018). Feelings towards the working atmosphere, social climate, and age significantly correlated with work efficiency (Mok et al., 2022). The aging workforce is considered the intellectual capital of an organization and is directly impactful to the overall economy of a country (Ong & Tye, 2022). A study of 236 older workers' measures for work ability reveals significant positive effects as cognitive functions were correlated with social life (Rieker et al., 2023). Engaging in social activities outside work

promotes a healthy work-life balance, contributing to overall mental and physical health, and supporting sustained performance and productivity at work.

Quality of life among aging workers is influenced by health, work-life balance, social connections, and job satisfaction. Supportive work environments, access to healthcare, and opportunities for personal growth are essential. Maintaining physical and mental well-being enhances their happiness, productivity, and ability to contribute meaningfully to their roles. Quality of life for workers was reported as consisting of three areas: (1) Physical and mental health connecting the body, mind, and their ability to function, (2) Happiness of the psychological state, the impact of the subjective experiences of work, and the meaning and satisfaction derived from them, and (3) Relational for the quality of social relationships and interpersonal interactions towards perceptions of trust, and social support (Grant et al., 2007). A connection between aging workers, their quality of life, and work conditions is essential for aging workers.

Work motivation among the aging workforce is built on loyalty to the organization and relates to employees' quality of life (Human Resource Management International Digest, 2021). It is vital to examine the achievement motivation of aging workers toward retention and productivity. A group of 172 Dutch workers in the post-retirement period identified motivation-related outcomes (work engagement and meaning of work) as critical for retention in the workplace (de Lange et al., 2010). Relative to younger workers, the study indicated a significant motivation for older workers endorsed by their dominant mastery of work functions. Work engagement and the value of work serve as powerful motivators for the older workforce. They provide a sense of purpose, mental stimulation, and opportunities for social interaction. Recognizing and valuing their contributions enhances job satisfaction and morale, encourages continued productivity and commitment, and promotes a positive and inclusive workplace environment.

Context of Suphan Buri province

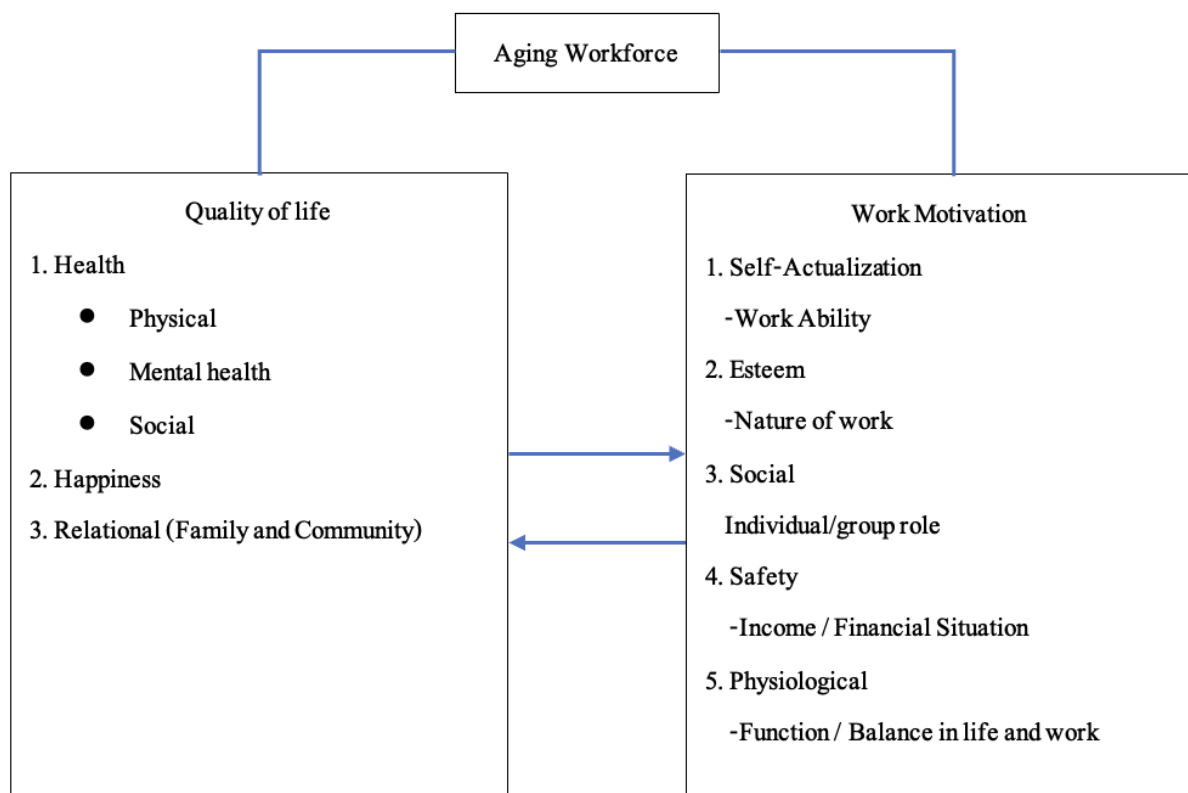
Suphan Buri province is in the central region of Thailand and is one of the country's 76 provinces. The province's terrain is in the shallow plain of the Tha Chin River, a paddy rice farming area. The aging demographic representation of the study population in Suphan Buri includes 152,735 people in the group of early aging (60–69 years) and 78,843 people, representing the age range 70–79 years old, representing 34.1% of the provincial population (Central Registration Office, 2020). The Suphan Buri data for aging is at a higher average age than the national average for Thailand. It represents an advanced aging community of workers to assess their quality of life and work motivation. As the Thai population ages, the workforce also ages, resulting in shortages (Nillsuwan, 2023). Thailand's progression toward its development agenda is affected by the reduced birthrate demographic characteristics (Bhandari et al., 2023)—the resultant reduction in the available workforce with the need for increased productivity places Thailand in a predicament. Specifically, for Suphan Buri province, this has sustainability implications for rice cultivation, fish and prawn rearing, and other forms of agricultural sector productivity.

Theoretical framework

The conceptual framework centralizes aging in the workforce as the central construct and explores the issues of well-being and motivation factors, which is Maslow's hierarchy of

needs. Maslow's hierarchy of needs theory posits that human behavior is driven by a hierarchy of needs, ranging from physiological needs (e.g., food and shelter) to self-actualization (e.g., personal growth and fulfillment). Maslow's five stages of motivation as a theory describe human needs. These five stages include: 1. Self-Actualization, 2. Esteem, 3. Social, 4. Safety, and 5. Physiological. In attendance and performance, this theory suggests that employees should prioritize fulfilling their basic needs before engaging fully in their work. To enhance attendance and performance, employers must ensure that employee's physiological, safety, and belongingness needs are met (Yurdakul & Arar, 2023). Maslow's hierarchy of needs theory guides the examination of the quality of life and work motivation as it explains human behavior and presents a narrative on factors that determine decisions based on needs, factors that influence the choice of relationships, and perspectives of satisfaction (Yang, 2011).

Figure 1: Theoretical Framework for Study



The theoretical framework in Figure 1 includes the aging workforce as the central reference point for the research. The domains of quality of life and work motivation further expanded the theoretical framework. The quality of life domain was categorized into three broad themes, health, happiness, and relations, based on criteria from the National Council On Aging (NCOA) (2020). Health included physical, mental, and social well-being from which participant's perceptions were assessed (Human Resource Management International Digest, 2021), and happiness considered reflective responses of participants from their experiences and relational well-being involved the personal, professional, social, and overall interactions of participants with people that impact their lives and work experiences (McKinlay, 2021).

The work motivation domain included factors that inform choices and experiences that promote workforce retention. The motivation elements were further expanded from Maslow's

hierarchy of needs, which included self-actualization, esteem, social safety, and psychological well-being. The nature of the aging workforce also contextualizes the motivation factors, including self-actualization with working ability, esteem based on the nature and type of work, social connection with the individual's specific social context and realities, safety regarding the financial situation, and physiological state for both work and life balance.

Methodology

The study applied a cross-sectional and mixed methods design between April and July 2023 to understand the aging community's quality of life and work experiences in Suphan Buri, Thailand. A multistage sampling strategy was used to collect data to gain quantitative survey feedback from participants and explore work and life experiences using a qualitative interview process. This sequential exploratory design informed the timing of data collection and the generation of analytical content from surveys to inform the interviews. Study data was derived from two stages, with 408 survey responses between April and May 2023 and 40 interviews between June and July 2023.

The study without a prior pilot project did not assume any specific proportionality of participant response distribution. The population proportion was set as 50% to calculate the sample size to provide several participants and their responses to be generalizable as the study conclusion. The confidence interval (CI) set for the study was a standardized 95%, allowing the distribution of responses from participants to reside within two standard deviations of the mean responses. Also, a 95% CI suggests that only 5% of analyzed data will be due to chance as the only acceptable study error. Based on the equation: n (sample size) = Population Proportion / (Margin of Error [%] / Confidence Level Score) Squared). Using the CI 95%, Margin of Error: 5%, Population Proportion: 50%, Sample Size Calculation: 385 which was increased to 408 surveys administered. 10% of the surveyed respondents, or 40 persons, were identified for interviews.

Study survey

A survey of formulated questions and aggregating assessments on perceptions of quality of life consisted of 30 questions categorized into demographics, well-being, and motivation. Reference to individual questions from the Adult Well-Being Assessment (AWA) and 100 Million Healthier Lives Initiatives was used to measure the quality of life (Hostetter & Klein, 2020). Part 1, or the demographic section, consisted of seven individual characteristic questions, including gender, age, education, work experience, marital status, personality trait, and income level. Eight questions comprised Part 2 on well-being perspectives based on their position in life and health status. For Part 3, participants were asked to indicate the extent of their agreement with each of the 15 motivation-type statements. Using a stratified and randomized sampling framework, individual households were proportionately identified based on the ten sub-provincial strata and a list of random numbers assigned to postal addresses for household identification within each sub-province. An identified household was further considered if it included any person that met the criteria of a minimum of 65 years in March 2020 as a current resident of Suphan Buri province. Thailand considers older persons to be 60 years and older. However, this study included the benchmark of 65 years or older as its guide for engaging participants, as the referenced surveys used for data collection were applied in studies where the populations were 65 years and older. After sampling, 408

participants, all of which provided informed consent, participated in the survey. The surveys were administered near the participants' homes, and responses were recorded on a mobile device using an electronic survey. Survey responses were described and analyzed using the SPSS Version 29 statistical package.

Study interviews

A list of protocol questions was used in all interviews to explore participants' work and life experiences. Additional interview questions also emerged based on interactions and responses from participants. A list of random numbers assigned to each survey participant was used to generate four random participants from each of the ten sub-provinces for a sample size of 40 persons for the interview stage. Informed consent for the interviews was sought as a review of an information sheet and signed approval of the consent form at the time of the interview. All interviews were recorded, transcribed, and translated into English, after which topic analysis and coding were done by each researcher. Interview transcripts were analyzed independently using code development and thematic analysis using Dedoose 9.0.107 data management software.

Ethical statement

This study was reviewed and received approval from Kasetsart University, Research Ethics Committee on April 7, 2023 (Study code: KUREC-SSR66/029) and St. George's University, Institutional Review Board on January 13, 2023 (Study Protocol Number: 22039).

Results

The results are presented: 1. Participants ($n = 408$) survey descriptions include the study population, quality of life measures such as health, happiness, relational well-being assessments, and work motivation factors; 2. Analysis of survey data, and 3. Thematic representation of participants' ($n = 40$) responses to interviews.

Study population description

From Table 1, the study participants included 264 females (64%) and 143 males (35%) with a mean age of 71 years and mean work experience of 39 years. Most participants (74%) selected married status with at least primary school education for 386 participants (94.6%). The monthly income distribution range of 3,000 to 10,000 THB was chosen by most participants (224, 55%). The reported income ranges were a combination of income from work done, receipt of governmental social welfare assistance for older people, and support received from family. Interviewees were reflective of the aging population, with the life expectancy of women being greater than men, resulting in more females surviving with increases in age. Primary education level was the most common scenario for the farming community.

Table 1: Participants Demographic Description

Personal Information (N = 408)	Frequency	Percent %
Gender		
Male	143	36
Female	264	64
Marital status		
Married	303	74
Single	105	26
Educational Level		
Primary	386	94.6
Post Primary	22	5.4
Income per month (THB)		
< = 1,499	72	17.6
1,500-1,999	84	20.6
2,000-2,999	81	19.9
3,000-4,999	80	19.6
5,000-10,000	63	15.4
> 10,000	28	6.9

Note: 33 THB ≈ 1 USD

Quality of life

Quality of life was determined by participants self-reporting their measurements using a Likert scale among the categories assessed in the study survey (see Appendix 1). Composite scores as ranges within each category were determined and reported for quality of life. Each quality of life category was separately assessed and reported in Table 2. From Table 2, participants assessed their quality of life as health, happiness, financial, and relational well-being on a scale of 1-10. Composite scores were interpreted from reported ranges, with 1-4 being poor quality, 5-8 being average quality, and 9-10 being the best indicator of quality of life.

For health, optimal (9-10) was identified by 56 (13.7%) for physical health and 104 (25.5%) for mental health. Average (5-8) was the rating for physical health by 327 (80%) and for mental health by 297 (72.8%). Social networks and support towards social health were considered poor (1-4) by 11 persons (2.67%), average (5-8) by 12 (3.03%) of participants, and optimal (9-10) by 385 (94.3%) persons.

For happiness, 117 (28.7%) of persons considered their current happiness perception as optimal (9-10), with 212 (52%) of persons considered their happiness perception on the average scale of 5-8 as their current life experiences. From a financial well-being perspective, 211 (51.8%) identified the 5-8 average range as their reality, while 119 (29.2%) assessed their financial situation in the optimum 9-10 range.

Relational well-being towards quality of life assessment was assessed for family and community. Optimal (9-10) assessment was selected by 232 (56.9%) of participants for their relationship with family and 307 (75.2%) for their relationship with community. Average (5-8) consideration for relationships with both family and community was considered by 119 (29.2%) and 79 (19.4%), respectively. Loneliness as an emotion was described as average (5-8) by most participants (211, 51.7%), while 120 (29.5%) participants had poor experiences with loneliness, and 77 (18.8%) did not consider loneliness as their experience.

Table 2: Assessment of Criteria for Quality of Life

	Low Score 1-4	Medium Score 5-8	High Score 9-10
Physical Health	25 (6.3%)	327 (80%)	56 (13.7%)
Mental Health	7 (1.7%)	297 (72.8%)	104 (25.5%)
Social Health	11 (2.67%)	12 (3.03%)	385 (94.4%)
Happiness	79 (19.3%)	212 (52%)	117 (28.7%)
Financial Well-being	78 (19%)	211 (51.8%)	119 (29.2%)
Family Relations	57 (1.9%)	119 (29.2%)	232 (56.9%)
Community Relations	22 (5.4%)	79 (19.4%)	307 (75.2%)
Loneliness	120 (29.5%)	211 (51.7%)	77 (18.8%)

Work motivation

Work motivation was derived from participants based on their responses on the level of agreement with factors towards work retention or return, as seen in Table 3. Good pay and promotion with available organizational policy, a desirable work environment, a good welfare package, and a sound bonus system were notable motivation factors. Work-related relationships, including good interpersonal relationships, good supervisors, and a workplace allowing the opportunity to use abilities, provide a sense of challenge and achievement, and receive positive recognition, were commonly identified as favorable. Autonomy and self-actualization, together with an interesting job, were also noted.

Table 3: Comparative Assessment of Work Motivation Factors

Work Motivation Factor	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
Good pay	2 (0.5%)	10 (2.5%)	11 (2.7%)	51 (12.5%)	53 (13.0%)	76 (18.6%)	205 (50.2%)
Promotion	0 (0%)	10 (2.5%)	14 (3.4%)	52 (12.7%)	61 (15.0%)	84 (20.6%)	187 (45.8%)
Work environment	0 (0%)	9 (2.2%)	13 (3.2%)	54 (13.2%)	59 (14.5%)	100 (24.5%)	173 (42.4%)
Welfare package	0 (0%)	9 (2.2%)	15 (3.7%)	51 (12.5%)	59 (14.5%)	97 (23.8%)	177 (43.4%)
Bonus system	0 (0%)	9 (2.2%)	15 (3.7%)	54 (13.2%)	52 (12.7%)	112 (27.5%)	166 (40.7%)
Work policy	0 (0%)	11 (2.7%)	13 (3.2%)	57 (14.0%)	59 (14.5%)	105 (25.7%)	163 (40.0%)
Interpersonal relationships	2 (0.5%)	15 (3.7%)	6 (1.5%)	56 (13.7%)	53 (13.0%)	106 (26.0%)	170 (41.7%)
Good supervisors	3 (0.7%)	14 (3.4%)	5 (1.2%)	59 (14.5%)	57 (14.0%)	101 (24.8%)	169 (41.4%)
Job security	3 (0.7%)	14 (3.4%)	5 (1.2%)	58 (14.2%)	54 (13.2%)	98 (24.0%)	176 (43.1%)
Use of ability	1 (0.2%)	14 (3.4%)	8 (2.0%)	55 (13.5%)	56 (13.7%)	93 (22.8%)	181 (44.4%)
Challenge and achievement	1 (0.2%)	16 (3.9%)	6 (1.5%)	55 (13.5%)	45 (11.0%)	94 (23.0%)	191 (46.8%)
Positive recognition	1 (0.2%)	14 (3.4%)	8 (2.0%)	58 (14.2%)	48 (11.8%)	85 (20.8%)	194 (47.5%)
Autonomy	1	14	7	56	48	91	191

Work Motivation Factor	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
	(0.2%)	(3.4%)	(1.7%)	(13.7%)	(11.8%)	(22.3%)	(46.8%)
Self-actualization	1	13	8	56	46	93	191
	(0.2%)	(3.2%)	(2.0%)	(13.7%)	(11.3%)	(22.8%)	(46.8%)
Interesting job	1	11	10	56	37	85	208
	(0.2%)	(2.7%)	(2.5%)	(13.7%)	(9.1%)	(20.8%)	(51.0%)

Analysis of survey data

Table 4 includes an analysis of survey data to determine any interactions with participants' characteristics, quality of life, and work motivation.

Table 4: Analysis of Personal Characteristics with Quality of Life and Work Motivation Measures

Quality of Life and Personal Characteristics		
Characteristic	Test	Result
Gender	Two-tailed independent t-test	$p = .953$
Age	Pearson's correlation	$r = -0.253, p < .001$
Years of Work Experience	Pearson's correlation	$r = 0.302, p < .001$
Educational Level	Two-tailed independent t-test	$p < .001$
Marital Status	Two-tailed independent t-test	$p < .001$
Personality Traits	Two-tailed independent t-test	$p < .001$
Income Levels	ANOVA, Bonferroni multiple comparisons across income levels	$p < .05$
Motivational Work Factors and Personal Characteristics		
Characteristic	Test	Result
Gender	Two-tailed independent t-test	$p = .044$
Age	Pearson's correlation	$r = -0.304, p < .001$
Years of Work Experience	Pearson's correlation	$r = -0.07, p = .159$
Educational Level	Two-tailed independent t-test	$p = .009$
Marital Status	Two-tailed independent t-test	$p = .001$
Personality Trait	Two-tailed independent t-test	$p = .944$
Income Levels	ANOVA, Bonferroni multiple comparisons across income levels	$p < .001$

Personal characteristics and quality of life: Participants' personal characteristics were tested with assessed criteria for quality of life and motivational work factors. Each personal characteristic category was tested for measures of association with a composite score of quality of life measures. Using two-tailed independent sample t-tests for equality of means, quality of life was not significantly different ($p = .953$) based on gender. Pearson's correlation recorded a significant weak negative correlation of well-being with age ($r = -0.253, p < .001$) and years of work experience ($r = 0.302, p < .001$). Independent sample 2 tailed t-test recorded significant differences in the well-being of individuals based on their education level ($p < .001$), marital status ($p < .001$), and personality traits ($p < .001$). Differences among the means with income levels and pairwise multiple analysis applied ANOVA with Bonferroni multiple

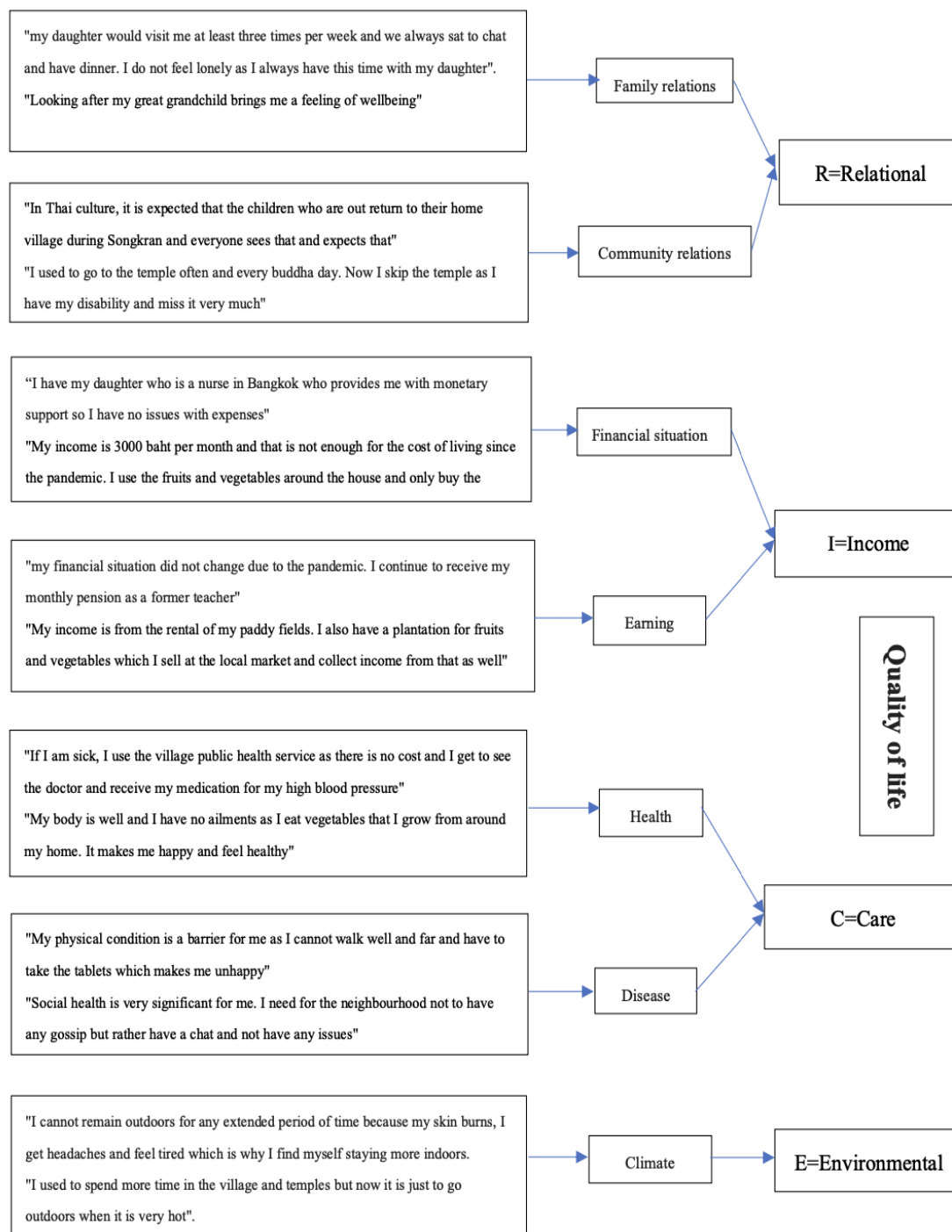
comparisons post-hoc test which recorded significant difference ($p < .05$) in well-being measures of individuals with different income levels except between income ranges of $\leq 1,499, 2,000-2,999, 3,000-4,999, 5,000-10,000$ THB.

Personal characteristics and motivational work factors: Motivational work factors were considered significantly different ($p < .05$) when compared with gender using a two-tailed independent sample t-test. Pearson's correlation resulted in a significant weak negative relationship between motivational work factors and age ($r = -0.304, p < .001$), while a non-significant poor negative correlation was seen with years of experience ($r = -0.07, p = .159$). Two-tailed independent sample t-tests recorded significant differences in motivational work factors by education level ($p < .05$) and personality traits ($p < .001$) but not with marital status ($p = .944$). Differences among the means with income levels and pairwise multiple analysis applied ANOVA, which resulted in a significant difference ($p < .001$) between income level and motivational work factors. Further testing using Bonferroni multiple comparisons identified significant differences ($p < .05$) in motivational work factors among income range groups of $\leq 1,499, 2,000-2,999, 3,000-4,999, 5,000-10,000$ THB.

Thematic representation of interviews

Prepared interview transcripts were coded and processed to identify generated themes with recorded responses. The process of deduction of transcripts into codes and induction of themes from analysis is illustrated in Figure 2, described as follows:

Figure 2: Thematic Analysis



Description of themes

The connection between quality of life and work motivation was highlighted in shared themes of family relations, financial situation, and environmental conditions. The interdependence of family relations with quality of life and work motivation determined health and well-being, feelings of loneliness, contributed to the financial situation, and influenced community engagement. Community relations were featured for social engagement and participation in traditional Buddhist practices and Thai festivals. Songkran [Thai New Year] was described as a contributor to their quality of life.

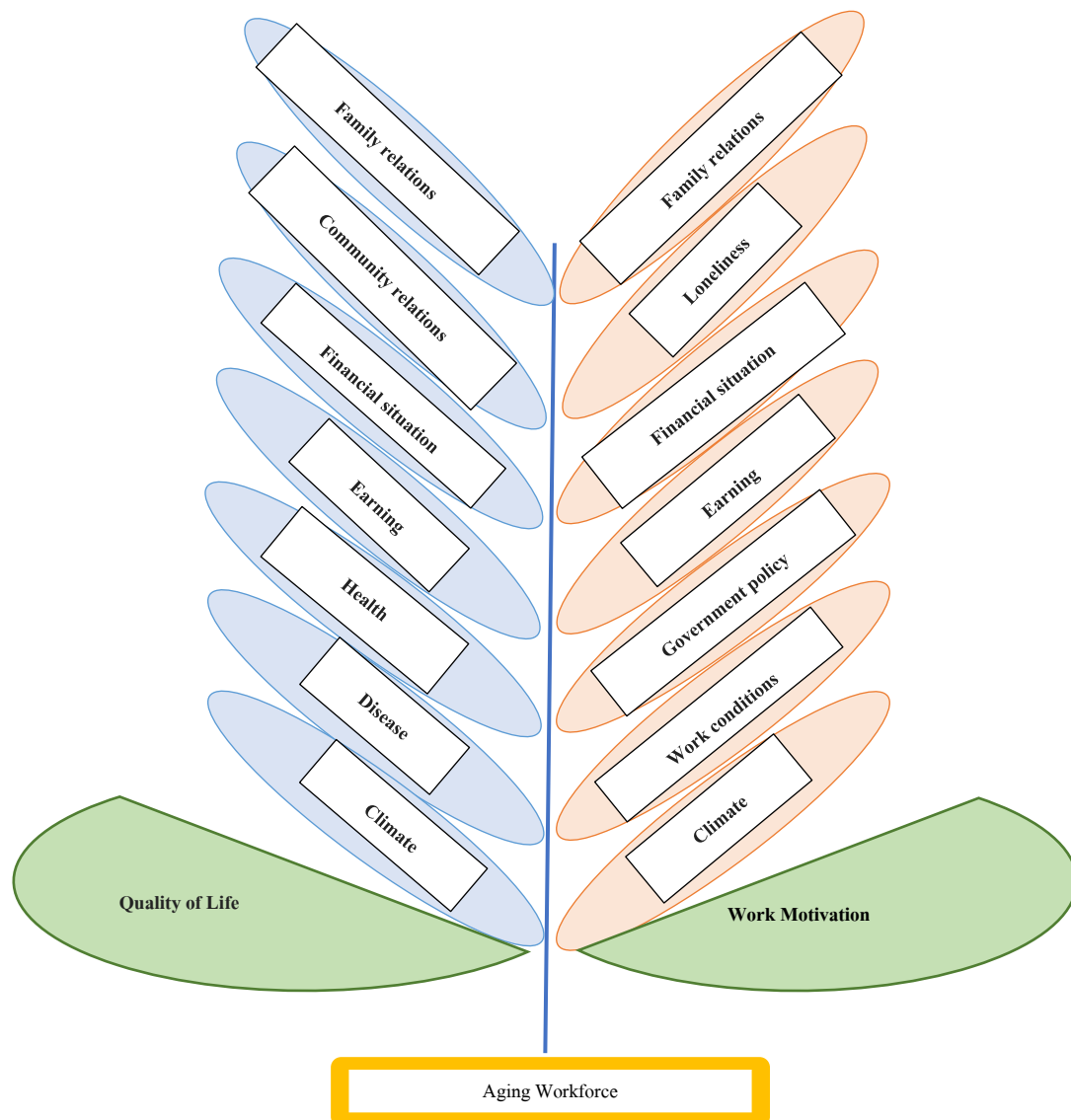
The financial situation was described in the context of income and the ability to meet living costs to maintain their quality of life. It also informed the decision to continue to work and earn if needed. The income included a combination of work earnings, governmental assistance, and family contributions from children and the younger generations.

Physical, mental, and social health attributes supported their longevity for maintaining family and community relations and active work motivation for financial security. Care provided to the aging community by family, community members, and the public health system worked to promote physical health. However, the aging population's health was compromised, and chronic disease burdens created concern about survival for family and community relations, work continuity, and financial insecurity. Loneliness was also related to an interest in returning to work for social activity, while no loneliness experiences encouraged the pursuit of work options.

Environmental conditions as a theme were described as changes in temperature, weather, and flooding that directly affected quality of life through health impacts, isolation, agricultural fields, and home damage. Work environment, including policies and work conditions, were thematically related to work motivation as a perceived lack of assistance provided was a strong determinant of continuing to work and earning.

Analysis and organization of study themes further contributed to formulating a concept model to explain and understand the study findings (Figure 3).

Figure 3: Relational, Income, Care, and Environmental (RICE) Concept Model



The concept model connects Relational, Income, Care and Environmental (RICE) factors to analyze themes for quality of life and work motivation outcomes. The RICE concept model highlights the following:

Relational, which connects the themes of family and community and the role played towards promoting both health and well-being through the social and mental benefits and involvement in described traditional festivities and activities. The family's role in supporting their older relatives financially also informed their work retention decision. Additionally, depending on the presence or absence of family and community interactions, motivation to continue working was described as a response to the derived theme of loneliness.

Income represents the theme of the financial situation of participants, which influences assessments towards well-being, satisfaction in meeting their expenses, and positive outlook on the future. Income also reflects the themes of financial situation and safety as it informs the

decision to keep working and earning to cover expenses and debt or transition away from work and engage in other personal and social pursuits.

Care relates participants' health status and disease burdens to their quality of life, including managing chronic diseases and decreasing physical abilities. Government policies and working conditions were also associated with care as aging support from the government assisted with participants' financial situation, and changing working conditions such as village or home-based employment with convenient hours was favorable to work retention.

Environmental factors associated with climatic conditions were described as a theme of quality of life and work retention. Climatic factors of higher temperatures, increased flooding, and greater intensity of weather events were described to adversely impact participants' health, well-being, and work retention. Hotter temperatures led to heat stress, flooding resulted in social and work isolation and relocation, and storms caused damage and sadness that affected well-being and ability to manage agriculturally based work.

Discussion

The study focuses on quality of life and work motivation, which will be further explored with theoretical applications, analysis, study limitations, and future research.

Quality of life

The multidimensional nature of health and well-being among the older people in Suphan Buri was reflected in the interconnections of physical, mental, and social health. The priority for physical health was related to support for family and continued earnings. Mental health references were noted for the ability to remain stimulated and engaged with family and community relationships. Social health was also connected with the value placed on the time spent with and providing care for family and interactions with the community. The importance of the family assumed a dominant part of participants' overall health and well-being. The social component was expanded to include being part of the village community, living in an aging society, and membership. The aging society model in Suphan Buri and Thailand provides a structured and active calendar of events, including travel and touring, entertainment, celebrating traditional and cultural festivals, and supporting older persons to remain connected in person and online. Mention of making merit by attending nearby Buddhist temples to offer food and donations with their family during the annual Thai New Year festivals also reflected the spiritual connections to well-being and family and community involvement.

Work motivation

Work experiences for participants were either from formal (public or private) sector employment, such as teachers and police officers, or from the informal sector (self-employed) rice paddy field workers or noodle shop vendors. Participants from the formal employment sector were retired, receiving government-funded/employment-based monthly pension payments, and consistently ranked their quality of life at an elevated level. Also, these participants' children were educated at the university level, were gainfully employed, and

provided financial assistance to their aging parents. The family structure is one where the older parent(s) may live alone or with one child while other children are usually in the capital city of Bangkok, working and returning to visit.

Participants from the informal sector often discussed finances in relation to income from work and their need to remain actively working. These participants' monthly earnings are variable depending on the sale of harvest, fluctuations in market prices, and losses incurred from adverse environmental conditions. The government provided a monthly allowance of 600 and a maximum of 1,000 THB, less than the average monthly pensions from former formal sector employees. These participants' children and grandchildren are also likely to live with their older relatives and are not as educated and gainfully employed as the formal employment sector participants. Out of necessity, these older participants must continue working and earning income to meet their expenses.

With an increased cost of living, reduced income, at times, debt, and some inability to depend on receiving assistance from children, the aging informal sector participants were more vulnerable to financial challenges, affecting their quality of life and decision to continue working.

Theoretical application and analysis

The literature refers to health and well-being extensively as one of the Sustainable Development Goals (SDGs) put forth by the United Nations (2024), and promoting health and well-being is a central focus among older people for the World Health Organization (2018). According to Maslow's hierarchy of needs theory, physiological needs such as health have become more critical for the aging population due to declining physical abilities. Ensuring these needs are met is foundational for their overall well-being. Once these are addressed, safety needs gain prominence. Well-being among the older community in Suphan Buri is a complex construct, as the study has identified contextual and cultural nuances that inform or distract from well-being. The people's point of view reflected our understanding of their needs and the circumstances and activities surrounding their experiences.

Aging individuals often seek stability in their living conditions and financial security, and they may become more focused on healthcare and protection from potential harm. Among the aging participants, social needs also evolve. The importance of family, friendships, and community became more pronounced, combating loneliness and social isolation. Life events such as the relocation of children to the capital city of Bangkok, losing a job during the pandemic, and, most commonly, time spent with family formed stories that were important and considered to inform or distract from health and well-being. Our participants discussed the intergenerational connectedness between older people and their children, particularly grandchildren. Our data strongly supports the importance of the family to the well-being of the study participants. The large proportion and frequency of the family theme emphasizes the collectivistic nature of Thai culture. The obligation to care for family is embedded in Thai culture and religious values (Sringernyuang et al., 2020). Participation in social activities and maintaining strong interpersonal relationships are crucial for their emotional health.

Esteem needs in later life often revolve around the desire for respect, recognition, and accomplishment. Older adults may find motivation to contribute to their communities, share their knowledge, and mentor younger generations. This can provide them with a sense of purpose and validation. The aspect of social health reflected participants' perspectives on

whether or not they felt lonely, which was dependent on the presence or absence of family relations. The multidimensional nature of health and well-being among the older people in Suphan Buri was reflected in the interconnections of physical, mental, and social health. For self-actualization, this remains relevant throughout life. This might involve pursuing personal interests, hobbies, or lifelong learning for aging persons and engaging in creative activities, their work, or other fulfilling endeavors that allow them to continue growing and realizing their potential.

Health was a central concept for the study. While there was a difference across each aspect of health in terms of priority, with physical health being the most common, there was consensus on the positive influence of physical, mental, and social health on well-being. Participants in the context of happy or sad feelings and experiences referred to mental health. Expressions of emotions about their projections for the future were also related to feelings of happiness or sadness. Feelings with associated memories, life events, and activities provided mental health and well-being narratives. A happy family equals a happy life, which is relevant to the older persons in Suphan Buri.

Limitations and future research

The study's strength is its mixed methods approach with probability sampling among an engaged and responsive target population, which identified findings reflective of the quality of life assessment and work motivation among aging workers. However, there are also limitations in study design, data collection, and interpretation of results. The single data collection point limits the analysis conducted on measures and strength of association, which would have been possible with multiple data collection points. Different data collection periods may have resulted in changing opinions and perspectives, challenging the ability to integrate data between surveys and interviews. The study's results and interpretations are not generalizable as the findings are specific to the participants and their respective personal contexts, work histories, and village communities.

The study findings offer multiple implications for research, policy, and practice. For research, the study population represented a key stakeholder group on aging issues, which is increasingly global and requires investigation and intervention to support the population's quality of life. Policy and practice directives from continuation or return to work initiatives, enhancement of social welfare support, providing accessible and available healthcare, mitigating climate and environmental risks, developing sustainable community social engagement, and promoting family relationships are critical areas towards their quality of life.

Conclusion

Thematic analysis of interviews was consistent with the survey findings, which emphasized the personal characteristics of family and community, quality of life, and work motivation. Also, health status, disease burden, income, and financial status reflected quality of life and work motivation. The concept model's emphasis on the RICE factors was applicable to connect the multiple determinants of health and well-being and work retention, which influence the quality of life and work motivation for our aging workforce.

The quality of life of the older people in Suphan Buri was variable and dependent on family relations, work history, socioeconomic status, and environmental conditions. Social ties with the family community and engagement with traditional Thai practices and festivities consistently promote well-being. Efforts to prepare persons for aging through financial literacy, occupational policies and practices, and encouraging family relationships, health status, and social engagements should be prioritized. The workforce will continue to get older, and their quality of life, work performance, and production will depend on multiple interdependent influences, which will require an integrated response. Efforts to prepare for aging will promote a better quality of life and work experience.

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