Daily Life Satisfaction Among Thai People:

Socioeconomic Comparison

Jantima Kheokao

University of the Thai Chamber of Commerce, Thailand

Siritorn Yingrengreung

Boromarajonani College of Nursing Saraburi, Thailand

Tassanee Krirkgulthorn

Boromarajonani College of Nursing Nakorn Rachasima, Thailand

Abstract

This descriptive study evaluated the satisfaction in daily life of Thai people according to participants' socioeconomic characteristics. The accidental sample included 676 Thai people aged 20 and older who lived in Bangkok and urban Saraburi. The satisfaction in daily life questionnaire (α=0.86) was used to collect data. The ranking for each aspect of daily life satisfaction arranged from high to low are: family life (mean=3.39), human relations, housing, food, job, health, and income (mean=2.99). Females were found to have a significantly higher satisfaction with daily life than males (mean=22.81 vs. 21.91). Those who lived in Saraburi province were found to have a higher satisfaction with daily life than those in Bangkok. Married participants, participants age 50-59, participants from two-generation households of parents and unmarried children, participants who stated that they took better care of their health now compared to one year ago, and participants who consulted a doctor in the past month were found to have higher satisfaction with daily life than their counterparts.

Keywords**:** Socioeconomic factors, daily life satisfaction, Thai people

_____

All correspondence concerning this article should be addressed to Associate Professor, Dr. Jantima Kheokao, Department of Strategic Communication, School of Communication Arts, University of the Thai Chamber of Commerce, 126/1 Vibhavadi Rangsit Rd. Bangkok 10400, Thailand. Email: jantima_khe@utcc.ac.th

Introduction

The well-being of nations has become a major concern for economists, policy makers, and social scientists (Fischer & Boer, 2011). Countries around the world are constantly investigating the well-being, happiness, and life satisfaction of their citizens using mostly socioeconomic and cultural indicators such as income, good governance, democratic institutions, social equality, material wealth, cultural values, and individualism. Well-being, be it physical, mental, or social, is affected by the interplay of factors at multiple levels, micro (individual), macro (national), and meso (informal communities and social network levels) (Bettina, Brouwer, & Louise, 2012).

Thailand is the second-largest economy in Southeast Asia after Indonesia. Thailand also ranks second in Southeast Asia in external-trade volume, after Singapore (World Trade Organization, 2012). In Southeast Asia, Thailand ranks in the middle of per-capita gross domestic product (GDP) after Singapore, Brunei, and Malaysia. The per-capita gross national income (GNI) was $5,390 in 2012 (Macroeconomic Strategy and Planning Office, 2013). Thailand is a newly industrialized country with exports accounting for more than two-thirds of its GDP. In the first half of 2013, the average headline inflation rate stood at 2.70 with a policy interest rate of 2.50% (Bank of Thailand, 2013). The Thai economy is now in recession. Although the Thai economy grew by 4.1% during the first half of 2013, the GDP contracted by 1.7% and 0.3% in the first and the second quarters of 2013 (Office of the Economic and Social Development Board, 2013). Thailand ranked 103rd in the Human Development Index (HDI), the percentage of people living below the national poverty line decreased from 65.26% in 1988 to 13.15% in 2011 (Office of the National Economic and Social Development Board, 2011). Combined data from World Values Surveys from 1995-2007 to create a ranking of subjective well-being of the population in 97 countries revealed that Thailand was ranked 27th (National Science Foundation, n.d.).

The most populated city in Thailand is Bangkok with a population of about 12 million. Many people live in Bangkok because of employment opportunities in big companies, industries, and factory jobs. Daily life and social customs in the 21st century required urbanized Thai people to adapt to modern lifestyles at a time when modernity changed the face of Thailand. As a middle-income country that has seen remarkable progress in human

development in the last twenty years, Thailand now has a Human Development Rating of 0.778 and is expected to achieve the global Millennium Development Goals well in advance of 2015 (United Nations Thailand, 2014). Likewise, Thailand has reduced poverty from 27% in 1990 to 9.8% in 2002. The Thai government's universal health care policy provides basic medical services to all Thai people although some criticism as to the quality of services remains. However, there are persistent development challenges particularly for certain groups and geographical regions including higher rates of maternal mortality in the south, child malnutrition, and unsustainable use of natural resources.

Since the 2006 coup d'état which overthrew Thaksin Shinawatra's government, Thailand stepped into the war of colors, Red vs. Yellow which badly damaged the country, socially and economically. Severe flooding occurred from the end of July 2011until mid-January 2012 resulting in an estimated more than 1,425 billion baht (US$45.7 Bn) in economic damages as of December 1, 2011 (World Bank, 2011). Sixty-five of Thailand's 77 provinces were declared flood disaster zones, and over 20,000 square kilometers (7,700 sq mi) of farmland was damaged by these disasters, which had a significant effect on people's lives.

As Minkov (2009) indicated, the main predictor of life satisfaction (cognitive facet) is the perception control over one's life, followed by wealth. Therefore, satisfaction with daily life partially reflects the development status of the nation. Understanding how people in a particular country perceive their situation in life is crucial because all members of the population are human capital, needed to support economic and social development. Findings on the perceived satisfaction with aspects of daily living could shed some light for policy makers to find interventions to promote the satisfaction of Thai people.

Objectives

The purposes of this study were**:**

1. To explore the level of satisfaction in daily life related to housing, annual income, health, family, food, human relations, and work among Thai people living in urban areas.

2. To compare the level of satisfaction with daily life among Thai people living in urban areas based on personal and socioeconomic data.

Method

Participants

This descriptive research was part of the cross-country survey on satisfaction with daily life among Asian people. In August 2013, face-to-face surveys were conducted on a purposive random sampling of 700 adults living in the urban areas of Bangkok, the country's capital city, and Saraburi province, located about 107 km north of Bangkok. The response rate was 95.3% or 677 out of 700 questionnaires with fully answered.

Measurements

According to Fischer and Boer (2011, 164), well-being is the subjective evaluation of one's life, including emotional reactions to personal or general events, mood states, and any judgment concerning satisfaction and fulfillment in various domains of life (marriage, work, income, and so forth). This study uses a positive valence, combined subjective well-being indicator, and life satisfaction in particular. The English version of the questionnaire (Inoguchi, T. et al., 2014) was translated into Thai. Two sets of questions were included in the questionnaire to collect the following data:

1. Personal and general information including gender, marital status, income, education, occupation, number of family members and children younger than 19 at home, looking after health, and consulting with medical professionals.

2. Satisfaction with daily life, which included seven issues: food, housing, income, family life, relationships with others, health, and job. Response options ranged from "Very satisfied=4," "Somewhat satisfied=3," "Somewhat dissatisfied=2," and "Very dissatisfied=1." The scale reliability was 0.86. Total score ranged from 7-28 were categorized into three groups (low satisfaction=7-14, moderate satisfaction=15-21, and high satisfaction=22-28). The results have been processed using SPSS.

Results

Participants' Characteristics and Socio-Economic Profile

Most respondents (61.7%) were female. Other large demographic groups in this survey were: people 20-29 years old (37%), university degree holders (61.3%),

single (48.5%) vs. married (45.3%), those with an annual income less than $20,000 US (47.8%), two-generation families of parents and children who are not married (31.07%), those living in Bangkok (61.2%), those who consulted doctors due to sickness or injuries within the past month (43.2%), and those who have not changed how they take care of themselves in the past year (45.2%). These data are shown in Table 1.

Table 1

Participants' Characteristic and Socioeconomic Status (N=676)

Socio-economic status	n	%
1 Gender		
Male	259	38.3
Female	417	61.7
2 Age (mean 36.4, S.D. 12.7, range 18-79)		
< 20 yrs	9	1.3
20-29 yrs	248	36.7
30-39 yrs	177	26.2
40-49 yrs	123	18.2
50-60 yrs	94	13.9
61-79 yrs	25	3.7
3 Education		
No formal education	9	1.3
Elementary school/junior high school/middle school	56	8.3
High school	60	8.9
Vocational school	89	13.2
University/graduate school	415	61.3
No answer	47	7
4 Marital status		
Single	328	48.5
Married	306	45.3
Divorced/separated	25	3.7
Widowed	13	1.9
No answer	4	0.6
5. Annual income of household (bath)		
< 657,400 (US $20,000)	323	47.8
657,401 - 986,100 (US $20,000-30,000)	47	7.0
986,101 - 1,314,800 (US $30,000-40,000)	30	4.4
> 1,314,801 (US $40,000)	52	7.7
No answer	224	33.1
6. Family structure		
Single-person household	122	18.05
Married couple	100	14.79
Parents and children who are not married (two-generation)	210	31.07
A parent(s) and child(ren) who is/are married (two-generation)	94	13.91
Grandparent(s), parent(s), and child(ren) (three-generation)	145	21.45

Table 1 (Contd.)

Socio-economic status	n	%
7. Provinces		
Bangkok	414	61.2
Saraburi	262	38.8
8. Health		
8.1 Consulted doctors due to sickness/injuries within the past one month		
Yes	292	43.2
No	384	56.8
8.2 Compared to one year ago		
I take better care to my health now.	207	30.6
Unchanged	308	45.6
I took more care of my health one year ago than now.	161	23.8

Ranking of Daily Life Satisfaction Aspects

The mean total score was 22.47 out of 28 (SD=3.71), which is high. The rankings of the mean score among each aspect of daily life satisfaction from high to low were: family life (mean=3.39, S.D.=.69), human relations (mean=3.30, S.D.=.65), housing (mean=3.33, S.D.=.71), food (mean=3.31, S.D.=.71), job (mean=3.12, S.D.=.77), health (mean=3.03, S.D.=.76), and income (mean=2.99, S.D.=.78). Figure 1 illustrates the percentage of people who are satisfied and somewhat satisfied with each aspect of satisfaction with daily life. Findings revealed the top three aspects of satisfaction with daily life include family life (83.4%), human relations (81.1%), and housing (75.7%). Whereas, the three lowest were household income (48.2%), health (52.4%), and job (55.0%).

Figure 1

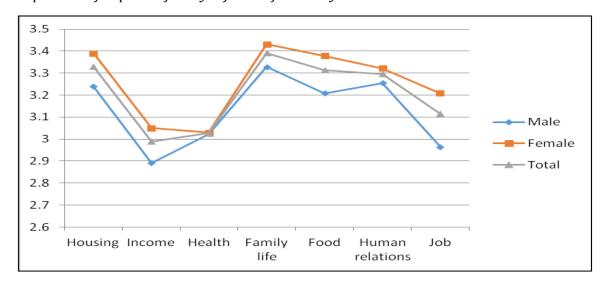*Percentage of daily life satisfaction in each aspect*

Comparison of Daily Life Satisfaction by Gender

Females were found to have significantly higher mean total scores of daily life satisfaction than males (mean=22.81, S.D. =3.40 vs. mean=21.91, S.D. =4.10 at *p*=.002 *t*=9.53). The top three aspects of daily life satisfaction among females were family life (mean=3.43, S.D. =.70), housing (mean=3.39, S.D. =.69), and food (mean=3.38, S.D. =.65). Whereas the top three aspects of daily life satisfaction among males were family life (mean=3.33, S.D. =.66), human relations (mean=2.96, S.D. =.86), and housing (mean=3.24, S.D. =.74) (Figure 2).
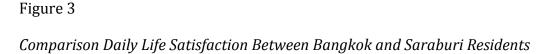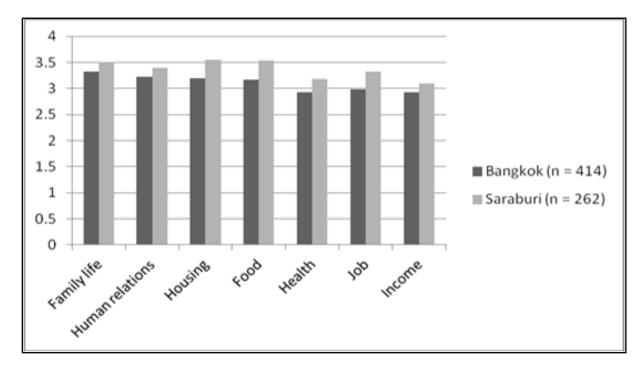
Figure 2

Comparison of Aspects of Daily Life Satisfaction by Gender

Comparison of Daily Life Satisfaction by Residential Province

Respondents living in the urban area of Saraburi province were found to have significantly higher daily life satisfaction scores than those living in Bangkok (mean=23.59, S.D.=3.66 vs. mean=21.75, S.D.=3.56 at *p*=.00 *t*=41.86). The top three aspects of daily life satisfaction among those living in Bangkok were family life (mean=3.32, S.D.=.68), human relations (m=3.23, S.D.=.64), and housing (mean=3.20, S.D.=.64). Whereas the top three aspects of daily life satisfaction among participants living in Saraburi were housing (mean=3.55, S.D.=.67), food (mean=3.54, S.D.=.61), and family life (mean=3.50, S.D.=.69) as shown in Figure 3.
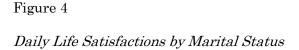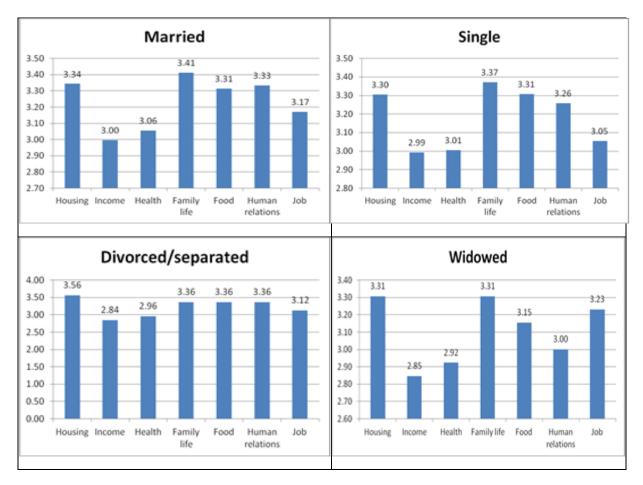
Figure 3

Comparison Daily Life Satisfaction Between Bangkok and Saraburi Residents

Comparison of Daily Life Satisfaction by Marital Status

Participants who were married were found to have a higher mean total score of daily life satisfaction (mean=22.62, S.D. =3.87) than participants who were single (mean=22.30, S.D. =3.51), widowed (mean=21.77, S.D. =5.34, or divorced (mean=22.56, S.D. =3.08) (*F*=1.06, *p*=.38). Figure 4 illustrates the top three aspects of daily life satisfaction by marital status. For married participants, the top three aspects of daily life satisfaction were family life, human relations, and housing. For single status participants, the top three aspects of daily life satisfaction were family life, food, and housing. For participants who were divorced or separated, the top three aspects of daily life satisfaction were housing, family life, food, human relations, and job. For participants who were widowed, the top three aspects of daily life satisfaction were housing, family life, and job. Details are in Figure 4.
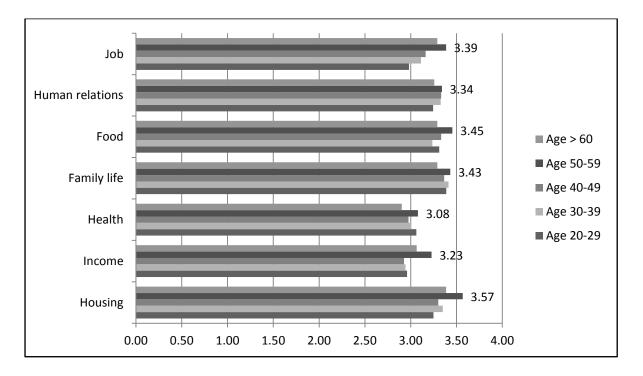
Figure 4

Daily Life Satisfactions by Marital Status

Comparison of Daily Life Satisfaction by Age Groups

The total mean satisfactions with daily life of all age groups were at a high level, ranging from 22.20-23.49 out of 28. A closer examination of aspects of daily life satisfaction in each age group revealed the top three among those 20-29 years old were family life, human relations/housing, and food. For respondents age 30-39, the top three aspects were family life, housing, and human relations. For participants age 40-49, they were family life, food/human relations, and housing. For participants age 50-59, they were housing, food, and family life. For participants over 60 years old, the top aspects were housing, family life/food/job, and human relations. However, participants between 50-59 years old were found to have the highest scores in all aspects of daily life satisfaction compared to other age groups, as illustrated in Figure 5.
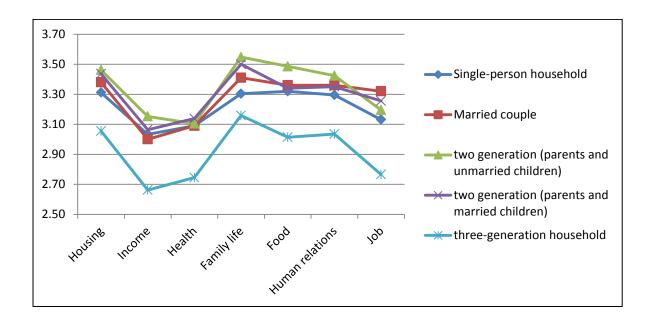
Figure 5

Comparison of Satisfaction with Aspects of Daily Life by Age Groups

Comparison of Daily Life Satisfaction by Family Structure

The family structures of respondents in this study were comprised of single-person households (18.05%), married couples (14.79%), two-generation families of parents and unmarried children (31.07%), two-generation families of parent(s) and married child(ren) (13.91%), and three-generation households consisting of grandparent(s), parent(s), and child(ren) (21.45%). The findings revealed the average total score of satisfaction with daily life ranged from 20.3-23.37 out of 28. Respondents living in three-generation households rated their daily life at a moderate level (Mean=20.30, SD=3.99), with income, health, and job being the three lowest aspects of daily life satisfaction. Whereas, the two-generation household of parents and unmarried children had the highest score of daily life satisfaction (mean=23.37, SD=3.40), with the top three daily life satisfaction aspects of family life, food, and housing (Figure 6).
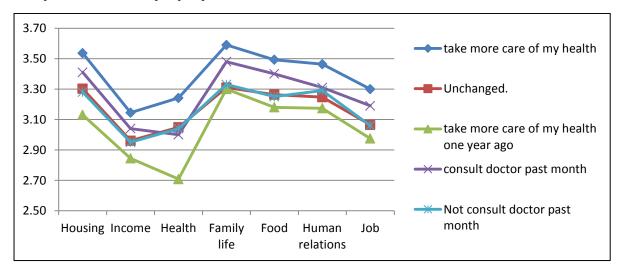
Figure 6

Comparison of Satisfaction in Daily Life by Family Structure

Comparison of Daily Life Satisfaction by Health Status

Respondents who stated that they took better care of their health now compared to one year ago had the highest satisfaction in daily life (mean=23.78, SD=3.29) followed by the group that indicated no change in the care for their health (mean=22.20, SD=3.63), while the lowest satisfaction with daily life, at a moderate level, was found among respondents who took less care of their health now compared to one year ago (mean=21.31, SD=3.88). The satisfaction in daily life of participants who consulted a doctor within the past month due to sickness or injury was significantly higher than those who had not (mean=22.83, SD=3.60 vs mean=22.19, SD=3.77, p=.026). Figure 7 shows the level of daily life satisfaction in each aspect among participants based on recent doctor consultations and relative self-care habits, as described above.

Figure 7

Satisfaction with Daily Life by Healthcare Status

Discussion

Despite ranking 165th among all the countries in the world on the Satisfaction Index in 2006 (University of Leicester, 2006), it was found that Thai people in the urban areas had a high level of daily life satisfaction and had a higher total score in social factors than in economic factors. Data revealed that despite enduring economic and political crises, Thais still had a high level of daily life satisfaction in almost every dimension of their lives except household income, which was at a moderate level. Among the seven factors evaluated, Thais had the highest average total score in the family life aspect followed by human relations, housing, food, job, health, and income. Looking closer into different characteristics of the sample, it was found that the family life and housing aspects were ranked first among multiple groups of respondents. This finding is as expected since satisfactions with basic needs such as food shortages, chronic ill health, and wealth were found to have a significant impact on household happiness and domain satisfaction in Thailand (Royo & Velazco, 2005).

The findings in this study are different from a study conducted by Margolis and Myrskyla (2013) who found that in Western Europe and Anglophone countries the contribution of family structure on life satisfaction is small across ages but explains a substantial amount of life satisfaction. This may be due to the fact that majority of the respondents (64.2%) were younger (under age 40) who did not have many health problems.

However, the moderate level of satisfaction with their income may be due to the fact that at a younger age their income is relatively low and they did not earn as much as older people. It should be noted that this finding confirmed that social factors such as family life and human relations remain major sources of satisfaction in daily life in Thai society.

However, other factors such as housing and food are also important. Satisfaction with basic human requirements, such as shelter and food, are priorities for human survival. The study conducted after the country encountered the great flood (in 2011) revealed that consumer well-being in terms of satisfaction with material possessions had a positive impact on life satisfaction after the flood crisis, along with optimism and education (Leelakulthanit & Hongcharu, 2012). It should be noted that the second highest ranked aspect of satisfaction for almost every group was human relations, while the first was family life. These results reflect that, no matter how many challenges Thai people faced, family and good relationships still mattered. Myers (2000) found that among those reporting fewer than five friends, 26% said they were "very happy" compared to 38% of those reporting five or more friends. Likewise, Gallup Poll (Rath & Harter, 2010) reveals that people that have at least three or four very close friends are healthier, have higher well-being, and are more engaged in their jobs.

Only a moderate level of daily life satisfaction among participants living in three-generation households where their three lowest aspects of daily life satisfaction were income, health, and job aspects was found. This finding could be expected, especially with income as almost half of the respondents (48%) belong to a low income group (<$20,000 US) which further affects their health status. Three-generation households in this study do not belong to a higher income group, therefore they may be struggling, and the family bonds do not help improve their daily life satisfaction level.

Although Hirata (2003, 14) indicates that only a few studies have found a significant differences in life satisfaction between men and women across cultures, women more often report negative effects than men when negative and positive effects are assessed separately. On the contrary, Thai female respondents in this study were found to have a significantly higher of mean total score and each aspect of daily life satisfaction than males. Both males and females rated family life as the most satisfied daily life aspect and had similar mean score of health aspect. Satisfaction with housing

ranked second among females whereas it was the third among males. The findings suggest that male respondents were more outgoing than females, as satisfaction with human relations was ranked second among male participants.

Respondents who are between 50-59 years old were found to have the highest scores in all aspects of daily life satisfaction. This may be due to the fact that at this age they have already been established with a stable job, married, surrounded by two or three-generations of their family in their own house, despite having a low satisfaction with their income. The income distribution in this study followed the western standard guidelines which could not be justified in Thailand as the cost of living in Thailand is relatively lower. In this regard, Gray, Kramanon and Thapsuwan (2008) summarized from their study that while the effect of income on happiness is inconclusive, the most important predictor is a feeling of being not poor compared to neighbors which is self-interpreted as a feeling of contentment with what one has. Anantanasuwong and Seenprachawong (2012) also found that perceived life satisfaction of older Thais in rural and urban areas had the strongest association with physical health and was least associated with their relationship with their spouse. It was also significantly associated with their relationship with their children, economic status, being involved in social activities, meeting friends, and living in an urban area.

Those 20-49 years old were reportedly satisfied with family life. Housing had the highest mean score among those aged 50 years and over. Globally, Margolis and Myrskyla (2013) indicated that family, money, and health explain a substantial fraction of life satisfaction, increasing from 12 percent in young adulthood to 15 percent in mature adulthood. Health is the most important factor, and its importance increases with age.

The finding about satisfaction on health awareness among the participants in this study supports other research that shows lower satisfaction in daily life among those who took less care of their health. Those who consulted a doctor in the past month regarding an illness had a higher level of daily life satisfaction. It could be concluded that the economic indicators in this study revealed a positive or bright future for the Thai people and may indicate the importance of social and individual perception of the quality of life among Thai people.

Acknowledgements

References

Anantanasuwong, D., & Seenprachawong, U. (2012). Life satisfaction of the older Thai: Findings from the pilot HART in Aging in Asia: Findings from New and Emerging Data Initiatives. National Research Council (US) Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia; Smith JP, Majmundar M, editors. Washington (DC): National Academies Press (US) Available at http://www.ncbi.nlm.nih.gov/books/NBK109215/

Bank of Thailand (2013). Table 11 change in price level. Bureau of Trade and Economic Indices, Ministry of Commerce. Retrieved from http://www.bot.or.th/Thai/Statistics/Indicators/Docs/tab11.pdf

Fischer, R. and Boer, D. (2011). What is more important for national well-being: Money or autonomy? A meta-analysis of well-being, burnout, and anxiety across 63 societies. *Journal of Personality and Social Psychology*. 101(1), 164–184.

Gray, R. S., Kramanon, R., & Thapsuwan, S. (2008). The determinants of happiness among Thai people: Some evidence from Chai Nat and Kanchanaburi. *Thammasat Economic Journal*. 26(2), 72-87.

Hirata, J. (2003). *Happiness and economics: Some ethical considerations*. St. Gallen, Switzerland: Institute for Business Ethics, University of St. Gallen,

Inoguchi, T., Basanez, M., Kubota, Y., Cho, S. K., Kheokao, J., Krirkgulthorn, T., Chung, R., ...Gilani, I. S. (2014). Daily life satisfaction in Asia: A cross-national survey in twelve societies, *Asian Journal of Public Opinion Research*, 1(3), 153-202. doi: http://dx.doi.org/10.15206/ajpor.2014.1.3.153

Leelakulthanit, O., & Hongcharu, B. (2012). Reconceptualization of life satisfaction in Thailand: The case of Bangkokians after the flood crisis. *International Journal of Business and Social Research* (IJBSR), 2(5), 144-157.

Macroeconomic Strategy and Planning Office. (2013). Thai economic performance in Q1 and outlook for 2013. Economic Outlook. Retrieved from http://www.nesdb.go.th/Portals/0/eco_datas/economic/eco_state/1_56/Press%20Eng%20Q1-2013.pdf

Margolis, R., & Myrskylä, M. (2012). Family, Money, and Health: Regional Differences in the Determinants of Life Cycle Life Satisfaction. Rostock: Max Planck Institute for Demographic Research. Retrieved from http://www.demogr.mpg.de/papers/working/wp-2012-012.pdf

Margolis, R., & Myrskylä, M. (2013) Family, money, and health: Regional differences in the determinants of life satisfaction over the life course. *Advances in Life Course Research* 18(2), 115-126.

Minkov, M. (2009). Predictors of differences in subjective well-being across 97 nations*. Cross-Cultural Research*. 43, 152-179.

Myers, D. G. (2000). The funds, friends, and faith of happy people. *American Psychologist*, 55(1), 56-67.

National Science Foundation. (n.d.). Subjective well-being of the population in 97 countries. Retrieved from https://www.nsf.gov/news/newsmedia/pr111725/pr111725.pdf.

National Statistical Office. Ministry of Information and Communication Technology. http://web.nso.go.th/en/pub/data_pub/130205_The%20Informal%20Employment%20Surver%2055.pdf

Office of the Economic and Social Development Board. (2013). Economic Outlook: Thai Economic Performance in Q2 and Outlook for 2013. Retrieved from http://www.nesdb.go.th/Portals/0/eco_datas/economic/eco_state/2_56/P.

Office of the National Economic and Social Development Board. (2011). Table 1.2 proportions of people with poverty from expenses on consumption according to regions 1988-2011. Retrieved from http://social.nesdb.go.th/SocialStat/StatReport_Final.aspx?reportid=446&template=2R1C&yeartype=M&subcatid=59

Rath, T., & Harter, J. (2010) *Wellbeing: The five essential elements*. New York: Gallup Press.

United Nations Thailand. Socio-economic situation. Retrieved from http://www.un.or.th/thailand/economy.html

University of Leicester (2006, July 27). "University of Leicester produces the first-ever 'world map of happiness'" EurekAlert! Retrieved from www.le.ac.uk/ebulletin-archive/ebulletin/.../nparticle.2006-07-28.html

van Hoven, B., Brouwer, A., & Meijering, L. (2012) Introduction. *European Spatial Research and Policy*.19, (1), 9–15. DOI: 10.2478/v10105-012-0002-y

The World Bank supports Thailand's post-floods recovery effort. (2011, December 13). World Bank. http://www.worldbank.org/en/news/feature/2011/12/13/world-bank-supports-thailands-post-floods-recovery-effort

World Trade Organization. (2012). International trade statistics 2012. Retrieved from http://www.wto.org/english/res_e/statis_e/its2012_e/its12_toc_e.htm.

Biographical Notes

Associate Professor Dr. Jantima Kheokao received her PhD in Communication from the University of the Philippines and other degrees in the fields of Political Sciences, Law, Library and Information Sciences, as well as a certificate in marketing and branding from NYU. She is a fulltime lecturer at the School of Communication Arts, University of the Thai Chamber of Commerce. Her research interests include public relations, branding, and marketing communication and alcohol problems among youth. At present, she serves as Vice President of the Asian Network for Public Opinion Research (ANPOR).

She can be reached at jantima.kheokao@gamil.com

Dr. Siritorn Yingrengreung received her Master's and PhD. Degrees in Nursing from the State University of New York at Buffalo, USA. She received the Sigma Theta Tau International Grants Award to develop a school-bonding questionnaire from June 2009 to May 2010, during which she worked at the RN Workforce Project funded by Robert Wood Johnson Foundation (2008-2011) on a new registered nurses' cohort national sample from 15 states. At present, she is a lecturer at Boromarajonnani College of Nursing, Bangkok.

She can be reached at siritorn76@yahoo.com

Dr. Tassanee Krirkgulthorn graduated with a B.Sc. Degree with honors in Nursing and Midwifery from Chiangmai University, a Masteral and Doctoral Degree in nursing from Mahidol University and an MBA from STOU. She is currently Director of Boromarajonani College of Nursing, Nakhon Ratchasima. Her research interest focuses on gerontological nursing, evidence based healthcare and alcohol problems among youth.

She can be reached at k_tassanee@hotmail.com