KNOWLEDGE ATTITUDE AND PRACTICE (KAP) OF LONG TERM CARE SERVICES FOR THE ELDERLY AMONG TRAINED CAREGIVERS IN SISAKET PROVINCE THAILAND

Miss Kamonthip Doungjan

A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health Program in Public Health
College of Public Health Sciences
Chulalongkorn University
Academic Year 2017

ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาว ของนักบริบาลชุมชนในจังหวัดศรีสะเกษ ประเทศไทย

นางสาวกมลทิพย์ ดวงจันทร์

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาสาธารณสุขศาสตรมหาบัณฑิต
สาขาวิชาสาธารณสุขศาสตร์
วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย
ปีการศึกษา 2560

Thesis Title	KNOWLEDGE ATTITUDE AND PRACTICE (KAP) OF LONG TERM CARE SERVICES FOR THE ELDERLY AMONG TRAINED CAREGIVERS IN SISAKET PROVINCE THAILAND
By	Miss Kamonthip Doungjan
Field of Study	Public Health
Thesis Advisor	Montakarn Chuemchit, Ph.D.

Accepted by the College of Public Health Sciences, Chulalongkorn University in Partial Fulfillment of the Requirements for the Master's Degree

.....Dean of the College of Public Health Sciences
(Professor Sathirakorn Pongpanich, Ph.D.)

THESIS COMMITTEE

.....Chairman
(Associate Professor Ratana Somrongthong, Ph.D.)

.....Thesis Advisor
(Montakarn Chuemchit, Ph.D.)

.....External Examiner
(Nipunporn Voramongkol, M.D.,M.P.H.)

กมลทิพย์ ดวงจันทร์ : ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชนในจังหวัดศรีสะเกษ ประเทศไทย (KNOWLEDGE ATTITUDE AND PRACTICE (KAP) OF LONG TERM CARE SERVICES FOR THE ELDERLY AMONG TRAINED CAREGIVERS IN SISAKET PROVINCE THAILAND) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ดร. มนทกานติ์ เชื่อมชิต, 88 หน้า.

การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาความรู้ ทัศนคติ การปฏิบัติของนักบริบาลชุมชนต่อการดูแลผู้สูงอายุระยะยาว และเพื่อศึกษาความสัมพันธ์ระหว่างปัจจัยทางสังคมประชากร ความรู้ ทัศคติ การปฏิบัติของนักบริบาลชุมชน ในจังหวัดศรีสะเกษ ประเทศไทย

การวิจัยครั้งนี้เป็นการวิจัยภาคตัดขวาง (cross sectional descriptive study) ในกลุ่มผู้ดูแลผู้สูงอายุระยะยาวของจังหวัดศรีสะเกษ จำนวน 209 คน ระหว่างเดือนมีนาคม – กรกฎาคม 2561 โดยการตอบแบบสอบถาม ในส่วนของการวิเคราะห์ข้อมูลนั้น เป็นการวิเคราะห์ทางสถิติด้วยโปรแกรมสำเร็จรูป SPSS (Version 16) โดยใช้สถิติการวิเคราะห์ตัวแปรตัวเดียวและตัวแปรสองตัวที่ระดับความเชื่อมั่นร้อยละ 95

ผลการวิจัยพบว่า จำนวนผู้ดูแลผู้สูงอายุทั้งหมด 209 คน เป็นชาย ร้อยละ 6.2 เป็นหญิง ร้อยละ 93.8 ผู้ดูแลผู้สูงอายุที่มีความสัมพันธ์กับผู้สูงอายุ คิดเป็นร้อยละ 23.1 ในส่วนของความรู้ พบว่า กลุ่มตัวอย่างมีความรู้ในระดับสูงร้อยละ 90 มีทัศนคติทางระดับกลางต่อการดำเนินการดูแลผู้สูงอายุระยะยาวร้อยละ 80.4 และมีการปฏิบัติการดูแลผู้สูงอายุอยู่ในระดับปานกลาง ร้อยละ 53.6 ในส่วนของความสัมพันธ์พบว่า ปัจจัยที่มีผลต่อการปฏิบัติในการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชน อย่างมีนัยยะสำคัญ ($P< 0.05$) คือ จำนวนผู้สูงอายุติดบ้าน, ความสัมพันธ์ของผู้ดูแลกับผู้สูงอายุ และ ทัศคติ มีความสัมพันธ์กับการปฏิบัติการดูแลผู้สูงอายุ

สาขาวิชา สาธารณสุขศาสตร์ ลายมือชื่อนิสิต .....

ปีการศึกษา 2560 ลายมือชื่อ อ.ที่ปรึกษาหลัก .....

5878847353 : MAJOR PUBLIC HEALTH
KEYWORDS: LONG TERM CARE, CAREGIVERS

KAMONTHIP DOUNGJAN: KNOWLEDGE ATTITUDE AND PRACTICE (KAP) OF LONG TERM CARE SERVICES FOR THE ELDERLY AMONG TRAINED CAREGIVERS IN SISAKET PROVINCE THAILAND. ADVISOR: MONTAKARN CHUEMCHIT, Ph.D., 88 pp.

This study aimed to assess knowledge, attitudes, and practices of long term care for the elderly among caregivers and to identify association between socio-demographic factors, knowledge, attitudes, and practices of long term care for the elderly among caregivers in Sisaket province.

A cross sectional descriptive study with a self-administered questionnaire was conducted among 209 caregivers in Sisaket province from March to July 2018. Analysis of the variables was done using univariate and bivariate at 95% confident interval by SPSS Version 16.

The result founded out of 209 caregivers, majority of them (93.8%) were female, whereas 6.2% were male. Twenty-three percent of caregiver are relatives with the elderly in their responsibility. The Majority of respondents had a high level of knowledge in elderly care (90%), 80.4% were having neutral attitude towards elderly care in long term care and 53.6 % had the moderate practice level in long term care. For association between variables found that number of home bound, caregivers' relationship with elderly and attitude level were significantly associated with practices of long term care for the elderly among caregivers (p-value <0.05).

Field of Study: Public Health Student's Signature .....

Academic Year: 2017 Advisor's Signature .....

ACKNOWLEDGEMENTS

The success and complete final outcome of this thesis required a lot of guidance and assistance from many people. I am extremely fortunate to have got this all along the completion of my work. I would like to extend my sincere thanks to all of them.

First, I would like to express my sincere to my advisor, Montakarn Chuemchit, Ph.D. who had been tolerant with me and empower me in every time. Second, Associate Professor Ratana Somrongthong, Ph.D., and Nipunporn Voramongkol,M.D. who constant guidance, encouragement and teach some skill to adept myself when see the feeling down in my life. For their unwavering support, I am truly grateful to all lecturers in College of public Health Science in Chulalongkorn University.

Finally, I must express my very profound gratitude to my parents, Pramon Viwattanakulvanid Ph.D. to continuous encourage of statistic training and Graduate school Chulalongkorn University to support the budget to traveling collecting the data. Thank you.

CONTENTS

Page

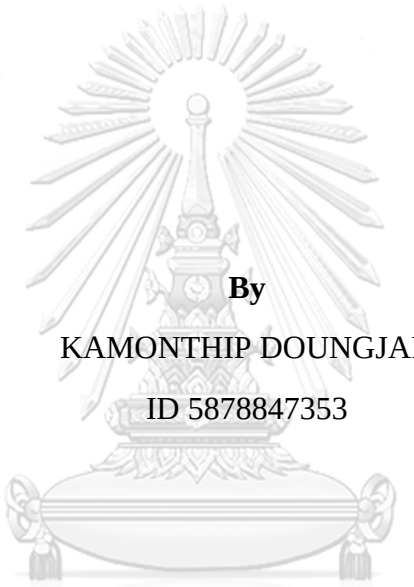
Page

LIST OF TABLES

LIST OF FIGURES

Knowledge Attitude and Practice (KAP) of Long-term Care Services for the Elderly among Trained Caregivers in Sisaket Province Thailand.

ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชน ในจังหวัดศรีสะเกษ ประเทศไทย



By

KAMONTHIP DOUNGJAN

ID 5878847353

A proposal submitted in Partial Fulfillment of the requirment
Mater degree of Public Health,
Collage of Public Health Sciences, Chulalongkorn University
Academic Year 2017

CHAPTER I
INTRODUCTION

1.1 Background and Rationale

Currently, the world's population is aging. United Nations (2015) reported that the world was the elderly 10 percent and approximately 21 percent in 2050. The aging society is the elderly people was over 6o years rising more than 10 percent of total population (Knodel & Chayowan, 2008). Even though, Thailand is the developing country but they come to aging society faster more than other developed countries. The Foundation For Older Persons' Development (2016) reported the elderly population in Thailand was 10.783 million and raising to 17 million in 2040. Until the National Economic and Social Development Board Office of the Prime Minister (2012) show that Thailand change into aged society in 2025. In the same time, National Statistic Official and Office of the National Economic and Social Development Board (2008) approximate in year 2030, Thailand was the older person about 25.20 percent while the population of child is decline to 13.50 percent (Siripanich, 2013). According to an aging population tends to have a higher burden of chronic disease, physical disabilities, mental illnesses and other co-morbidity (Boutayeb & Boutayeb, 2005). Addition, Burden of Disease (2009) reported an important disease to losing of Disability-Adjusted Life Years in elderly man are stroke (11.4%), cardiovascular disease (7.7%) and pulmonary emphysema (7.6%). In the same time, the elderly women were stroke (12.4%), diabetes mellitus(DM) (11.7%) and Coronary artery disease (7.4%). Over, 95% of elderly people in Thailand was the

health problem, there are consist of hypertension(HT) (41%), diabetes mellitus (18%) and Osteoarthritis (9%) (Strategy and Planning Division, 2015).

For the number of elderly population rising, there are provide the negative on the health scheme such as the health dependency and increasing demand of services. Therefore the problem, the defensive measure is reform the public health system to support literacy and the dynamics of an aging society in the future (Knodel, Teerawichitchainan, Prachuabmoh, & Pothisiri, 2015). For national study in Thailand founded 1/4 elderly people was the health problem, which the cause of elderly people lose of their routine activities (Kespichayawattana & Jitapunkul, 2009). Almost 80 percent of older people were at least one disease, it's make the disability condition (Tappen, Roach, Applegate, & Stowell, 2000).

Similarly, the socioeconomic is an important influence effect to their lifestyle and family relationships. There are changes from the extended family to nuclear family, which is the way to reduce the responsibility of elderly care or lonely alive by him in any families. As Fongsuwan (1996) study about the elderly people in Bangkok, found that the causation of elderly into the nursing home is lacking of care keepers and the family members has an economic problem, which support them to do job far away with elderly. After that, the government provides the National elderly Act B.E. 2546 (2003) for support elderly's right, there are consist of the protection, promotion and support them in any parts combine with the increasing self-development and community participation by section 11.

Meanwhile, North Eastern part is the area were elderly population about 1/3 of total elderly population in Thailand (National Economic and Social Development Board Office of the Prime Minister, 2012-2016). Though the older person was long

their live, their still increasing the chronic disease especially hypertension 31.7 percent, diabetes 13.3 percent and heart disease 7.0 percent. Sisaket Province was 191,021 older people (Communicable Disease, 2016), there were about 19 percent of total population in Sisaket Province. The data of provincial public health officer show the older with dependency condition 4,991 persons or 38.27 percent of elderly population and there was less than 12 score by Barthel Activities of Daily Living (ADL) assessment.

Barthel Activities of Daily Living Index (ADL) is an instrument provides information using a standardized validated scale for assessment a patient's ability to perform simple task relate to personal or elderly care. The total score is 20, the higher score was indicating greater independence. The most closely correspond to the current level of ability in 10 items. There divided into four rang of total score; 0-4 score, 5-8 score, 9-11 score and 12-20 score. From the total score in ranking, they can interpretation in four types in order 1) very low initial score, 2) low initial score or severe dependence, 3) intermediate initial score or moderate severe dependence and 4) intermediate high, mildly severs dependence or consideration of discharging home. However, the total score in 0-11 or less than 12 score which is the dependency condition and loss of any function or disability people. Addition to the 4,491 cases of dependency elderly, there were used 351 caregivers to support care for them. There need to have the care assistants or caregivers to fulfill the elderly need and support their care.

The strategy 4 in eleven national economic and social developments plan (2012-1016) is provide the standard of health service for total group and develop the elderly care system to reduce the limited of life. Such as the Long term care to

prepare and management the aging society in the further, so which is the answer for older people with chronic disease whom that loss of opportunity to receive the services. In the same time the 2nd National Plan on The National Committee on the Elderly (2002-2021) establish the strategy to encourage people, family, community to realize and take part in the action involving elderly's valuable and efficacy of elderly.

Long term care is the provision of care to the dependent older person. This is an important to other people with disability in all age under the chronically care by caretaker in various setting. In the same way, World Health Organization (2017) define that long term care is the service for dependency people or and chronic condition. Similarly, Pratt, MHA, and LFACHE (2010) state that which is the prolonged services, there are ongoing task in health and social under the diversity of care to customers. There were achieving their potential and maintain abilities in the chronic and usually progressive disabilities. Which is the broad of help with patient's daily activity in chronic disable on individual needs for prolong the period of time. The services include an assistance with basic activity of daily living (ADL).

The caregiver is assistance of elderly and dependency people. There is a caretaker associated with a formal service system. They are establishing to provide necessary care activities to elderly's' life. Often, there is someone who gives a basic care to the person who has chronic condition. According to their responsibilities, there applied the knowledge in term of promotion health, rehabilitee and prevention elderly from the complicate of disease. Caregiving can require an enormous of physical and emotional commitment or good of attitude, as well as some basic skills. In community, the caregivers' role develops and promotes the quality and efficient health security for older people. The formal caregivers in long term care are trained

volunteers associated with an agency such as the provincial health office and district health office. Addition to the practice, they were applied ADL to assessment elderly.

However, this policy is very challenge for keep up with in Thai aging society. The caregiver is the manpower to provide the elderly care, which is the people enough of KAP. While, the researcher founded few study to find the association between the knowledge, attitude and practice in caregivers. Addition to Sisaket province is an area that high elderly ratio (per total population) closely to 20%. So, Sisaket province could be preparing caregivers deal to complete Aged society. In the same time after training caregivers into the field, Sisaket province not follows their capacity. This study was determine an association between the knowledge, attitude and practice (KAP) of long term care services for the elderly among caregivers live in Sisaket province.

1.2 Research Questions

1. What are socio-demographic, knowledge, Attitudes, and Practices of long term care for the elderly among caregivers in Sisaket province?
2. Is there any association between socio-demographic factors, knowledge, Attitudes, and Practices of long term care for the elderly among caregivers in Sisaket province?

1.3 Objectives

1. To assess knowledge, Attitudes, and Practices of long term care for the elderly among caregivers in Sisaket province.
2. To identify association between socio-demographic factors, knowledge, Attitudes,and Practices of long term care for the elderly among caregivers in Sisaket province.

1.4 Research hypothesis

1.There is association between socio- demographic characteristic and the practice of Long-term Care Services for the Elderly among Caregivers in Sisaket Province, Thailand.

2.There is association between knowledge and the practice of Long-term Care Services for the Elderly among Caregivers in Sisaket Province, Thailand.

3.There is association between attitude and the practice of Long-term Care Services for the Elderly among Caregivers in Sisaket Province, Thailand.

1.5 Operational Definitions of Terms

Long term care

This is a continuum of medical and social designed to support needs of elderly and people with chronic health condition. The primary goal is to return an individual to a previous functional level, aim to prevention deterioration and promotion the social adjustment to stages of loss.

For this study, the research was used the formal long term care because there are the caretaker with paid and support by government.

Caregivers

For the definition of caregivers, there is making difficult to operation. According to the meaning, this is an individual people to provide the ongoing of care and assistant the needs such as physical, cognitive and mental health. The women represent the majority of caregivers (Neysmith, Baines, & Evans, 1992). In the same time, women are participating to a greater extent in the paid labor force outside the home, which is lead to increasing tensions between responsibilities at home and work place.

According to this study, there were choose the formal caregiver with through the training from provincial and district health office in the area of Sisaket province.

Barthel Activities of Daily Living (ADL)

Refer to an assessment of everyday tasks related to personal care. There are including the contents of bathing, dressing, grooming, eating, walking, talking medication and other personal care activities. There divided into 4 types in the following;

1) total score 0-4 is very low initial score or total dependence
2) total score 5-8 is low initial score or severe dependence
3) total score 9-11 is an intermediate initial score or moderately severs dependence
4) total score 12-20 is intermediate high, mildly severs dependence or consideration of discharging home.

Knowledge of Long term care

Refer to a long term care, there is a service that are provide the extended period of time to older person for help perform normal activities of daily living. In the same way, there are expressing understandings physical care. According to the knowledge of emotional care are the expressing attention, acceptance and love. Over, this is a fulfillment of special needs and requirements to elderly such as the social and environment. There are including prevention, health promotion, rehabilitative, skill of nursing care, palliative care and social services. For this study, there used the knowledge requirements from Long term care policy in Department of Health, Ministry of Public Health. There are including 13 mainly: Elderly concept, Common Disease in elderly, Crisis situation and First Aid, Primary Help for elderly, Help for elderly with dependency, medication for elderly, Health promotion, Psychological, Environmental management, Elderly rights, Alternative

medicine for elderly , Recreation activity in elderly care, and Role and moral of caregiver

Attitude of Long term care

Refer to the caregiver thinking to the elderly, which suggested caregivers with a positive and negative attitude toward long term care. Because, there are an influence people to the dependency's' older.

Practice of long term care

For the practice of long term care, there are broader than job descriptions and highlight the variety of competencies required in both community and facility-based settings. Additional, this study was used the course of training caregivers 70 hours from Department of Health in the Ministry of Public Health. There are 7 measurement including first Aid, oral hygiene, exercise, recreation activity, sanitation and garbage management, meal and nutrition, and the disease screening and prevention that consist of vital sign and ADL. All of practice in the manual of long term care from Department of Health.

Conceptual Framework

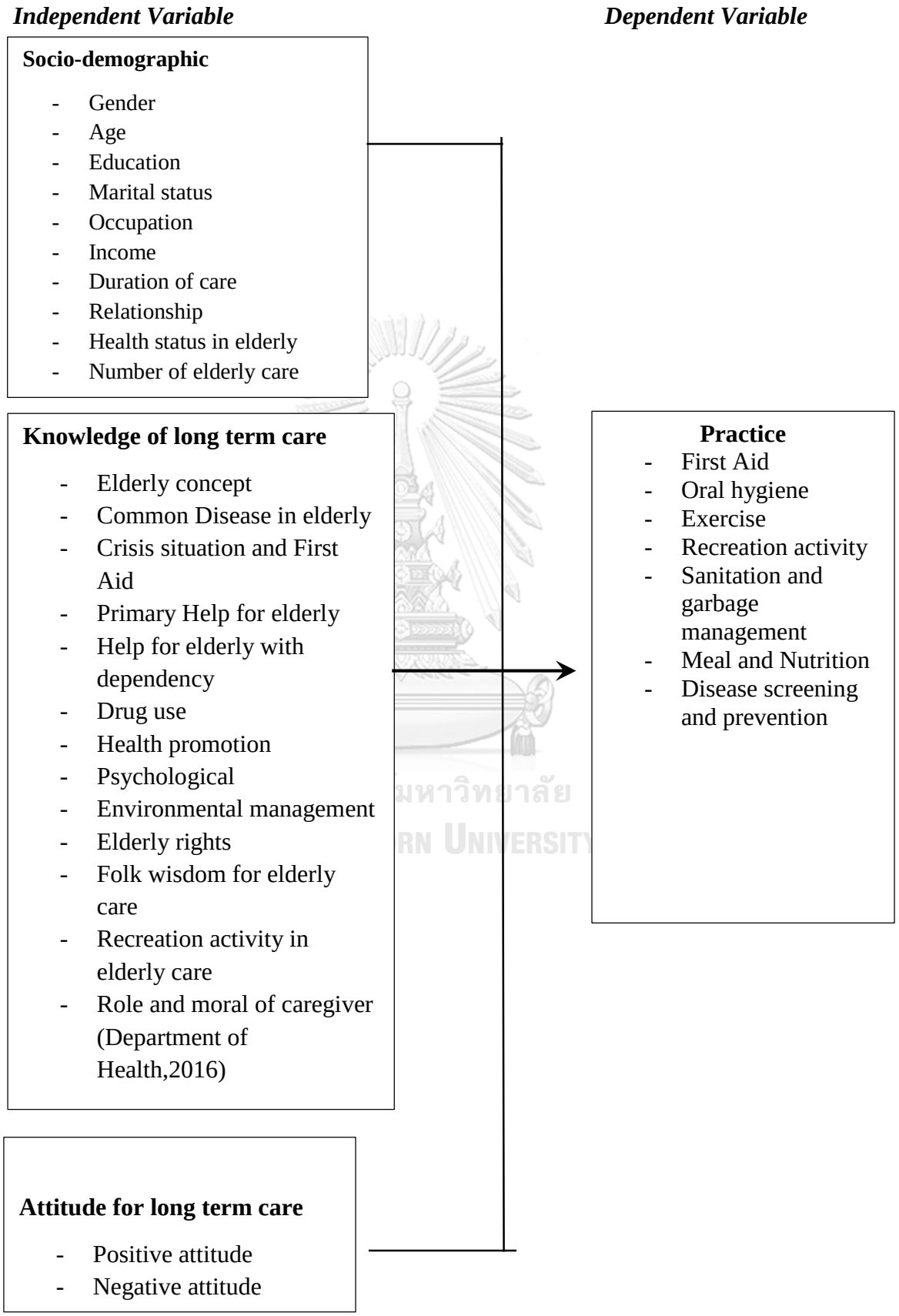


Figure 1 Conceptual framework

CHAPTER II
LITERATURE REVIEW

For scoping of the relevant literature review, there are consists of the article that details as follows;

2.1 Concept of Elderly

2.2 Long Term Care

2.3 Caregivers

2.4 Knowledge of long term care

2.5 Attitude of long term care

2.6 Practice of Long term care

2.7 ADL

2.8 Relate studies

2.1 Concept of Elderly

2.1.1 Definition of elderly

Elderly is a last period of human life, now often define as someone 60 or older (CDC, 2016). There is a universal phenomenon as well as inevitable, which is a significant stage in life and normally related to life expectancy and the needs of the aged become imperative. According to the concept of aging is multifaceted, there are chronological, biological, psychological and social, function dimension of aging (Papalia, Feldman and Camp, 2002)

Most developed countries have generally accepted the chronological age of 65 years as the definition of an older person (WHO, 2009). In addition to old age, the age of person can be defined in many ways, encompassing biological and socio-cultural processes (Cohen, 2002). However, the prevailing retirement age among employees, such as civil servants, is at 60 years of age.

Additional to the elderly, there were classifications by Professor Dr. Alfred J.Kahn from Columbia University was present the data into World Health Organization in the following

1.) Elderly is the people between 60-74 years old

2.) Old is the people between 75-90 year old

3.) Very Old is the people were 90 years old and over

For Thailand, the definition the elderly is people were 60 years old and over. According to the life expectancy in Thailand at least 80 years old and people expectancy in wellbeing at least 72 years (Indicators of Ministry of Public Health, 2016).

For all of reviews can conclude the characteristics of elderly in the below

2.1.1.1 Physical change

Physical changes in elderly refer to the term of physical decline or loss of normal function. There were limitations of ability in the parts of body, in the same time the internal system are degrading. For the external appearing was obvious to observation, there are show the negative of change such as gray hair, skin discoloration, muscles shrink, tooth decay and etc. According to Berger Dev, Mutrie & Hannah (2005) describe the first sign of aging with the skin has elastic wrinkles. For the physical changes, there were consisting of in the following;

1) Musculoskeletal system

The muscle's cell was loss of strengthen and the muscle mass due to a loss of muscle tissue and elastic, with the most rapid decline occurring after 60 years. While the muscle's cell instead by lipid cells, there are produce the muscle tone change and loss of elastic (Ellis et al, 1980).

2) Cardiovascular system

The hart was decline the efficiency involve the other change such as heart rate and sensitivity of cardiac muscle decrease, less amount of blood flow, but increasing the peripheral vascular resistant which is cause of hypertension in elderly people.

3) Urinary System

There are consists of kidneys, ureters, urinary bladder and urethra. For the size and weight of kidneys in elderly people, there are smaller than younger people. Over, the glomerular filtration rate was decreasing about 50 percentages from the vascular wall stiffness (Eliopoulos, 2013).

4) Endocrine System

The main function is regulation of body function and chemical coordination. The important gland is an example, thyroid gland, adrenal gland and parathyroid gland. Especially the thyroid gland is decreasing of hormone producing, there were induce of body metabolism (World, 1993).

5) Nervous System

This is the importance part to control and coordination of all body function. In elderly, the amount of nerves was decline, it's the effect to the efficiency directly of neurotransmitter to control and reflection with environment is less. The same way, the learning system is less than apart, but they can remember their history in old part. The Eliopoulos (2013) state that elderly is frequency to dizziness from their loss of balance or loss stability of them.

2.1.1.2 Psychological and emotional change

The Psychological and emotional change is relate with the physical and social change (Kespichayawattana & Jitapunkul, 2009). There are found main cause of phycology change in elderly in the follow;

2.1.1.3 Social change

There is disengagement theory and social formulate time to retirement. From this reason, the elderly come to limited of their social role. Which one to losing their respect from other people and loss of stability in their life (Charles, 2010).

In this study, was defined elderly is people were 60 years old and over as follow the indicators of Ministry of Public Health (Ministry of Public Health, 2016).

2.1.2 Health status of elderly

According to the age increase, the body function were starts decline or degenerative in their system. For the National Statistical Office found that the elderly has often been chronic illness and the survey shows that the 40.5 percent of elderly assess their own in the well-being status. Only 16.4 percent and 2.6 in evaluated that there were not good health (National Statistical Office, 2014).

By the top three chronic diseases, older people know that they are high blood pressure, diabetes, and heart disease (32 percent, 13 percent and 7 percent respectively). However, the information from the fourth Body Examination Thai Population Health Survey (2008-2009) found that 48 percent of elderly have high blood pressure and 16 percent were diabetes. From the predictions in 2020, the elderly were increased to 2.15 million (12 percent of total population) in 2030 (College of Population Studies, Chulalongkorn University and Foundation of Thai Gerontology Research and Development institute, 2013). While the expectation in the rate of health services to take care of chronic diseases of the elderly in 4.4 times/person/years.

Elderly with dependency in Sisaket

According to the data from Provincial health Office of Sisaket, there were 4,491 elderly in Long term care services. There are divided into 4 groups

Group 1: able Movement and eating problems or excretory, but no brain confusion was 2,866 person (G1).

Group 2: the 946 elderly in the movement and eating problems or excretory combine with the brain confusion (G2).

Group 3: the 686 elderly cannot movement by themselves combine with the eating problem or excretory or may have severe illness (G3).

Group 4: the 933 elderly was severe illness and palliative care (G4).

For the data, there were separate in each district as following in table 1

Table 1 Number of elderly with dependency in Sisaket province

District	**Number of target elderly in LTC**						
	2016	2017	2016 and 2017				**Total**
			G 1	G 2	G 3	G 4	
1-Mueang Si Sa Ket District	33	89	76	23	14	9	122
02- Yang Chum Noi District	0	90	54	24	10	2	90
03-Kanthararom District	92	299	247	50	63	31	391
04- Kantharalak District	158	694	589	117	109	37	852
05- Khukhan District	243	338	130	80	44	327	581
06- 14. Phrai Bueng District	10	38	33	6	7	2	48
07- Prang Ku District	9	114	62	26	27	8	123
08- Khun Han District	0	86	41	21	13	9	86
09- Rasi Salai District	224	380	302	156	105	41	604
10- Uthumphon Phisai District	210	390	252	172	128	48	600

District	Number of target elderly in LTC						
	2016	2017	2016 and 2017				**Total**
			G 1	G 2	G 3	G 4	
11- Bueng Bun District	14	26	23	10	4	3	40
12-Huai Thap Than District	13	38	30	1	18	2	51
13- Non Khun District	37	47	51	10	17	6	84
14- Si Rattana District	20	13	20	6	5	2	33
15 - Nam Kliang District	9	9	14	0	4	0	18
16 - Wang Hin District	11	11	12	7	0	3	22
17- Phu Sing District	11	89	55	15	19	11	100
18- Mueang Chan District	35	81	53	43	20	0	116
19- Benchalak District	50	15	54	9	2	0	65
20- Phayu District	10	26	26	7	1	2	36
21- Pho Si Suwan District	109	134	104	79	37	23	243
22- Sila Lat District	65	121	91	54	39	2	186
Total	1363	3128	2866	946	686	933	4491

Source: health promotion Subdiivision, Sisaket provincial health office 2017

In Sisaket province divided the elderly group into 4 group by National Health Security Office (NHSO, 2016)

2.2 Long Term Care

Definition

For the literature review, World Health Organization (2002) suggests that long term care is important task, there are be necessary in health system. This the service established to help dependency or chronic condition. There are combining with whole services such as the medical and social services. And the service can serve in their community, home and the place of elderly's residual.

In the same time McCall (2001) suggest that long term care is the health and social service. There were continues of service provide for dependency people. There are different from the acute care service. For the acute care, which is the service to curative but the long term care is the program to prevention the physical degeneration.

Yodpet (2006) clarify that long term care is the formal and informal service. According to this task, the choice for replacing needs in dependency people or disability people. As much as necessary, the wellbeing and social support are ongoing to support them all.

For literature review, there are the service refer to the delivery elderly care. The Health Division (2008) defines that, which is the service can be provided in a variety of setting including residential or home care. In the same way, OECD Observer (2007) define the Long-term care is a variety of health and social services provided for an ongoing or extended period to individuals who need caring on a continuing basis due to physical or mental disability.

The long term care is the extend time to care elderly more than 90 days (Igarashi et al, 2014). Which is service in elderly with the chronic condition, dependency and lonely older. This study focus on the long term care in community who get ADL assessment lower than 12 score, which one to support by caregivers.

2.2.1 Type of Long term care

According to the type of long term care, this service can separate into many types. There are including the long term care by setting and type of caregivers' service. There were details as follow (Investopedia, 2016)

2.2.1.1 Type of long term care by setting

2.2.1.1.1 Institutional care

These types combine with the 3 major scheme, 1) the service in hospital as an acute care such as the emergency condition 2) sub-acute care for rehabilitee elderly people before their go back home 3) institutional long term care to elderly such as the assist living facility.

2.2.1.1.2 Community care service or long term home care which the type of community support daily living activity. For example, home visiting and environmental improvement.

2.2.1.2 Type of long term car by caregivers

2.2.1.2.1 Formal Care

Formal long term care refers to paid long term care for elderly by health care providers or trained workers (Stone, 2000). The services involve costs depending on whether it is public-funded, partial public-funded or private-funded.

2.2.1.2.2 Informal Care

Informal care refer to unpaid long term care for elderly by relatives and friends, which is the domain form of care throughput the world including in developed countries (Dwibedi et al, 2018).

Additional, Long term care in Thailand is widely defined an arrangement of service, both formal and informal (Yodpet, 2006)

2.2.2 Long term care system in Thailand

Addition to the long term care in Thailand can be divided into five main categories based upon the level of care and type of services provided [3, 4] as follows (Sasat et al, 2014):

1) Residential home is a facility for older people with physical independent. The resident do not need nurses or assistant nurses to help for their activities of daily living (ADLs). In general, this place provided government and for non-profit for older persons who are

poor, no relative, or cannot live with his own family happily. However, all residents will remain in the same place although they may become more dependent in later life. In Thailand, there are several resident home such as Bangkea, Sawangkanives resident home.

2) Assisted living care is a facility for older people with physical dependence or disabilities who need assistance for some ADLs. They are suitable for persons who want to live independently though might not be safe to live alone. Resident typically do not require medical care or nursing skills. An emergency call service is always available. In Thailand, there are several assisted living care such as private nursing home, private hospital
3) Nursing home is a facility provides care for older people with chronic illness. Generally, they provide skilled nursing care 24 hours/day, including activity for daily living among older people with physical and/or cognitive impairment.
4) Long term care hospital is a facility provides general nursing and ancillary care for those individuals needing care beyond the usual hospital stay. The usual length of stay is three months or longer. In Thailand, there are several hospital long term care mostly are located in government and private hospital
5) Hospice care is a facility provides care for end of life individual. It is focused on pain relief, comfort care and offers families and friends the opportunity to stay with. Primarily, it is to promote quality of life

and help individual to have a good death. In Thailand, there are few hospice care mostly are located private hospital and non-government organization

While, Jiraporn Kespichayawattana and Jitapunkul (2009) were indicated the type of care service and resources for Thai older persons, there are following:

1) Acute care

The elderly always suffer from several medication conditions. Since the Ministry of public health has established elderly clinics in hospitals, there is the ability for some these clinics to cater particular to the elderly. Specialist ward providing care to the elderly, there are short-term services for their elderly.

2) Long term care

Most of the elderly in Thailand who need long term care (LTC) receive informal care provided by their families and relatives. The informal care provided by family is the recognized as the main mean if care by National committee on Aging of Thailand (1986). Then, in 2001 the second National Plan for Older Persons (2001-2019) was implemented (National Committee on the Elderly 2002). It include the strategy on LTC provisions which cover a wide range of activities including the promotion and support of informal care within the family, the provision of health and social service in both home or community and institute.

3) Nursing Home

According to the demand for rehabilitative and nursing home for older persons convalescing or suffering from frailty or chronic illness. This burden on the family for taking care of chronically ill elderly has led to the institutionalization of frail elderly people for rehabilitation and nursing care, especially in Bangkok and urban areas. The non-profit and for –profit private sectors have been the major contributors for nursing home service during the past decade (Jitapunkul, 2000) mainly private hospitals and region-linked non-government organizations.

4) Paid Caregivers

The demand for long term care for the elderly with disabilities or chronic illness is increasing at the same time that taking care of elderly people within their families were working in the outside and always far away from the family. For example, almost of eldercare training school to support the job placement.

5) Home and Community Services

Addition to the policy direction of the Second National Long term Plan for elderly emphasized home and community-based service to enable older persons to continue living in their own homes or in the community. The Home Health Care policy stating that a hospital should have and outreach team, including a physician, nurse

and social worker to visit patients in their homes. This projects designed to improve elderly physical, mental health and social conditions. Such the implementing a project community-based integrated Service of Health Care and Social Welfare for Thai Older Persons in four area as a pilot, there are consist of Chiangrai, Nonthaburi, KonKaen, and Surathani provinces.

According to the long term care service, Thailand divided the elderly into 3 groups as follow

- Social-bound
- Home-bound
- Bed bound

Group 1 Social bound

This group refer to elderly people who able to help themselves in daily life. In addition, they are able to assist other people in some activities. This group are active participated in community's activities.

Group 2 Home-bound

This group refer to elderly people who able to help themselves in daily life. This group are not active participated in community's activities when compare with the elderly people in social bound group.

Group 3 Bed bound

This group refer to sick or disable elderly people who unable to help themselves in daily life. Mostly of them are in bed (Department of Health, 2013).

In comparison between three main types of long term care (Social Bound, Home-bound, Bed bound) and four type of dependency elderly in Sisaket province (G1,G2,G3,G4), there were grouping in following;

Group 1 (G1) of dependency elderly will be included to Social Bound

Group 2 (G2) of dependency elderly will be included to Home-bound

Group 3 (G3) and Group 4 (G4) of dependency elderly will be included to Bed bound

For the long term care in Sisaket province, in 2016 there were used the strategy 1 sub-district model in each district. Then, the reasonability area finding the volunteer to training in the provincial health office and some district was trained caregivers by themselves. For the training course, there was used the program from the edition 6 of caregivers training in the Department of Health (2013).

2.3 Caregivers

Definition

The National family caregiver association (2006) define that caregiver is the family member, friends or neighborhood to take care elderly with chronic and disability.

Davis (1992) cited in Nonglak Fuanchompu (1997) define that caregiver is family member such as spouse, child and relative for example, neighborhood which is the care that unpaid.

Siraphongam (1996) operate definition that elderly caregiver is relative or people support the elderly in home. About consider of this work include close relationships, or importance people to care physical degeneration, mental and limited of daily life activity.

In totally, the type of caregiver is define to type (Parker, 1992) include

2.3.1 Formal caregivers

Refer to the health professional in health unit or organize and group of people through training and paid to them such as physician, nursing health professional.

2.3.1.1 Professional caregivers

This is a people that get a license of professional and get the legal controlling them. There are multidisciplinary in health services for example, nursing, physical therapy and Occupational Therapist.

2.3.1.2 Non- Professional caregivers

Which group can call paid caregivers,there are consist of 2 groups in following

2.3.1.2.1 Training Caregivers

According to the caregiver not professional, the training people to take care to dependency people in their community. Such as the Canada called these types is a continuing care assistant or CCA. On the other hand, England called they are health care assistant or HCA. In summary, they are the caregiver for help dependency people.

2.3.1.2.2 Non- training caregivers

Which is focus on volunteers tried to support care and house's working assistance. There is used their individual experience to care.

2.3.2 Informal caregivers

According to the group of people never through training but sometime they were care in 24 hours per day. The close to care or one by one to take care and do not paid to this group. Likewise the love or feel obligation and responsibility to someone. For review, this part is usually found in husband and wife. There are include

2.3.2.1 Elderly relationships characteristics

2.4.2.1.1 Family caregivers

This is the family member; they are consisting of primary or main caregiver and secondary caregiver for exchange to elderly care in daily life.

2.3.2.1.2 Informal helper

For example the people to support in this part are neighborhoods or friends. The relationship from their love and appreciate to elderly

2.3.2.2 The amount of aid characteristics

2.3.2.2.1 Primary caregivers or Main caregivers

People that respond to take too much time to care and accept about self-identified to elderly care such as shower, body cleanliness and excretion.

2.3.2.2.2 Secondary caregivers

According to the people that help in another part such as deliver elderly to go to hospital and practice the dharma (Yodpet, 2006)

For this study, we were used the formal long term care in a kind of training caregivers. There were training by provincial and district health office under the caregivers' course training 70 hours from department of health.

2.4 Knowledge of Long term care in 70 training by Department of Health

According to the course training 70 hours (edition6) from department of health (2016), there are consist of

- Elderly concept
- Common Disease in elderly
- Crisis situation and First Aid
- Primary Help for elderly
- Help for elderly with dependency
- Drug use
- Health promotion
- Psychological
- Environmental management
- Elderly rights
- Folk wisdom for elderly care

- Recreation activity in elderly care
- Role and moral of caregiver

2.4.1 Elderly concept

Elderly is people were 60 years old and over. Which is the stage of degeneration change. There was change in the physical, psychological and social. This part provide for caregivers understanding the general of elderly and preparing them all to caring. Generally in this study the term older population refer to persons age 60 and above. It corresponds to the officially mandatory retirement age for civil servants, the age at which persons can quality for old age allowances, and is embodied in the 2003 Elderly Persons Act (Kanchanachitra et al. 2007). Age 60 is often used by the United Nations and other key international organizations when tabulating statistics on older persons. When examination the situation of the older population in Thailand or elsewhere, it is important to recognize that regardless of what age is used to define the start of old age, the elderly age-span, including persons who are at different stage of their lives. There are transitions including marital dissolution, and onset of chronic health problems and function impairment often occur during this period of life but the aged at which they occur typically differ considerable among individuals (Knodel 2008).

2.4.2 Common Disease in elderly

According to the biological change ensure not only that the risk of mortality increase steadily with age but so the functional limitations and chronic illness. Some of the relevant information on health problem among older aged Thai as assessed in 2007. Almost a fourth judge themselves to be in a poor or very poor health. There were increases substantially with age with less than a fifth of persons age 60-69 compared to over 40 percent of those 80 years. From the survey of older persons in

Thailand (2007), the problem with vision are relatively common among older persons. Although less than half a percent indicate that they cannot see at all, one fifth indicate that they do not see clearly. Over, the hearing problems are somewhat less common. Both vision and hearing problems increase substantially with age and are more common among older women than men. The term of non-communicable disease was common found in elderly. Such as the diabetic mellitus, hypertension, stroke and arthrosis disease. The caregivers must be concern about the risk factors and prevent elderly from chronic disease.

2.4.3 Crisis situation and First Aid

The crisis situation often to appearing in elderly. For example, syncope and falling, which is the important cause of bone fracture. First aid is an essential for elderly such as stop bleeding, referral and syncope. In many emergency situation, the caregivers need the special knowledge(AgeUK, 2015), there are include:

- Head injuries
- Sprains and Strains
- Burn
- Hyperthermia
- Heart attack

2.4.4 Primary Help for elderly

Assessment elderly by ADL and body checkup such as vital sign, breathing and positioning for elderly. For another recommendation (Hall, 2017) in primary help for elderly include the following:

- Visual and hearing
- Mobility support

2.4.5 Help for elderly with dependency

For this part, there are consist of gastrointestinal and breathing system. The special meal and oral hygiene is the directly caring to elderly. While, the observation of breath rhythm and sound of lung for measurement abnormal of them (AgeUK, 2015).

2.4.6 Medication for elderly

Some drug categories pose special risks for elderly. In elderly with chronic disease must to concern the medication. Such the six common medication problem in aging include (Kernisan, 2014) :

-Side effects
- Symptoms persisting despite medical treatment
- Drug interactions

2.4.7 Health promotion

Health promotion strategies for the elderly generally have three basic aims: maintaining and increasing functional capacity, maintaining or improving self-care. The elderly need to specific program for increasing health promotion. The soft exercise, meal nutrition and oral hygiene were important to enhance elderly well-being. It should be noticed that there is an additional objective to be considered: the significance of social participation and integration of the elderly to maintain quality of life at old age (Golinowska et al., 2016)

2.4.8 Psychological

The mental health assessment for the elderly with chronic disease. According to all elderly were test the stress and dementia. An important course is emotional support to elderly with emotional problem. In the same time, five major psychological problems found in elderly people (Palmer, 2017) consist of

-Depression

- Memory problem

- Dementia

- Sleep –related disorders

- Alzheimer's Disease

2.4.9 Environmental management

The environment was determinant the health hazard to the elderly, the good environment can protect the elderly from injury such as falling on the slippy floor (Ying, 2001).

2.4.10 Elderly rights

This section provide for caregivers understanding the elderly's right from the government and non-government. For example, the 2nd national of elderly planning (2002-2021) and constitution of Thai elderly's right 2007.

2.4.11 Alternative medicine for elderly care

Alternative medicine may offer a more personal touch for elderly care. Some types of therapies, such as massage and acupuncture, offer the opportunity for personalized care which can be very comforting. Addition in alternative medicine for

Thai elderly, there are include Herbs and Nutritional Supplements and Chiropractic Treatments (Rogers, 2016).

2.4.12 Recreation activity in elderly care

According to this activity was provide for enhance the social and communication to their group and toward good emotional. Recreation plays a key role in the well-being of older adults and in enhancing their quality of life. For seniors, as for people of all ages, involvement in recreation activities can satisfy a variety of needs. Among the important benefits of recreation for the senior population is increased health and fitness, as well as opportunities for socializing, for using skills and talents developed throughout their lifetime, and for learning new skills. The aim of this article is to dwell upon various recreational activities for the elderly. These activities are very useful to them as they can spend their leisure time and enjoy by doing interesting tasks. In Singh and Kiran (2014) study, state that the recreation activities for seniors provide long term advantages. There were following

- Walking
- Bird Watching
- Photography
- Gardening
- Sport and exercise
- Yoga
- Tai-Chi
- Indoor Activities

2.4.13 Role and moral of caregiver

The person receiving care shares her experience and story as a gift with the caregiver, in reciprocation for the practical things that need doing along with a sensibility akin to love. What is exchanged is the moral responsibility, emotional sensibility, and social capital of the relationship. The exchange changes the subjectivity of both the caregiver and the person receiving care. The terms “taking care” and “caring” imply cultivation of the person and the relationship through practices of attending, enacting, supporting, and collaborating (Kleinman, 2012).

2.5 Attitude of Long term care

2.5.1 Positive Attitude

The positive attitudes among caregivers are essential in the delivery of good healthcare for elderly people (Nelson, 2004). Abyad (2006) define that the elderly care were need range of professional care as well as with their family for creating adequate of services in home care. In similarity, Bowling (2005) suggests that quality aging care requires the positive attitude towards empowering elderly people to take active part to provide their health. The potentially positive were growth enhancing experience (Sherrell, Buckwalter & Morhardt, 2001). But the study of Butcher, Holkub & Buckwalter (2001) stat that the caregivers often have positive as well as negative experiences in their caregiving roles. The positive reward in caregivers about the a sense of satisfaction, gratification and pride in the caregiving role, emotional uplifts experience and improved social relationships including increased quality of the relationship with the care receivers. In the same way, the pride in being able to help in

the care of their loved ones (Dupuis, 1997; Noonan et al.,1996). According to the caregiver uplifts, Kinney and Stephens (1989) identified 4 type as the follow;

2.5.1.1 Practical or logistical such as the satisfaction in preparing meals for care receivers and in having an understanding their family.

2.5.1.2 Cognitive such as the satisfaction in witnessing the recognition by the care receivers and the receiver showing interest in things.

2.5.1.3 Activities of daily living (ADL) uplifts such as the care receivers with bathing and grooming.

2.5.1.4 Care receiver's behavior, such as the responsive of elderly, being co-operative, smiling and winking.

2.5.2 Negative Attitude

Barrera and Baca (1990) focused the personality factors, but there are several other kinds of variable that likely to link caregiver's interactions and subjective perceptions of those interactions and directly negative reactions. The negative attitude was not polite reactions or critical behaviors. The factors pertaining to the relationship between caregivers and elderly such as the conflict on the relationships, communication difficulties, social dominance and especially the amount of reciprocal helping may also important predictors of negative. Over, the caregiver individual difference such as the level of depression, social skill may have impact on care elderly reaction. According to the elderly characteristic was difference may affect how to care. There are perceived and affect reactivity to unsupportive behaviors. Over, the caregiver's self-esteem and the level of impairment appear to be related factors (Newsom & Schulz, 1998).

In Thailand, there are cultivate family member in socialization respected to seniority. This concept there were instruct in child or youth, especially parents is the

highest people to worship. Similarity, the determinant of religion, Buddhism is an important to establish the people respect with benefactor. According to Siriwan Siriboon (1992) suggest the elderly care among teenage people, there are take care about the support money, feeding, closet and visiting parents in frequency.

For this study, there was study the Attitude towards long term care which consist of positive and negative attitude.

2.6 Practice of Long term care

According to the course of caregivers training, the caregivers need to be trained 7 topic as follow; Emergency and First Aid, Oral hygiene, Exercise, Recreation activity , Sanitation and garbage management , Meal and Nutrition , and Disease screening and prevention

2.6.1 Emergency and First Aid

The crisis situation are including fainting, bleeding, fall, transferring, the caregivers have to how to conduct the first aids of this above mentioned.

2.6.2 Oral hygiene

The oral hygine including teeth cleaning (brushing teeth, cleaning the artificial teeth, cleaning mouth and tongue), eating food that not damage teeth (no sweeten food, sour food), caring of dry mouth.

2.6.3 Exercise

The exercise for elderly are including warm-up, stretching, anaerobic exercise, cool down.

2.6.4 Recreation activity

The recreation activities are including walking, bird Watching, Photography, gardening, sport and exercise, Yoga, Tai-Chi, Indoor Activities, and dancing

2.6.5 Sanitation and environmental management

The sanitation and environmental management is the home-inside management, especially the toilet, bed room, stairs, floor, gateway and facilities in the house.

2.6.6 Meal and Nutrition

The meal and nutrition for the elderly should be concern about the nutritional status. The menu in each meal should be covered the 5 Food Groups. The five food groups including fruits, vegetables, grains, protein foods, and dairy to get the nutrients for the elderly (Department of Health, 2017).

2.6.7 Disease screening and prevention

The common diseases in elderly is non-communicable. The disease screening and prevention are including the blood pressure measurement, fasting blood sugar, eyes screening etc. In terms of disease prevention in elderly consists of promoting non-smoking and non-alcohol drinking and annual health checkup (Department of Medicine Service, 2014).

2.7 ADL

Activities of daily living (ADL) are routine activities people do every day without assistance. The performance of ALD is important in determining what type of long term care and assessment to provide health services in each group. The ten items of ADL are including (Department of Health, 2013)

- feeding
- grooming
- Transfer
- Toilet
- Mobility
- Dressing
- Stairs
- bathing
- Bowels
- Bladder

The ADL was used to separate the type of elderly by the score from ADL measurement, there are divided into three group in the following:

Group 1 is the social bound, the total score ≥ 12
Group 2 is a home bound, the total score in 5-11
Group 3 is a group of disability elderly or bed bound, the total score in 0– 4.

2.8 Related studies

2.6.1 Knowledge, Attitude and Practice of care of the elderly

Yakubu & Schutte (2018) study the Caregiver attributes and socio-demographic determinants of caregiving burden in selected low-income communities in cape town, South Africa. These cross-sectional study involved 100 black/African and 100 colored female caregivers. The result found that the average age of female caregiver was 47.9 years. All caregivers had at least Grade 1 and majority having completed in secondary school. Many of them about one in three caregivers were married. Over, about 40% were caregiving more than 3 years. The result of determinant of caregivers, suggest that there were significant positive relationships between female caregivers burden and age, income status, activities of daily living (ADL) in elderly.

Brigola (2017) study healt profile of family caregivers of the elderly and its association with variables of care: a rural study. There are study in Sao Paulo, Brazil by the prospective cross-sectional study in 99 caregivers. The result founded that the majority of participant were female. The median age was 65.8 years. Over, the caregivers had provided care to the elderly for more than five years (54.8%). The caregivers of the elderly in the rural areas of this study were predominantly women.

Vongchavalitkul et al. (2016) study the Knowledge and Attitude of the Elderly Caregivers Nakhonratchasima Province. The sampling were 60 of elderly caregivers, the result shown as follows; the majority group of participants incorporated was female, aged between 31-40 years old and study under bachelor degree. The elderly caregivers' knowledge were in the medium level or 50 – 79 percent in the understanding of aging processes and suitable physical environment for older people. In addition, the sample group had high level of personal's positive attitude and low level of personal's negative attitude toward the elderly people.

Seangchan (2013) study the factors association with knowledge of caregivers for Thai elderly. The sampling were 2456 of caregivers, the result shows that

the most of caregivers were indicated that education level of caregivers have statically significant with the knowledge of caregivers (*p=0.05*).

Oommen et al. (2013) Study on the knowledge, attitudes and practices regarding prevention of recurrent falls in the elderly. The result found that both the elderly and the caregivers were found to have poor knowledge regarding prevention of falls. Health education (OR 0.418; 95% CI: .176-.991). The recommend was health education with emphasis on the benefits of compliance to prescribed interventions may help prevent recurrent falls.

Shinde M. et al. (2014) study on Knowledge, Attitudes and Practices among Caregivers of Patients with Schizophrenia in Western Maharashtra, India. The Convenient samples of 50 caregivers were selected. The result found that majority of the caregivers (30%) had no knowledge about schizophrenia. The fathers (24 %) and relatives (24%) were the major caregivers for the patients. Financial problem was one of the factors that impacted negatively on follow-up of patients. The research recommended the educational programs for the relatives of patients by developing psycho-educational intervention and sensitization campaigns are needed

Netiya Jaemtim et al. (2015) study on effects of preparation to care for elderly Program at Sanamchai Subdistrict Mung district, Suphanburi province. These participants were divided randomly into two groups: 30 people in the control group and 30 in the intervention group (the preparation of home elderly care program). The results revealed that the score of the intervention group after participation in the intervention program was significantly higher than the score of the control group ($p<0.001$).

CHAPTER III
METODOLOGY

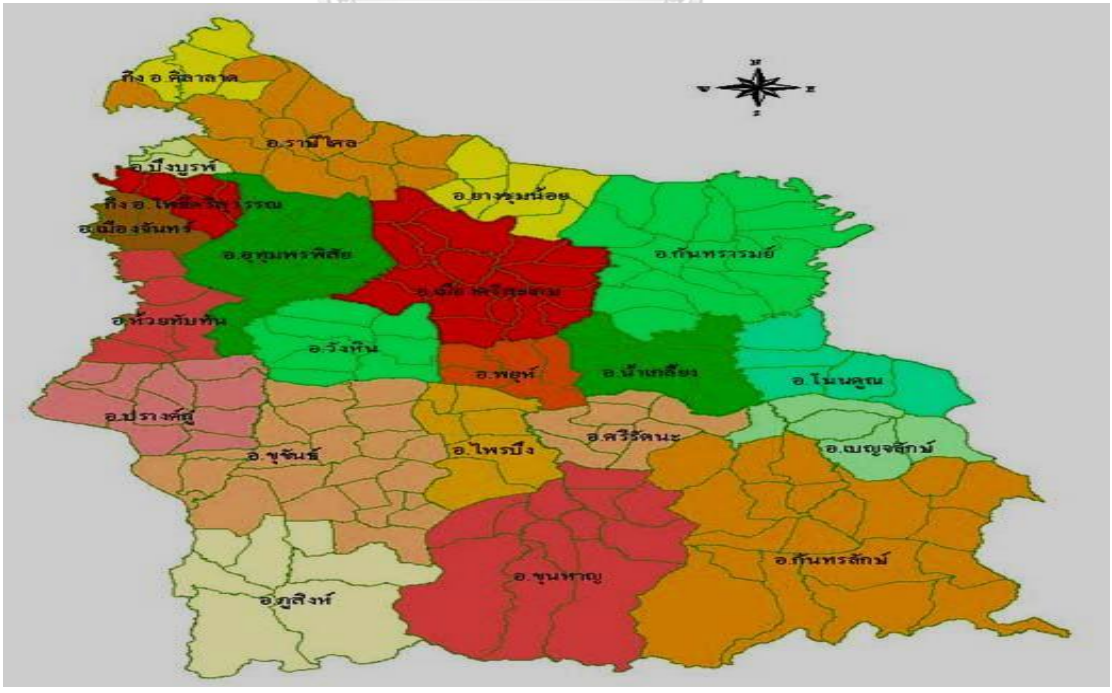
This chapter presents research design, area of study, population of study, sample, sampling procedure, research instrument, validation and reliability of the instrument, ethical consideration, procedure for data collection and method of data analysis.

3.1 Research design

A cross sectional descriptive study design was used to determine the level of knowledge, attitude and practice of elderly care among caregivers in Sisaket province. According to the cross sectional approach involves the collection of data at a point in time and consider suitable for the phenomenon being study (Polit & Beck, 2006)

3.2 Area of the study

The study area is in all 22 districts of Sisaket Province Thailand



Source : https://nutac122.wordpress.com/real-estate/

Figure 2 District in Sisaket Province

Sisaket province is divided into 22 districts;

1. Mueang Si Sa Ket District
2. Benchalak District
3. Bueng Bun District
4. Huai Thap Than District
5. Kantharalak District
6. Kanthararom District
7. Khukhan District
8. Khun Han District
9. Mueang Chan District
10. Nam Kliang District
11. Non Khun District
12. Phayu District
13. Pho Si Suwan District
14. Phrai Bueng District
15. Phu Sing District
16. Prang Ku District
17. Rasi Salai District
18. Sila Lat District
19. Si Rattana District
20. Uthumphon Phisai District
21. Wang Hin District
22. Yang Chum Noi District

3.3 Population of Study

The population of this study consisted of 351 caregivers who had ever trained for long term care since 2016 in 22 districts.

3.4 Sample Size and Sampling Procedure

The sample size was calculated using the Taro- Yamane (1967) simplified formulate form finite population proportions.

$n = N / 1 + N(e)2$

n= sample size
N = Population size
e = acceptable sample error

95% confidence level and p =0.05 are assume

The voluntary representative caregiver from 22 districts in calculated

$n = 351 / 1 + 351(0.05)^2$

$= 186.95$

$\approx$ 190 sample for this study

To prevent the collection were missing. There by increasing the sample size by 10%. The total of 209 caregivers.

Sampling Procedure

This study was used convenience sampling, however, there are different numbers of caregivers in each district; the researcher was calculating the sample size in each district with the proportional to size in table 2.

Table 2 Population and sample size in each area

District	Population (Trained Caregivers)	Sample size
1.Mueang Si Sa Ket District	20	11
2. Benchalak District	9	5
3. Bueng Bun District	7	4
4.Huai Thap Than District	2	1
5. Kantharalak District	21	12
6. Kanthararom District	12	7
7.Khukhan District	55	30
8.Khun Han District	28	16
9.Mueang Chan District	4	2
10.Nam Kliang District	6	3
11.Non Khun District	51	30
12. Phayu District	12	7
13. Pho Si Suwan District	9	5
14. Phrai Bueng District	21	12
15. Phu Sing District	14	8
16. Prang Ku District	7	4
17. Rasi Salai District	47	27

18. Sila Lat District	7	4
19. Si Rattana District	11	6
20. Uthumphon Phisai District	20	11
21. Wang Hin District	2	1
22. Yang Chum Noi District	6	3
Total	351	n(209)

(PPS : Proportional to Sized) k= n/N = 209/351 =*0.595)*

Table 3 Proportion sampling.

n 1 =	KN1 =	0.595 x N1
n 2 =	KN2 =	0.595 x N2
n 3 =	KN3 =	0.595 x N3
n 4 =	KN4 =	0.595 x N4
. . .	. . .	. . .
n 22 =	KN22 =	0.595 x N22

n = n1+n2+n3….n22

Inclusion criteria

- Caregiver in 22 districts of Sisaket Province Thailand
- Ever trained in the long term care
- Willingness to participate in the study.

Exclusion criteria

- Caregiver who take care the elderly in the community less than 6 months

3.5 Measurement Tools

The self-report questionnaire was developed based on Long term care course training 70 hours of Department of Health, Ministry of Public Health and Sisaket Provincial Health Office (2016). However for those who did not understand the questionnaire, face to face interview was employed. The questionnaire consists of four parts; (1) Socio-demographic characteristics; (2) Knowledge on LTC; (3) Attitude on LTC; and (4) Practice of LTC.

Section 1 Socio-demographic characteristics

According to review from another, Vilailak Rungmuangthong (2009) and Yuvadee Rodjarkpai et al. (2014) reported that the socio - demographic data has relate to the their responsibility. Also, this study has 8 items in which elicited information on socio-demographic of respondents. There are including gender, age, education level, marital status, occupation, income, experience, and number of elderly responsible.

Section 2 Knowledge on LTC

This section focuses on expressing understandings prevention, health promotion, rehabilitative, skill of nursing care, palliative care and social services. This study consist of 13 mainly knowledge requirement for long term care policy from Department of Health, Ministry of Public Health. There are 13 items on the level of knowledge of long term care. According to Yes and No response were used and 1 point was allocated to the correct responses. The maximum possible score were 13. The total score was compared with Bloom's (1968) cut off point and it

was divided into three levels; (i) low level of knowledge (<60%); (ii) moderate level of knowledge (60 – 80%); and (iii) high level of knowledge (>80%).

Section 3 Attitude on LTC

There are 10 items in this section elicited information on attitude of caregivers towards long term care. It aims to find out if the overall attitude of the respondents towards LTC is positive or not. Five responses ranging from "strongly agree", "agree", "disagree" and "strongly disagree" can be expected. The most ideal response were receive a score of 5 while the least ideal response was receive a score of 1. Therefore, the total score in this section can range from a minimum of 10 to a maximum of 50.

A Likert scale 1-5 was used.

The negative statement was coded in the reverse.

1= strongly disagree (strong unfavorable to the concept)

2= disagree (somewhat unfavorable to the concept)

3= neither agree or disagree

4= agree (somewhat favorable to the concept)

5= strongly agree (strong favorable to the concept)

For the total attitude score was categorized into (i) negative attitude; (ii) neutral attitude; and (iii) positive attitude. By using mean cut-off point.

Attitude Level	***Cut-off point***	***Scores***
Negative	*<-1SD*	*10.00 – 31.24*
Neutral	*-1SD≤x<1SD*	*31.23 – 38.61*
Positive	*≥1SD*	*38.62– 50.00*

Section 4 Practice on LTC

Section 4, consisted of 7 items on practice of care in long term care for elderly, including first Aid, oral hygiene, exercise, recreation activity, sanitation and garbage management, meal and nutrition, and the disease screening and prevention that consist of vital sign and ADL in long term care policy from Department of Health. According to weight as follows, always 2 point, sometimes 1 point and never 0 point. The score were used weight mean score and there were divided into three levels by using mean cut-off point.

Practice Level	***Cut-off point***	***Scores***
Low	*<-1SD*	*0-10*
Medium	*-1SD≤x<1SD*	*11-13*
High	*≥1SD*	*14*

3. 6 Validity Test and Reliability

Validity of the instrument

The questionnaires was developed by reviewing previous literatures and articles. Following that, a panel of three professional were invited to evaluate the questionnaire and the questions was revised accordingly. The validity of the instrument was tested using the Item Objective Congruence (IOC). Which the score in each item, there are more than or equal 0.6 in all item and the total of IOC was 0.89.

Reliability of the instrument

Test retest method was applied to this study. According to ten percentage of the sample which is 20 copies of the questionnaire was administered on the caregivers entirely outside the area of study setting with the similar population

characteristics. Then, the questionnaire was administered on 20 caregivers and after two weeks interval the same questionnaire into the same group. The data obtain from the two administrations were used the calculate reliability coefficient. Over, there were using Pearson product measurement correlation coefficient statistic giving a reliability coefficient. For the knowledge part there were 13 items (KR 20 was 0.55), whereas, attitude and practice part were used Cronbach's alph, and the result showed 0.83 and 0.78 respectively.

3.7 Procedure of the Data collection

After the professional review the questionnaires, there was apply to try out the consistency for the local in 30 set. The ethical committee review about the sample and procedure in this research. Then, preparing the ten local research assistants and trained them on the purpose of the study, technic and beneficial of improving the long term care task in their province if they were complete the questionnaire in data collection part. Then, the researcher contact with letter from College of Public Health Sciences, Chulalongkorn University to permission to carry out the study was obtained from the provincial health office. On the 22 district, they were allocated by provincial's ranking season. There were two time per year in each district, this opportunity is the way to through collecting four districts per day combine with the provincial health promotion subdivision. All of sample must be sign in consent form. The data were collected by self- report for those who can read and write, and face to face interview for those who had some problems or want to another read for them, the questionnaires to the selected caregivers at their communities between 8 am to 4 pm and the questionnaires were collected on the spot. There was to ensure a high return rate and avoid the problem

frequency associated with the posing of instrument. The data collection was during April – May 2018.

3.8 Method of Data Analysis

Data was entered, cleaned and coded before analyzing. Statistical Package for Social Sciences (SPSS Version 16) was used to perform statistical analysis as follow;

3.8.1 Uni-variate analysis

The demographic characteristics data including gender, age, education level, marital status, occupation, income, experience and number of elderly responsibility were used descriptive analysis such as frequencies, percentages, means, median and standard deviation was determined.

3.8.2 Bivariate analysis

Pearson's Chi square test and Fisher's Exact Test was done in order to find out the association between each independent variable and the practice of Long term care.

3.9 Ethical Consideration

The knowledge, attitude and practice in long term care among caregivers in Sisaket province were application for ethical approval and introduction letter endorsed from Chulalongkorn University, Thailand. Finally, individual informed consent was obtained in each participation who met the inclusion criteria. Confidentially were assured to the respondent with respect to the information that they have shared. In sample who were not participation in this study, they can rejected themselves in all the time.

Chapter IV
RESULTS

This study was a descriptive research. The objective of this study was to assess socio-demographic, knowledge, attitude and practice of trained caregivers in Long-term Care Services in Sisaket Province Thailand and identify the association between socio-demographic, knowledge, attitude and practice for long term care policy. The sample consists of two hundred and nine caregivers from twenty-two district, Sisaket province. The results are divided into six parts as follows:

4.1 The first part include the distribution of socio-demographic characteristics of caregivers in Sisaket province, Thailand.

4.2 The second part consist of the knowledge of long term care

4.3 The third part consist of attitude toward long term care

4.4 The fourth part consist of practice in long term care

4.5 Bivariate analysis

4.1 Socio-demographic characteristics of caregivers in Sisaket province

The study was conducted in whole twenty-two district in Sisaket province, Thailand. The self-report and face to face interviewed with structured questionnaire was conducted at the field for 209 participants.

The table 4 shows the socio-demographic characteristics of caregivers in Sisaket province such as age, gender, marital status, education level (highest degree obtained), occupation and monthly household income. The data was analyzed by SPSS version 16.

In this study, 93.8 % of the participants were female. The mean age of the participants was 43.36 years old. For the result of education level shows that 57.9 %

had graduated in High School level. The majority of the participants were married at 77 %. Out of the 209 participation, 62.2 % were agricultural. About ninety two point three percent of the participants had an income more than 10,000 Baht. For the experience relate to elderly care, 66 % had elderly care experience and 95.7 % had experience less than three years. The most of elderly care had chronic health conditions or underlying disease (66.7%) and the hypertension is the most of disease determinant to elderly (39.6). While the participants took care the elderly who were relatives (63.8%). The number of elderly in responsibility, 63.3% of caregivers were less than 5 elderly people in their responsibility.

Table 4 Socio-demographic characteristics of 209 caregivers (n=209)

Characteristic	Number (n = 209)	Percentage
1. Gender		
Male	13	6.2
Female	196	93.8
2. Age (year)		
≤ 20 – 30 year	20	9.6
31 – 40 year	56	26.8
41 – 50 year	86	41.1
≥ 51 year	47	22.5
Mean = 43.36 year, SD = 9.91 year, Min = 18 year, Max = 79 year		
3. Education level		
≤ Secondary School	69	33.0
High School	121	57.9
Higher Education	19	9.1

Characteristic	Number (n = 209)	Percentage
4. Marital status		
Single	21	10
Married	161	77
Widowed/ Separated /Divorced	27	13
5. Occupational		
Agriculture	130	62.2
Do not work	43	20.6
Employee	21	10
Business owner	15	7.2
6. **Monthly household income**		
≤ 10,000 Baht	16	7.7
≥ 10001 Baht	193	92.3
7. Elderly care experience		
No experience	71	34.0
An experience	138	66.0
Experience duration (n = 138)		
≤ 3 years	132	95.7
≥ 4 years	6	4.3
Mean = 1.92 years, Mean = 1.0 years, SD = 1.48 years, Min = 1 years, Max = 9 years,		
Health Status		
No disease	91	36.3
Health conditions/ Health problem	182	66.7
Type of Disease in elderly		

Characteristic	Number (n = 209)	Percentage
Hypertension	72	39.6
Diabetes mellitus	59	32.5
Stroke	17	9.3
Hyperlipidemia	9	4.9
Kidney disease	9	4.9
Paralysis	9	4.9
Others	7	3.8
Elderly relationships with caregivers		
Relative	115	63.8
Non- relative	67	36.2
8. Number of elderly responsibility		
≤ 5 person	133	63.6
≥ 6 person	76	36.4
Mean = 4.5 person, SD = 2.87 person, Min = 1 person, Max = 10 person		
Number of home bound elderly (n = 175)		
≤ 11 person	158	90.3
≥ 12 person	17	9.7
Mean = 11.78 person, Median = 12 person, SD = 27.5 person, Min = 1 person, Max = 108 person		
Number of social bound elderly (n = 70)		
≤ 7 person	58	82.9
≥ 8 person	12	17.1
Mean = 6.9 person, Median= 8.3 person, SD = 12.77 person, Min = 1 person, Max = 70 person		
Number of bed bound elderly (n = 96)		
≤ 2 person	66	68.7

Characteristic	Number (n = 209)	Percentage
≥ 3 person	30	31.3
Mean = 1.96 person, SD = 1.19 person, Min = 1 person, Max = 8 person		
Caregiver's relationship with home bound elderly (n = 175)		
Relative	46	26.3
Non relative	129	73.7
Caregiver's relationship with social bound elderly (n = 70)		
Relative	14	20
Non relative	56	80
Caregiver's relationship with bed bound elderly (n = 96)		
Relative	19	19.8
Non relative	77	80.2

4.2 Level of knowledge on elderly care of LTC in caregivers

The result as show the knowledge among 209 participants. Each correct answer was given one point with a total of 13 point. The average knowledge score from the participation was 12 (SD= 1). The knowledge on elderly care of long term care was categorized into 3 levels; high knowledge if the score is above 80%, medium knowledge if the score is between the range of 60-79 %, and low knowledge if the score is below 60%

Table 5 shows most of caregiver had high level of knowledge (90%), whereas, 10 % of caregivers had moderate level of knowledge.

Table 5 Knowledge level of 209 caregivers of elderly care in Sisaket

Knowledge Level	Number	Percent
Low (0-8)	0	0
Moderate (9-10)	21	10
High (11-13)	188	90
Mean = 12 score, SD = 1 score, Min = 9 score, Max = 13 score		

The table 6 presents number and percentage distribution of correct knowledge answered by 209 caregivers. The knowledge items covered knowledge of long term care based on Department of Health (2016).

Results revealed that all caregivers (100%) knew the principle of medical consumption. Over 90 % of caregivers knew the toilet should not be away from the bedroom over 9 feet, chest pain with tight or heavy pain in the middle or left chest is the symptom of coronary heart disease. It is necessary to test every time before feeding that stay in the sitting position or head high to slow feeing, knew the role and duty of caregivers, knew the concept of crisis management in elderly patients, knew that Alzheimer is a disease in dementia, knew that elderly aged 60-69 years ole have allowance 600 baht per month, the garlic can reduced pressure, and elderly should exercise regularly 3 times a week at 99.5, 99.0, 99.0,98.1, 97.1, 95.2, 95.7, 94.3, 91.9, respectively.

Table 6 Knowledge details of 209 caregivers on elderly care

Answered correctly

Items	Number (n = 209)	Percentage
home bound elder has ADL score more than 12 score	152	72.7
Alzheimer is a disease in the dementia. This results in memory, thinking, intelligence, reasoning, and problem solving.	199	95.2
Crisis Assessment In elderly patients consist of elderly Information, Communication Observation Such as vision, hearing, perception, touch, and breathing assessment.	203	97.1
Chest pain with tight or heavy pain in the middle or left at the chest is symptoms of coronary heart disease	207	99.0
Elderly care who enteral feeding in house should be careful feeding tube fall off. It is necessary to test every time before feeding sit in the sitting position or head high to feed slowly.	207	99.0
The principle of universal medicine consumption	209	100.0
Elderly should exercise regularly 3 times a week at least 30 minutes for a day to keep the body and mind healthy	192	91.9
Taking care of the elderly for a long time may produce stress, the best way to relief is pass through all emotions to the elderly	173	82.8
The toilet should not be away from the bedroom over 9 feet, because older people have problems urinating not exist and should have a stick covered rough or slippery material.	208	99.5
Allowance for 60-69 year old is 600 baht per month	200	95.7
Garlic has antibacterial properties there was cleanse the blood and intestines. The blood vessels are flexible and reduced pressure.	197	94.3
Elderly people like to travel for a long distances when available.	182	87.1
The role and duty of the caregiver is who support care of the elderly to have a good quality of life according to the potential and context of the elderly.	205	98.1

4.3 Attitude toward elderly care in LTC

According to Table 7 shows the answer from each aspect of attitude toward elderly care in long term care. The eighty point four percent is neutral attitude, 12 % of participants had negative attitude and 8% of participants had positive attitude towards elderly care in long term care. The mean score of attitude was 34.93 and standard deviation was 3.69.

Table 8 shows the frequency and percentage distribution of attitude towards elderly care. The results discovered that 98.1% of participants agreed that the elderly care are valuable for social precursor. Over, there are found that 98.6% of participant agreed that the course of elderly care was beneficial for them and their families. In addition, the most of participants agreed that elderly had the physical and mental problem, caregivers of elderly care can makes their social friend, and elderly care is a good career at 96.5% , 92%, 67%, respectively. While, the participants disagreed that elderly care is a tedious work and most of elderly was difficult to care at 88% and 54% in respectively.

Table 7 Attitude of 209 caregivers in all 22 districts in Sisaket province

Attitude Score	Number (n = 209)	Percent
Negative attitude (10 - 31)	24	11.5
Neutral attitude (32 – 38)	168	80.4
Positive attitude (39 - 50)	17	8.1
Mean = 34.93 score, SD = 3.69, Min = 23 score, Max = 49 score		

Table 8 Attitude percentage of 209 caregivers in all 22 districts

Item	*Strongly disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly agree*
The elderly are valuable that social precursor.	0	1 (0.5)	3 (1.4)	85 (40.7)	120 (57.4)
Elderly care courses are beneficial for themselves and their families.	0	1 (0.5)	2 (1.0)	58 (27.8)	148 (70.8)
Elderly care is a tedious thing.	102 (48.8)	82 (39.2)	9 (4.3)	9 (4.3)	7 (3.4)
Most of the elderly is very annoying so that difficult to care.	40 (19.1)	73 (34.9)	39 (18.7)	44 (21.1)	13 (6.2)
Elderly care is a good career, honor, and salary.	3 (1.2)	14 (6.7)	52 (24.9)	85 (40.7)	55 (26.3)
Elderly caregiver is a social friend.	2 (1.0)	5 (4.3)	9 (4.3)	110 (52.3)	83 (39.7)
The elderly are physically and mentally problem. It is a must to care.	1 (0.5)	4 (1.9)	2 (1.0)	63 (30.1)	139 (66.5)
Could punishment when the elderly drip their urine and stool because it is not good.	64 (30.6)	116 (55.5)	6 (2.9)	10 (4.8)	13 (6.2)
The shower is not required every day because there are often lose.	86 (41.1)	90 (43.1)	8 (3.8)	10 (4.8)	15 (7.2)
Embrace or touch the elders is an important to take the feeling good to elderly	3 (1.4)	0	2 (1.0)	49 (23.4)	155 (74.2)

4.4 The practice of elderly care in long term care

According to this study, about a little over half (53.6%) of participants had moderate level of practice of elderly care in long term care. There are 54 (25.8%) of participants that was found to have low practice, whereas, 20.6% of participants were at high level of practice.

Table 10 shows the frequency and percentage of participants in the part of practice in long term care. The most caregivers were advised to exercise, provide first

aid and measurement the blood pressure in 82.8 %, 71.8% and 71.8 % in respectively. Meanwhile, the lowest item is the manage the waste around home of elderly were 31.1 %

Table 9 Distribution of the caregivers towards the elderly care in long term care practice

Practice Level	Frequency	Percent
Low (0 -10)	54	25.8
Moderate (11-13)	112	53.6
High (14)	43	20.6
Mean = 11.81, SD = 1.81, Min = 7, Max =14		

Table 10 Percentage of caregivers' practices on elderly care in Long term care

Item	Always	Sometime	Never
Provide first aid equipment while taking care of the elderly at all times.	150 (71.8)	59 (28.2)	0
Explore the elderly toothbrush and instruct the elderly to brush their teeth at least twice a day.	138 (66.0)	71 (4.0)	0
You have been advised to exercise properly, such as swinging arms, stretching.	173 (82.8)	36 (17.2)	0
You persuaded the elderly to sing a songs and go to the temple.	104 (49.8)	105 (50.2)	0
You often care for the elderly's home or manage the waste, to reduce a source of disease.	65 (31.1)	144 (68.9)	0
In case the elderly are bored of food, you will advise the banana for promote the digestive system	146 (69.9)	63 (30.1)	0
You measure the blood pressure of the elderly 1-2 times a week.	150 (71.8)	59 (28.2)	0

4.5 Bivariate analysis

For Categorical independent variables, Chi square and Fisher's exact test were used to measure the association between socio-demographic, knowledge, attitude, and practice of long term care.

4.5.1 Association between socio-demographic and practice of long term care

As the table 11, out of eight variable on socio-demographic, two variables showed that there were association with the practice.

There was a significant association between number of home bound elder and caregiver's relationships were also significantly associated with the level of practice a p-value = 0.02 and 0.02 respectively.

Table 11 Association between socio-demographic variables and Long term care practice among caregivers in Sisaket province

Characteristic	Practice level			P-value
	Low	Medium	High	
1. Gender				
Male	1(7.7)	4 (30.7)	8(61.6)	0.8
Female	21(95.5)	50(92.6)	125(94.0)	
2. Age (year)				
≤ 20 – 30 year	0	8(40.0)	12(60.0)	0.54
31 – 40 year	6(10.7)	15(26.8)	35(62.5)	
41 – 50 year	9(10.5)	21(24.4)	56(65.1)	
≥ 51 year	7(14.9)	10(21.3)	30(63.8)	

Characteristic	Practice level			P-value
	Low	Medium	High	
3. Education level				
≤ Secondary School	11(15.9)	23(33.3)	35(50.7)	# 0.73
High School	9(7.4)	28(23.1)	84(69.4)	
Higher Education	2(10.5)	3(15.8)	14(73.7)	
4. Marital status				
Single	2(9.5)	5(23.8)	14(66.7)	0.97
Married	18(11.2)	43(26.7)	100(62.1)	
Widowed /Divorced/ Separated	2(7.4)	6(22.2)	19(70.4)	
5. Occupational				
Do not work	3(7.0)	10(23.3)	30(69.8)	# 0.08
Agriculture	18(13.8)	39(30.0)	73(56.2)	
Business owner	1(6.7)	3(20.0)	11(73.3)	
Employee	0	2(9.5)	19(90.5)	
6. Monthly household income				
≤ 10,000 Baht	21(11.9)	48(27.1)	108(61.0)	0.14
≥ 10,001 Baht	1(3.1)	6(18.8)	25(78.1)	
7. Elderly care experience				
No experience	9(12.5)	23(31.9)	40(55.6)	0.21
An experience	13(9.5)	31(22.6)	93(67.9)	
Experience duration (n = 144)				
≤ 3 years	12(9.1)	32(24.2)	88(66.7)	0.63
≥ 4 years	1(16.7)	1(16.7)	4(66.7)	

Characteristic	Practice level			P-value
	Low	Medium	High	
Health Status				
No disease	10(45.5)	23(42.6)	58(43.6)	1.0
Underlying disease	12(54.5)	31(57.4)	75(56.4)	
Type of Underlying disease in elderly				
Hypertension	6(8.3)	18(25)	48(66.7)	
Diabetes mellitus	11(18.6)	13(22.0)	35(59.3)	
Stroke	2(11.8)	4(23.5)	11(64.7)	
Hyperlipidemia	0	4(44.4)	5(55.6)	
Kidney disease	0	3(33.3)	6(66.7)	
Paralysis	0	0	9(100)	
Others	1(14.2)	3(42.9)	3(42.9)	
Elderly relationships				0.74
Relative	12(10.4)	30(26.1)	73(63.5)	
Non- relative	4(5.9)	15(22.4)	48(71.7)	
8. Number of elderly responsibility				
≤ 5 person	15(11.3)	33(24.8)	85(63.9)	0.84
≥ 6 person	7(9.2)	21(27.6)	48(63.2)	
Mean = 4.5 person, S.D=2.87, Min = 1 person, Max = 10 person				
Number of home bound elder (n = 175)				
≤ 10person	22(11.5)	53(27.6)	116(60.9)	# 0.023*
≥ 11 person	0	1(5.9)	16(94.1)	
Caregiver's relationship (n = 175)				
Relative	2(4.3)	13(28.3)	31(67.4)	# 0.02*

Characteristic	Practice level			P-value
	Low	Medium	High	
Non relative	11(8.5)	31(24.0)	87(67.5)	
Number of social bound elder (n = 70)				
≤ 7 person	6(10.5)	17(29.8)	34(59.6)	0.46
≥ 8 person	1(8.3)	6(50.0)	5(41.7)	
Caregiver's relationship with social bound elder (n = 70)				
Relative	2(14.3)	4(28.6)	8(57.1)	# 0.91
Non relative	6(10.7)	19(33.9)	31(55.4)	
Number of bed bound elder (n = 96)				
≤ 2 คน	12(18.2)	17(25.8)	37(56.1)	0.14
≥ 3 คน	2(6.7)	5(16.7)	23(76.7)	
Caregiver's relationship with bed bound elder (n = 96)				
Relative	3(15.8)	3(15.8)	13(68.4)	0.80
Non relative	10(13.0)	18(23.4)	49(63.6)	

Fisher's Exact test, *p-value< 0.05

4.5.2 Association between level of knowledge and practice of long term care

Table 12 shows there was no statistically significant association between knowledge and practice (p-value=0.06)

Table 12 Association between knowledge variables and Long term care practice among caregivers in Sisaket province

Knowledge level	Practice level			P-value
	Low N (%) (0 -10)	Medium N (%) (11-13)	High N (%) (14)	
Medium (9-10)	3 (13.6)	1 (1.9)	17 (12.8)	0.06
High (11-13)	19 (86.4)	53 (98.1)	116 (87.2)	

P-value by Pearson Chi-Square

4.5.3 Association between attitude and practice of long term care

Table 13 shows the association between the level of attitude and the level of practice of long term care. The result indicated that the attitude level are significantly associated with the level of practice on long term care (p-value= 0.015)

Table 13 Association between attitude and Long term care practice among caregivers in Sisaket province

Attitude level	Practice level			**P-value**
	Low N (%)	Medium N (%)	High N (%)	
Negative attitude (10 - 31)	5 (22.7)	10 (18.5)	9 (6.8)	0.015
Neutral attitude (32 – 38)	17 (77.3)	42 (77.8)	109 (82.0)	
Positive attitude (39 - 50)	0	2 (3.7)	15 (11.3)	

P-value by Fisher's Exact Test

CHAPTER V
DISCUSSION, CONCLUSION AND RECOMMENDATION

This study was a cross sectional study in a 209 caregivers in Sisaket Province. The study was carried out to i) assess knowledge, attitudes, and practices of long term care for the elderly among caregivers in Sisaket province ii) identify association between socio-demographic factors, knowledge, attitudes, and practices of long term care for the elderly among caregivers in Sisaket province.

In this study was conducted in 22 districts in Sisaket province, the data show approximately 93.8 % of the participation were female. Sixty-six percent of respondents had elderly care experience. For knowledge and attitude toward long term care found that most of participants (80%) had high level of knowledge, 84.4% had neutral attitude, whereas, practice towards long term care showed that about a little over half (53.6%) of participants had moderate level of practice.

5.1 Discussion

5.1.1 Socio demographic

In this study, ninety-three point eight percent of the majority participants were female. The mean age of the participants was 43.36 years old that inconsistent with the study of Bachrach and Gardner (2002), and Brigola (2017) founded that most of caregivers (53.5%) were in the age of 60-69 years. The mean age of this study shown higher than others study, it might be the younger age in rural area (such as Sisaket province) migrate to work in the big cities. The study of Sutinyamanee (2014) founded

that the migrated employee from the rural to big cities for do their work, it lead to community and demographic change.

For the result of education level show that 57.9 % had graduated in High School level. The majority of the participants were married at 77 %. Out of the 209 participation, 62.2 % were agricultural. Ninety two percent of the participants had an income more than 10,000 Baht. For the 66% of participant were experience relate to elderly care, however, 95.7% % were less than 3 years through elderly care in community and 66.7 % of elderly care was chronic health conditions. The major disease determinant consist of hypertension (39.6%), diabetes mellitus (32.5%) and stroke (9.3%) consistent with Mirel and Carper (2001) found that most of the elderly had a high prevalent in chronic disease especially hypertension and diabetic mellitus

Over, about the elderly's relationship with caregivers, the 63.8% is a relatives and the majority type of elderly care is home bound. In the same time, the number of elderly responsibility was less than 5 elderlies in each caregiver (63.6%). However the guideline of Department of Health (2013) stated that one caregiver will has to take care 5-10 elderlies

5.1.2 Knowledge of Long term care

From this study found that most of the caregivers were a high level in knowledge of elderly care toward long term care

According to this study, there are high knowledge of elderly care at 89.9 %. Consequently, the high percentage of caregivers known that long term care can be performed to elderly in their community. Moreover, the principle of universal medicine item is the total score (100%). Whereas, Vongchavalitkul (2016) reported that the

caregivers were the moderate knowledge of elderly care in the part of understanding of aging processes and suitable physical environment for older people. While this study operated that the most recognize divided by items was principle of universal medicine (100%), the convenience to go to the toilet and another place, and surveillance of coronary heart disease (99%). A little less than 80 percentage (72.7%) of the participation were able to recognize about ADL score for measurement the four type of elderly. Addition to this report, all of the caregivers were trained from the Provincial Public Health Office while, some district trained by district health office may be make difference in their knowledge. The result is contrast with the study of Gutta et al. (2013) that found that the caregivers had poor knowledge.

5.1.3 Attitude of Long term care

For the exactly 80.4% of participation have a neutral attitude towards the practice of long term care. While the positive attitude was 8.1%. Even, the caregivers high percentage in item that strongly attitude in “Embrace or touch the elders is an important to take the feeling good to elderly (74.2%)”. Other, strongly disagree is ‘‘elderly care is a tedious thing (48.8%)”. Wee SL et al (2015) state that an important determinant of LTC need the good attitude of caregivers.

Another study Vongchavalitkul (2016) founded that the positive attitude in caregivers had high level of personal’s positive attitude toward the elderly care. Another thing with different another is ask for beneficial from their training toward the positive attitude in this program, there are agree that the courses of training can usual for older people in their family and community. Over, Modupe O. Oyetunde (2013)

founded the positive attitude towards the care of the elderly and good knowledge of aging process, they all agreed to feel good about care of elderly.

5.1.4 Practice of Long term care

According to practice of long term care found that 20.6% of respondents had a high level of practice in elderly care. For this study, the behavior that caregivers always practice (82.8%) was “You have been advised to exercise properly, such as swinging arms, stretching” or advice their elderly responsibility to exercise. While, the lowest practice item was “manage the waste around elderly’s house” (31.1 %)

However, the practice of caregivers may stem from professional characteristics, education, information-seeking, socioeconomic status, time for implementation, and perception of research as relevant positively influence implementing (Estabrooks et al., 2003).

5.2 Strength

This study is a first project to explore knowledge attitude and practice among caregivers of LTC in Health regional 10 office. Moreover, it was implemented in all districts in Sisaket province.

5.3 Limitation

This study was limited to caregivers in Sisaket province, therefore it doesn’t represent the whole caregivers of long term care in Thailand. Moreover, it was a cross-

sectional study in limited time and also relied on self-report, there may had an information bias given by the respondents.

5.4 Benefit / Significance of the research

To know the socio-demographic data and the level of Knowledge, Attitudes, and Practices of caregivers in long term care in Sisaket province. The results of this study will be useful for developing and planning in long term care scheme to improve and develop the caregiver in Sisaket province

5.5 Conclusion

In conclude, the level of knowledge was high among caregivers. Most of them had neutral attitude and moderate level of practice.

The association between knowledge and long term care practice among caregivers was not significant (*p*-value 0.20). While, there were a significantly association between number of home bound elder (*p*-value 0.02), caregiver's relationships (*p*-value 0.02), and the attitude level (*p*-value 0.015) were significantly associated with the level of practice of long term care.

5.6 Recommendations

5.5.1 Recommendation for future study

i) For future study, the assessment of knowledge, attitude and practice of caregivers in long term care should integrated the observation of a care manager in the study

ii) The qualitative study should conduct for further find out the way to improvement long term care policy in Sisaket.

5.5.2 Recommendations toward the policy

i) The caregivers should get some financial support for transportation cost for providing service to elderly in the community.

ii) Establish the community's collaboration between government sector, private sector, and local administration for taking care the elderly in each community

iii) Refresh training for caregivers and set the action plan for enhancing elderly's health and well-being by brainstorm all feedbacks from caregivers and community members

iv) The health staff should frequently monitor and closely supervise caregivers in the community level.

References

Abyad, A. (2001). Health care for older persons: a country profile--Lebanon. *J Am Geriatr Soc, 49*(10), 1366-1370.

AgeUK. (2015). A guide to first aid for older people. Retrieved 21 July, 2018, from https://www.ageukmobility.co.uk/mobility-news/article/a-guide-to-first-aid-for-older-people

Bachrach, L. R., & Gardner, J. M. (2002). Caregiver knowledge, attitudes, and practices regarding childhood diarrhea and dehydration in Kingston, Jamaica. *Rev Panam Salud Publica, 12*(1), 37-44.

Boutayeb, A., & Boutayeb, S. (2005). The burden of non communicable diseases in developing countries. *Int J Equity Health, 4*(1), 2. doi: 10.1186/1475-9276-4-2.

Brigola, A. G., Luchesi, B. M., Rossetti, E. S., Mioshi, E., Inouye, K., & Pavarini, S. C. I. (2017). Health profile of family caregivers of the elderly and its association with variables of care: a rural study. Revista Brasileira de Geriatria e Gerontologia, 20(3), 409-420. doi: 10.1590/1981-22562017020.160202.

Busaya Vongchavalitkul, Wirat Sanguanwongwan, Sirirat Chatchaisucha, Thanakorn Limsarun, Sirivadee Thaisamak, & Khanit Ruengkhajhon. (2016). Knowledge and Attitude of the Elderly Caregivers: A Case Study of Thammapakorn Phoklang and Watmuang Elderly Care Center Nakhonratchasima Province. APHEIT JOURNAL, 2.

Centers for Disease Control and Prevention. (2016). Physical Activity for Older Adults. Retrieved 20 July 2018, from CDC https://www.cdc.gov/features/activity-older-adults/index.html

Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. Annu Rev Psychol, 61, 383-409. doi: 10.1146/annurev.psych.093008.100448

Chris Palmer. (2017). 5 Major Psychological Problems Found in Elderly People. Retrieved from https://mental-health-matters.com/5-major-psychological-problems-found-in-elderly-people/

Communicable Disease, D. c. S. (2016). Chronic disease in elderly people in sisaket. Sisaket Provincial Public Health Office.

Department of Health. (2013). *Guideline for Training Caregiver 70-hour course for elderly care* (Vol. 6). Health promotion Division: Department of Health, Ministry of Public Health.

Department of Health. (2017). Elderly situation Elderly care. Ministry of Public Health.

Division, H. (2008). Conceptual framework and definition of long-term care expenditure: Organization for Economic Co-operation and Development, European commission. Eurostat and World Health Organization

Department of Medicine Service. (2014). *Disease screening in Elderly*. Ministry of Public Health.

Dwibedi, N., Findley, P. A., Wiener, R. C., Shen, C., & Sambamoorthi, U. (2018). Alzheimer Disease and Related Disorders and Out-of-Pocket Health Care Spending and Burden Among Elderly Medicare Beneficiaries. Med Care, 56(3), 240-246. doi:10.1097/MLR.0000000000000869

Ellis, J. R., Nowlis, E. A., & Bentz, P. M. (1980). Modules for Basic Nursing Skills: Houghton Mifflin.

Eliopoulos, C. (2013). Gerontological Nursing: Wolters Kluwer Health.

Estabrooks, C. A., Floyd, J. A., Scott-Findlay, S., O'Leary, K. A., & Gushta, M. (2003). Individual determinants of research utilization: a systematic review. *J Adv Nurs, 43*(5), 506-520.

Fongsuwan, C. (1996). *The Elderly in Bangkok and Long-term Care by Government and Private sector*. (Master Graduate School), King Mongkuts Institute of Technology Ladkrabang, Bangkok (Thailand).

Health Division. (2008). Conceptual framework and definition of long-term care expenditure: Organization for Economic Co-operation and Development, European commission. Eurostat and World Health Organization

Igarashi, A., Ishibashi, T., Shinozaki, T., & Yamamoto-Mitani, N. (2014). Combinations of long-term care insurance services and associated factors in Japan: a classification tree model. BMC Health Serv Res, 14(1), 382. doi:10.1186/1472-6963-14-382

Investopedia. (2016). Types of Long-Term Care Coverage. Retrieved from https://www.investopedia.com/exam-guide/cfp/insurance-needs-approach/cfp3.asp

Institute of Geriatric Medicine. (2014). Geriatric Screening Manual. Department of Medicine Service: Ministry of Public Health.

Jiraporn Kespichayawattana, & Jitapunkul, S. (2009). Health and Health Care System for Older Persons. *Springer Science*.

Jitapunkul, S. (2000). Current Status of Thai Older Persons and National Actions on Ageing.

Kespichayawattana, J., & Jitapunkul, S. (2009). Health and Health Care System for Older Persons. *Ageing International, 33*(1-4), 28-49. doi: 10.1007/s12126-009-9028-5

Kellett, K. (2008). ADULT DEVELOPMENT AND AGING (3rd ed.) Editors: Diane E. Papalia, Harvey L. Sterns, Ruth Duskin Feldman, & Cameron J. Camp. *Educational Gerontology, 34*(10), 940-941. doi: 10.1080/03601270802346839

Knodel, J. E., & Chayowan, N. (2008). *POPULATION AGEING AND THE WELL-BEING OF OLDER PERSONS IN THAILAND: Past trends, current situation and future challenges*. Bangkok: UNFPA Thailand and Asia and the Pacific Regional Office.

Knodel, J. E., Teerawichitchainan, B., Prachuabmoh, V., & Pothisiri, W. (2015). *The Situation of Thailand's Older Population: An Update based on the 2014 Survey of Older Persons in Thailand*. Bankok.

Manjit Kaur, & Sarah Hall. (2001). Medical supplies and equipment for primary health care A practical resource for procurement and management. *ECHO International*.

McCall, N. (2001). Long Term Care: Definition,Demand,Cost,and Financing. *The McCall Centre*(defining long term care).

Mirel, L. B., & Carper, K. (2001). Trends in Health Care Expenditures for the Elderly, Age 65 and Older: 2001, 2006, and 2011 *Statistical Brief (Medical Expenditure Panel Survey (US))*. Rockville (MD).

Mitchell, L. E., Lin, J. C., Bowling, D. R., Pataki, D. E., Strong, C., Schauer, A. J., . . . Ehleringer, J. R. (2018). Long-term urban carbon dioxide observations reveal spatial and temporal dynamics related to urban characteristics and growth. *Proc Natl Acad Sci U S A*. doi: 10.1073/pnas.1702393115

Murphy, P. B., & Douiri, A. (2018). Patients, caregivers and health system costs of home ventilation. *Thorax*. doi: 10.1136/thoraxjnl-2018-211659

National Economic and Social Development Board Office of the Prime Minister. (2012). *THE ELEVENTH NATIONAL ECONOMIC AND SOCIAL DEVELOPMENT PLAN (2012 - 2016)*. Bangkok, Thailand: National Economic and Social Development Board Office of the Prime Minister.

National Health Security Office. (2016). Long Term Care (Vol. 1). Bangkok.

Netiya Jametim, Sineeporn Yuenyong, & Purin Srisadsaluk. (2015). Effects of Preparation to Care for Elderly Program at Sanamchai Subdistrict Mung District Suphanbuti province. *Nursing Journal of The Ministry of Public Health, 25(3)*, 108-119.

Neysmith, S. M., Baines, C. T., & Evans, P. M. (1992). Confronting Women's Caring: Challenges for Practice and Policy. *Affilia, 7*(1).

OECD. (2007). Long-term Care. Retrieved from http://www.oecd.org/els/health-systems/long-term-care.htm

Office of the National Economic and Social Development Board. (2008). *pupulation trens inThailand*. Bankok Thailand.

Oommen, A. (2013). 6. Gutta S, Joseph A, Chakraborty A, Alexander AM. Study on the knowledge, attitudes and practices regarding prevention of recurrent falls in the elderly. IOSR Journal of Dental and Medical Sciences Jul-Aug 2013;9(13):32-38.

Papalia, D. E., Sterns, H. L., Feldman, R. D., & Camp, C. J. (2002). ADULT DEVELOPMENT AND AGING. *Educational Gerontology, 3rd*.

Parker D, Mills S, & Abbey J. (2008). Effectiveness of interventions that assist caregivers to support people with dementia living in the community: a systematic review. *Int J Evid Based Healthc*.

Pratt, J. R., MHA, & LFACHE, F. (2010). Long-Term Care Managing Across the Continuum. *Jones and Bartlett Publishers, Third Edition*(Long-Term Care Reimbursement), 267.

Sasat, S., Choowattanapakorn, T., Pukdeeprom, T., & Lertrat, P., & Aroonsang, P. (2014). Long-Term Care Institutions in Thailand. *Journal of Health Research,, 27*(6), 413-418.

Sherrell, K. E. (2001). A memo to geropsychiatric nurses: let's act out! *J Gerontol Nurs, 27*(12), 5-6.

Shinde, M., Desai, A., & Pawar, S. (2014). Knowledge, Attitudes and Practices among Caregivers of Patients with Schizophrenia in Western Maharashtra (Vol. 3).

Siraphongam, Y. (1996). caregivers for chronic disease in elderly *Ramathibodi Nursing Journal, 9*(2), 156-162.

Siripanich, B. (2013). *SITUATION OF THE THAI ELDERLY 2013*. Bankok Thailand: Foundation of Thai Gerontology Research and Development institute.

Stone, R. I. (2000). Long- Term care for the Elderly with Disabilities : Cerrent Policy,Emerging Trende and Implications for the Twenty-First Century. http://www.milbank.org/uploads/documents/0008stone/LongTermCare_Mech5.pdf

Strategy and Planning Division. (2015). *health problem in elderly*. Nonthaburi: Office of the Permanent Secretary Ministry of Public Health.

Tangiisuran, B., Tye, S. C., Leow, M. Y., & Awang, R. (2018). Comparison of nurses and general caregivers' knowledge, attitude, and practice on medication administration process and their distress level in long-term care facilities across

Penang, Kuala Lumpur, and Selangor of Malaysia. *Aging Clin Exp Res*, *30*(2), 183-191. doi: 10.1007/s40520-017-0772-1

Tappen, R. M., Roach, K. E., Applegate, E. B., & Stowell, P. (2000). Effect of a Combined Walking and Conversation Intervention on Functional Mobility of Nursing Home Residents With Alzheimer Disease. *Alzheimer Dis Assoc Disord*, *14(4)*, 196–201.

The Foundation For Older Persons' Development. (2016). *Voice of Older People*. Chiang Mai, Thailand: The Foundation For Older Persons' Development.

The National Committee on the Elderly. (2002-2021). *The 2 nd National Plan on The Elderly* (Vol. 1 st Revised of 2009). Bankok: The ministry of Social Development and Human Security Thailand.

Thidsanu Seangchan. (2013). Factors associated with knowledge of caregivers among elderly Thais. (Master Degree Of Art Program in Demography), Chulalongkorn University.

United Nations. (2015). *World Population Ageing*. New York: Department of Economic and Social Affairs Population Division.

World Health Organization. (2002). LONG-TERM CARE IN DEVELOPING COUNTRIES TEN CASE-STUDIES. WHO Library Cataloguing-in-Publication Data(collection on long-term care).

World Health Organization. (2017). *Towards long-term care systems in sub-Saharan Africa*. Geneva, Switzerland: WHO Document Production Services.

Yakubu, Y. A., & Schutte, D. W. (2018). Caregiver attributes and socio-demographic determinants of caregiving burden in selected low-income communities in cape town, South Africa. *Journal of Compassionate Health Care*, *5*(1). doi: 10.1186/s40639-018-0046-6.

Yodpet, S. (2006). Home-Based Long-Term Care for Older Person *Thailand Research Fund, 1ed*.

REFERENCES

Appendix

บันทึกข้อความ

ส่วนงาน คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 โทร.0-2218-3202
ที่ จว 399/2561 **วันที่** 16 มีนาคม 2561
เรื่อง แจ้งผลผ่านการพิจารณาจริยธรรมการวิจัย

เรียน คณบดีวิทยาลัยวิทยาศาสตร์สาธารณสุข

สิ่งที่ส่งมาด้วย เอกสารแจ้งผ่านการรับรองผลการพิจารณา

ตามที่นิสิต/บุคลากรในสังกัดของท่านได้เสนอโครงการวิจัยเพื่อขอรับการพิจารณาจริยธรรมการวิจัย จากคณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย นั้น ในการนี้ กรรมการผู้ทบทวนหลักได้เห็นสมควรให้ผ่านการพิจารณาจริยธรรมการวิจัยได้ ดังนี้

โครงการวิจัยที่ 008.1/61 เรื่อง ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชนในจังหวัดศรีสะเกษ ประเทศไทย (KNOWLEDGE, ATTITUDE, AND PRACTICE (KAP) OF LONG-TERM CARE SERVICES FOR THE ELDERLY AMONG TRAINED CAREGIVERS IN SISAKET PROVINCE THAILAND) **ของ นางสาวกมลทิพย์ ดวงจันทร์** โดยมีข้อสังเกต ดังนี้

ควรอ้างอิงที่มาของค่าที่ยอมรับได้ในการทดสอบคุณภาพเครื่องมือ

จึงเรียนมาเพื่อโปรดทราบ

(ผู้ช่วยศาสตราจารย์ ดร.นันทรี ชัยชนะวงศาโรจน์)
กรรมการและเลขานุการ
คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน
กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย

เรียน ท่านรองฯ (รศ.ดร.รัตนา)
เพื่อโปรดทราบและพิจารณา
สำเนา-ผอ.ฝ่ายวิชาการ

20 มีนาคม 2561 เวลา 08:46

20/3/61

คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย
254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330
โทรศัพท์/โทรสาร: 0-2218-3202 E-mail: eccu@chula.ac.th

AF 01-12

COA No. 063/2561

ใบรับรองโครงการวิจัย

โครงการวิจัยที่ 008.1/61 : ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชนในจังหวัดศรีสะเกษ ประเทศไทย

ผู้วิจัยหลัก : นางสาวกมลทิพย์ ดวงจันทร์

หน่วยงาน : วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย ได้พิจารณา โดยใช้หลัก ของ The International Conference on Harmonization – Good Clinical Practice (ICH-GCP) อนุมัติให้ดำเนินการศึกษาวิจัยเรื่องดังกล่าวได้

ลงนาม.....
(รองศาสตราจารย์ นายแพทย์ปรีดา ทัศนประดิษฐ)
ประธาน

ลงนาม.....
(ผู้ช่วยศาสตราจารย์ ดร.นันทรี ชัยชนะวงศาโรจน์)
กรรมการและเลขานุการ

วันที่รับรอง : 15 มีนาคม 2561

วันหมดอายุ : 14 มีนาคม 2562

เอกสารที่คณะกรรมการรับรอง

1) โครงการวิจัย
2) ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัยและใบยินยอมของกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย
3) ผู้วิจัย
4) แบบสอบถาม

เลขที่โครงการวิจัย 008.1/61
วันที่รับรอง 15 มี.ค. 2561
วันหมดอายุ 14 มี.ค. 2562

เงื่อนไข

1. ข้าพเจ้ารับทราบว่าเป็นการผิดจริยธรรม หากดำเนินการเก็บข้อมูลการวิจัยก่อนได้รับการอนุมัติจากคณะกรรมการพิจารณาจริยธรรมการวิจัยฯ
2. หากใบรับรองโครงการวิจัยหมดอายุ การดำเนินการวิจัยต้องยุติ เมื่อต้องการต่ออายุต้องขออนุมัติใหม่ล่วงหน้าไม่ต่ำกว่า 1 เดือน พร้อมส่งรายงานความก้าวหน้าการวิจัย
3. ต้องดำเนินการวิจัยตามที่ระบุไว้ในโครงการวิจัยอย่างเคร่งครัด
4. ใช้เอกสารข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย ใบยินยอมของกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย และเอกสารเชิญเข้าร่วมวิจัย (ถ้ามี) **เฉพาะที่ประทับตราคณะกรรมการเท่านั้น**
5. หากเกิดเหตุการณ์ไม่พึงประสงค์ร้ายแรงในสถานที่เก็บข้อมูลที่ขออนุมัติจากคณะกรรมการ ต้องรายงานคณะกรรมการภายใน 5 วันทำการ
6. หากมีการเปลี่ยนแปลงการดำเนินการวิจัย ให้ส่งคณะกรรมการพิจารณารับรองก่อนดำเนินการ
7. โครงการวิจัยไม่เกิน 1 ปี ส่งแบบรายงานสิ้นสุดโครงการวิจัย (AF 03-12) และบทคัดย่อผลการวิจัยภายใน 30 วัน เมื่อโครงการวิจัยเสร็จสิ้น สำหรับโครงการวิจัยที่เป็นวิทยานิพนธ์ให้ส่งบทคัดย่อผลการวิจัย ภายใน 30 วัน เมื่อโครงการวิจัยเสร็จสิ้น

ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ชื่อโครงการวิจัย(ไทย) **ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชน ในจังหวัดศรีสะเกษ ประเทศไทย**

ชื่อโครงการวิจัย(อังกฤษ **Knowledge Attitude and Practice (KAP) of Long-term Care Services for the Elderly among Trained Caregivers in Sisaket Province Thailand**

2. ชื่อผู้วิจัยหลัก นางสาวกมลทิพย์ ดวงจันทร์ ตำแหน่ง นิสิตปริญญาโท
สถานที่ติดต่อผู้วิจัย (ที่ทำงาน) กลุ่มงานยุทธศาสตร์
กองบริหารการสาธารณสุข
สำนักงานปลัดกระทรวงสาธารณสุข
ตำบลตลาดขวัญ อ.เมือง จ.นนทบุรี 11000
(ที่บ้าน) 116/193 บ้านแสนสบาย ต.บางเขน
อ.เมือง จ.นนทบุรี 11000
โทรศัพท์มือถือ 0933296016 E-mail : nongluck8e88@hotmail.com

3. ชื่ออาจารย์ที่ปรึกษา มนทกานติ์ เชื่อมชิต ตำแหน่ง ดอกเตอร์
สถานที่ติดต่อผู้วิจัยร่วม(ที่ทำงาน) วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย อาคาร สถาบัน 3 ชั้น10 ถ.พญาไท ปทุมวัน กรุงเทพมหานคร 10300
โทรศัพท์ (ที่ทำงาน) 02-218-8198
E-mail : montakarn.ch@chula.ac.th

4.ทีมวิจัยขอเรียนเชิญท่านเข้าร่วมในการวิจัยแต่ก่อนที่ท่านจะตัดสินใจเข้าร่วมในการวิจัยทางผู้วิจัยขอความกรุณาให้ท่านรับรู้และทำความเข้าใจว่างานวิจัยชิ้นนี้ถูกจัดขึ้นเพราะเหตุใดและ เกี่ยวข้องกับอะไรบ้างอะไร กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้อย่างละเอียดรอบคอบ และสอบถามข้อมูลเพิ่มเติมหรือ ข้อมูลที่ไม่ชัดเจนเพื่อความกระจ่างชัดได้ตลอดเวลา

5.โครงการนี้เกี่ยวข้องกับการศึกษาถึงความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชน ที่ผ่านการอบรมนักบริบาลชุมชนและดำเนินการอยู่ในพื้นที่ในจังหวัดศรีสะเกษ โดยจะมีการเก็บข้อมูลโดยการสัมภาษณ์โดยใช้แบบสอบถามการประเมินความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุ

เอกสารรับรองโครงการวิจัย 008.1/61
วันที่รับรอง 15 มี.ค. 2561
วันหมดอายุ 14 มี.ค. 2562

AF 04-07

6.รายละเอียดของกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย โครงการนี้ศึกษาความรู้ ทัศคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชมชน

: โดยมีเกณฑ์ในการคัดเข้าดังนี้

- เป็นนักบริบาลชุมชนที่อาศัยอยู่ในพื้นที่จังหวัดศรีสะเกษทั้ง 22 อำเภอ
- ผ่านการอบรมหลักสูตรการดูแลผู้สูงอายุระยะยาว
- เต็มใจที่จะเข้าร่วมในการศึกษาครั้งนี้

: สำหรับเกณฑ์ในการคัดออก

- นักบริบาลชุมชนที่อยู่ในพื้นที่จังหวัดศรีสะเกษน้อยกว่า 6 เดือน

: จำนวนผู้เข้าร่วมการวิจัยทั้งโครงการจะมี 209 คน จากการคำนวณกลุ่มตัวอย่างแบบ Taro-Yamane จากประชากรทั้งหมด 351 คน ได้กลุ่มตัวอย่างจำนวน 190 คน เพื่อป้องกันการสูญหายของแบบสอบถามหรือความไม่สมบูรณ์ในการเก็บข้อมูล ผู้วิจัยได้เพิ่มตัวอย่างจำนวน 10% รวมเป็น 209 คน

: คณะผู้วิจัยจะเดินทางไปสัมภาษณ์นักบริบาลผู้สูงอายุในชุมชนทั้งเพศชายและเพศหญิง โดยใช้แบบสอบถามที่ได้สร้างขึ้น โดยเลือกกลุ่มตัวอย่างแบบสุ่มอย่างง่าย (simple random) จากจำนวนของนักบริบาลชุมชนแต่ละอำเภอที่มาทำการร่วมรับประเมินการจัดอันดับสถานบริการ (ranking) ทางคณะวิจัยจะทำการอธิบายเกี่ยวกับเนื้อหาและข้อมูลของโครงการวิจัยโดยละเอียด เพื่อถามถึงความยินยอมในการตอบแบบสอบถาม

7. ผู้วิจัยเป็นผู้ติดต่อประสานงานกับเจ้าหน้าที่ผู้รับผิดชอบงานผู้สูงอายุของแต่ละอำเภอ ในการดำเนินการเก็บข้อมูลนั้น คณะผู้วิจัยจะเป็นผู้เก็บข้อมูล และ ทำการสัมภาษณ์ผู้ดูแลผู้สูงอายุ แบบสอบถามประกอบด้วย 4 ส่วน ประกอบไปด้วย 1)ข้อมูลทั่วไป จำนวน 8 ข้อ 2)ความรู้เรื่องการดูแลผู้สูงอายุ จำนวน 13 ข้อ 3)ทัศนคติในการดูแลผู้สูงอ่ายุระยะยาว จำนวน 10 ข้อ 4) การปฏิบัติต่อการดูแลผู้สูงอายุระยะยาว จำนวน 7 ข้อ จากการตอบด้วยตนเองในรายที่สามารถอ่านออกเขียนได้ ส่วนรายที่มีปัญหาหรือต้องการให้ทีมวิจัยช่วยเหลือจะเป็นการสัมภาษณ์ โดยจะใช้เวลาในการสัมภาษณ์ทั้งหมดประมาณ 30-50 นาที และจะทำการสัมภาษณ์หรือตอบแบบสอบถามเพียงครั้งเดียว ซึ่งจะดำเนินการที่สำนักงานสาธารณสุขอำเภอ หรือ โรงพยาบาลส่งเสริมสุขภาพตำบลที่ได้รับการประเมินการจัดอันดับสถานบริการในแต่ละอำเภอ

8.ผู้วิจัยจะไม่มีการเปิดเผยข้อมูลส่วนตัว และ เมื่อเสร็จสิ้นการวิจัยแล้วข้อมูลที่เกี่ยวข้องกับผู้มีส่วนร่วมในการวิจัยทั้งหมดจะถูกทำลายทิ้ง และ การนำเสนอข้อมูลนั้นจะเสนอเป็นภาพรวมโดยไม่มีข้อมูลใดๆที่สามารถระบุและโยงไปถึงตัวบุคคลแต่ละบุคคลได้ ซึ่งการศึกษาครั้งนี้มีความเสี่ยงที่คาดว่าจะเกิดขึ้นน้อยมาก

AF 04-07

9.ในกรณีที่ผู้มีส่วนร่วมในการวิจัย รู้สึกหรือไม่สะดวกใจที่จะตอบข้อคำถาม หรือความไม่สะดวกต่างๆ เช่น การเดินทาง การเสียเวลาทำงาน หรืออื่นๆ ผู้มีส่วนร่วมในการวิจัยสามารถบอกเลิกการทำแบบสอบถามได้ทันทีโดยไม่มีภาระผูกพันแต่อย่างใด

10.ประโยชน์จากผลการวิจัยต่อผู้เข้าร่วมวิจัยคือ ผู้เข้าร่วมจะได้ทราบถึงระดับความรู้ ทัศนคติและการปฏิบัติต่อผู้สูงอายุในชุมชนในภาพรวมทั้งจังหวัดศรีสะเกษในการให้บริการดูแลผู้สูงอายุระยะยาวและเพื่อประกอบการพัฒนานโยบายเพื่อผู้สูงอายุต่อไปในอนาคต ซึ่งได้รับการแจ้งจากผู้รับผิดชอบงานผู้สูงอายุระดับจังหวัดในการประชุมดำเนินงานการดูแลผู้สูงาอายุระยะยาว ร่วมกับเจ้าหน้าที่สาธารณสุขในระดับอำเภอและตำบล จากนั้น เจ้าหน้าที่จะแจ้งในการจัดประชุมนักบริบาลชุมชนระดับอำเภอหรือตำบลและการทำหนังสือถึงผลการศึกษาในการตรวจประเมินจัดอันดับสถานบริการในครั้งต่อไป

11. หากท่านไม่ได้รับการปฏิบัติตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพมหานคร 10330 โทรศัพท์/โทรสาร 0-2218-3202 E-mail: eccu@chula.ac.th"

เลขที่โครงการวิจัย 008.1/61

วันที่รับรอง 15 มี.ค. 2561

วันหมดอายุ 14 มี.ค. 2562

AF05

หนังสือแสดงความยินยอมเข้าร่วมการวิจัย

ทำที่.....

วันที่.....เดือน.....พ.ศ. .....

เลขที่ ประชากรตัวอย่างหรือผู้มีส่วนร่วมในการวิจัย.....

ข้าพเจ้า ซึ่งได้ลงนามท้ายหนังสือนี้ ขอแสดงความยินยอมเข้าร่วมโครงการวิจัย

ชื่อโครงการวิจัย **ความรู้ ทัศนคติ และการปฏิบัติต่อการดูแลผู้สูงอายุระยะยาวของนักบริบาลชุมชน ในจังหวัดศรีสะเกษ ประเทศไทย**

ชื่อผู้วิจัย **นางสาวกมลทิพย์ ดวงจันทร์** ตำแหน่ง นิสิตปริญญาโท

ที่อยู่ที่ติดต่อ **วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย อาคารสถาบัน 3 ชั้น 10 ถ.พญาไท ปทุมวัน กรุงเทพมหานคร 10330** โทรศัพท์ **093-3296016**

ข้าพเจ้า **ได้รับทราบ**รายละเอียดเกี่ยวกับที่มาและวัตถุประสงค์ในการทำวิจัย รายละเอียดขั้นตอนต่างๆ ที่จะต้องปฏิบัติหรือได้รับการปฏิบัติ ความเสี่ยง/อันตราย และประโยชน์ซึ่งจะเกิดขึ้นจากการวิจัยเรื่องนี้ โดยได้อ่านรายละเอียดในเอกสารชี้แจงผู้เข้าร่วมการวิจัยโดยตลอด และ**ได้รับคำอธิบาย**จากผู้วิจัย **จนเข้าใจ**เป็นอย่างดีแล้ว

ข้าพเจ้า**จึงสมัครใจ**เข้าร่วมในโครงการวิจัยนี้ ตามที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย โดยข้าพเจ้ายินยอม ตอบแบบสอบถามหรือให้สัมภาษณ์ *ประกอบด้วย 4 ส่วน ประกอบไปด้วย 1)ข้อมูลทั่วไป จำนวน 8 ข้อ 2)ความรู้เรื่องการดูแลผู้สูงอายุ จำนวน 13 ข้อ 3)ทัศนคติในการดูแลผู้สูงอายุระยะยาว จำนวน 10 ข้อ 4) การปฏิบัติต่อการดูแลผู้สูงอายุระยะยาว จำนวน 7 ข้อ จากการตอบด้วยตนเองในรายที่สามารถอ่านออกเขียนได้ ส่วนรายที่มีปัญหา หรือต้องการให้ทีมวิจัยช่วยเหลือจะเป็นการสัมภาษณ์* เป็นเวลานาน 30-50 นาที จำนวน 1 ครั้ง

ข้าพเจ้ามี**สิทธิถอนตัว**ออกจากการวิจัยเมื่อใดก็ได้ตามความประสงค์ **โดยไม่ต้องแจ้งเหตุผล** ซึ่งการถอนตัวออกจากการวิจัยนั้น จะไม่มีผลกระทบในทางใดๆ ต่อข้าพเจ้าทั้งสิ้น

ข้าพเจ้าได้รับคำรับรองว่า ผู้วิจัยจะปฏิบัติต่อข้าพเจ้าตามข้อมูลที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และข้อมูลใดๆ ที่เกี่ยวข้องกับข้าพเจ้า ผู้วิจัยจะเก็บรักษา**เป็นความลับ** โดยจะนำเสนอข้อมูลการวิจัยเป็นภาพรวมเท่านั้น ไม่มีข้อมูลใดในการรายงานที่จะนำไปสู่การระบุตัวข้าพเจ้า

หากข้าพเจ้าไม่ได้รับการปฏิบัติตรงตามที่ได้ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย ข้าพเจ้าสามารถร้องเรียนได้ที่คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์/โทรสาร 0-2218-3202

E-mail: eccu@chula.ac.th

ข้าพเจ้าได้ลงลายมือชื่อไว้เป็นสำคัญต่อหน้าพยาน ทั้งนี้ข้าพเจ้าได้รับสำเนาเอกสารชี้แจงผู้เข้าร่วมการวิจัย และสำเนาหนังสือแสดงความยินยอมไว้แล้ว

ลงชื่อ.....
(นางสาวกมลทิพย์ ดวงจันทร์)
ผู้วิจัยหลัก

ลงชื่อ.....
(.....)
ผู้มีส่วนร่วมในการวิจัย

เลขที่โครงการวิจัย 008.1/61
วันที่รับรอง 15 มี.ค. 2561
วันหมดอายุ 14 มี.ค. 2562

ลงชื่อ.....
(.....)
พยาน

1/1
V.2.4/2558

แบบสอบถาม

นักบริบาลชุมชนในการดูแลผู้สูงอายุระยะยาว

☐☐☐☐

คะแนนที่ได้

ส่วนที่ 1 ข้อมูลทั่วไป

1. เพศ ☐ ชาย ☐ หญิง
2. อายุ.....ปี

   รพสต./อำเภอ/จังหวัด ที่ท่านปฏิบัติงาน.....
3. ระดับการศึกษาสูงสุดที่เรียนจบ

   (.....) ไม่ได้ศึกษา (.....) ประถมศึกษา (....) มัธยมศึกษาตอนต้น

   (.....) มัธยมศึกษาตอนปลาย (.....) อนุปริญญา (....) ปริญญาตรี

   (.....) สูงกว่าปริญญาตรี
4. สถานภาพสมรส (ให้ระบุสถานภาพสมรสทางพฤตินัย ไม่อิงตามการจดทะเบียนหรือไม่อิงตามกฎหมาย)

   (.....) โสด (....) สมรสและยังอยู่ด้วยกัน (.....) หม้าย

   (.....) หย่าร้าง (....) แยกกันอยู่
5. อาชีพในปัจจุบันของท่าน

   (....) ไม่ได้ประกอบอาชีพ (....) แม่บ้าน (ดูแลบ้านตนเองไม่ได้รับเงินเดือน)

   (.....)เกษตรกรรม (....) ค้าขาย

   (....) ธุรกิจส่วนตัว (.....)รับจ้างทั่วไป

   (....) ข้าราชการ/ข้าราชการบำนาญ (....) อื่นๆ โปรดระบุ.....
6. รายได้ต่อเดือนของท่าน

   ☐ ต่ำกว่า 10,000 บาท ☐ 10,001-15,000 บาท

   ☐ 15,001- 20,000 บาท ☐ 20,001-25,000 บาท

   ☐ 25,001-30,000 บาท ☐ มากกว่า 30,001 บาท
7. มีประสบการณ์ในการดูแลผู้สูงอายุหรือไม่ (มีประสบการณ์ดูแล เรื่อง การทำกิจวัตรประจำวัน เช่น การทำอาหาร/การรับประทานอาหาร การทำความสะอาดร่างกาย การรับประทานยาฯลฯ ทั้งในเวลาปกติหรือเจ็บป่วย)

   ☐ ไม่มีประสบการณ์ (ถ้าไม่มีข้ามไปตอบข้อ8) ☐ มีประสบการณ์ระยะเวลา.....ปี (ตอบต่อข้อ7.1และ7.2)

   7.1 ผู้สูงอายุที่ท่านเคยดูแลตามข้อ 7 มีโรคประจำตัวหรือไม่

   ☐ ไม่มีโรคประจำตัว ☐ มีโรคประจำตัว โปรดระบุ.....

   7.2 ความสัมพันธ์กับผู้สูงอายุที่ท่านมีประสบการณ์ดูแล (เช่น เป็นพ่อ/ แม่ / ปู่/ย่า/ตา/ยาย/ หรือผู้สูงอายุในชุมชน) โปรดระบุ.....
8. จำนวนผู้สูงอายุที่ท่านดูแล มีจำนวน ทั้งหมด ..... คน

   ประเภทผู้สูงอายุที่ท่านดูแล

   ติดบ้าน ..... คน ☐ ญาติ ☐ ไม่ใช่ญาติ

   ติดสังคม..... คน ☐ ญาติ ☐ ไม่ใช่ญาติ

   ติดเตียง .....คน ☐ ญาติ ☐ ไม่ใช่ญาติ

9.ท่านได้รับค่าตอบแทนในการดูแลผู้สูงอายุที่ผ่านมาหรือไม่

☐ ไม่ได้รับ ☐ ได้รับ โปรดระบุ จำนวนเงิน...../ เดือน

ส่วนที่ 2. แบบประเมินความรู้ในการดูแลผู้สูงอายุ

โปรดใส่เครื่องหมาย X ในตารางให้ตรงกับข้อคำถาม ดังต่อไปนี้

ข้อที่	รายการ	ใช่	ไม่ใช่
1	ผู้สูงอายุกลุ่มติดบ้านมีค่าคะแนนการประเมิน ADL มากกว่า 12 คะแนน		
2	โรคอัลไซเมอร์เป็นโรคในกลุ่มสมองเสื่อม ซึ่งส่งผลเกี่ยวกับความจำ ความคิด เชาว์ปัญญา การใช้เหตุผล และการแก้ไขปัญหา		
3	การประเมินภาวะวิกฤติ ในผู้ป่วยสูงอายุประเมินได้จาก ข้อมูลของผู้สูงอายุ การสังเกตด้านการติดต่อสื่อสาร เช่นการมองเห็น การได้ยิน การรับรู้สัมผัส และการประเมินการหายใจ		
4	อาการเจ็บแน่นหน้าอก โดยเจ็บตื้อๆ แน่นๆ หรือหนักๆ เจ็บที่กลางอกหรือทางซ้ายบริเวณหัวใจ เป็นอาการของโรคหลอดเลือดหัวใจตีบ ต้องรีบส่งพบแพทย์		
5	การดูแลผู้สูงอายุที่ให้อาหารทางสายยางควรระมัดระวังไม่ให้สายยางหรือท่อให้อาหารหลุด จำเป็นต้องทดสอบทุกครั้งก่อนให้อาหารควรให้ผู้สูงอายุอยู่ในท่านั่ง หรือศีรษะสูงให้อาหารอย่างช้าๆ และคอยสังเกตอาการอย่างใกล้ชิด		
6	หลักการให้ยาที่นิยมกันเป็นสากล คือ 5 ถูก ได้แก่ 1.ให้ถูกกับคน 2.ให้ถูกชนิดของยา 3. ให้ถูกขนาดยา 4. ให้ถูกทาง เช่นทางปาก ทางผิวหนัง และ 5. ให้ถูกเวลาเช่น ก่อนหรือหลังอาหาร		
7	ผู้สูงอายุควรออกกำลังกายสม่ำเสมอสัปดาห์ละ 3 วันขึ้นไป ครั้งละ 30 นาทีจะทำให้สุขภาพดีทั้งร่างกายและจิตใจ		
8	การดูแลผู้สูงอายุนานๆทำให้ผู้ดูแลมีความเครียดสะสมได้ง่ายวิธีที่ดีที่สุดคือระบายกับผู้สูงอายุเพราะเป็นผู้ที่ใกล้ชิดผู้ดูแลมากที่สุด		
9	ห้องน้ำไม่ควรอยู่ห่างจากห้องนอนผู้สูงอายุเกิน 9 ฟุต เพราะผู้สูงอายุที่มีอายุมากๆมีปัญหาการกลั้นปัสสาวะไม่อยู่ ภายในห้องน้ำควรมีราวยึดเกาะ ปูด้วยวัสดุพื้นหยาบหรือแผ่นกันลื่น		
10	เงินเบี้ยยังชีพสำหรับผู้สูงอายุ 60-69 ปี เป็นรายเดือนสำหรับผู้สูงอายุเดือนละ 600 บาท		
11	กระเทียมมีคุณสมบัติฆ่าเชื้อแบคทีเรีย ทำความสะอาดเลือดและระบบลำไส้ ทำให้เส้นเลือดมีความยืดหยุ่นและลดแรงดันโลหิต		
12	ผู้สูงอายุชอบเดินทางไปเที่ยวไกลๆเมื่อมีเวลาว่าง		
13	บทบาทและหน้าที่ของผู้ดูแลผู้สูงอายุ คือผู้ที่ให้การดูแล ช่วยเหลือประคับประคอง ให้การสนับสนุน และเป็นผู้ประสานงานเชื่อมโยงในการดูแลผู้สูงอายุเพื่อให้ผู้สูงอายุมีคุณภาพชีวิตที่ดีตามศักยภาพและบริบทของผู้สูงอายุแต่ละคน		

<u>ส่วนที่ 3 แบบสอบถามด้านทัศนคติในการดูแลผู้สูงอายุ</u>

คำแนะนำ: ท่านมีความคิดเห็นต่อข้อความนี้อย่างไร กรุณาตอบแบบสอบถาม โดยเลือกคำตอบตามลำดับความสำคัญที่ตรงกับความเห็นของท่าน (ทำเครื่องหมาย X)

รายการ	ความคิดเห็น				
	เห็นด้วยอย่างยิ่ง 5	เห็นด้วย 4	ไม่แน่ใจ 3	ไม่เห็นด้วย 2	ไม่เห็นด้วยอย่างยิ่ง 1
1.ผู้สูงอายุเป็นผู้มีคุณค่า เป็นปูชนียบุคคลทางสังคม					
2.การอบรมหลักสูตรดูแลผู้สูงอายุมีประโยชน์ต่อตัวเองและครอบครัว					
3.การดูแลผู้สูงอายุเป็นสิ่งที่น่าเบื่อหน่าย					
4.ผู้สูงอายุส่วนใหญ่จู้จี้ขี้บ่น น่ารำคาญ ยากแก่การดูแล					
5.การดูแลผู้สูงอายุเป็นอาชีพที่ดี มีเกียรติ มีรายได้					
6.การอบรมหลักสูตรผู้ดูแลผู้สูงอายุทำให้มีเพื่อนมีสังคม					
7.ผู้สูงอายุมีความเสื่อมถอยทั้งร่างกายและจิตใจจำเป็นต้องให้ความรักความใส่ใจในการดูแล					
8.ผู้สูงอายุที่ถ่าย ปัสสาวะอุจจาระเรี่ยราดต้องลงโทษว่ากล่าวเพราะเป็นสิ่งที่ไม่ดี					
9.ผู้สูงอายุชอบหลงลืม การอาบน้ำทำความสะอาดไม่จำเป็นต้องทำทุกวันก็ได้					
10.การโอบกอดหรือการสัมผัสผู้สูงอายุเพื่อถ่ายทอดความรู้สึกที่ดี เป็นสิ่งสำคัญ					

<u>ส่วนที่ 4 แบบสอบถามด้านการปฏิบัติตัวในการดูแลผู้สูงอายุ</u>

คำแนะนำ: ท่านมีความคิดเห็นต่อข้อความนี้อย่างไร กรุณาตอบแบบสอบถาม โดยเลือกคำตอบตามลำดับความสำคัญที่ตรงกับความเห็นของท่าน (ทำเครื่องหมาย X)

ข้อที่	รายการ	เป็นประจำ	บางครั้ง	ไม่เคย
1	ท่านจัดเตรียมอุปกรณ์ปฐมพยาบาลขณะดูแลผู้สูงอายุทุกครั้งที่ออกปฏิบัติงาน			
2	ท่านสำรวจแปรงสีฟันผู้สูงอายุและแนะนำให้ผู้สูงอายุแปรงฟันอย่างน้อยวันละ 2 ครั้ง			
3	ท่านได้ให้คำแนะนำท่าในการออกกำลังกายอย่างเหมาะสม เช่น การแกว่งแขน การยืดตัว			
4	ท่านชักชวนให้ผู้สูงอายุร้องเพลงพื้นบ้าน ต่อกลอน เข้าวัดฟังธรรม			
5	ท่านดูแลบริเวณบ้านของผู้สูงอายุ ไม่ให้มีขยะมูลฝอย กลิ่นรบกวน และเป็นแหล่งเพาะพันธ์โรค			
6	ในกรณีที่ผู้สูงอายุเบื่ออาหาร ท่านได้แนะนำการกินกล้วยน้ำหว้ากล้วยน้ำว้าเพื่อบำรุงและสร้างความแข็งแรงแก่กระเพาะอาหาร ป้องกันท้องผูก ทำให้ระบบขับถ่ายเป็นปกติ			
7	ท่านวัดความดันโลหิตของผู้สูงอายุ 1-2 ครั้งต่อสัปดาห์			

ขอขอบพระคุณทุกท่านในการตอบแบบสอบถาม..

Questionnaire

Total Score

Part 1. Socio-demographic information

1. **Gender** ☐ Male ☐ Female
2. **Current aged**
   Primary care in yours implement setting on ……
3. Education Level
   - ☐ ≤ Secondary School
   - ☐ High School
   - ☐ Higher Education
4. Marital status
   - ☐ Single
   - ☐ Married
   - ☐ Widowed /Divorced/ Separated
5. Occupational
   - ☐ Do not work
   - ☐ Agriculture
   - ☐ Business owner
   - ☐ Employee
6. Monthly household income
   - ☐ ≤ 10,000 Baht
   - ☐ ≥ 10,001 Baht
7. Elderly experience
   ☐ No experience ☐ has been experience in …… years

   7.1 health problem elderly in your responsibility

   ☐ No ☐ Yes (Please fill disease)……..

   7.2 elderly relationships

   ☐ Relatives ☐ Non relatives
8. Number of total in reasonability …….. people
   Including Relative

Home bound	……	☐ Yes	☐ No
Social bound	……	☐ Yes	☐ No
Bed bound	……	☐ Yes	☐ No

Part 2 . Knowledge of Long term care

Items	Yes	No
home bound elder has ADL score more than 12 score		
Alzheimer is a disease in the dementia. This results in memory, thinking, intelligence, reasoning, and problem solving.		
Crisis Assessment In elderly patients consist of elderly Information, Communication Observation Such as vision, hearing, perception, touch, and breathing assessment.		
Chest pain with tight or heavy pain in the middle or left at the chest is symptoms of coronary heart disease		
Elderly care who enteral feeding in house should be careful feeding tube fall off. It is necessary to test every time before feeding sit in the sitting position or head high to feed slowly.		
The principle of universal medicine consumption		
Elderly should exercise regularly 3 times a week at least 30 minutes for a day to keep the body and mind healthy		
Taking care of the elderly for a long time may produce stress, the best way to relief is pass through all emotions to the elderly		
The toilet should not be away from the bedroom over 9 feet, because older people have problems urinating not exist and should have a stick covered rough or slippery material.		
Allowance for 60-69 year old is 600 baht per month		
Garlic has antibacterial properties there was cleanse the blood and intestines. The blood vessels are flexible and reduced pressure.		
Elderly people like to travel for a long distances when available.		
The role and duty of the caregiver is who support care of the elderly to have a good quality of life according to the potential and context of the elderly.		

Part 3 Attitude of Long term care

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The elderly are valuable that social precursor.					
Elderly care courses are beneficial for themselves and their families.					
Elderly care is a tedious thing.					
Most of the elderly is very annoying so that difficult to care.					
Elderly care is a good career, honor, and salary.					
Elderly caregiver is a social friend.					
The elderly are physically and mentally problem. It is a must to care.					
Could punishment when the elderly drip their urine and stool because it is not good.					
The shower is not required every day because there are often lose.					
Embrace or touch the elders is an important to take the feeling good to elderly					

Part 4. Practice of Long term care

Item	Always	Sometime	Never
Provide first aid equipment while taking care of the elderly at all times.			
Explore the elderly toothbrush and instruct the elderly to brush their teeth at least twice a day.			
You have been advised to exercise properly, such as swinging arms, stretching.			
You persuaded the elderly to sing a songs and go to the temple.			
You often care for the elderly's home or manage the waste, to reduce a source of disease.			
In case the elderly are bored of food, you will advise the banana for promote the digestive system			
You measure the blood pressure of the elderly 1-2 times a week.			

***Thank you for you participating**

Timeline and Budget

Activity	Time frame							
	2017		2018					
	Nov	Dec	Jan	Fab	Mar	Apr	May	June
questionnairedeveloping	⟷							
questionnaire try-out		⟷						
Ethic consideration			⟷	⟷				
Data collection					⟷	⟷		
Data analysis						⟷		
Thesis defense						⟷		
Publication							⟷	⟷

Budget

Budget detail	**Amount (THB)**
Office material	5,000
Field data collection	10,000
Traveling expenses	10,000
Coordination meeting	3,000
Data additional storage	7,000
Telecommunication service	2,000
Preparing for research report	2,000
Report establish	2,000
Total	43,000

VITA

Name: Kamonthip Doungjan

Sex: Female

Place and date of birth: 25 March 1990, Sisaket Thailand

Nationality: Thai

Marital status: Single

Language: Thai

Address: 119/163 Soi Sirichai 1/22, Bang Khan Muang Nonthaburi 11000

Education background:

-Primary School : Na Prai Ngam School, Sisaket Thailand

-Secondary School : Kanthalakwittaya School 2003 - 2008

Kraipakdeewittakhom School 2008- 2009

-University: Mae Fah Luang University , Chiang Rai, Thailand 2009 - 2013

-Qualifications: Bachelor of Public Health

Experience:

-Public Health officer in Khok charoen District Health Office, Lopburi Thailand 2013 – 2014

-Public Health officer in Phosi Suwan hospital, Sisaket Thailand 2014 - 2016

-Public Health officer in Ei Say Health promoting hospital, Sisaket Thailand 2016 -2017

-Public Health officer in the Office of the Permanent Secretary Ministry of public health 2017 – present