

**TRAINING PROGRAM ANALYSIS AND MANAGEMENT
OF BABYSITTERS AND ELDERCARE WORKERS
IN PRIVATE TRAINING CENTERS
IN BANGKOK METROPOLIS**



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BANGKOK METROPOLIS**

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ABSTRACT

This descriptive research aimed to study the management, training programs, and the congruence between training program components and objectives at private training centers in Bangkok. The data were collected from February 15 to April 30 2002. Structured interviews, questionnaires and training program analysis tables were used to collect data. Basic descriptive statistics were employed to analyze data in terms of frequency, percentage, mean and standard deviation.

At the time of the study, 23 private training centers were registered and operating in Bangkok. Only twelve administrators allowed interviews and visits and of these only five allowed the researcher to analyze the documentation relating to their training programs. At the twelve centers, most registered instructors were professional nurses. The administrators assessed their performance as being at the highest level and their training program management in each aspect at a mean of more than 4.5 out of 5. The training program at the five training centers met the criteria of the Ministry of Education. The documentation provided by management showed a high (80%) congruence between objectives and contents for both babysitters and eldercare workers and, strangely, an absolute congruence between objectives and class activities. The effectiveness of the evaluation in assessing whether trainees had met the objectives could not be studied.

Training programs should be assessed and kept up to date in order to provide competent and knowledgeable care providers. Care providers' work performance should also be assessed. All training centers should have similar standards and quality accreditation. This should be supervised by professional nursing organizations.

**KEY WORDS: TRAINING PROGRAM ANALYSIS / BABYSITTER / ELDERCARE
WORKER**

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การวิเคราะห์หลักสูตรและการบริหารจัดการ การจัดอบรมผู้ดูแลเด็กเล็กและผู้สูงอายุของโรงเรียนและสถาน
ฝึกอบรมเอกชน ในเขตกรุงเทพมหานคร (TRAINING PROGRAM ANALYSIS AND
MANAGEMENT OF BABYSITTERS AND ELDERCARE WORKERS IN PRIVATE
TRAINING CENTERS IN BANGKOK METROPOLIS)

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บทคัดย่อ

การศึกษานี้เป็นการวิจัยเชิงพรรณนา เพื่อศึกษาการบริหารจัดการ การฝึกอบรม วิเคราะห์เนื้อหาและความ
สอดคล้อง ระหว่างองค์ประกอบหลักสูตรการอบรม ของโรงเรียนและสถานฝึกอบรมเอกชน ในเขต
กรุงเทพมหานคร โดยทำการเก็บข้อมูลระหว่างวันที่ 15 กุมภาพันธ์ - 30 เมษายน 2545 เครื่องมือที่ใช้ในการเก็บ
รวบรวมข้อมูล ประกอบด้วย แบบสัมภาษณ์ แบบสอบถาม แบบบันทึกข้อเสนอแนะ และ แบบวิเคราะห์หลักสูตร
วิเคราะห์ข้อมูล โดยการแจกแจงความถี่ หาค่าร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน

ผลการศึกษาพบว่า โรงเรียนที่จดทะเบียนเป็นโรงเรียนเอกชนที่ยังเปิดดำเนินการในปัจจุบันมีจำนวน 23
โรงเรียน แต่มีผู้บริหารโรงเรียน ที่ให้ความยินยอมเข้าร่วมวิจัย จำนวน 12 โรงเรียน และ 5 ใน 12 โรงเรียนนี้ยินยอม
ให้ผู้วิจัย ได้วิเคราะห์หลักสูตร ด้านลักษณะการดำเนินงาน ส่วนใหญ่เปิดหลักสูตรการอบรมทั้งการดูแลเด็กเล็กและ
ผู้สูงอายุ ใช้ระยะเวลาเรียนรวม 6 เดือนแบ่งเป็นภาคทฤษฎี 3 เดือน และภาคปฏิบัติ 3 เดือน โดยใช้หลักสูตรที่
อนุมัติโดยกระทรวงศึกษาธิการผู้บริหารและครูผู้สอนส่วนใหญ่เป็นพยาบาลวิชาชีพผู้บริหารโรงเรียนประเมินระดับ
การปฏิบัติในการบริหารหลักสูตรโดยรวมอยู่ในระดับมากที่สุด และค่าเฉลี่ยของการบริหารจัดการการอบรมใน
รายด้านมีค่ามากกว่า 4.5 จากคะแนนเต็ม 5 คะแนน หลักสูตรการอบรมทั้ง 5 โรงเรียน ใช้หลักสูตรที่มีเนื้อหาครบ
ตามเกณฑ์ที่กำหนดโดยกระทรวงศึกษาธิการ และพบว่ามีความสอดคล้องระหว่างวัตถุประสงค์กับเนื้อหารายวิชา
ของทั้งหลักสูตรการดูแลเด็กเล็กและผู้สูงอายุ อยู่ในระดับสูง (ร้อยละ 80) ซึ่งมีความแตกต่างจากความสอดคล้อง
ระหว่างวัตถุประสงค์กับกิจกรรมการเรียนการสอน ส่วนการประเมินผลไม่สามารถวิเคราะห์ความสอดคล้องได้

ในการวิจัยครั้งนี้พบว่าควรมีการประเมินและพัฒนาหลักสูตรให้ทันสมัยเพื่อเสริมสร้างสมรรถนะและ
ความรู้ของผู้ดูแลเหล่านี้ ตลอดจนควรมีการประเมินความสามารถในการปฏิบัติงานของผู้ดูแลเด็กเล็กและผู้สูงอายุ
ทุกโรงเรียนควรได้รับการรับรองคุณภาพและมีมาตรฐานในแนวทางเดียวกัน และควรได้รับการติดตามนิเทศ โดย
องค์กรวิชาชีพพยาบาล

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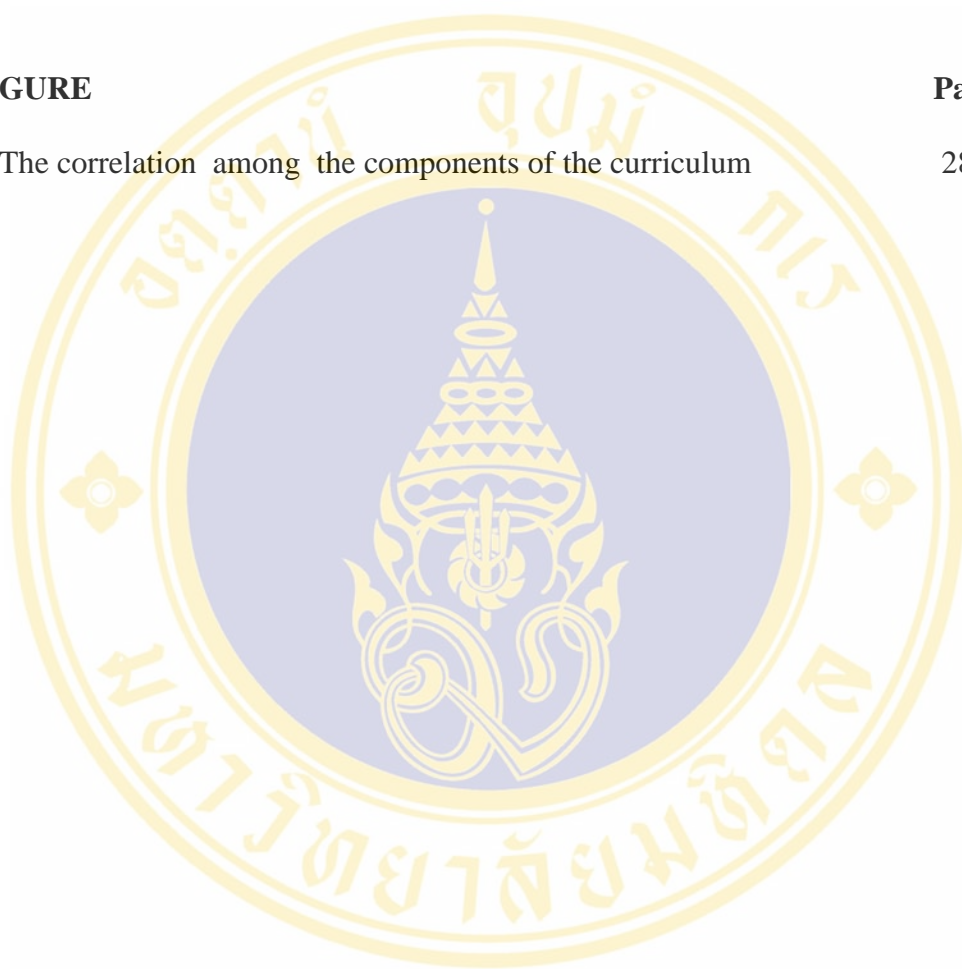
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CHAPTER 1

INTRODUCTION

Background and Rationale

Nowadays, the economic, social and cultural changes in Thai society, particularly in urban areas like Bangkok, has affected childcare in each family, of which most are nuclear families. As the recession has led to higher living expenses, the previous role of women, maternal caring for their child at home, has changed to women working outside for extra family income. Likewise, greater efficiency and higher education including more reliable job availability and better social recognition for women currently means they have no time to take care of their own children. Babysitters or daycare centers have become necessary. Putting children in those places or hiring babysitters can cause insufficient care and attention to children, especially newborn to six years old, the crucial development period, because babysitters may lack sufficient knowledge and responsibility. Children with good care, sufficient love, good understanding, warm attention and proper developmental support, will grow and show good psychological, emotional and social development, including good personalities. Consequently, babysitters, even temporary ones, play a parental substitution role that is very important, and they need to be trustworthy persons. At present, parents encounter problems; for instance, inadequate babysitters, who are costly, have insufficient knowledge and skills, which create a lack of trust (Cheeraporn Sriwattananukulkit, B.E. at 2543).

For those mentioned reasons, at present, parents have a high demand for babysitters for their children aged newborn to 6 years. Hence, the business of daycare centers and babysitter training schools or centers has increased considerably to serve the needs of parents. Government departments involved with babysitter training are the Department of Social Welfare, being responsible for monitoring and giving help to children, and the Office of Private Education Commission, Ministry of Education, being responsible for issuing and approving the curriculum of babysitters to registered

private babysitter training schools with regard to the Act of Private Schools, 1982. In addition, there are many private childcare centers that are non-registered centers established for business.

Besides the present problem of inadequate babysitters, high medical technology and successful national public health campaigns have generated longevity leading to increased numbers of elders. The study on elderly society and population in 1999 by the National Statistics Department, the Prime Minister's Office, on the number of elders in the Kingdom of Thailand showed an increased annual trend from 1995 to 1999 of 4.8, 4.9, 5.2, 5.3 and 5.5 million elders, respectively. In Bangkok, the numbers of elders has increased from 7.3% of the total Bangkok population in 1997 to 7.69% in 2000. The advance forecast for the elderly population in 2005 is 8.61% of the total Bangkok population (Division of Human Resource Planning, Bureau of National Social and Economic Development Committee, 1995).

Because of the accumulated numbers of elders, health problems from physical and mental degeneration and illness were presented, particularly chronic illness that requires prolonged, consistent treatments and care (Suwit Vibulphonprasert et al., B.E. 2539 cited in Wathinee Boonchaluksi, B.E. 2543: 207). The elderly population has demonstrated various patterns of illnesses and different physical, psychological, economic and social demands from other age-range populations because they had several changes in physical, psychosocial, energy reserve, immunity and physical balance abilities, causing them to fall ill easily and develop chronic illness (Schwarz, 1999: 95). Those also engendered defective ability of cognition, intellect, decision-making, mobilization, and elimination that risked potential accidents, such as falling (Carr & Kazanowski 1994: 878). As elders had to be hospitalized, overprotective care limited their activities to eliminate any kind of accidents and danger which created disability and dependence of elders after discharge (Chawalee Yamwong, B.E. 2538: 1). Approximately every one in four Thai elders had a chronic disability, or 18% of the total Thai elderly population. Elders, 6.9% of the total Thai elderly population, reported their dependence on others with at least one of many activities of daily living, e.g. eating, cleaning, dressing, bathing, and using the toilet. Of all elders, 11.5% declared their requirement for help with outdoor activities and 4.5% required other help on public transport (Suthichai Jitapankul, B.E. 2542: 2).

The elderly population required a high level of supportive resources, e.g. need for particular health, social and family care (Suthichai Jitapankul, B.E. 2542: 3). The most common elderly disease that created more work and stress for family members and primary caregivers was Alzheimer's disease. Consistently, the study of Rachada Rakanam (B.E. 2543: 31-37) indicated that most elderly caregivers agreed that caring for elders with Alzheimer's was a heavy task and created stress. Besides emotional, psychological, and material support from family members, hiring informal caregivers for the elderly was the most common support that five primary caregivers needed.

In addition, the policy of reducing the length of hospital stay resulted in patients with chronic illness receiving care in hospital only when they are in a critical condition. Therefore, family caregivers are assumed to perform the care-giving role when the patients are discharged (Yupapin Sirapo-ngam, B.E. 2539: 84). Several studies have reported that family caregivers became burdened both physically and mentally, but they were still content to care for the patient (Boonrayong, W. 2000: 14; Chaoum, W. 1994; Faison, et al., 1999: 244; Sirapo-ngam, Y. et al., 1999: 262-263).

Likewise, eldercare as well as being a heavy task and having inadequate numbers of caregivers who are relatives of elders is a problem, so hiring non-relatives to help in eldercare was necessary, aiming to promote the quality of life of both the elders and their families.

With regard to the above mentioned problems, in the current circumstances, the population groups who need close, quality attention are as follows:

1. The baby population, age newborn-6 years, require proper childcare, love, warm attention, sufficient nutrition, good general hygiene and proper child development. Parents in urban communities are currently faced with inadequate numbers of babysitters.

2. The elderly population with dependent status, whose adult children or relatives find it impossible to be primary caregivers.

Hence, they need to hire someone to help them care for their children or elders.

Correspondingly, Manas Dulayapatch, (B.E. 2543: 36-41) studied the demand for paid caregivers as elderly caregivers and babysitters in Chonburi Province with 4 sampling groups: government officers, government enterprise staff, merchants, business people and company employees in 3 districts. It demonstrated the need for

eldercare workers (46.7%) and the need for babysitters(53.3%). The most common ability required by employers was to cook proper child food and provide child safety. The subjects also defined the required qualifications of elderly caregivers as at least high school graduation, sufficient knowledge of eldercare and good understanding of elders with personal sicknesses, including the capability to promote the psychological health of elders.

The demonstrated demand of clients is for qualified caregivers who have gained sufficient knowledge and are trustworthy. Consequently, specific training, both theoretical and practical, aiming to reach the standard of both knowledge of childcare and eldercare, and emphasizing moral principles and ethics, should be performed for satisfy employers that the carers are trust worthy and confident in caring for their children or their parents.

Besides the present government welfare for children and elders, private organizations have realized their significance and the related problems and have established special training centers to produce babysitters and eldercare workers. Their purposes were to provide proper training programs and knowledge of management to produce professional caregivers with standard theoretical and practical knowledge and skills for in-house or home needs, whoever would like to employ them.

From the literature review, at present, special training centers for babysitters and eldercare workers have been popularly established with legal registration under the Act of Private Schools, 1982 under the supervision of the Office of Private Education Commission, as well as these being illegal unregistered ones. Regarding the training program for babysitters and eldercare workers, the management teams, managers or headmasters could select the central curriculum as proved by the Office of Private Education Commission for use in their training centers. Those training program emphasized basic childcare and eldercare and were not against the Act of professional registered nurses or midwifery. The training center providers could choose their own established training program with the same pattern and content with approval of the Office of Private Education Commission, the Ministry of Education, before utilizing them in the centers (Saowanee Panassorn, B.E. 2542: Appendix). No evidence of study on unregistered training centers has been found since then.

However, in the literature review, the researcher found little evidence of any research associated with the establishment of private babysitters and eldercare workers training centers. That means clients possess insufficient information to support their decision to select those kinds of services, particularly the actual training program for babysitters and eldercare workers. Hence, the researcher was interested in the studying training program analysis of eldercare workers and babysitters in private training centers in Bangkok.

Conceptual Framework

The conceptual framework of this study is based on Herrick and Tyler (1950: 41 cited in Sa-ngad Uthranand, 2530: 83; Taba, 1962: 425). The concept was associated with curriculum components in 4 aspects; curriculum objectives, course content, class work activities and evaluation, which must be congruent. For training program analysis of each private training center, the researcher applied the content analysis emphasized on the of training program content and the congruence among the objectives and course content, objective and class work, and objectives and evaluation, compared with the central curriculum of the Department of Private Education Commission, the Ministry of Education.

In addition, the researcher used 3 aspects of the concepts of curriculum management by Preeyaporn Wong-a-nootraroj (B.E. 2539): planning, operation and evaluation of curriculum utilization to assess the practical level of each training center's administrators in each aspect.

Research questions

1. What is the pattern of operation and management of private training centers for babysitters and eldercare workers?
2. Are the training program and the components congruence with the central curriculum established by the Office of Private Education Commission, Ministry of Education? And in what ways?

Objectives

1. To study the patterns of operation and management of the training program for babysitters and eldercare workers in private training centers in Bangkok.
2. To analyze the training program of babysitters and eldercare workers of each private training center in Bangkok that emphasizes training program content compared with the central curriculum of the Office of Private Education Commission, Ministry of Education and to analyze the congruence of training program components with the objectives and course content, objectives and class work activities, and objectives and evaluation.

Scope of the Study

This descriptive exploratory research was designed to analyze the training programs for babysitters and eldercare workers in the private training centers in Bangkok that consented to participate in this study. The researcher applied the central curriculum established by the Office of Private Education Commission, Ministry of Education, as the standard curriculum for comparison with the training program of each private training center.

Definition of Terms

1. **Training program analysis** refers to the content analysis of the training program or curriculum for babysitter and/or eldercare workers of the private training center, compared with the standard training program approved by the Ministry of Education, and analysis of the congruence among the components of the training program; objectives, course content, class work activities, and evaluation.

2. **Pattern of training program** refers to the general status and operational characteristics of the private training centers for babysitters and eldercare workers in Bangkok.

3. **Pattern of training program management** refers to performance of

training program management by administrators of private training centers, measured by questionnaires, developed by the researcher which included 3 aspects of the concept of training program management, as follows;

3.1 Planning aspect means the performance level of planning activities in training program management of the administrator.

3.2 Operation aspect means the performance level of operational activities in training program management of the administrator.

3.3 Evaluation aspect means the performance level of evaluation activities in training program management of the administrator.

4. Administrators of private training centers refers to persons who held a license for establishing private training centers or managers or headmasters of those centers.

5. Registered private training centers refers to the private training centers for babysitters and/or eldercare workers operated by private organizations which offer training programs for babysitters and eldercare workers, as well as short courses (3-6 months duration) according to the approved curriculums by the Ministry of Education. Those centers are legally registered under the Act of Private Schools, 1982, article 15(2).

6. Unregistered private training centers are any institutes opened and operated for teaching babysitters and/or eldercare workers without legal registration according to the Act of Private Schools, 1982, and may implement their own curricula or any syllabi referred from the Ministry of Education.

6. Training program means a documented curriculum or handbook of training for babysitters and/or eldercare workers, teaching plan, evaluation model, school textbooks, handbooks or side-books used in the training of each private training center and were analyzed by the researcher.

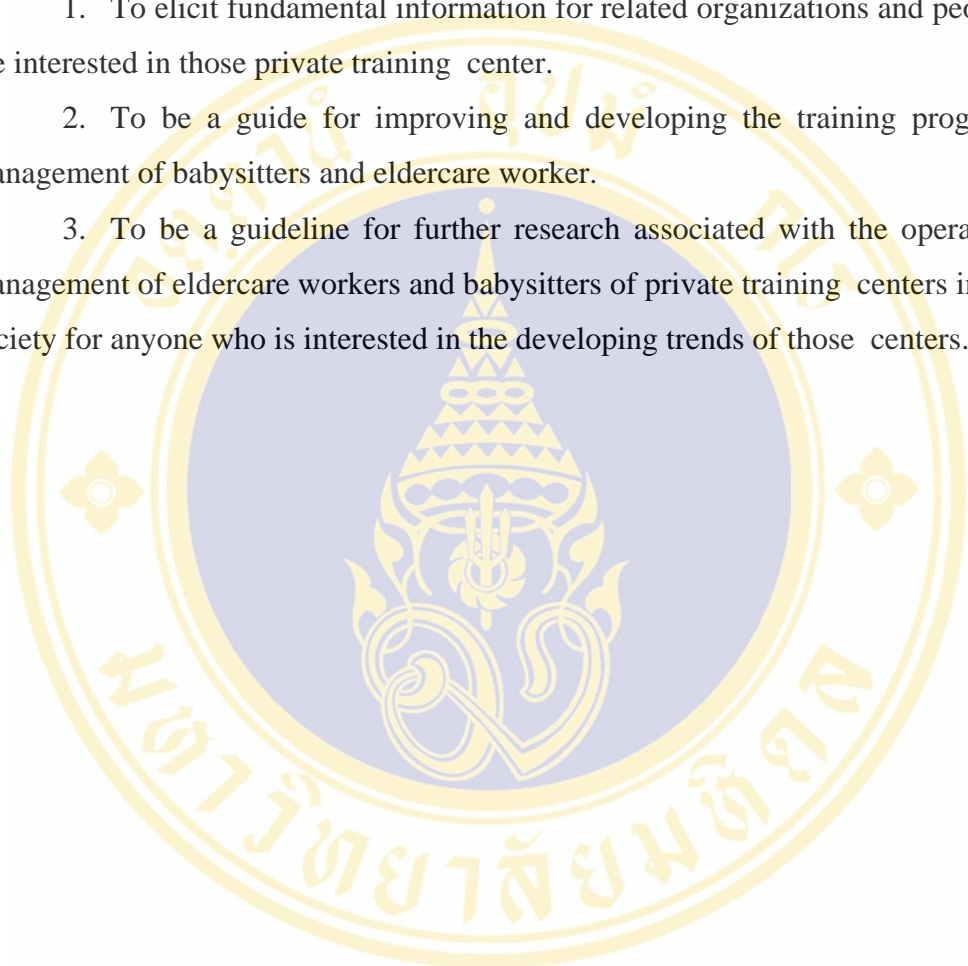
7. Numbers of registered private training centers refer to the centers from which the researcher searched for information in the Registration Division, the Office of Private Education Commission, Ministry of Education, and examined their current operating status.

8. Numbers of unregistered private training centers refers to centers that the researcher searched for information in the Division of Business Development,

Ministry of Commerce, Internet, yellow pages, posters, brochures, and snow ball technique promotion that examined their current operating status.

Expected Outcomes and Benefits

1. To elicit fundamental information for related organizations and people who are interested in those private training center.
2. To be a guide for improving and developing the training program and management of babysitters and eldercare worker.
3. To be a guideline for further research associated with the operation and management of eldercare workers and babysitters of private training centers in present society for anyone who is interested in the developing trends of those centers.



CHAPTER 2

LITERATURE REVIEW

This descriptive exploratory research investigated the training program analysis and management of eldercare workers and babysitters of private training centers in Bangkok. The related literature for this study is presented in the following topics.

Concept of childcare and eldercare

1. Demand for childcare service
 - 1.1 Existing pattern of recent private daycare centers
 - 1.2 Responsibility and ethics of babysitters
 - 1.3 Training of babysitters
 - 1.4 Training program of babysitters certified by the Department of Education Commission, Office of Private Education, Ministry of Education
2. Demand for eldercare service
 - 2.1 Existing pattern of recent private eldercare centers
 - 2.2 Responsibility and ethics of elderly caregivers
 - 2.3 Training program of eldercare certified by the Department of Education Commission, Office of Private Education, Ministry of Education

Concept of curriculum and training program

1. Definition of the curriculum
2. Components of the curriculum
3. Curriculum analysis
4. Curriculum management

At present, childcare and eldercare has become a necessary service as parents and adult children have to work outside for their living. Seeking for someone to look after their children or elders in family is the great demand. In this study, the researcher concerned to the concept of childcare and eldercare that could integrate the ideal care workers that are wanted to meet the need of parents and adult children at present society. The concept of childcare and eldercare could describe as follows:

Concept of childcare and eldercare

1. Demand for childcare service

At present, childcare has become a necessary service as parents have to work for their living. Mothers receive the legal allowance of a 3-month paid vacation to fully care for their children. When that allowance is finished, mothers have to go to work and transfer the responsibility of caring for their children to others. Childcare either at daytime or at night-time from others except parents could be called babysitting (Joseph Suepientham, Wandee Varavit, B.E.2540: 584).

As for the definition of raising and caring, Supha Malakul, B.E.2523, and Ajchara Chuchom, B.E.2529 cited in Ponglek Vorakul, (B.E.2538:11) agreed on the definition as the physical, verbal and nonverbal actions of parents or caregivers for children to achieve children's needs. Proper childcare regarding children's nature would promote appropriate physical and psychological development including good perception and adaptation of age, gender, environment and surrounding people.

The current Thai economy and society, particularly in the urban areas, as well as Bangkok plays a significant role and impacts on individual's routine lifestyles. As the family statute, parents or guardians have heavier responsibility leading to insufficient time for raising and caring for their own children. Caregivers who are not parents are required to be helpers or children are put in the daycare centers. The result of the survey and basic gathered data associated with private childcare centers for children age 0-6 years old in Thailand (February, 1999), showed there were many existing childcare centers with many patterns in both government and private organizations. Total childcare centers were 46,367 with a total 114,624 teachers and babysitters. There were 2,834,301 children had used the childcare service (from the total number of children of 5,477,353 children). Government childcare centers were

91.73% and private daycare centers under government supervision were 8.27% (Udomsit Jitrvijan., B.E. 2542).

From the literature review about childcare in Thailand in the past decade, the demand and management of babysitters is generally related to the ages of children. It means that children with a high age demonstrated the trend of higher rate of demand for childcare from others instead of parents. That is harmonious with other developed countries for instance, in the United States of America, patterns of childcare by others except mothers showed a positive correlation with ages of children (Mason and Duberstein, 1991 cited in Wongboonsin K, et. al., 1992). Likewise, working and socioeconomic status of mothers affected their own childcare. That meant mothers with high working status provided less childcare than mothers with no job or within the lower entry level did. Additionally, the variables such as higher family income and a low number of children in each family (1-2 children) resulting from effective family planning in the urban area, had a correlation with higher ability to afford the expenses of babysitters (Kua Wongboonsin, B.E.2534; Kua Wongboonsin et. al.,B.E. 2535).

The harmonious studies on the effects of variables e.g. economy, society and population toward patterns of childcare for children aged 3-5 years revealed that parents of children aged 3-5 years old claimed to care for their own children in both urban and rural areas. In city areas, 50% of parents reported they provided care for their own children. It differed from the rural area where 80% of children received care from their own parents. The factors associated with babysitters of children aged 3-5 years old in both urban and rural areas were the working status of parents, regions, age, education background and occupation at a significant. Those caused parents in the cities to performed less childcare than those in the rural area did (Kua Wongboonsin and Achara Enz, B.E., 2539).

From the presented reasons and demand for babysitters, the patterns of childcare services could be categorized as the followings (Joseph Suepientham and Wandee Voravit, BE.2540:584-586; Nit Tusniyom, BE.2528: 43-48 cited in Sriwattananukulki J., 2000: 4-5):

1.1 Existing patterns of childcare service

1.1.1 Care in the child's home

Care in the child's home refers to the childcare providers who are relatives who live in the same house e.g. grandfather, grandmother, aunt and uncle. In an extended family, parents can have many relatives or babysitters who had or had no specific training on childcare and were hired to care for their children. The advantages are a babysitter pays one-by-one attention to a child and effectively responds to the child's demand. The disadvantages are a babysitter may have insufficient experience and knowledge of proper childcare leading to poor childcare and an insecure situation with frequent turnover of new babysitters. Children with babysitters may have less opportunity to play with others.

1.1.2 Day Care Homes or Family Day Care

Childcare is provided in the location of childcare providers who are relatives or non-relatives of the children. They may have or have not received childcare training. Such centers accept 6-12 children at a time to care for instead of parents. The childcare providers of the day care homes or family day care have to have legal registration under supervision of the related department of the government. Duration of care is flexible with regard to the parents. The advantages are children will experience interactions and activities with other people and older children. The disadvantages are the quality of childcare depends only on the childcare providers and most of them normally have no direct childcare training, and the environment may not motivate proper child learning resulting in incapable optimum child development.

1.1.3 Child Nursery or Daycare Center

This is a place that provides care for children; the number of children accepted is limited to the available space of the location. Childcare providers generally had specific childcare training. They usually group children by age, provide an exact activity schedule, appropriate tools and a safe environment with proper hygiene that promotes children's learning regarding individual interest and ability.

The disadvantages are the distance from children's houses, and they are expensive, have limited places and are incapable of caring for abnormal or sick children.

As mentioned above, babysitters are persons who earn parents' trust for caring for their children regardless of whether it is individual or group care in daycare centers. Hence, babysitters play a significant role of promoting child's physical and psychological development with proper manners including other developing aspects. The study of Jamras Pin-ngen.(B.E.2536) declared that the behaviors of babysitters was related to proper respective child development the significance. Consequently, a babysitter has to have sufficient knowledge, skills and ability for this special duty as well as being a representative of parents, a friend and a babysitter of the child (Luksana Tuntileepikorn,B.E.2527; Prangtip Taveepanich ,B.E.2528; Sritubtim Panichpan ,B.E.2528 cited in Sunanta Kij-suwan,B.E.2535: 44-45).

1.1.4 Responsibility and ethic of babysitters

Because of the influence of babysitters on children, the selection of babysitters should be performed with care. The Department of Vocational Education (cited in Sunanta Kij-suwan,B.E.2535: 45) has established the proper characters of babysitters as having basic innate characters of child lover and constant good mood because they were close with children and children might imitate or take their bad manners and such as bad mood, frustration, anger, and bad words. Consequently, babysitters have to be careful with what they say and what to do with the children. They should have childcare knowledge and skills, particularly on child development, proper learning activities and a proper environment that will be consistent with children's demand, age, and abilities. Good health and good personal hygiene with no infectious diseases are mandatory required for babysitters.

Additionally,Benja Sangmali (B.E.1982 cited in Sutthatip Muangsuk, B.E. 2542: 36) defined that the role and responsibility of babysitters were to promote child growth and development; and provide good childcare in diet and good personal hygiene, proper supportive learning activities, freedom of child thinking and expression, child safety and good manners.

Correspondingly, National Education Department (B.E.2523 cited in Tassanee Patranavik, B.E.2534:30) indicated the major consistent concern of childcare

as a good established relationship between children and babysitters to enable trust and familiarity of the children. Babysitters should express their love and care with good understanding and simple supportive reasons that children could follow to behave properly. Social learning of children mostly came from imitation. Hence, babysitters should be a good role model for them. They should notice and pay attention to the defects of physical, psychological, intellectual, emotional and social development and should also define the actual cause of problem with proper caring solutions. Babysitters have to understand well children's natures and learning behaviors with regard to individual IQ and interests. Children may be interested in something for under 20 minutes, desire to freely implement and let their creative ideas grow. Babysitters should give them opportunities to express their abilities in the proper way.

The literature review on the role and responsibility of babysitters agrees with the study of Jiraporn [Wongyai \(B.E.1996\)](#) about the activities of promoting child health and development in daycare centers located in the municipal area of ChiangMai Province that was conducted with a sampling group of 49 babysitters or childcare providers. It demonstrated eight activities that were provided for promoting child health and development, nutrition, physical exercise or recreation, sleep, protection from infection or health problems, child safety, health assessment and child development e.g. language communication, social communication and self-care.

Hence, well-experienced babysitters were essential as the role model with sufficient knowledge, experience and skills of childcare, child psychology, personal hygiene care, child nutrition and first aid. For those reasons, babysitters had to graduate from a childcare training course from specific institutes certified for childcare training or pass both theoretical and practical examinations of childcare before taking responsibility as babysitters ([Achanya Ratana-ubon et. al, B.E. 2544](#)).

1.1.5 Childcare training

As shown, the 0-6-year childcare was quite significant for future child growth, behavior and development including well-qualified adults. Educators and associates from various organizations defined concepts of childcare training for babysitters as follows:

National Institute of Her Majesty the Queen(2536 cited in Sutthatip Muangsuk, B.E.2542: 42) set up the content of childcare training program, particularly for children age 0-5 years old. The training program emphasized the qualifications of babysitters, principles of childcare, child psychology, environmental management, proper baby holding, diet and nutrition of children, child development, immunity promotion, dental health, medicine administration, sickness, fever, present symptoms, possible frequent problems in childcare, basic childcare, child diseases and protection, how to bring children to hospital and to prepare for hospitalization, infectious diseases and epidemic protection in daycare centers, health and good manners development, and measurement of physical growth.

The unit of promoting child development, Social Welfare Department (in Sutthatip Muangsuk, B.E. 2542:42) suggested that the content of the childcare training program should be involved with the following topics: principles of primary education, role, duty, responsibility and ethics of professional childcare providers, proper playing and toys, establishment of discipline and ethics to children, child behavior problems, routine activities, training on good habitual hygiene, techniques of calming down children, techniques of tale-telling, abnormal vision and hearing, acute respiratory infection, mobilized and rhythm activities, child psychological development, child developing stimulation, techniques of infant care, the measurement of child development and production of communication media.

Noticeably, the training program of babysitters emphasizes 3 effective aspects as :

- 1.) Promoting efficiency of childcare providers or babysitters so they should have sufficient arts and knowledge in childcare combined with self-ethics that has direct impact on the childcare job and which employers can trust.
- 2.) Gaining knowledge of environmental management regarding effective childcare and safety.
- 3.) Having knowledge of supportive activities that motivate child development suitable for the child ages.

Consequently, all babysitters must pass the specific childcare training for being qualified professional babysitters.

1.4 Childcare training program by the Office of Private Education Commission, the Ministry of Education

The Office of Private Education Commission, the Ministry of Education (B.E.2532) issued the approval of the program for childcare training to anyone who established a private babysitter training school. Details of the training program are summarized as follows:

Duration: 3 months (12 weeks) a course with 300 theoretical hours and 120 practical hours, 420 total hours

Qualifications of attendants:

Graduated grade 9 (Mathayom .3) or equivalent, mature, age 15 years old or over, good health and no barrier to be a professional babysitter

Objectives:

1. To promote attendants good understanding of childcare
2. To make attendants realizing the significance of childcare and children's natures
3. To inform attendants on nutrition, diet and cooking for children
4. To motivate attendants to utilize their knowledge and skills in their professional career as babysitters

Timing: 5 days a week (specific day-off) with one session a day, 7 hours a session 9:00 a.m.-5:00 p.m., lunch break at 12:00 a.m.-1:00 p.m. Total attendance hours are at least 3 months (12 weeks, 35 hours per week) equaling 420 hours.

Course: training program of Childcare

Theoretical sessions consist of the concepts of childcare, child development, childcare psychology, activities and recreation, techniques of cleaning, household and surrounding equipment maintenance, child diet and nutrition, hazards and child safety, general hygiene, roles and ethics of babysitters, Thai-English language communication, legal matters relating to labor.

Practical sessions comprise 20 hours of observation and 120 hours of practical childcare in daycare centers or hospitals.

Evaluation: 40% theoretical examination
60% practical examination

The review indicates the demand for babysitters, babysitters in child's homes or in daycare centers play a significant role in childcare except parents or relatives. At present, both government and private organizations have realized the significance of childcare. They have established, designed and developed specific childcare training aiming to promote efficiency, knowledge and skills of people who would like to be babysitters including elevating the quality of babysitters. Much literatures is associated with professional childcare training of babysitters as follows:

The study of Sunanta Kijswan (B.E.2534) on the result of a training project for motivating efficiency of babysitters in Primary Education Childcare Center, in a crowded community in Bangkok indicated that at post childcare training, babysitters had higher efficiency of practical childcare than before and expressed better role model than others who did not receive any training. The head of the center was satisfied with overall work after their babysitters had been trained. Similarly, the study of Sutthatip Muangsuk (B.E.2542) on the development of a childcare training program in a daycare center; Baan Deag, Chulalongkorn University, claimed that childcare providers or babysitters, post intervention of the childcare training program demonstrated increased scores of knowledge and understanding significantly. Over 80 percent of the attendants had higher skill of childcare than before.

In summary, persons who are willing to be babysitters must gain specific childcare training for accumulating theoretical and practical knowledge and skills and be able to perform high quality childcare that can be trusted by parents or guardians.

2. Demand for eldercare service

The present demand for eldercare service has tremendously increased due to the accumulated numbers of elders. Elderly conditions cause defective ability of self-care such as physical and intellectual degeneration along with age. The degeneration leads to inability of physical control and mobilization. It also generates insufficient skills of utilizing intellectual and thinking process, creating limited self-care and dependent status. From information in 1978 in the United States of America, of elders age over 65 years old, 44.3% reported inability to do any kinds of activities with the average days of bed-rest as 1,405 days because of their sicknesses, disability and dependent situation that required other supports (Volbona & Baker, 1984: 194 cited in

Vitayachotkittikul N., 1991: 18). Consistently, the study of Warshaw et. al. (1982 cited in Volbona & Baker, 1984: 18) indicated that in elders aged over 70 years old, 30-80%, indicated limitations of providing routine activities. Hence, elders are people who need both physical and psychological care because happiness at the end of life is not for day-by-day survival. Good quality of elderly care is significant in offering a good quality of elderly life, so elderly caregivers are persons who need to be concerned.

Regarding the literature review relating to elders, Malinee Wongsith and Siriwan Siriboon (2541: 51) gave the definition of elderly caregivers as persons who took care of elders who had health problems and could not perform self-care or activities of daily living. Six kinds of routine activities as indicators were used to measure the level of dependence e.g. walking around the house, self-feeding, self-dressing, self-cleaning, self-drug taking and using transportation. In the case of reporting inability to do any one of these six routine activities, those elders could be grouped as “Elders who need care and support”.

Proper activities performed by elderly caregivers for elderly dependents generally are to prepare food and clothes, clean the room or house, visit doctors with them, go out with them, read books to them, talk to them, feed them, give them money and residence. Thus, roles and responsibility of elderly caregivers have enormously increased. Many kinds of inability in elders require elderly caregivers to provide a heavier role and responsibility with an accumulated caring duration for instance, hand-feeding food and water, taking bath, dressing, taking them to the toilet, administrating medicines, visiting doctors and so forth.

The study of Rungroj Poomruew, et.al. (B.E.2540:40-54) on the role of relatives as primary caregivers of elders and the study of Jaraswan Tienprapas, et al. (B.E.2540: 61-71) on the demand for eldercare service in Bangkok Noi district demonstrated that most elders had health problems with personal illnesses but their overall health conditions were fair. They claimed to have emotional problems of loneliness, no company, and frustration. The recent roles of family, relatives, and children were mostly being responsible for caring for elders in their sicknesses, medical expenses and other expenses including traveling to visit friends and families or temples on religious occasions.

Besides, Suwit Vibolphonprasert, et. al. (B.E.2540) analyzed the future demand for eldercare workers in the next 2 decades by predicting the future demand of elders, current production of eldercare workers and nursing homes. The study stated that there was evidence on the establishment of private eldercare centers that provided eldercare and produced eldercare workers. That eldercare curriculum was usually operated along with the curriculum of babysitter. Because of the elderly inability of performing self-care and the established hypotheses of the study, the prediction of the future demand for eldercare workers in the next 2 decades would be approximately 41,275-64,798 persons, 21,303-42,607 home-care workers and 19,972-22,191 eldercare-workers.

Likewise, regarding the increase of elderly problems regarding the proportion of elderly population, since the period of recession until present, a few studies on private sector and eldercare service in urban area have been conducted and reported various patterns of eldercare services as follows:

2.1 Existing patterns of current private eldercare centers

Boonchalucksee, W. and Worasiri-a-morn, Y. (1999 cited in Boonchalucksee, W., 2000: 207-210) studied the private sector and eldercare services that were categorized into 6 aspects as follows:

2.1.1 Eldercare Hospital

These consisted of 2 types :

Profit enterprise hospitals

These mean any private hospital that provided care for elders as well as nursing homes. This kind of hospital operated for profit. Hence, it would prepare beds, rooms, clothes, foods, and medical teams consisting of physicians, nurses, eldercare workers but it offered no medical treatments. This hospital provided eldercare service in both daycare and long-term care. Home-care was the service of delivering eldercare workers to elder's homes. This kind of hospital has to register with the Division of Professional License, the Ministry of Public Health as a regular hospital plus the special license of eldercare center.

Non-profit enterprise hospitals

These private hospitals operated under foundations or charity organizations with the purpose of non-profit making that provided services for elders and collected small amounts of service fees.

2.1.2 Private charity for elderly

There are 2 major types :

Private elderly center with free service for all elders

Three of them are operated under the support of Chinese foundations. Such as Waiwattananivas Elderly Center and Baan Bangkae Elderly Center. Another one, Mittraphapsonkror Foundation offers service for female elders. They got approvals and legal licenses from the Department of Public Welfare, the Ministry of Labor and Social Welfare and also provided eldercare services for poor elders aged over 60 years old with the ability of performing self-care with no relatives, were homeless and had no food.

Private elderly centers with free services for only poor elders

These took service fees from some elders who could afford to pay. Three of them are operated under Catholic Foundations e.g. Bethani House in Rajaburi Province (for female elders only), Camillion Social Center in Nakorn Prathom Province (for both male and female elders) and St. Louis Nursing Home (Lumsai) in Prathumthani Province (for both male and female elders). They got approvals and legal licenses from the Department of Public Welfare, the Ministry of Labor and Social Welfare.

2.1.3 Health Service Center

Health service center can be operated alone or can be a division of a hospital. Its services emphasize programs or activities promoting health, health consulting service, physical exercise program, proper nutrition and good residential area with workout facilities. Many kinds of service fees are offered such as daily, weekly, and monthly or course-package fees. Examples of this kind of health service center are Pungwan Resort, Kanjanaburi Province and Mission Health Promoting Center at Saraburi Province.

2.1.4 Housing for elders

Its purpose is especially for elders. It is a house that was designed and established according to technical concepts of proper elderly residence. Any elder age over 45 years old is eligible to lease this residential unit with 30-year leasing contract or life contract but they could not own it. If elders pass away before the expired date of the leasing contract, their relatives who reach the inclusion criteria of the Housing will be eligible to stay until the expiry date and then return it to the project management. There is only one such Housing Project, Siri Service House, SuangLuang District, Bangkok.

2.1.5 Nursing Homes

Nursing homes provide other services as well as nursing care covering residential area, foods, cleaning clothes and rooms including bodies except giving treatments. It is operated for profit.

2.1.6 Schools of Eldercare Workers

They are private schools providing the training program of eldercare workers for people who are interested in becoming eldercare workers. The course is short, 3-6 months with either their own designed curriculum or the standard curriculum approved by the Ministry of Education. They also got the license according to the Act of Private Schools, 1982 from the Department of Private Education Commission (Saowanee Panassorn, B.E.1999) that was responsible for monitoring and controlling the operation of any kind of private schools. In 1998, 37 private training schools were registered and operated to produce eldercare workers and babysitters. They were categorized by the school size such as small size school with 1-30 students, medium-size school with at least 30-60 students, and large-size school with 60-100 students. Both training program on eldercare workers and babysitters of 3 months each were offered. If students would like to study both courses, it would take 6 months to complete. Most of the management team or managers or instructors of private training schools had medical and nursing experiences. Those schools generally provided the delivering eldercare workers and babysitters to serve the demand for home care and created job

assurance for students. They could be the middlemen aiming to protect benefits of both eldercare workers and clients.

At present, the demand for home-care eldercare workers is elevating. It will increase considerably in the future because the elderly population is increasing and traditional Thai cultural values maintain that parents, or those whom we are indebted to, should be taken care of when they become ill, old or cannot perform activities by themselves (Kespichayawattana, J. 1999:51). However, families that have to work for a living and have no time to care their own elders find the best solution to that problem is hiring eldercare workers to care for them at home. They try to avoid putting their elders in nursing homes because they will get social blame and there will be a negative psychological impact on their elders. Hence, the business of private training schools to producing eldercare workers demonstrates a brilliant future to serve the growing market demand.

The study on the facts and attitudes toward eldercare of 2,113 Thai adults aged 15-44 years old by Siriwan Siriboon (B.E.2535) and the interview of a population aged 13-59 years old in 36,827 families around Thailand by the National Statistics Organization (1994: 63-67) associated with the support for elderly parents stated that most Thai adults had a strong intention to care for their parents until the end. Patterns of eldercare that they would do are to live together, take care of money, clothes, and foods. Behavior and attitudes of Thai adults varied regarding demographic characters such as age, gender, marital status, education background, occupation, head of family, region and location of house.

Considering psychological aspects, Kanjaneer Sithiwong et. al. (B.E.2539) stated that care by families had a positive correlation with psychological health of elders with statistical level of significance of .001 ($r=.3856$). Consistently, the study of Malinee Wongsith, and Siriwan Siriboon, (B.E.2541:58-59) reported that most caregivers in rural area stated their need to care for their elders by relatives or family members. Some urban caregivers expressed that the elders required close attention and hiring someone to care of them at home would be the best method. Nobody agreed with putting elders in nursing homes or recreation centers. The happiness of Thai elders in the last period of their lives are in 5 dimensions, living with a warm peaceful family, having respect from family members, gaining acceptance by the

family, a dependent condition between descendents and elders and bliss with the family (Jiraporn Ketpitchayawattana, B.E. 2543: 21-28).

Consequently, the culture of eldercare in Thai society remains regarding customs, tradition, belief, feeling and bonding with parents as gratefulness that was consistently established and transferred along with the culture and society. Concerning the review of related literature, the previous trend of family caregivers without payment such as relatives or family members has decreased because social and economic changes and working for a living by family members has created inadequate primary caregivers who are family members. It is necessary to hire eldercare workers to care for elders. Hence, eldercare workers should pass an eldercare training course that can give them eldercare knowledge, good understanding, and high morals and ethics for helping the clients and gaining their trust.

2.2 Responsibility and ethics of eldercare workers

Elders with physical degeneration and chronic sickness stated their demand and necessity for assistance in their routine activities. Hence, eldercare workers have to have sufficient knowledge, skills, and good understanding of elderly changes and nature to use as a guideline for effective optimum performance in eldercare. Eldercare is usually realized, as a delicate job that requires knowledge, arts, and patience for achieving elder's physical, psychological, emotional and social needs and promoting elder's happiness and better quality of life. Pan-ngam Panchet. et. al. (B.E.2542: 4-5) defined the responsibility and duty of eldercare as follows:

1. Giving care for elder's physical, psychological, and emotional happiness including the comfort of the environment and facilities such as good arrangement of facilities with safety and cleanness.

2. Offering help in any routine activities e.g. mobilization, supporting while walking, holding or transferring elders, physical cleaning and dressing.

3. Giving physical support by offering sufficient food and water, proper seasonal clothes, psychological supports by alleviation, encouragement, love, mercy, understanding, and being worthy of recognition.

4. Addressing other supports such as supporting and promoting elders to do some activities within their capability, expressing admiration when they are

successful in doing things, and arranging the environment and facilities for easy utilization, safety and convenience of elders.

5. Being a coordinator between elders and families by informing regular routine activities of elders to families or primary caregivers and urgently reporting when elders have emergency problems.

Besides, the duty and responsibility of caring for elders, eldercare workers have to have three aspects of ethics. Firstly, ethics in physical care by performing with warmth, delicacy, willingness, and courtesy to elders. They should pay attention to elder's comfort, sufficient nutrition, proper exercise, and safety. Secondly, ethics in verbal communication is to use polite conversation with no critical or inciting words that can hurt elder's feelings or make them angry. Finally, spiritual ethics is to have a gentle mind, mercy, love and forgiveness.

In summary, the ethics of eldercare workers comprise the following components:

1. Responsibility, that is a serious intention to complete their duty with their performance according to bonding, high responsibility, concern, indefatigability, cognition of their duty and job description including attempting to keep up their work.

2. Honesty means sincere behavior in physical, verbal and spiritual aspects. They will not perform dishonestly that can create possible damage or harm to elders. Eldercare workers should be honest to their working time by not doing personal stuff during the working period without permission from employers. Committing larceny is absolutely unacceptable.

3. Gratitude refers to recognizing and repaying an obligation of elders. Employees give respect to elders or their human rights, and have good willingness and give possible sincere support to them.

4. Discipline means behavioral control and proper actions e.g. work discipline, good verbal or non-verbal and spiritual behaviors, appropriate dress, good organization stuff, punctuality, and respecting the agreement with employers.

5. Devotion refers to unselfishness and apportionment. When elders are suffering or hurting, eldercare workers should devote time to care for them or be their company until the next caregiver arrives.

6. Diligence refers to full intention with full capability to make things happen.

7. Mercy and kindness mean sincerity, love, kindness, sympathy and good will to elders. Most actions are performed for enhancing elder's happiness. Eldercare workers should have good wishes for others as well as sincere appreciation of whatever happiness or successfulness of elders are and equanimity associated with no criticism and no ridicule when elders did mistakes.

Absolutely, elders and families prefer to have eldercare workers with high morals, ethics, knowledge, sufficient qualifications, friendly warm characters, trustworthy, mercy, kindness, safety concern, problem-solving ability, courtesy, respect and honor of people and honesty.

2.3 Training program of eldercare workers by the Office of Private Education Commission, the Ministry of Education

The Office of Private Education Commission, the Ministry of Education (1989) developed and approved the training program of eldercare workers for persons who applied to establish private training schools aiming to teach eldercare workers. Details of the program are as follows:

Course duration	3 months (12 weeks) with 300 theoretical hours and 120 practical hours including total hours of at least 420 hours
Qualifications	At least grade 9 (Mathayom 3) graduated or equivalent, mature, aged 15 years old and over, healthy and no abnormality for working

Objectives

1. To promote the knowledge and skills of eldercare to attendant
2. To enhance the significance of eldercare and elderly nature to attendant
3. To accumulate for attendants the knowledge of cooking elderly foods and proper diet
4. To assist attendants to effectively apply knowledge and skills in their future career

Schedule

- Five days a week, one session a day, seven hours a day
- 9:00 a.m.-5:00 p.m., lunchtime at 12:00 a.m.-1:00 p.m.

- Total studying hours for at least 3 months (12 weeks, 35 hours a week) are 420 hours

Detailed syllabus	Content associated with eldercare, proper activities, recreation, appropriate elderly diet and nutrition, good arrangement in facilities, cleaning and surroundings, Thai and English languages, roles and ethics of eldercare workers, general hygiene and basic labor laws
Practical training	20 hours of observation and 100 hours of actual practice in existing nursing homes or hospitals.
Evaluation	40% theoretical examination 60% practical examination

From the literature review, the demand for babysitters and eldercare workers in present society and the patterns of private training schools/centers are various. Buying decision depends on satisfaction and affordability regarding the economic status of clients. The production of eldercare workers and babysitters is a new alternative business to achieve the social demand for healthcare services that are favored by the group of clients who can afford and need urgent services. Besides giving eldercare and childcare, people who graduated from those private training schools/centers usually provide care for patients that is more complicated and requires sufficient knowledge and skills for proper care. No evidence is stated in the curriculum on patient care.

Concept of curriculum and training program

The objectives of this study were to analyze the training program of eldercare workers and babysitters of private training centers in Bangkok. The researcher defined the training program as the meaning of the curriculum. The meaning of training program is similar to the curriculum but it may be different in any context. Training program is a process which was constructed for training in order to enhance special knowledge and skills for effective performance of personnel, under some specific conditions in short time (Good,1973:613; Flippo, 1970: 268; Beach, 1980: 3 cited by Yuwadee Leucha, B.E. 2536: 52). In addition, training is a method or process that

expected the trainees to have changing and developing both knowledge, skill, and satisfaction of job performance as the objectives of the training program (Sompoch Noppakun, B.E.2527:1-2; Wutthichai Jamnong,B.E.2522:33;Amorn Raksasat and Soraj Yuwadee Leucha, B.E. 2536: 52).

Consequently, the training program of babysitters and eldercare workers were known as a short course training that the researcher aimed to analyze the contents and the congruence of training program components that were used the conceptual framework of Herrick and Tyler (1950) that were about curriculum components.

Hence, literature reviews about the training program in this study were based on the concept of curriculum as follows:

1. Definition of the curriculum

Educators with expertise in the Curriculum quoted various definitions as the follows:

Taba (1962: 10) stated that the curriculum was the media or agent that persuaded students or attendants to achieve the goals and objectives of the study.

Neagley and Evans (1967: 2) defined that the curriculum was the activity or overall experience that was provided by the schools for serving the objectives or creating the best benefits of the study.

Trump and Miller (1968: 11-12 cited in Sa-ngad Utranand, 2530: 72) stated that the curriculum was the teaching activities that were planned and utilized for students or attendants by schools or the education system.

Saylor and Alexander (1974: 6) expressed that the curriculum meant a plan or project offering the learning opportunity for students to achieve the set goal and objectives under the supervision of the schools.

At present, with public acceptance, the curriculum refers to all planned experiences aiming to promote learning of students. It means the planned syllabi and process of teaching to enhance students to reach the goal and objectives of the study (Siriporn Boonyanand, B.E. 2531: 213).

Consequently, the curriculum or training program in documentary plans or projects and activities including experiences were set by the schools or training centers

learning process of the students such as content and teaching process or related activities.

2. Components of the curriculum

Components of the curriculum are the important part fulfilling the meaning of the curriculum. They are the clues to the teaching, evaluation and development of the curriculum. From the review on the concepts and the curriculum development from much research, there are many harmonious concepts of components as follows:

Tyler (1949: 1) indicated some questions for curriculum development in 4 aspects as: 1) What were the objectives? 2) What were the contents? 3) How were the contents and experience arranged? 4) How was the evaluation done?

Herrick and Tyler (1950: 41 cited in Sa-ngad Utranand, 2530:83; Taba, 1962: 425) demonstrated a chart expressing the correlation among the components of the curriculum as follows:

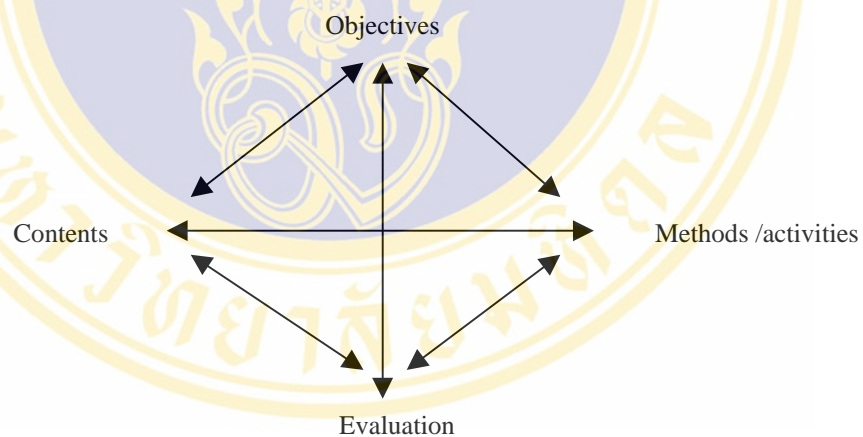


Figure 1: The correlation among the components of the curriculum
(Herrick and Tyler (1950: 41 cited in Utranand S., 1987: 83; Taba, 1962: 425))

Additionally, this concept was similar to the establishment of the curriculum components by Taba (1962: 422-425), in summary, the components consisted of 4 aspects as:

1. Objectives of the curriculum
2. Contents in each course regarding the objectives
3. Activities and teaching process

4. Evaluation of the curriculum for monitoring the achievement of the students toward the objectives

All components are necessary for the developers who developed the curriculums used to make the study having the great achievement regarding the objectives. All four components have to relate together as the following details:

2.1 Providing the objectives

Providing the objectives of the curriculum is the intention to create benefits to students aiming to stimulate students' developments or behavioral changes as needed. Hence, the intention is the key to control behaviors. Philosophy or concepts of curriculum objectives are taken as the scope of the study in schools or large institutes. The philosophy should be a compact statement comprising of extensive ideals and intention on the development of the study. It should have 3 descriptions such as duties of the institute, model ideal, and attributed qualifications of graduates (Sumitr Kunanukorn, B.E. 2523:35-37 cited in Linda Klaypaksri, B.E.2538: 20; Khaimook Vichiencharoen, B.E.2539: 13).

To provide the objectives of the curriculum, the philosophy was taken as the master key that was harmonious and appropriate to the demands of students and society. It aimed to elevate the abilities of the students in 3 aspects :

1. The ability to be good people with honesty, morals, ethics and good behaviors including sociability
2. The ability to utilize knowledge and skills in future careers according to the expertise and proficiency for supporting their families
3. The ability of self-improvement in cognition and intellect for themselves and others

Noticeably, the established objectives or goals should be covered in 3 aspects (Bloom, et. al., 1971 cited in Khaimook Vichiencharoen, B.E.2539:14) as cognitive domain, affective domain and psychomotor domain that were useful for stipulating contents, class work, teaching materials and evaluating techniques. Good objectives or goals should be set based on student's needs, social trends and requirements of each professional including philosophy and objectives of the institute.

2.2 Contents

Content motivates students to gain the learning, as well as being a tool to achieve the goals or objectives of the education. Hence, the content of the study should be consistent with the objectives of the course that should be related to experience leading to the expected benefits of the effective learning. [Taba \(1962: 265-289\)](#) stated the criteria of content selection and learning experience as follows:

1. Validity and significance of content
2. Consistency with social realities
3. Balance of breadth and depth
4. Provision for a wide range of objectives
5. Learning ability and adaptability to experiences of students
6. Appropriateness to the needs and interests of the students

2.3 Class activities

As instruction enhances students to reach the objectives, instructors should apply many kinds of appropriate instruction ([Sumitr Kunanukorn, B.E. 2518: 136](#)) regarding the 3 components of instructors, content and students. Consequently, instructors should select teaching techniques and activities that were interesting and consistent with the content and students ([Thawatthai Chaijirachayakul, B.E. 2529: 194](#)).

Teaching techniques or methods can be categorized as follows: ([Sumitr Kunanukorn, B.E. 2518: 136-139](#); [Paitoon Sinlarattana, B.E. 2524: 96-146](#) cited in [Kaimook Vichiencharoen, B.E. 2539: 21-22](#))

1. Lectures to express necessary contents of the courses to students and offer the opportunities to explain and achieve standard understanding of problems.

2. Debate and discussion was generally applied in lectures at the end to motivate students to think, analyze and critique including applying the perceived knowledge with previous knowledge. So that it could be a review for better understanding of the contents.

3. Practice and demonstration aimed to elevate skills of the students. Those techniques included demonstrations, experiments, field trips and practice. Major points were the location and the equipment. Full equipment was a key to this successful technique.

3. Self-experiment accelerated the creative ideas and freedom of learning.

The instructor was responsible for establishing the outline of the course and preparing necessary documents, materials or equipment for the class including prompt supervision.

4. Seminar was a teaching technique with the purposes of teaching students the contents; driving creative ideas; and developing various skills e.g. thinking, presentation, discussion, survey and so forth. This technique offered the opportunity for students to freely express their opinions; their expression and participation in the seminar relating to whatever they research or preparation they did.

5. Problem-solving group was a teaching technique for small groups. The instructor would give them an assignment or problems with limited time (at least 2 hours) and students in each group had to discuss and solve them. This technique aimed to enhance students as group players, with participation. It also promoted skills of public presentation.

2.4 Evaluation

Evaluation was the examining process to measure the students' achievement toward the goals and objectives of the study. Evaluation was an important feedback as the tool of quality control in the teaching system. It needed to have consistency in the planning and clarified objectives for the accurate results in the evaluation (Linda Klaypuksri, B.E.1995: 32).

Thamrong Buasri, (B.E.2542: 290-291) stated that instructors could evaluate in 2 aspects as follows:

1. Formative evaluation was to understand the progress of the study toward with the set objectives. It assisted the instructors to improve their teaching styles. The formative evaluation consisted of midterm examinations, tests of each course, group or solo reports, and presentations.

2. Summative evaluation was to measure the summary results of the study at the end and was involved with what grade the students achieved and the failing or passing the examinations. The summative evaluation comprised the final examination, or reports or projects in some courses and presentations. This evaluation may use one

or all of the results of the above mentioned methods or the evaluation of the studying progress to evaluate the students regarding the appropriation of each course.

To evaluate students, instructors should consider what types and methods of evaluation should be employed; for instance, examination, evaluation of reports or projects, individual progressive evaluation (oral presentation, debate, participation, demonstration and so forth), evaluation of student interest, consistency (attending class, information research etc.) and other methods.

Subsequently when planning and setting the objectives and evaluation, the instructor should consider what the references should be with the evaluated results. In general, there were two types of references as follows:

1. Norm reference was the comparison of individuals in the same studying group that attempted to find differentiation among students.
2. Criterion reference was the comparison of details of students and criteria or objectives to evaluate the capabilities of students.

Practically, both types of references were used if there were small numbers of students because group reference in grades or levels of score was unfair for small numbers of students. Hence, the instructors should be concerned with the most fair and appropriate evaluation technique.

As previously mentioned, the researcher employed the principle concepts and theories associated with the curriculum and the components to be the conceptual framework of this study by analyzing the documentary curriculums and the consistency of curriculum components in 4 aspects.

3. Curriculum analysis

Guranick (1970 cited in Linda Klaypuksri, B.E.2538:15) defined the analysis as the recognition of anything as parts of individual components that were associated together. This recognition was beneficial for examining each proportion in detail.

Analysis of curriculum referred to the recognition of curriculum components that were used in the curriculum establishment no matter what the concepts or theories were. It normally emphasized 4 components, objectives, contents, class work, and evaluations (Kaimook Vichiencharoen, B.E.1996: 23-24).

Patterns of curriculum analysis

Concept of Curriculum analysis by Sumlee Thongtiw

Sumlee Thongtiw (cited in Duangjan Deawvilai, B.E.2532:38; Ljnda Klaypuksri, B.E. 2538:15; Woraparn Keeranond, B.E.2540:27) indicated that there were 3 favorite patterns of curriculum analysis as follows:

1. Analysis of curriculum fundamentals was descriptive aiming to explain the facts of the curriculum fundamentals by focusing on the correlation among curriculum and other social factors. The analyst had to assess the actual information or situation associated with the curriculum development and then find the correlation between curriculum and the gathered situations in sequence with clarified scope and criteria.

2. Analysis of curriculum components was to get details or to find the correlation among the components of curriculum. That could be done as follows:

- 2.1 Analysis of curriculum details toward the criteria, for instance; level of knowledge of Bloom and learning experience criterion. The analyst would consider objectives, contents or arrangement of learning experience toward the criteria for clarifying what level the content should be and what kind of theory the learning experience was related to. The result of analysis would be presented in frequencies and percentages to compare between the intervals.

- 2.2 Analysis of intrinsic details or the analysis of consistency of intrinsic details by analyzing any proportion of the curriculum aiming to compare the consistency with other details of the curriculum.

- 2.3 Analysis of behavioral details of instructors and students in order to be a guideline for assessment.

- 2.4 Analysis of curriculum in details of individual setting subjects such as minimum age of student, years of studying in schools, years of compulsory education, the arrangement of education level, objectives of the arrangement of education level, the arrangement of individual subjects, and patterns of curriculum plans. This type of analysis would be used for comparing general patterns of different curriculums.

- 2.5 Analysis of curriculum structure for identifying problems

- 2.6 Analysis of curriculum concepts by considering the consistency

among the curriculum components, core concepts of setting curriculums and analysis of range. It began with the provision of a conceptual framework and examined the consistency of various components and the conceptual framework.

3. Planning analysis attempted to define the correlation among variables and to identify values of variables as well as indicators of appropriate actions and acceptable matters for the most effective objectives of the study.

Concept of curriculum analysis by Siriporn Boonyanand

Siriporn Boonyanand (B.E.2522 cited in Woraparn Keeranond, B.E.2540: 27) categorized two types of curriculum analysis as follows:

1. Curriculum analysis for clarifying the components of the curriculum
2. Curriculum analysis for determining the quality of curriculums, advantages/disadvantages and what needed to be improved.

These were consistent with the concepts of curriculum research of Siriporn Boonyanand, (B.E.2531: 214-215) and were distinguished into 3 types as follows:

1. Content analysis by analyzing or evaluating the quality of the curriculum components, particularly the contents emphasizing on its consistency among students, environment, accuracy, knowledge principles and intrinsic components. Those generally applied to documentary analysis, for instance, curriculum-book, textbooks, handbooks or side study books.

2. Analysis of curriculum intervention was the analysis of the process and the components of curriculum intervention in schools which were significant variables that assisted the success of the curriculum regarding the curriculum objectives.

3. Analysis of the outcomes of curriculum intervention was the value assessment of the curriculum by studying the outcomes of the curriculum after intervention such as immediate outcomes and long-lasting outcomes.

Regarding the concepts of Sumlee Thongtiw, and Siriporn Boonyanand on the curriculum analysis, the analysis on the origin of the curriculum and the components were harmonious with the descriptive analysis of the curriculum. The planning analysis was consistent with the curriculum analysis for decision. Those outcomes indicated what should be done or improved for developing the appropriate curriculum toward the standard.

The Gow Model: The Intrinsic Analysis Model)

The Gow Model was the evaluation of curriculum quality by Doris T. Gow (1979 cited in Nisarath Silpadeth, B.E. 2536: 92-93) with major criteria as follows:

Step1: Analysis of documentary curriculum considered in 4 components :

1.1 Opportunity, was considered by the opportunity of studying the contents with the summarized idea that was consistent with the contents and skills, and opportunity of learning the curriculum intervention with the concentration of the contents and various reactions of students.

1.2 Motivation, was considered by abilities of students who were free to guide themselves, make their decisions, evaluate themselves and plan their own studies; abilities of students to gain intrinsic and extrinsic reinforcement; and variety of teaching patterns, methods and strategies.

1.3 Curriculum Structure was examined by the consistency among objectives, behaviors and requirement of students; the consistency between objectives and lessons; the consistency among examinations, objectives and lessons; the appropriateness of the provision and the sequence of objectives for achieving the goals of the curriculum; and the appropriate guides for instructors to identify and promote student's learning.

1.4 Instructional events were determined by the appropriateness of the teaching handbooks associated with concepts and basic knowledge of instruction for instructors; the appropriateness and clarification of documents to offer students the guidelines of the study; various types of convenience related to teaching management; and the consistency between instructional strategies and the characters of students.

Step2: Decision on curriculum quality

In this step, educational theories and psychology were major principles for decision and not the analyst's opinion. This differed from other assessments. In addition, setting up the criteria inclusion had to be applied with the accepted theories that made a better decision on curriculum quality

Likewise, there are many models, and evaluating techniques established by educational developers on curriculum analysis, for instance; the Stake Congruence Contingency Model by Robert E. Stake, the Curriculum Evaluation Checklist, the Puissance Analysis Technique, the Phi Delta Kappa Commission Model by Phi Delta

Kappa, the Provus' Discrepancy Evaluation Model.(Chaitip Cheorattanapong, B.E. 2539: 208-244; Nisarath Silpadeth, 2536: 79-97; Tissanakaemane, B.E. 2535: 133-151).

In this literature review associated with the analysis of curriculum, investigators expressed various research objectives and methodologies with familiar or different patterns as follows:

Kaewta Kanawan, et.al. (B.E.2522 cited in Daungjan Deawwilai,B.E.2532: 49) conducted the graduate curriculum analysis of Teacher's colleges in Thailand. It compared between the curriculums of 4-year graduate teaching degrees from 9 Institutes and also identified the similarity or difference in 4 components: objectives, contents, professional experience, and evaluation among those curriculums from those institutes. The process of the research was to analyze documentary curriculum handbooks and individual curriculum components. This was similar to the study of Chanpen Cheopanich,(B.E.2523 cited in Daungjan Deaw-wilai,B.E.2532:54; Chanpen Cheopanich, B.E. 2536: 106) on the graduate sciences teachers curriculum analysis of 7 Institutes by analyzing and comparing the documentary curriculums to identify the similarity and difference of curriculums, objectives, overall structures of the curriculums and structures of each course. Interviews with administrators and instructors who were involved with the curriculums was conducted aiming to distinguish each course in each category with the same classifying standard. Furthermore, Somjintana Kijjakarn (B.E.2527) also conducted a study on the curriculum analysis of Bachelor of Nursing of the Air Force Nursing School with documentary research aiming to analyze the curriculum components in philosophy, objectives, contents, class theoretical and practical activities, and theoretical and practical evaluations. It also added up the correlation analysis of the curriculum components by using the analysis table to identify the consistency of curriculum objectives and individual course objectives in each course so that outcomes addressed the correlation of all aspects.

Supawat Aim-Och, (B.E.2528) employed the analysis of curriculum components with general and specific objectives, curriculum structure, contents, instructing hours, class activities and evaluation by analyzing the documentary curriculums with the 3-pattern analysis table and instructors' opinions by using a

questionnaire. Similarly, the study of Subongkoch Yenyodwichai,(B.E.2530) on the curriculum analysis of professional teachers of Teacher Colleges in Bangkok applied an analysis table for indicating the curriculum components and a questionnaire for getting opinions of executives, instructors and students but added up the comparison of all components of each curriculum with the standard curriculum of Bachelor degree (1982) of the University Bureau and found that it demonstrated consistent outcomes.

Likewise, Surasak Dejkong,(B.E.2528) analyzed the curriculum of the certificate of teacher training in primary education, 1981. This study emphasized the curriculum components with the purpose of defining the expectation of the graduates by using a questionnaire combined with survey items, a rating scale and open-end questions. The sampling group of this study consisted of 124 executives who were involved with the curriculum intervention and 1,085 instructors who performed the interventions. The results indicated that curriculum components expressed intrinsic consistency. The executives stated that principles, objectives and curriculum structure had great appropriateness. The instructors declared that curriculum contents were mostly consistent with curriculum objectives.

Furthermore, Daungjan Daewvilai,(B.E.2532) studied the curriculum analysis of Thai Teaching Education in 1892-1987 by analyzing the historical methodologies and the documentary analysis techniques in 4 separate periods. The curriculum analysis of each period highlighted philosophy, curriculum objectives, contents, instructions and evaluations. It manifested consistency between the curriculum objectives and social requirements. Correspondingly, Kaimook Vichiencharoen, (B.E.2539) studied the curriculum analysis of the Professional Fundamental Nursing in Thailand in B.E.2439-2537 by focusing on the curriculum contents from 20 Nursing Institutes. The established curriculum analysis model emphasized philosophy, and objectives, contents and learning experiences, instructions techniques and evaluation. In summary, the outcomes of various curriculum characters in each period were declared in order to be a guide for curriculum development by establishing a questionnaire to identify the concepts of curriculum development of the Professional Fundamental Nursing curriculum. The established questionnaire was used for gathering opinions and suggestions of 43 experts and instructors who had gained a doctorate degree from Nursing Institutes.

Linda Klaipuksi, (B.E.2538) researched curriculum analysis and the management of learning experience associated with elderly nursing care in 19 curriculums of Bachelor of Nursing or equivalents by analyzing the curriculum of elderly nursing care established by the researcher stressing 4 curriculum components of philosophy-objectives, objectives-individual course content, class activities and evaluations. The questionnaire was developed to define the management of learning experience on elderly nursing care in 3 activities: planning, implementation and evaluation. Similarly, Worapan Keranond, (B.E. 2540) analyzed the graduate curriculums of the schools of Thai Dramatic Arts by applying the checklist analysis model with the curriculum components and the analysis model with the curriculum objectives regarding education purposes. This study also compared components in each curriculum among the institutes. Additionally, it analyzed the concepts of curriculum development by documentary analysis, expert's opinions and the researcher's concepts taking them as the guideline of effective curriculum development for the schools of Thai Dramatic Arts.

From the literature review, most research objectives focused on the curriculum analysis aimed at consistency of curriculum components . In this study, the researcher applied the concepts of the curriculum analysis on the consistency of curriculum components by analyzing the existing curriculums of eldercare workers and babysitters from private training schools/centers in Bangkok and identifying the consistency among 4 components. This study also made a comparison of the curriculums of private training centers with the standard curriculum by the Department of Private Education Commission, Ministry of Education.

As above mentioned, most were the concepts and theories associated with the admissible factors that were applied with the management of curriculum of eldercare workers and babysitters in Private Training Centers. The most significant factor of any business success that achieved the purpose statement is proper management principles. Hence, school/center managers should have sufficient knowledge of curriculum management apart from general school management. The researcher defines the concepts of curriculum management as follows.

4. Curriculum management

Management referred to group working of at least 2 persons doing a job that achieved its objectives by the management process. Hence, responsibilities of the administrator are to set the policies, planning, and objectives for task assignment to team member and cooperation with other departments, utilization management and evaluations. Curriculum management is similar to the job manners of general management employed in education institutes except for the objectives, methodologies and evaluations.

Therefore, Curriculum management referred to the management process of curriculum implementation divided into 3 steps, curriculum planning, implementation and evaluation (Preeyaporn Wong-a-nuttraroj,(B.E.2539) as follows:

Planning

Curriculum preparation had to be done in advance. Systematic planning with the revolution of education was necessary. The curriculum preparation consisted of fundamental curriculum review, curriculum promotion and personnel preparation which was involved with instructors, demonstrators, guidance, and executives in each education level. It also included facility preparation such as training and teaching materials, libraries, buildings, budgets, training locations, handbook establishment, project proposal, teaching plans, assessment of student's readiness, social response evaluation and provision of an organization structure for reliable responsibilities with convenience of curriculum management.

Implementation

This step was to implement or operation of the curriculum management that included the conference of instructors and related personnel, the orientation for new students, the establishment of a teacher's handbook, teaching schedule preparation, management of teachers for appropriate lessons, facilities preparation and practice.

Evaluation

This was performed to evaluate each learning course of the curriculum to define the coincidence of the curriculum and take the evaluating outcomes to be a guideline for the curriculum modification.

Hence, curriculum management is significant in the operation of instruction or training in schools or centers aiming to achieve the curriculum objectives and produce qualified eldercare workers and babysitters to serve the increasing demand of customers.

From the literature review, the demand for eldercare workers and babysitters in present Thai society, particularly in Bangkok, is because of the need for substitutes instead of parents for children or primary caregivers for elders or patients. At present, businesses of healthcare services have been created and one of them is private training schools/centers for producing eldercare workers and babysitters to serve client's demands at homes or hospitals. Those informal caregivers had passed the training to earn sufficient knowledge and skills in eldercare and childcare regarding the policy of each private training school/center. Currently, no evidence of the direct study on obvious curriculum characters has been found. Consequently, the researcher decided to conduct the exploratory research on the training program analysis and management of eldercare workers and babysitters of private training centers in Bangkok. The expected outcomes may offer the basic information for related departments and clients who are interested in those kinds of service. They also can be guidelines for modifying and developing the training program and establishing the service standard that will be beneficial for clients and further research.

CHAPTER 3

MATERIALS AND METHODS

Research Design

This descriptive exploratory research was designed to analyze the training programs and management of babysitters and eldercare workers in private training centers in Bangkok. This chapter describes the methodology, according to the following topics.

Population and Samples

The inclusion criteria of the population in this study were as follows:

1. Private training centers that provided training for eldercare workers and/or babysitters which existed and were operating in Bangkok.
2. All administrators of private training centers of eldercare workers and/or babysitters who agreed to participate in this study.
3. The training program of eldercare workers and/or babysitters in each private training center in Bangkok

Convenience sampling was used to select 12 private training centers and administrators who agreed to participate in this research, who may be persons who held the license, or managers or headmasters of those centers.

Settings

The settings for this study were babysitters and eldercare workers in private training centers located and operating in Bangkok Metropolis.

Instruments

The instruments used in data collection were comprised of two sets as follows (see Appendix B):

Set one

This consisted of 3 parts; the structural interview form, the self-report questionnaire, and the additional comments form.

Part 1. The Structural Interview Form

The structural interview form was developed by the researcher particularly for this study. The questions were used to assess the administrators' general demographic characteristics and operational information about center management, for instance, operational data, qualification requirements of students and instructors, type and strategy of training program, and associated business about healthcare agency for babysitters and/or eldercare workers. Twenty-seven checklist and open-ended questions were used for the interviews.

Validity and Reliability

The content of the structured interviews were evaluated for content validity by ten experts: three nurse instructors in elderly nursing, three nurse instructors in paediatric nursing, one educator from the Ministry of Education who was associated with monitoring of the curriculum for eldercare workers and babysitters, and three educators in education management (Appendix C). To modify the final structured interview, the researcher took suggestions from all experts with the acceptance criteria being that any question which earned 8 out of 10 consistent opinions of the experts could be taken as positive for content validity. On the other hand, any question which earned less than the above mentioned score was modified according to the recommendations of the experts.

Part 2: Training Program Management Questionnaire

This questionnaire was adapted from Linda Klaipaksri (B.E. 2538) to use for eliciting performance level for the training program management of the administrator that was specially developed by the researcher for this study. It stated 3 aspects of managerial activities of the administrator conducted from three aspects of curriculum management framework of Preeyaporn Wong-anutraroj's concept as curriculum planning, curriculum operation and curriculum evaluation, as well as the information generated from the literature review.

The total number of items in this questionnaire was 41 items including: planning aspect 17 items, operation aspect 12 items, and evaluation aspect 12 items. Most questions in this part used a 5 point Likert scale of performance level, classified as 1 = never performed, 2 = slightly performed, 3 = moderately performed, 4 = mostly performed, and 5 = fully performed. The total scores ranged from 41 to 205, with higher scores indicating higher performance level.

Validity and Reliability

The content validity of questionnaires were evaluated and made suggestion by ten experts: three nurse instructors on elderly nursing, three nurse instructors on paediatric nursing, one educator from the Ministry of Education who was associated with the monitoring of the curriculum of eldercare workers and babysitters and three educators on education management (Appendix C). To modify the questionnaire, the researcher took the suggestions from all experts with the acceptable criteria that any questions which earned 8 out of 10 consistent opinions of the experts could be taken as positive content validity. On the other hand, any questions which earned less than the above mentioned score was modified regarding the recommendation of the experts. The reliability of the questionnaire was tested with ten private training centers' administrators. It was found that the reliability by Cronbach's alpha Coefficient was .96

Part 3: Additional comments Form

This form was answered by descriptive explanations with individual opinions of each administrator.

Set two

This was the training program analysis table applying the concept of the content determination regarding the standard curriculum approved by the Ministry of Education and the congruence analysis table of the training program objectives and components: contents, class-work activities and evaluations based on the conceptual framework of Herrick and Tyler's congruent concept of the curriculum components in 4 aspects, i.e 1) curriculum objectives, 2) contents, 3) class-work activities, and 4) evaluation (Herrick and Tyler, 1950) by taking the training program objectives as the core to analyze the congruence of the objectives with the contents, class-work activities and evaluation components, in as the example (Table 1).

Table 1 : Example table of training program analysis

Training program components	Check list		Congruent to objective		Remark
	yes	no	yes	no	
Objectives					
1.					
2.					
Course contents					
1					
2.....					
Class work activities					
1.					
2.					
Evaluation					
1.....					
2.....					

Validity

The tables of training program analysis were evaluated for content validity by ten experts: three nurse instructors in elderly nursing, three nurse instructors in paediatric nursing, one educator from the Ministry of Education who was associated with the

monitoring of the curriculum for eldercare workers and babysitters, and three educators in education management (Appendix C). To modify the final table of training program analysis, the researcher took the suggestions of all experts and modified the table according to the recommendations of the experts.

Data Collection

The data were collected by the investigator as follows:

1. The numbers of private training centers for eldercare workers and/or babysitters in Bangkok were investigated from the Registration Division, Office of Private Education Commission, Ministry of Education, and also from the yellow pages, leaflets, brochures, Internet sources, and promotion by snow ball technique.
2. The researcher contacted the private training center administrators by telephone to confirm their current operating status and asked for research participation. There were 23 registered private training centers in existence, and only 12 training centers agreed to participate in this study.
3. A letter of introduction from the Faculty of Graduate Studies, Mahidol University, asking for permission for data collection, was submitted to the administrators of each private training center.
4. An appointment with the administrators was made aiming to get an interview and participation in the questionnaire from the administrators, and included permission to analyze their training program. No unregistered private training center gave permission to visit, so no research on this population was performed in this study.
5. After getting permission, the researcher brought the letter of introduction with the protection of human rights, to the training center administrators and asked for their participation in data collection by completing an interview and analyzing the training program. Only 5 training center administrators permitted the researcher to analyze the training program. The questionnaire was left for answer by the administrator and sent back to the researcher by mail in 1 week. If it was delayed more than 1 week, the researcher tried to request it by telephone at least 3 times over for 2 months. Finally, 11 administrators returned the questionnaire but one did not although the researcher tried to call back more than 3 times, but was unable to reconnect.

6. The duration of data collection in 12 registered private training centers was from February 15-April 15, 2002.

Protection of Human Rights

This study was concerned with protecting the human rights of the participants, so the researcher provided an introductory letter issued by the Graduate School, Mahidol University, which was submitted to the center administrators of each private training center for their cooperation in this study. The introduction, research objectives, methodology, expected benefits and duration of data collection were all stated. All gathered data would be kept confidential and be presented as group data. The participants had the right to withdraw from the study at any time without any impact. To participate in this study, all participants had to sign the consent form, as well as the written evidence.

Data Analysis

The Statistical Package for the Social Sciences for Windows, Version 10 (SPSS/FW version 10) was used to analyze the data gathered.

Set 1:

1. The demographic characteristics data were calculated by using frequency and percentage.
2. Training program management for eldercare workers and babysitters of center administrators was analyzed by mean (\bar{X}) and standard deviation (S.D.) of each training activity, emphasizing planning, operation and evaluation in both items and aspects, with the mean criteria as follows:

Mean of 4.50-5.00	referred to	activities fully performed
Mean of 3.50-4.49	referred to	activities mostly performed
Mean of 2.50-3.49	referred to	activities moderately performed
Mean of 1.50-2.49	referred to	activities slightly performed
Mean of 1.00-1.49	referred to	activities never performed

3. The additional comments of the center administrators were analyzed and summarized by frequency.

Set 2:

The content analysis of eldercare workers and babysitters regarding congruence among the curriculum components: 1) objectives and contents, 2) objectives and class-work activities, and 3) objectives and evaluation, were analyzed by frequency and percentage.



CHAPTER 4

RESULTS

The results of this study on the training program analysis and management of eldercare workers and babysitters private training centers in Bangkok will be presented as follows:

Part 1 The general status of private training centres, administrator's demographic characteristics, operation and training program management.

Part 2 The training program analysis of eldercare workers and babysitters of private training centers

Part 3 Administrators' additional comments

Part 1 The general status of private training centers, the administrator's demographic characteristics, operation, and the training program management

1. The general status of private training centers

The researcher conducted the survey gathering the numbers of current private training centers in Bangkok (until March 31, 2002). The outcomes are as follows:

1.1 The twenty three private training centers are registered in Bangkok as the private schools under the Private School Act (1982), Article 15(2), of the Ministry of Education and are operating. Twelve administrators allowed interviews and visits were performed. Five administrators permitted the researcher to explore and analyze the training program and information related to training program management.

According to 12 registered private training centers, one training center offered only the training program of babysitters and one training center provided only the training program of eldercare workers. Ten training centers offered training program of both eldercare workers and babysitters. Two of them had been operating over 10

years. One training center had the shortest period of operation of one year. The average operating duration of private training center was 5 years and 4 months.

1.2 There were 33 unregistered private training centers in Bangkok found according to information from many sources such as the Division of Business Development, Ministry of Commerce, Yellow Pages, brochures, leaflets, advertising billboards and snow ball technique promotion. Most of them refused to participate in this research even when personal contacts with the authorized persons of those training centers were made. The most popular reasons for refusing were the training program used was unclear and the training courses provided were short. One training center replied it had no need to perform a training program because taking care of babies or elders was an easy job as well as routine activities.

1.3 The numbers of students who completed the training program of eldercare workers and babysitters was gathered from only 10 schools (two schools did not give information). The statistics from 1999-2001, showed there were totally 3,308 students with the annual numbers of 785, 780 and 1,473 students, respectively (table 2).

Table 2: The numbers of completed students in each private training centers (n=10)

Range of Training Centers	Completed Students Number yearly			
	1999	2000	2001	Total
1 st training center of eldercare worker only.	11	47	42	100
2 nd training center of eldercare workers and babysitters.	155	81	68	304
3 rd training center of eldercare workers and babysitters.	15	36	23	74
4 th training center of eldercare workers and babysitters.	422	310	710	1,442
5 th training center of eldercare workers and babysitters. (just open for 1 year)	-	-	40	40

Table 2: The number of graduated students in each private training school**(n=10) (cont'd)**

Range of Training Centers	Completed Students Number yearly			
	1999	2000	2001	Total
6 th training center of eldercare workers and babysitters.	21	102	125	248
7 th training center of eldercare workers and babysitters.	42	70	12	124
8 th training center of eldercare workers and babysitters.	90	90	90	270
9 th training center of babysitters only	29	44	63	136
10 th training center of eldercare workers and babysitters.	Around 300			300
Total	785	780	1,473	3,038

2. The administrator's demographic characteristics and training center management

2.1 The administrator's demographic characteristics

Three administrators held three positions, such as a license holder, manager and instructor. The rest were employees who held the title of manager or headmaster. Most(11 interviewees) were female with an average age of 49.16 years. The most common age group of administrators was mostly 41-60 years. Eleven administrators claimed to have experience of eldercare and babysitting. Nine administrators had graduated in the training of childcare and/or eldercare. Three administrators had no experience of any training in eldercare and childcare (SeeTable 3).

The most common experience of administrators was the experience as registered nurses from both private and public hospitals. Six of them stated that they had over 10-years experience in nursing. One claimed to be a practical nurse (PN)

with over 10-years experience of eldercare and had been an instructor of the nurses aid course in a private hospital for 32 years. One is a physician. Four administrators were non-medical personnel. And one administrator declined to release the information (Table 4).

There were six administrators from 6 centers who had passed the training course for eldercare and childcare. Four administrators were trained in school management. And two administrators did not specify about training (Table 5).

Table 3: Frequency of administrators' demographic characteristics (n = 12)

Characteristics	Frequency
1. Position : As the owner, license holder, manager and headmaster	3
: As an employee , manager and/or headmaster	9
2. Gender Female	11
Male	1
3. Age < 40 years old	1
41-60 years old	10
> 60 years old	1
4. Experience of eldercare and childcare - yes	11
- no	1
5. Had ever trained in the course of eldercare and/or childcares - yes	9
- no	3

Table 4: Experience in eldercare and childcare of administrators(n = 12)

Experience	Frequency
1. Experience of registered nurse for over 10 years	5
2. Had worked as a professional nurse in a hospital that provided eldercare	1
in the USA for over 10 years and visited Home Health Care in Canada	
3. Had the experience of practical nurse (PN) with eldercare for over 10 years and worked as an instructor for nurse aid in a	1

private hospital for 32 years

Table 4: Experience in eldercare and childcare of administrators(n = 12)(cont'd)

Experience	Frequency
4. Being the owner of a children's nursery	1
5. Had run the business of delivering eldercare workers and babysitters Discovering most students had poor quality of service so establishes a private training school.	1
6. Being a physician	1
7. Unidentified previous experience	1

Table 5: Training experience in eldercare and childcare of administrators(n =9)

Training	Frequency
1. Training on eldercare and/or childcare	9
2. Training on school management provided by the club of eldercare worker and babysitters private training school	4

2.2 The operation of eldercare worker and babysitter private training centers of administrators.

2.2.1 Qualification of potential instructors

The instructors consisted of personnel that had a degree in nursing and other fields. Eleven private training centers employed instructors who were professional nurses with a Bachelor's or Master's Degree in nursing and one center did not employ professional nurse providing teaching with no reason to declare by its administrator.

Those eleven instructors were teaching the courses of eldercare, childcare and fundamental nursing. Besides, one of eleven center also employed a

practical nurses (PN) that had over 10-years experience as a manager and instructors of general principles, ethics, social manners, proper communication and telephone speaking skills. Another one center in these group employed an instructor who had a Bachelor's degree in education with a major in primary education and passed the training course for babysitters. Additionally, one center declared they also had an instructor who graduated with a Bachelor's degree in political science and law who taught as a part-time teacher in the topic of labor law. All private training centers hired both full-time and part-time instructors.

2.2.2 Qualifications of potential students

The qualifications of potential students required as follows:

Previous education

The majority (7 centers) of private training centers required at least an education level of grade 9 (Mathayom 3). The minority (5 centers) accepted students who graduated at least grade 12 (Mathayom 6) level or equivalent.

Age

Six centers required applicants age 18 years and over, three centers required students aged 17 years old and over, two centers accepted at least 15 years old and only one center stated 16 years old and over.

Other qualifications

Most private training centers required students with good health, no epidemic diseases, good personality and good attitude to the job of career. Two centers accepted only female students. Especially, students who applying for the course of babysitter were suppose to have physical examination by physician and get negative results in Hepatitis B Virus and Anti-HIV, normal chest x-ray and be parasite free. They should have clean skin appearance, no carsickness and no history of allergy to air conditioning or fans or other allergic diseases.

2.2.3 Teaching and learning process

Time schedule

Two private training centers, which one provided only training program of eldercare workers and another one provided only training program of babysitters,

had a time schedule for teaching and learning of a total 3 months. Other ten centers which provided both program of eldercare workers and babysitters normally offered a total 6 months schedule: 3 months for theory and 3 months for practice.

Theoretical sessions

Most 12 private training centers provided theoretical sessions including lecture and demonstrative instruction. These sessions consisted of necessary information and knowledge that created the same understanding by demonstrations in class prior to the actual hands-on practice in real situations for instance, complete bed bath, suction from an applied bottle, holding and bathing a baby by practicing with baby models, tube feeding by installing the tube in the bottle, lifting, supporting, restraining, and mobilization for immobilized patients such as changing position, passive exercise and wheel chair ambulation. Furthermore, students had to be encouraged to participate in learning experience by doing individual or group report and presenting it in the class under supervision of the instructor.

Practical sessions

These included practice in private hospital, nursery or nursing home and site visit . Most practice for childcare was in nursery and private hospitals (10 centers) and only 2 centers practiced in kindergarten schools. Most eldercare workers (8 centers) were trained in private hospitals and a minority (4 centers) were trained in private nursing home.

Teaching medias and materials

All centers(12centers) used posters, flip charts, and overhead projectors as teaching medias and materials because they are abundant, reasonable cost and use self-preparation but there were only two centers that included videos and slides in their teaching. All private training centers stated that they had demonstrative equipments as the requirement of the standard curriculum proved by the Ministry of Education.

2.2.4 Benefits and welfare of students

To allocate welfare and security for students, nine private training centers provided dormitories for them but the rest three centers didn't give any information. . Eight of nine centers offered free charge for dormitory and one

required 500 Bath for a one-time fee at first entry. The one of nine offered free meals. All schools were responsible for monitoring behaviors, good manners and social manners of students. Most dormitories had rules about open-close times. Two administrators offered the deposit money and spend for proper living expenses of students and there were teachers who had responsibility for those activities.

2.2.5. Tuition fees

From the interviews, four administrators gave information about Tuition fees of approximately 12,000-15,000 bath per one training program. If students were poor, the school administrators had to borrow money from the Department of Skill Development for their students with a contract to return it later after finishing the course and getting a job.

2.2.6 Agency service for babysitters and eldercare workers

Nine of twelve centers were an agency of care worker service by delivering these babysitters and eldercare workers who completed the course of training. Most centers charged in range of 301-400 bath per day and 6,001-7,000 bath per month excluding cost of daily meals of as 60-100 bath per day. If employers allowed the workers to stay in-house, the meal fee is ignored but food was the responsibility of employers. The care workers earned one day-off per week and a substitute day-off for every national holiday that was be in the contract. The right of employers was to be allowed to request a change of employee and the employee also had the right to request a change the new employers. The major reason to request the new care workers is dissatisfaction with the service and the secondary reason is inappropriate character. The first reason for employees to change employers was asking for extra work not in the job description. The second was improper meal and rooms as offered in the contract. Finally, poor relationships with relatives of the patients were the third reason.

Part 2 The Training Program Management

The training program management of babysitters and/or eldercare workers in 11 training centers (retrieved from the returned questionnaires that were sent to 12 training centers but only 11 were received) could be analyzed and clarified the performance levels of administrators as follows:

2.1 Performance level of training in overall aspects

There are 5 levels of performance in the training of babysitters and/or eldercare workers training program. Most center's administrators showed a mean of overall performance in the highest level (X) = 4.58. The highest mean of managing characteristics focusing on the operation aspect was 4.65 with a closely same standard deviation (S.D.) in every level of performance (Table 6).

Table 6: Mean, standard deviation and performance level, overall and individual aspect of managing characteristics of administrators (n = 11)

Managing Characteristics	X	S.D.	Performance Level
Planning	4.59	.24	Fully performed
Operation	4.65	.17	Fully performed
Evaluation	4.51	.21	Fully performed
Total	4.58	.21	Fully performed

2.2 Performance level of training in individual aspect

Considering individual aspects (Table 7), the performance level in planning of babysitters and/or eldercare workers training program in 11 training centers indicated the mean of the performance level was at the highest level ($X = 4.59$) of 12 items. There were five items which showed the mean of training in most performed level as: 1) to study national health policies concerning child care and/or elder care, 2) to study the present situation and demand for babysitters and/or eldercare workers, 3) to

establish criteria setting of eligible candidates for the training, 4) to prepare the training handbooks, and 5) to prepare the plan of the orientation (Table 7)

Performance level in the operation aspect of the training program had a mean at the highest level ($X = 4.65$) with 10 items. Only two items had activities with the mean at most performance level as: 1) teaching with lectures and examples oriented, and 2) employing teaching techniques such as group-problem solving with assignment and presentation by small groups (Table 8).

Performance level in the evaluation aspect of the training program showed a mean at the highest level ($X = 4.51$) with 8 items. Four items claimed to have a mean in the most performance level as: 1) the attitude evaluation of students on child care and/or elder care, 2) requiring the students do self-assessment for summative evaluation, 3) performance-evaluation or formative evaluations in both theoretical and practical sessions, 4) offering the opportunity for all staff in actual practice locations to evaluate the students' performance (Table 9)

Table7: Mean, standard deviation and performance level emphasizing on planning aspect of management characteristics of administrators (n = 11)

Managing Characteristics	X	S.D.	Performance level
1. Studying national policies and national health policies in elder care and child care	4.09	.83	Most performed
2. Studying the situations, problems and demand for babysitters and eldercare workers	4.45	.69	Most performed
3. Studying theories and core knowledge of child care and elder care for planning purposes in details and scope of the courses or training	4.45	.52	Most performed
4. Studying the curriculum of babysitters and eldercare workers approved by Ministry of Education for :			Fully performed
4.1 Setting training objectives	4.82	.40	
4.2 Providing course details	4.91	.30	Fully performed
4.3 Setting hours of theoretical sessions in individual course	4.82	.40	Fully performed
4.4 Providing evaluating techniques	4.82	.40	Fully performed
5. Providing the criteria for qualified candidates	4.18	.98	Most performed
6. Preparing/ selecting qualified instructors	4.91	.30	Fully performed
7. Preparing teaching materials, textbooks, documents	4.64	.50	Fully performed
8. Preparing teaching plans	4.73	.47	Fully performed
9. Providing the handbook of the course evaluation	4.64	.50	Fully performed

Table7: Mean, standard deviation and performance level emphasizing on planning aspect of management characteristics of administrators (n = 11) (cont' d)

Managing Characteristics	X	S.D.	Performance level
10.Preparing forms and evaluating handbook for the practical performance	4.5	.52	Fully performed
11.Providing a practical handbook associated with child care and elder care	4.45	.69	Most performed
12.Preparing the orientation plan relating to practical sessions of elder care and child care	4.36	.67	Most performed
13.Monitoring the promptness of and coordinating with the practical sites	4.55	.52	Fully performed
14. Planning for practice in actual locations or hospitals	4.70	.47	Fully performed
Total	4.59	.24	Fully performed

Table 8: Mean, standard deviation and performance level emphasizing on operation aspect of managing characteristics of administrators (n = 11)

Managing Characteristics	X	S.D.	Performance level
1. Explaining about the training program of the eldercare workers and babysitters	4.55	.52	Fully performed
2. Providing the orientation for new students	4.73	.47	Fully performed
3. Employing multi-techniques of teaching in class	4.64	.51	Fully performed
4. Teaching with lectures and examples oriented	4.36	.67	Most performed
5. Applying experience and recent events relating to childcare and eldercare in class	4.64	.51	Fully performed
6. Offering an opportunity to ask questions and express opinions about child care and elder care	4.73	.47	Fully performed
7. Motivating self-learning and class presentation	4.55	.69	Fully performed
8. Employing teaching techniques such as group-problem solving with assignment and presentation by small groups	4.36	.47	Most performed
9. Presenting class demonstrations e.g. baby bath, adult complete bed bath, bed preparation etc.	4.82	.41	Fully performed
10. Arranging direct experience from actual practice and out-source visit	4.82	.41	Fully performed
11. Creating a positive attitude to elder care and child care	4.73	.47	Fully performed
12. Merging morals, ethics and responsibility in the role of eldercare workers and babysitters	4.91	.30	Fully performed
Total	4.65	.17	Fully performed

Table 9 : Mean, standard deviation and performance level in the training of administrators emphasizing on the evaluation aspect (n = 11)

Managing Characteristics	X	S.D.	performance level
1. Setting the evaluating guidelines for the theoretical and practical training	4.64	.67	Fully performed
2. Posting the evaluating guideline for the theoretical and practical training	4.64	.51	Fully performed
3. Evaluating knowledge and understanding of the students	4.73	.65	Fully performed
4. Evaluating practical performance in elder and baby care	4.73	.47	Fully performed
5. Evaluating attitude of students in elder and baby care	4.46	.69	Most performed
6. Requiring self-evaluation of students after graduation	4.00	.78	Most performed
7. Evaluating teaching or periodical training in both theory and practice	4.46	.69	Most performed
8. Overall evaluation after graduation in both theoretical and practical sessions	4.64	.51	Fully performed
9. Notifying results of evaluation to students every time	4.55	.69	Fully performed
10. Opening for the evaluation of the students from related personnel	4.46	.21	Most performed
11. Periodically monitoring and evaluating the development of students after finish the course	4.55	.69	Fully performed
12. Opening to evaluate the care givers by clients	4.27	.01	Most performed
Total	4.51	.21	Fully performed

Part 2 Analysis of eldercare workers and babysitters training program of private training centers in Bangkok

1.The training program analysis

There were twelve private training centers participated and allowed the researcher to contact and took the interviews, however, only five training centers permitted to perform their training program analysis. Most (5) private training centers (100%) implemented the training program of eldercare workers and babysitters comprising the objectives, course contents, class work activities and evaluations with regard to the curriculum approved and developed by the Ministry of Education. (Table 10).

Additionally, there were extra details of content and evaluation components of the training program as follows:

1. Additional contents of training program

There were 2 centers which arranged additional contents from the previous program, included :

1.1 Additional contents related to eldercare workers and babysitters including responsibility of employers for the in-house care workers, for instance, frequent illnesses in every child-age, first aid for child accidents, cold-hot compression, theory and definition of aging, elderly welfare and accessible service locations, Thai traditional health massage, 5-S activities, service behavior, personality development and proper manner while on duty at customer's house. Most mentioned items are 100 % harmonious with the curriculum objectives.

1.2 Additional content associated with caring for chronic illness patients and working in hospitals as:infection control and standard precautions, specimen collection, vital signs assessment, caring for patients with chronic illness such as airway maintenance by suction and oxygenation, wet and dry dressing or caring for patient with tracheotomy tube, N.G. tube feeding, hand-feeding, oral-medicine administration and monitoring of fluid intake and output, General study of anatomy, technical terms and definitions, English names of organs, food and necessary equipment for patients. These contents were analyzed for the congruency among the training program objectives by individual items. The outcome stated that there was an

evidence of congruency in the fourth objective of the training program, as aiming to promote students to utilize proper knowledge and skills in their career with high effective performance at 25%.

2. Additional contents of evaluation methods

There were 2 training centers that showed more details of evaluation method, included as follow:

First training center measured the students' achievement in theoretical session by using writing examination, group activities score, self-study score, demonstrative and site-visit score. The cut-off score of theoretical session was 50 percent and over, as same as the measurement in practical session by cut-off score at 50 percent. However, the total score of both theoretical and practical session had to pass 60 percent and over. If students failed the examinations they had to re-exam not more than 2 times by the same examination and interviews.

Second training center measured the students' achievement in theoretical session by cut-off score at 40 percent, and 60 percent of practical session, but the total cut-off score of both session must not less than 50 percent. Furthermore, this training center administrator showed that she also used the criterion checklist to assess level of practice in each topic in practical session in each student as : 4 means very good (scored 80-100), 3 means good (scored 70-79), 2 means rather good (scored 60-69), 1 means minimal pass (scored 50-59), 0 means lower the criterion (scored less than 50)

2. Analysis of the congruency between objective and training program components in contents, class activities and evaluations

2.1. Congruency between objectives and contents

The analysis of eldercare worker training program revealed that all objectives were congruent with the contents in 7 from 9 items (77.8%)(Table 10). The analysis of babysitter training program showed that all objectives were congruent with the contents in 8 from 10 items (80 %) (Table 12). The content of both programs that were incongruent with three objectives were Thai and English languages communication, basic labor law that was associated with hiring contract, contract termination, labor protection law, labor relationship and additional contents that

associated with caring for chronic illness patients and working in hospital. These contents were congruent just only with the fourth objective that aimed to promote students utilizing proper knowledge and skills in their career

2.2. Congruency between objectives and class activities

The evidence demonstrated that most private training centers had congruency between class activities and individual objective at 100% by providing combined teaching techniques such as lectures, demonstrations, participation, two-way communication, self-study and single or group presentations in class.

2.3. Congruency between objectives and evaluation

Most schools had an examination in theoretical and practical knowledge by using the cut score at 40 percent and over for the theoretical part and 60 percent and over for the practical part to determine “Pass” in the summative evaluation.

Most evaluation activities that were provided in the training program were not explicit to showed congruency with each objectives, so it could not identify in this study.

Part 3 Additional comments from administrators

Questionnaires were given to 12 administrators but 11 questionnaires were returned to the researcher. There were seven administrators offered 11 suggestions (Table 10). Two suggestions from two administrators were similar as: “Eldercare workers should gain more knowledge on elder health and eldercare than in the curriculum of the Ministry of Education because most elders could not perform self-care” and “Government divisions that related to these issues should provide quality control for monitoring those private training center that are not under the article 15(2) aiming to protect the consumer right.” Others were single suggestion that was individual opinion as shown in table 10

Table 10: Recommendations about the training of eldercare workers and/or babysitters by the school administrators

Recommendations	Frequency
1. Eldercare workers should gain more knowledge on elder health and eldercare than in the curriculum of the Ministry of Education because most elders could not perform self-care.	2
2. Government divisions that related to these issues should provide quality control for monitoring those private training center that are not under the article 15(2) aiming to protect the consumer right	2
3. Contents of the curriculum of the Ministry of Education are not comprehensive and harmonious with social demand.	1
4. Requiring related government divisions to facilitate the private school education under the article 15(2) more than at present.	1
5. Restrict the quality control of the curriculum and management of private training schools under the article 15(2) should be restricted more than present.	1
6. The academic update training for personnel and administrators in each school should be promoted with new knowledge regularly.	1
7. Government division should assist promoting private professional training schools to the public and help create public confidence in these schools .	1
8. The Government should offer more supportive funds or loans for students and schools.	1
9. Private training schools should employ the curriculum and teaching style in the same direction.	1
10. Morals and attitude must be considered in selecting potential students.	1

CHAPTER 5

DISCUSSION

The results of the training program analysis and management of eldercare workers and babysitters private training centers in Bangkok Metropolis are discussed as follows: 1) The pattern of operation and management for the training program of babysitters and eldercare workers in private training centers 2) The training program analysis of eldercare workers and babysitters in private training centers.

1. The pattern of operation and management for the training program of babysitters and eldercare workers in private training centers in Bangkok

1.1 The pattern of operation

The findings from this study revealed that there were only 23 private training centers operating in Bangkok from a total of 32 centers that were reported at the Registration Division, Office of Private Education Commission, Ministry of Education, 1999. However, these training centers are legally registered as private schools according to the Private School Act (1982), Article 15(2) of the Ministry of Education. The reasons might be that the training center's operation was based on the business so the requirement of good management and high competition were reasons for the decreased numbers of these centers. In addition, a promotion strategy with attractive promotions and introduction about private training centers was needed for business survival. Some centers provided a useful introduction by introducing their centers to potential students in the rural area and assisting the students with supportive finance. Proper instructors and good management were two other factors to help these private training centers survive. Some training centers were temporarily or permanently out of business because of inability to meet the competition. The researcher could not contact some centers whose names were in the sources because they had relocated without informing the Registration Division so a difference in collected data may be found in this study.

According to the twelve administrators who were interviewed, nine of them held the position of the manager and the headmaster but only three, were both licensees and owners of the center. Most administrators were female whose aged ranged from 40-60 years old with experience as a professional nurse. This showed that this kind of entrepreneur played the interesting role among health care personnel who needed to operate their own business by using knowledge, skills, and experiences in health care to serve the needs of clients with health deviation problems. They also realized the problems and demands of clients who needed care from those care workers to improve their service and develop the training program of eldercare workers and/or babysitters to meet the family demands and with regard to related governmental organizations. However, it also depends on the individual responsibility, attitude and ethics of their career, too.

Concerning the operation and management of the private training centers, the research results showed most private training centers hired instructors who had experience in the nursing field to teach the core training program such as childcare, eldercare and fundamental nursing, but I two training centers added the contents of caring for chronic illness patients which was more complex and these were not allowed to be provided in this kind of training program, so the administrators often employed part-time instructors to teach these sessions and most of them were registered nurses because these subjects required the instructor who has the competence in nursing to provide efficient health care workers with sufficient knowledge, accurate skills and responsibilities. However, this training program was focused on providing convenience, good general hygiene, activities of daily living including accident prevention. Hence, the effective eldercare workers and babysitters need to pass the appropriate training and have hands-on experience in both theory and practice, so, these instructors can utilize necessary knowledge and skills in actual working circumstances. These findings were congruent with the quality education criteria of the private training schools approved by the Department of Non-Formal Education, Office of Private Education Commission, Ministry of Education (B.E. 2543: 23), which mentioned that the instructors must be a role model of morals, ethic and have competent knowledge and performance of the responsible sessions. Nine centers had part-time instructors as teaching assistants but full-time instructors are

more significant because of the poor basic knowledge of students with an educational background of grade 9 or 12 or equivalent with a minimum age requirement of 18 years old, mostly. It is different from the criteria of the Ministry of Education that allows the minimum age of student to be 15 years old. This may be one reason for students choosing to study in this training program because they can start earning at a young age. That is congruent with the previous study of Akanimanee, N. (2002) which revealed that most eldercare workers were 15 to 25 years old (ages mean 22.82 years) and that they began wanting to work and have more responsibilities. On the other hand, most administrators explained that teenagers aged less than 18 years usually showed emotional immaturity, poor responsibility and less endurance because the task of a care worker was rather hard needing both emotional and physical patience.

Like the study of Manas Dulyapatch, (B.E. 2543: 36-41) it was found that the most common age group requirement of child caregivers in the labor market of 3 districts of Chonburi province were 21-30 years old and aging caregivers were 31-40 years old. Other qualifications of students were being healthy and having no epidemic diseases because they needed to work in healthcare services focusing on caring for elders or babies that needed help and may have low immunity. Likewise, care workers should be healthy and well-being both in body and mind that reflected a good personality, good attitude and good mind to care for patients, elders or babies. Furthermore, eldercare workers and babysitters are hard jobs that require strong intention, endurance, and passion for the job. Hence morals and ethics of student are crucial for this career and was contained in both training programs of babysitters and eldercare workers. These, were similar to the suggestions of Phan-ngam Panchate, et. al. (B.E. 2542: 4-5) who stated that most eldercare workers should have high ethics and morals for giving physical and psychological care. Warm and gentle care with no bias were also needed for elders. Proper conversation with elders should be provided, for instance; speaking with a gentle voice, and with no criticism, no provocation and no upsetting things. Mercy, good heart, love, forgiveness and good understanding were ethics for the psychological care for elders.

The special qualifications for students in the training program of babysitters are they should be female with negative results of Hepatitis B Virus and Anti-HIV, normal chest X-ray, normal stool examination, no parasites, clean skin, no disability,

no car sickness, no allergy to air conditioning or fans or other allergies. These reasons are very important because most parents have high expectations of babysitters. They expect to have perfect ones with good personality, good health and good experience of caring for their children in every place and time. Children are gifts from heaven to families and can be the hearts of all family members. Consequently, an unacceptable babysitter is a carrier of some kind of disease and dangerous to the children.

Regarding the context of teaching-learning patterns, two centers provided each only one training program with 3 months studying. Ten centers offered both training programs for eldercare workers and babysitters. These will take 6 months to complete; the training program is divided into 3 months of theory and 3 months of practice that is consistent with the standard curriculum established by the Ministry of Education. It has the purposes of giving students the necessary knowledge and skills to be good performance caregivers so it focuses on practical sessions until students can do their job well. (Saowanee Panassorn, B.E. 2542: Appendix).

Both theoretical and practical sessions are usually offered in the training. Demonstration and participation in class were used aiming to promote good understanding in the students. In the practical sessions, students have opportunities to work with real situation with patients or elders in private hospitals or nursing homes or with babies in a child nursery or hospital. Those kinds of training motivate students to have creative ideas and expression. Focusing on the practice with elders and babies in actual situations helps students to gain experience and skills like the concepts of teaching techniques of Sumitr Kunanukorn, (B.E.2518:136-139) and Paitoon Sinlarathana, (B.E. 2524: 96-146 cited in Kaimook Vichiencharoen, B.E. 2539: 21-22) which are concerned with good training management which should mix many teaching techniques that should emphasize the course contents and the students. Instruction enhances students to reach the objectives, so instructors should apply many kinds of appropriate instruction. Consequently, instructors should select teaching techniques and activities that were interesting and consistent with the content and students. (Tawatchai Chaijirachayakul, B.E.2529:194)

In the aspect of media and materials of the training, this study found posters, flipcharts, transparency sheets and overhead projectors are commonly used as materials of the theoretical training. Video and slides regarding details of the training

program were rarely found because of the limitation of their production. Most centers have provided the demonstrating tools according to the criteria of the Ministry of Education but some tools are obsolete. According to the study of Saowanee Panassorn, (B.E. 2542) it was indicated that the problems that most centers encountered were old broken demonstrating equipment and lack of funding support to purchase new ones. But, from the observation of the researcher, existing demonstrating tools seemed quite sufficient for the present numbers of students in every center, and were similar to the quality criteria of teaching and learning resources that were mentioned by the Department of Non-Formal Education, Office of Private Education Commission, Ministry of Education.(B.E. 2543: 27) which stated that every centers have to have good quality and appropriate buildings, classrooms, demonstrating rooms, media , materials, and other innovative equipments.

The welfare and benefits for students of these centers were contributed as follows:

Most centers offered dormitories for student's safety and convenience, including trust from the students and families by establishing the rule and dormitories supervisors who looked after these students. One administrator claimed that her center took good care of the students as good as her own children and she also would like to see her students having good jobs and making sufficient money for their future and family. One of her purposes to operate this training program was to help young female teenagers, from rural areas especially in the North of Thailand, not to work as night ladies like traditional custom.

Other welfare benefits were about education loans, because most centers charge approximately 12,000-15,000 baht per course. If most centers opened both training programs, the charge was raised up to 24,000-30,000 baht per course (including tuition fees, uniforms for the practical sessions and other learning equipment). This rate is rather expensive compared with the rate according to the Regulation of Ministry of Education that was not more than 11,500 baht per course, totally. The main reason for education loans was the economic status of low- incomes of students' family as almost all students came from rural areas. Hence, the administrators helped them by borrowing money from the Department of Skill Development, Ministry of Labour, with written contracts that students have to settle

the loan after completing their training program and getting a job. Those training centers administrators were like a middlemen of these contracts.

The welfare policy of these centers was great for solving students' major problems and offering them chances to study with a guaranteed job. Furthermore, nine of twelve training centers also worked as an agency for babysitters and eldercare workers. Four of these showed that they had registered to be a health care agency with the Department of Business and Development, Ministry of Commerce, for delivering care workers to the clients who needed care. This was the most beneficial for the care workers because it was guaranteed that all students who completed their training program would get a job and felt confident of their career and incomes.

As for the work itself, the care workers earned one day-off per week and a substitute day-off for every national holiday that was in their contract. Besides, most centers settled the service fee into range of 301- 400 baht per day and 6,001-7,000 baht per month, excluding cost of daily meals of 70-100 baht per day. This finding was similar to the previous study of Akanimanee,N.(2002: 57) and Chanpradit, A. (2003: 63) where eldercare workers' salary ranged from 4,000 to11,000 baht per month and 3,500 to 19,300 baht per month, respectively. The wide variations in the range of eldercare worker's salary could be from working performance in difference activities and of various hours per day or the special care of elders. This was in contrast to previous research by Manas Dulayapatch, (B.E. 2543: 36-41)which revealed that clients who were in groups of government officers, state-owned enterprises, and business enterprises wanted to pay for both child caregivers and aging caregivers wage of 3,500-4,000 baht per month. The contrast might be from the different area of the research setting as it was in a rural area, and timing since the year 2000 that was a time of economic crisis in Thailand.

Another welfare benefit that the care workers received from the owners of health care agencies were about living space(dormitories), weekend holidays, overtime earnings, official holidays and having the right to select or change the clients or employer who did not offer the rights as per the contracts or were harmful. On the other hand, the right of employers was to have the permission to request a change of employee if they had insufficient quality performance.

1.2 Training program management

From the research results, all administrators stated the highest mean of performance level of three aspects of management characteristics; planning, operation and evaluation. It is possible that the operation of private training centers for eldercare workers and babysitters was a high investment business so the administrators should have good plans for good operations with suitable preparation, implementation and evaluation. These performances showed the accountability of administrators to achieve the outcome of training programs in order to provide efficient personnel both in terms of knowledge, skills and morality. The more effective the students the more famous the centers, so that was the core of these businesses in the current competitive market. Furthermore, these private training centers were legally registered with the Ministry of Education so they had to prepare themselves promptly for quality accreditation.

However, these results were expressed by self-report of the administrators, and the owner of the business, so it could not be claimed that it was the real performance. That is an important reason for related governmental organization to provide quality control for monitoring these private training centers on the training program and management aiming to protect the consumer rights, both of students and clients.

Part 2 The analysis of eldercare workers and babysitters training programs in private training centers in Bangkok

1. Training program analysis

The study results revealed that all five private training centers (who allowed the researcher to do the analysis) used the training program which were established by the Ministry of Education and that emphasized on the care of persons who need care or had self-care deficit such as a child or old age. This training program aims to promote students good understanding of childcare and eldercare including meal preparation, nutrition for children and elders and effectively apply knowledge and skills in their future career. However, there were two of the five centers which provided the additional contents of caring for chronic patients.

These findings were consistent with the study of the Bureau of Nursing, Department of Medical Services, Ministry of Public Health (B.E. 2545) which found that there were eleven centers which participated and sent the training program

documents to analyze. It showed that there were 3 different patterns of the training program established. The second pattern was the same training program as this study that was the basics of childcare and eldercare but other two patterns had in depth to nursing care for chronically ill patients as the researcher found in two centers.

Noticeably, the contents related to nursing care for chronic illness patient were not established in the standard of the training program of the Ministry of Education but it must be issued by the Regulation of the Nursing Council concerning accreditation of a patient aid institute (B.E. 2546). These regulations stated that a patient aid is a person who helps patients in a nursing institute under supervision of a professional nurse. Therefore, a babysitters and eldercare workers training program should not contain the content about nursing care in these topics.

Regarding to class work activities, it was found that every centers provided the similar process, divided into two sessions; theory for 300 hours, practice and site-visits to nursing home or orphanages for 120 hours. The results, showed an imbalance of learning activities because the babysitter and eldercare worker training program were established for students who would mature in the labor force and have skills development. So the management of this training program should pay more attention to practical sessions than theoretical sessions. This could be supported by the regulations of the Nursing Council, that provided the criteria of teaching and learning activities for nurse aid training program; for theoretical sessions not less than 15 hours per credit and per one semester, demonstrating sessions not less than 30 hours per credit per semester and practical sessions in real situations not less than 60 hours per credit per semester. (Regulation of Nursing Council Concerning Accreditation of a nurse aid institute (B.E. 2546: 5).

Findings of evaluation activities showed that most of them were evaluated by using a writing examination with a cut out score of 40 percent and over in theoretical sessions and 60 percent and over in practical sessions. This result was similar to the previous study of the Bureau of Nursing. This may point out that it was an inappropriate evaluation when compared with the international standard and by itself, because this training program spent more time, 300 hours in theoretical session, but this evaluation had a cut out score was only 40 percent and over.

2. Congruence analysis between the objectives and each component of the training program

The analysis results, indicated that the components that were congruent with the objectives of the training program were contents and class activities; however, there were 2 subjects of the contents that were incongruent with the objectives including labor law and Thai-English language communication. But these subjects still have more benefits for students because they should learn about communication skills and have enough knowledge of their welfare and benefits by studying basic labor law.

All training centers provided teaching-learning activities related to all objectives. All centers offer both theoretical and practical sessions that motivated knowledge and skills of students and achieved all four objectives. Multi-teaching techniques such as lectures, demonstrations, participation in class, presentations and self-studies including group or single reports are good for teaching students. Deciding to use multi-teaching techniques is significant because many educators stated that curriculum components must consist of instructors, course contents and students. Hence providing teaching-learning activities that are harmonious with course details and students, enabled them to have the achievement of the curriculum management (Sumit Kunanukorn, B.E. 2518: 136; Tawatchai Chaijirachayakul, B.E. 2529; Paitoon Sinlarathana, B.E. 2524 cited in Kaimook Vichiencharoen, B.E. 2539: 21-22).

Studying results of evaluations, the researcher would not analyze the congruence with the objective because there was no detail to do that. Most centers evaluated both theoretical and practical knowledge and skills by using rating scores to determine pass or fail; the indicators of the “pass” are “not less than 40% in theoretical sessions” and “not less than 60% in practical sessions”. Summative evaluation by taking criteria reference is the evaluation using the final total scores to determine the studying performance. Formative evaluation is the subjective evaluation on class participation and the score rating for the group or single reports. It is consistent with the concept of evaluation that the results of evaluation are the indicators stating the achievement of the students regarding the curriculum (Tamrong Buasri, B.E.2542: 290-291).

Part 3 Additional comments on private training centers administrators

The results of additional comments by administrators, expressed by many opinions and suggestions to consider as follows:

1. An issue that had the same recommendation from 2 administrators was eldercare workers should have more knowledge about health care and more skills of eldercare than in the standard curriculum by the Ministry of Education.

These opinions may be because of most elders are dependent, have inability of self-care and were chronic illness patients. Some of them gained long term defective pathology from chronic illnesses such as stroke or paralysis. Some patients retained Foley's catheter, had tube feeding, suction through tracheostomy tube, bedsores and medications administration such as Diabetes Mellitus or heart diseases that need special cares. Those are complicated and need caregivers with good understanding, and sufficient knowledge and skills to handle both psychological and physical care of those patients. Caregivers with sufficient knowledge and skills are the key to success in patient care that can bring good quality of life to patients (Ellis and Nowlis, 1994). Sufficient knowledge and skills create confidence and enthusiasm of the students to do a good job. Consequently, the recommendation from the administrators is to modify and develop the curriculum associated with the problems and demands of customers. But in fact, these training centers were opened and used the training program only to produce babysitters and/or eldercare workers in order to care and help in self care in activities of daily living not for caring for the patients, except for the program that aimed to prepare a nurse aids for working in hospitals.

2. A suggestion was related to government divisions who should monitor and control the quality of the training course in other private training centers that are not registered under the Private School Act (1982), Article 15(2) aiming to protect the consumer rights.

The findings showed that there were many private-training centers operating both in urban and rural areas. From phone interviews, it was found some private training centers had never legally registered but operated the short training of eldercare workers and babysitters and then provided the delivery service at home. Those short training courses emphasized on the practical sessions including eldercare or patient

care with supervision by senior eldercare workers. Hence, those eldercare workers should have the practical skills from the seniors but with no actual support of theoretical and technical reasons about care. Insufficient basic care for elders and babies can easily promote errors and harmful events to patients, elders or babies. Likewise, all those illegal private training centers refused to allow the researcher to visit and interview on site. It can be assumed that those illegal centers are not ready for inspection because they may have some unqualified aspects.

3. The contents of the training program of the Ministry of Education are not comprehensive and harmonious with the social demand.

This may be because the standard curriculum or the curriculum prototype of the Minister of Education offered only basic knowledge. The Office of Private Education Commission set up a working group to be responsible for considering and developing the standard curriculum. The working group included representatives from Ministry of Education, the Ministry of Public Health and the Nursing Council and agreed on the appropriateness of the standard curriculum and approval for using it in the training centers. The Ministry of Education is responsible for the approval of the prototype (Saowanee Panassorn, B.E. 2542: Appendix).

4. Requiring related government divisions to facilitate the private school education under the article 15(2) more than at present and 5. Restrict the quality control of the curriculum and management of private training centers under the article 15(2) more than at present.

From the interviews of 12 administrators, 10 of them prepared information for quality assurance in their centers associated with the standard quality education certification by the Ministry of Education. The findings showed that there was no evidence on the quality evaluation performed by the committee (Information from interviews of school administrators). This may be because these administrators need the certificate in order to make them well known to the customers to know and to promote their business, while the useful of quality control affect the quality of service

6. The academic update training for personnel and administrators in each school should be promoted with new knowledge regularly

This is because these administrators should have repeated training about the knowledge that is up to date in the health care system for readiness to provide service and create more idea for their business.

7. Government support on public promotion to ensure public confidence in private training schools and the curriculum is needed

At present, the highly competitive situation drives the private training schools to use aggressive marketing techniques by introducing themselves in rural sites aiming to gather as many students as they can. The government assistance should be a public promotion on private training schools that can create public confidence in the schools, student's safety, job guarantees and ensure no fraud.

8. Government should offer more supportive funds or loans for students and the training centers.

An education loan is a loan for any student who needs it and can repay it monthly after graduation when working. In the past, some education loans came from the Department of Skill Development, Ministry of Labour. Private training schools were the middlemen in helping students get the loans. They also provided them a job guarantee after graduation so the students could be sure of being capable of paying their debt. The education loans require punctual pay-off as well as the limitation of the contract. The training centers will lose their credit if their students break the contract by not repaying loans punctually. The creditor may terminate the schools for loan support for bad credit. At present, there is no loan support in all schools because the government has a limited budget and the Department of Skill Development offers free training for eldercare workers and babysitters. This free program aims to promote the opportunity of education and occupation for the poor. Hence the loan support has not been necessary since then.

9. Most private training schools should employ and implement the training program in the same direction.

The center administrators who provide appropriate management and standard quality realize the significance of production of high-quality eldercare workers and babysitters for serving social demands. Most administrators with that concept are nurses with the strong purpose to produce qualified eldercare workers and babysitters for helping the government sector or the home care service.

10. Morals and attitude must be considered in selecting potential students.

Because caregiving is a hard job that requires more knowledge, responsibility, ethics, morality, endurance and good attitude, particularly for care of elders, chronic illness patients or paralyzed patients or elders with degenerative brain disease but having a good physical appearance. Those elders and patients need special care even for their activities of daily living. If students have no passion, no mercy and no endurance in their job, they may not qualify and not be ready to study and work as well as effective caregivers. Pan-ngam Panachate, et. al. (B.E. 2542: 4-5) indicated the qualifications of eldercare workers were high moral, ethics, sufficient knowledge and skills including high responsibility in psychological and physical cares including proper verbal communication. Those also were the consumer's requirements on caregivers. Consistently, Chanpradit, A. (2003: 69) suggested that most employers required caregivers with responsibility; sufficient fundamental nursing knowledge; carefulness; good understanding of elders, patients and babies; politeness, warm personality; good conversation skills that could encourage elders and create peaceful minds of elders or patients; and honesty in their job.

CHAPTER 6

CONCLUSION

Conclusion

This descriptive research aimed to study the training program analysis and management of eldercare workers and babysitters in private training centers in Bangkok. The population of this study was 12 administrators that allowed interviews. The researcher collected data by using structured interviews combined with a questionnaire and the analysis table of the training program developed by the researcher according to the concept of curriculum and management. The research instruments for the curriculum analysis established by the researcher passed the content validity test by 10 experts and reliability test with Cronbach's Alpha Coefficient was .96. Twelve administrators from a total of 23 training centers gave permission for this study. Only eleven administrators returned the questionnaires and only 5 of 12 training centers permitted doing the training program analysis. The conclusion of the study was as follows:

Part 1 The general status of private training centers, administrator's demographic characteristics, operation, and the training program management

1.1. There were twenty-three private training centers which provided a training program for eldercare workers and babysitters in Bangkok. They were legally registered as private school according to the Private School Act (1982), Article 15(2).

1.2. Total numbers of students who completed the training program from 10 training centers since January 1, 1999 to December 31, 2001 were 3,038 with the annual statistics of 785, 780 and 1,473 students, respectively.

1.3 Administrators' characteristics, operation and training program management in eldercare worker and babysitter were as follows:

1.3.1 The owners of these training centers were the license holders, managers and/or headmasters with a mean age of 49.16 years, in age group of 41-60

years. Most of them were authorized persons who participated in this study. Six of them were registered nurses who had the experiences of eldercare, childcare and school management. The one, who take the role of an owner and manager, was a physician while the others were not the medical personnel. Most of these administrators were female.

1.3.2 Instructors of these training centers were hired both full-time and part-time. Except the full-time instructors, most instructors were nurses who graduated with at least a bachelor degree of nursing and were hired for part-time teaching.

1.3.3 Students mostly required at least grade 9 (Mathayomsuksa.3 with a minimum age of 18 years. A minority of training centers accepted students at least 15 years of age. The qualifications of students included being healthy, no serious transmitted diseases, a good personality and good attitude to the job. Only one babysitter training center requested females only.

1.3.4 Teaching and learning program

If only one course of eldercare worker or babysitter is offered, it will take 3 months for completing in both theoretical and practical sessions. If offering 2 courses in the training program it will take a total of 6 months for completing in both theoretical and practical sessions with 3 months in each session. The theoretical sessions comprised of lectures and demonstrations by using posters, flipcharts, transparency sheets overhead projectors and demonstration equipment. Students were encouraged to participate in class by having assignments of writing reports and giving presentations in class, both single and group reports. For practical session, students had the practical training in actual sites such as private hospitals, nursing homes, or a nursery under supervision of clinical nurse instructors and site visits were performed for observation.

1.3.5 Benefits and welfare for the students

Most training centers provided dormitories for the students. The tuition fee was approximately 12,000-15,000 baht per course. The training centers had contacted the Department of Skill Development, Ministry of Labour, to get education loans with the contract guarantee of the loan return after completing the course and when students had an income.

1.3.6 The operation of private healthcare agency

Nine centers offered the service of delivery of care workers. They provided as well as being the managers of the students who completed the training, a job

agreement and coordination of sending care workers to the customers. The service fee was charged to customers by either daily or monthly fees. The agencies were responsible for protecting student's benefits and controlling the service quality.

1.4 The training program management of administrators

Regarding overall and individual operating and performance level of the training program management on eldercare workers and babysitters, most training centers showed the highest mean of overall performance level ($X=4.58$) and the highest mean of individual aspects was operating performance level ($X=4.65$), planning performance level ($X=4.59$) and evaluation performance level ($X=4.51$) with a close standard deviation. (S.D.= .21)

Part 2 Training program analysis of eldercare workers and babysitters of private training centers in Bangkok

2.1 The training program analysis

All five centers (100%) who participated, implemented the training program of eldercare and childcare that reached the criteria reference of the Ministry of Education in objectives, course contents, class activities and evaluations. The findings showed that two training centers provided additional contents related to eldercare and child care, proper responsibility and duty at client's home that were harmonious with the training program objectives of eldercare worker and babysitter at 100%. Other additional contents involved with care of chronic patients and nurse aids in hospitals were indicated and had congruence with the training program objectives in item 4 that aimed to promote student's ability to utilize knowledge and skills in the proper and effective way for their career at 25%.

2.2 The congruence analysis of the training program objectives and the components ; course contents, class activities and evaluation

2.2.1 Congruence between objectives and course contents

The objectives of eldercare training program were congruent with the course contents of 7 from 9 items (77.8 %). Two incongruent items were labor law and English-Thai language communication. The objectives of babysitter training program were congruent with the course contents of 8 from 10 items(80 %) with similar incongruent items.

2.2.2 Congruence between training program objectives and the class activities

Congruence between training program objectives and the class activities were 100 % of all training centers.

Part 3 Additional comments of the administrators

1. Eldercare workers should gain more knowledge on elder health and eldercare than in the curriculum of the Ministry of Education because most elders could not perform self-care.

2. Government divisions that were related to these issues should provide quality control for monitoring those private training center that are not under the article 15(2) aiming to protect the consumer rights

3. Contents of the curriculum of the Ministry of Education are not comprehensive and harmonious with social demand.

4. Related government divisions should facilitate the private school education under the article 15(2) more than at present

5. The quality control of the curriculum and management of private training schools under the article 15(2) should be restricted more than at present.

6. The academic update training for personnel and administrators in each school should be promoted with new knowledge regularly.

7. Government divisions should assist in promoting private professional training schools to the public and help create public confidence in these schools.

8. The Government should offer more supportive funds or loans for students and schools.

9. Private training schools should employ the curriculum and teaching style in the same method.

10. Morals and attitude must be considered in selecting potential students.

Recommendations

Implications for private training centers and related organizations

1. Persons who operate the private training centers as private schools Article 15(2) and related government organizations should develop the training program that is consistent with recent social demands for proper sufficient knowledge and skills for students to enhance the quality of service and meet the expectation of customers.
2. The Ministry of Labor, Ministry of Education and the Nursing council should collaborate and participate to monitor, control and provide quality assurance for the training program management of these training centers. A standard symbol for the training center that performed the standard quality criteria should be offered in promote their image and ensured trust from students and families.

Implications for Nursing Practice

1. Professional organizations should a supervise and monitor the service quality of home caregivers for constant quality assurance and the highest advantages of consumers. This should be according to the concept of home health care by professionals like nurses who will provide constant care after discharge, home visits, supervisions, consultation and inspection on the performance of the caregivers aiming to maintain the highest safety of patients or service users and the best service quality. Because the major reason that families had to employ these caregivers, even though they are rather expensive, was the limitation of family to provide care by themselves, so they need someone to take good care of their elderly parents or children when necessary.
2. Most private training centers have the registered nurses as center managers or headmasters. The situation of inadequate nurses and increased wage of special nursing services was the cause of more interest in and needing for this home-care delivery business. Consequently, nurses should play a major role as trainers who can give caregivers the proper knowledge and skills because they have more experiences and are able to forward their knowledge about problems and consumer demands.
3. The increase of chronic illness patients has resulted in higher home-care demand but the recent training program of eldercare workers and babysitters does not cover the care

of chronic illness patients so some private training centers have added more contents on the care of chronic illness patients in the training program aiming to have consumer trust. To protect the intrusion of nursing professionals, the healthcare professional team should visit, teach, monitor and evaluate the knowledge and skills of these home caregivers and then issue a certificate to confirm their sufficient performance for assuring the consumers; for instance, the test of insulin injection, wound dressing, tube feeding, oxygenation and suction etc.

Implications for Nursing Research

1. The study on the training program analysis of eldercare workers and babysitters should be provided more in other training centers that did not participate in this study. The analysis of training program should include the observation at sites, analysis, and synthesis in all processes of training program utilization for verifying the accuracy of the previous training program. Significant information is beneficial for proper development of these training programs.

2. Research on the same topic should be done in all private training centers that were not registered under the Private School Act (1982), the Article 15(2) in order to evaluate quality and outcomes and it may be the channel to inspect and control quality of service of these business groups for the benefits of consumers.

3. At present, many vocational courses are promoted. The training course on eldercare workers and babysitters is the one that is in social demand for both inbound and outbound workers such as Taiwan, Hong Kong and Singapore or United states of America. An evaluation on the attitude and intention to have the occupation of eldercare worker and babysitters of the trainees should be conducted. It will be an advantage in having a good policy on the training program establishment from both public and private sectors to serve their demand. For instance, foreign languages such as English or Chinese should be added in the training program.

Limitations of this study

Most training centers are in the private sector so the process of getting permission for study is very difficult because most administrators suggested that this study seemed like an inspection and evaluation of their training center. The business policy or strategy of

these training centers needed to keep confidential in a highly competitive market and the sample size of this study was very small. The researcher received only data that administrators would like to show to the public and that may create incomplete information in this study. Furthermore, the group of unregistered training centers did not permit to study, and this was an interesting group that should be assessed to control quality of services. Therefore, the researcher can not answer these questions about unregistered training centers.



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APPENDIX A

Consent to participate in Research study

คำชี้แจงและการพิทักษ์สิทธิผู้เข้าร่วมงานวิจัย

เรื่อง ขอความอนุเคราะห์ในการตอบแบบสอบถาม

เรียน ผู้อำนวยการ / ผู้จัดการ หรือ อาจารย์ใหญ่ โรงเรียนหรือสถานฝึกอบรมทุกท่าน

ดิฉันนาง ภีรพร คำพิมูล นักศึกษาหลักสูตรปริญญาโท ภาควิชาพยาบาลศาสตร์ คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล กำลังทำวิทยานิพนธ์เรื่อง การวิเคราะห์หลักสูตรและการบริหารจัดการ การจัดอบรมผู้ดูแลเด็กเล็กและผู้สูงอายุของโรงเรียนและสถานฝึกอบรมเอกชนในเขตกรุงเทพมหานคร โดยมี รศ.เพ็ญจันทร์ ส. โมไนยพงษ์ เป็นอาจารย์ที่ปรึกษา ขณะนี้กำลังดำเนินการเก็บรวบรวมข้อมูลผู้วิจัยจึงใคร่ขอความร่วมมือจากท่านได้ตอบแบบสอบถามเกี่ยวกับการบริหารจัดการ การจัดอบรมผู้ดูแลเด็กเล็ก และ/หรือผู้สูงอายุ และร่วมแสดงความคิดเห็นหรือให้ข้อเสนอแนะที่เป็นประโยชน์ และในโอกาสเดียวกันนี้ ดิฉันใคร่ขออนุญาตทำการวิเคราะห์เอกสารหลักสูตรได้แก่ คู่มือหลักสูตร แผนการสอน แผนการวัดและการประเมินผล แบบเรียน คู่มือ หรือหนังสืออ่านประกอบที่ใช้ในการจัดการเรียนการสอนในสถาบันของท่านด้วย

ข้อมูลที่ได้รับในครั้งนี้ จะไม่มีการตัดสินใจผิดหรือถูก และข้อมูลจะถูกเก็บไว้เป็นความลับ โดยจะนำไปใช้ในการศึกษาครั้งนี้เท่านั้น การนำเสนอผลการวิจัย จะเสนอในภาพรวมและไม่เปิดเผยรายชื่อของแต่ละสถาบัน จึงไม่มีผลกระทบต่อโรงเรียนหรือสถานฝึกอบรมของท่าน และหากท่านไม่สะดวก ท่านสามารถปฏิเสธการเข้าร่วมวิจัยในครั้งนี้ได้ อย่างไรก็ตามผู้วิจัยยังหวังเป็นอย่างยิ่งว่าจะได้รับความอนุเคราะห์จากท่าน เพื่อให้การทำวิทยานิพนธ์ในครั้งนี้ สำเร็จลุล่วงไปได้ด้วยดี

ขอแสดงความนับถือ

(นางภีรพร คำพิมูล)

ผู้วิจัย

สำหรับผู้เข้าร่วมวิจัย

ข้าพเจ้าได้รับทราบรายละเอียดข้างต้น มีความเข้าใจและยินดีที่จะเข้าร่วมวิจัยในครั้งนี้

ลงชื่อ..... ผู้ให้ความยินยอม



APPENDIX B

Instruments

เครื่องมือวิจัย ชุดที่ 1

แบบสัมภาษณ์และแบบสอบถาม ผู้บริหารและผู้มีส่วนเกี่ยวข้องในการบริหารจัดการ การจัดอบรม หลักสูตรผู้ดูแลเด็กเล็กและ/หรือผู้สูงอายุของโรงเรียนหรือสถานฝึกอบรมเอกชนในเขต กรุงเทพมหานคร

คำชี้แจงทั่วไป

ตอนที่ 1 เป็นแบบสัมภาษณ์ ผู้บริหารและผู้มีส่วนเกี่ยวข้องในการบริหารจัดการ การจัดอบรม มีข้อความ จำนวน 27 ข้อ

ตอนที่ 2 เป็นแบบสอบถาม สภาพการบริหารจัดการ การจัดอบรมหลักสูตรผู้ดูแลเด็กเล็ก และ/หรือผู้สูงอายุ เป็นรายด้าน แบ่งเป็น 3 ด้าน คือ

- | | | | |
|-------------------------------|-----------------------------|----|-----|
| 1. ด้านการวางแผนการจัดอบรม | มีรายการกิจกรรมทั้งหมดจำนวน | 17 | ข้อ |
| 2. ด้านการดำเนินการจัดอบรม | มีรายการกิจกรรมทั้งหมดจำนวน | 12 | ข้อ |
| 3. ด้านการประเมินผลการจัดอบรม | มีรายการกิจกรรมทั้งหมด | 12 | ข้อ |
- มีลักษณะเป็นแบบประเมินค่า 5 ระดับ

ตอนที่ 3 เป็นข้อเสนอแนะของผู้บริหาร โรงเรียนหรือสถานฝึกอบรม โดยการให้ตอบแบบบรรยาย

ตอนที่ 1 แบบสัมภาษณ์ผู้บริหารและผู้มีส่วนเกี่ยวข้อง ของโรงเรียนหรือสถานฝึกอบรม

1. ข้อมูลทั่วไปเกี่ยวกับผู้ให้สัมภาษณ์

1.1 ตำแหน่ง

ระบุ.....

1.2 เพศ () ชาย () หญิง

1.3 อายุ ปี

1.4 อาชีพที่นอกเหนือจาก การดำเนินธุรกิจด้าน โรงเรียนหรือสถานฝึกอบรมผู้ดูแลเด็กเล็ก และ/หรือผู้สูงอายุ

() มี

ระบุ.....

() ไม่มี

1.5 ประสบการณ์การทำงานด้านการดูแลเด็กเล็กและ/หรือผู้สูงอายุ

() ไม่เคยมีประสบการณ์

() เคยมีประสบการณ์

(ระบุ ลักษณะประสบการณ์ หรือ ความรับผิดชอบ หน้าที่ และระยะเวลา)

1.6 การเข้ารับการศึกษอบรม ด้านการดูแลเด็กเล็กและ/หรือผู้สูงอายุ

() ไม่เคย

() เคย ปีละ.....ครั้ง

ระบุ ลักษณะการอบรมหรือชื่อหลักสูตรที่ท่านสำเร็จและระยะเวลาการอบรม

(เช่น การประชุมวิชาการ การอบรมหลักสูตรระยะสั้น หลักสูตรปริญญาบัตร ฯลฯ)

2. ข้อมูลทั่วไปเกี่ยวกับลักษณะการดำเนินงาน และการบริหารจัดการ การจัดอบรม

2.1 ประเภทการจัดทะเบียนของ โรงเรียนหรือสถานฝึกอบรมของท่าน

() เป็นโรงเรียน ตามพระราชบัญญัติโรงเรียนเอกชน พ.ศ.2525

() อื่นๆ โปรดระบุ

2.2 ระยะเวลาตั้งแต่เริ่มเปิดดำเนินการ ถึงปัจจุบัน รวม ปี เดือน

2.3 หลักสูตรที่ใช้สอนในโรงเรียนหรือใช้ฝึกอบรมในโรงเรียนหรือสถานฝึกอบรมของท่าน
คือ

- () หลักสูตรผู้ดูแลเด็กเล็ก
- () หลักสูตรผู้ดูแลผู้สูงอายุ
- () ทั้ง 2 หลักสูตรที่กล่าวมา
- () อื่นๆ (ระบุ)

2.4 ระยะเวลาเรียน หรือ ฝึกอบรมใน หลักสูตรผู้ดูแลเด็กเล็กของผู้เรียน หรือผู้เข้าฝึกอบรม

- () ต่ำกว่า 3 เดือน (ระบุ)
- () 3 เดือน
- () 6 เดือน
- () มากกว่า 6 เดือน (ระบุ)

2.5 ระยะเวลาเรียนหรือฝึกอบรมใน หลักสูตรผู้ดูแลผู้สูงอายุของผู้เรียน

- () ต่ำกว่า 3 เดือน (ระบุ)
- () 3 เดือน
- () 6 เดือน
- () มากกว่า 6 เดือน (ระบุ)

2.6 ในการรับสมัครผู้เข้าเรียนหรือผู้เข้าฝึกอบรมหลักสูตรผู้ดูแลเด็กเล็กและ/หรือผู้สูงอายุ
ทางโรงเรียนหรือสถานฝึกอบรม ได้กำหนด คุณสมบัติขั้นต่ำของผู้เข้าสมัคร คือ

- วุฒิการศึกษาขั้นต่ำ (ระบุ)
- อายุขั้นต่ำ (ระบุ)
- อื่นๆ (ระบุ)

2.7 จำนวนครูผู้สอน หลักสูตรผู้ดูแลเด็กเล็กคน

หลักสูตรผู้ดูแลผู้สูงอายุ.....คน

2.8 คุณวุฒิของครูผู้สอน (ตอบได้มากกว่า 1 ข้อ)

- () ผู้ช่วยพยาบาล จำนวน..... คน วิชาที่สอน.....
- () พยาบาลเทคนิค จำนวน..... คน วิชาที่สอน.....
- () พยาบาลวิชาชีพ จำนวน คนวิชาที่สอน.....
- () แพทย์ จำนวน.....คน วิชาที่สอน.....
- () อื่นๆ (ระบุ).....

2.9 ลักษณะการทำงาน/การจ้างงาน ครูผู้สอน

- () เต็มเวลา (Full time)
- () ชั่วโมง (Part time)
- () วิทยากรรับเชิญ
- () อื่นๆ ระบุ.....

2.10 จำนวนผู้เข้าเรียนหรือเข้าอบรมหลักสูตรผู้ดูแลเด็กเล็ก ปีละ..... รุ่น รุ่นละ..... คน
หลักสูตรผู้ดูแลผู้สูงอายุ ปีละ..... รุ่น รุ่นละ..... คน

2.11 จำนวนผู้สำเร็จหลักสูตรการฝึกอบรม ในรอบ 3 ปี ที่ผ่านมา

	ปี 2542	ปี 2543	ปี 2544
หลักสูตรผู้ดูแลเด็กเล็ก จำนวน
หลักสูตรผู้ดูแลผู้สูงอายุ จำนวน
รวม

2.12 ลักษณะการจัดการเรียนการสอนหรือฝึกอบรม (ตอบได้มากกว่า 1 ข้อ)

- () แบบบรรยาย สัดส่วน.....%
- () การสอนสาธิต สัดส่วน.....%
- () การฝึกปฏิบัติ สัดส่วน.....%
- () อื่นๆ (ระบุ)

2.13 สถานที่ฝึกปฏิบัติการดูแลเด็กเล็ก

สถานที่ฝึกปฏิบัติการดูแลผู้สูงอายุ

2.14 ผู้นิเทศ หรือผู้สอนภาคปฏิบัติ

2.15 สื่อและอุปกรณ์การเรียนการสอนที่ใช้ประกอบด้วย

- () โปสเตอร์ หรือ ภาพพลิก
- () แผ่นใสและเครื่องฉายข้ามศีรษะ
- () สไลด์
- () คอมพิวเตอร์
- () อื่นๆ ระบุ

2.16 โรงเรียนหรือสถานฝึกอบรมของท่านได้ ดำเนินการทางธุรกิจอื่นๆ ร่วมด้วยหรือไม่

- เป็นสถานรับเลี้ยงเด็ก รับได้ จำนวน..... คน
- เป็นสถานดูแลผู้สูงอายุ รับได้ จำนวน..... คน
- เป็นศูนย์บริการจัดส่งผู้ดูแลเด็กเล็ก
- เป็นศูนย์บริการจัดส่งผู้ดูแลผู้สูงอายุ
- เป็นโรงเรียนหรือสถานฝึกอบรมเพียงอย่างเดียว

2.17 โรงเรียนหรือสถานฝึกอบรมของท่านจัดระบบสวัสดิการและบริการแก่ผู้เรียนหรือผู้เข้าอบรม ในด้านใดบ้าง (ตอบได้มากกว่า 1 ข้อ)

- ด้านที่พัก มี ไม่มี
- ฟรี
- คิดค่าบริการ (ระบุ).....
- ด้านอาหาร มี ไม่มี
- ฟรี
- คิดค่าบริการ (ระบุ).....

ในกรณีที่โรงเรียน หรือสถานฝึกอบรมของท่านดำเนินธุรกิจจัดส่งผู้ดูแลที่สำเร็จหลักสูตรจากโรงเรียนหรือสถานฝึกอบรมของท่าน

2.18 ท่านมีการดำเนินการในการจัดส่งผู้ดูแลอย่างไร

- เป็นผู้ประสานในการรับงานและจัดส่งผู้ดูแลที่สำเร็จหลักสูตร ตามความต้องการของผู้ใช้บริการ
- กำหนดอัตราค่าตอบแทนรายวันสำหรับผู้ดูแลเด็กเล็ก
 - 200-300 บาท/วัน
 - 301-400 บาทต่อวัน
 - 401-500 บาทต่อวัน
 - อื่นๆ ระบุ.....
- กำหนดอัตราค่าตอบแทนรายเดือนสำหรับผู้ดูแลเด็กเล็ก
 - 4001-5000 บาทต่อเดือน
 - 5001-6000 บาทต่อเดือน
 - 6001-7000 บาทต่อเดือน
 - 7001-8000 บาทต่อเดือน
 - อื่นๆ ระบุ.....

- () กำหนดอัตราค่าตอบแทนรายวันสำหรับผู้ดูแลผู้สูงอายุ
 - () 200-300 บาท/วัน
 - () 301-400 บาทต่อวัน
 - () 401-500 บาทต่อวัน
 - () อื่นๆ ระบุ.....
 - () กำหนดอัตราค่าตอบแทนรายเดือนสำหรับผู้ดูแลผู้สูงอายุ
 - () 4001-5000 บาทต่อเดือน
 - () 5001-6000 บาทต่อเดือน
 - () 6001-7000 บาทต่อเดือน
 - () 7001-8000 บาทต่อเดือน
 - () อื่นๆ ระบุ.....
 - () กำหนดวันหยุดประจำสัปดาห์แก่ผู้ดูแล 1 วัน/สัปดาห์
 - () กำหนดวันหยุดพิเศษ อื่นๆแก่ผู้ดูแล เช่น วันนักขัตฤกษ์
 - () ขึ้นทะเบียนเป็นผู้ประกันตน ตามพระราชบัญญัติ
 - () ประกันสังคม
 - () ประกันสุขภาพ
 - () ประกันอุบัติเหตุ
 - () อื่น ระบุ.....
- 2.19 จำนวนผู้ใช้บริการที่ว่างผู้ดูแลที่สำเร็จจากโรงเรียนของท่าน
- | | ปี 2542 | ปี 2543 | ปี 2544 |
|----------------------------|---------|---------|---------|
| ใช้บริการผู้ดูแลเด็กเล็ก | | | |
| ใช้บริการผู้ดูแลผู้สูงอายุ | | | |
- 2.20 ผู้ใช้บริการสามารถขอเปลี่ยนตัวผู้ดูแลฯ ที่ว่าง
- () ได้
 - () ไม่ได้
- 2.21 สาเหตุของการขอเปลี่ยนตัวผู้ดูแลฯ ที่พบ คือ
- | | |
|---------|---------------|
| จากญาติ | จากตัวพนักงาน |
| | |

ตอนที่ 2 แบบสอบถามเกี่ยวกับ การบริหารจัดการ การจัดการอบรมผู้ดูแลเด็กเล็ก และ/หรือผู้สูงอายุ

คำชี้แจง แบบสอบถามนี้ มีคำถามเกี่ยวกับสภาพการบริหารจัดการ การจัดอบรมหลักสูตรผู้ดูแลเด็กเล็ก และ/หรือผู้สูงอายุ ของโรงเรียนหรือสถานฝึกอบรม ใน 3 ด้าน จำนวน 41 ข้อ คือ

1. กิจกรรมด้านการวางแผนการจัดอบรมการดูแลเด็กเล็กและ/หรือผู้สูงอายุ มีลักษณะเป็นแบบประเมินค่า (Rating scales) มีรายการกิจกรรม จำนวน 17 ข้อ
2. กิจกรรมด้านการดำเนินการจัดอบรมการดูแลเด็กเล็กและ/หรือผู้สูงอายุ มีลักษณะเป็นแบบประเมินค่า (Rating scales) มีรายการกิจกรรม จำนวน 12 ข้อ
3. กิจกรรมด้านการประเมินผลการจัดอบรมการดูแลเด็กเล็กและ/หรือผู้สูงอายุ มีลักษณะเป็นแบบประเมินค่า (Rating scales) มีรายการกิจกรรม จำนวน 12 ข้อ

คำแนะนำ โปรดพิจารณาข้อความในแต่ละข้อ แล้วทำเครื่องหมาย / ลงในช่องว่างที่ตรงกับความเป็นจริงที่ท่านปฏิบัติมากที่สุด โดยพิจารณาตามหลักเกณฑ์ดังนี้

5	หมายถึง	ระดับการปฏิบัติมากที่สุด	76-100 %
4	หมายถึง	ระดับการปฏิบัติมาก	51-75 %
3	หมายถึง	ระดับการปฏิบัติปานกลาง	26-50 %
2	หมายถึง	ระดับการปฏิบัติน้อย	1-25 %
1	หมายถึง	ไม่เคยปฏิบัติ	0 %

คำชี้แจง โปรดทำเครื่องหมาย / ในช่องที่ตรงกับระดับ การปฏิบัติของท่านตามความเป็นจริง

กิจกรรมการจัดอบรมหลักสูตรผู้ดูแลเด็กเล็ก และ/ หรือผู้สูงอายุ	ระดับการปฏิบัติ					หมายเหตุ
	1	2	3	4	5	
ท่านได้ปฏิบัติในกิจกรรมต่อไปนี้ มากน้อยเพียงใด ด้านการวางแผน (ก่อนเปิดดำเนินการ)						
1. ศึกษา นโยบายของชาติและนโยบายด้านสาธารณสุข ที่เกี่ยวกับการดูแลเด็กเล็กและ/หรือผู้สูงอายุ						
2. ศึกษาสถานการณ์ ปัญหาและความต้องการ ด้านผู้ดูแลเด็กเล็กและ/หรือผู้สูงอายุในสังคมปัจจุบัน						
3.						
4.						
ด้านการดำเนินการ ท่านได้ดำเนินการ ในข้อต่อไปนี้						
1. ชี้แจง แผนการจัดการเรียนการสอนหรือการอบรม เกี่ยวกับการดูแลเด็กเล็กและ/หรือผู้สูงอายุแก่ครูผู้สอน						
2. ปฐมนิเทศผู้เข้าเรียนหรือเข้ารับการอบรม						
3.						
4.						
ด้านการประเมินผล						
1. กำหนดเกณฑ์การประเมินผลการอบรม การดูแล เด็กเล็กและ/หรือผู้สูงอายุในภาคทฤษฎีและภาคปฏิบัติ ไว้ล่วงหน้า						
2. แจกเกณฑ์การประเมินผลการอบรมการดูแลเด็กเล็ก และ/หรือผู้สูงอายุ ทั้งภาคทฤษฎีและภาคปฏิบัติให้ผู้เรียนทราบ						
3.						
4.						

ตอนที่ 3 ข้อเสนอแนะอื่นๆ



แบบวิเคราะห์หลักสูตรผู้ดูแลผู้สูงอายุ

ชื่อโรงเรียน/สถานฝึกอบรมชื่อหลักสูตร.....

ข้อความหลักสูตร	การตรวจสอบ		ความสอดคล้องกับวัตถุประสงค์ เป็นรายข้อ		หมายเหตุ
	มี	ไม่มี	จำนวนข้อที่สอดคล้อง	ร้อยละ	
ก. วัตถุประสงค์ของหลักสูตร 1. ให้ผู้เรียนมีความรู้ความเข้าใจ ในการดูแลผู้สูงอายุ 2..... 3..... 4.....					
ข. เนื้อหาวิชา 1. หลักการดูแลผู้สูงอายุ ประกอบด้วย - การดูแลและรักษาสุขภาพร่างกายทั่วไป - การพักผ่อนและการนอน - การดูแลเรื่องอาหารและการรับประทานอาหาร - การช่วยทำความสะอาดร่างกายและการแต่งตัว -					
ง. การจัดกิจกรรมการเรียนการสอนการดูแลผู้สูงอายุ ภาคทฤษฎี - ภาคปฏิบัติ -					
จ. การประเมินผลการเรียนการสอน ภาคทฤษฎี 1. ทดสอบภาคทฤษฎี ร้อยละ 40 2. ทดสอบภาคปฏิบัติร้อยละ 60					

แบบวิเคราะห์หลักสูตรผู้ดูแลเด็กเล็ก

ชื่อโรงเรียน/สถานฝึกอบรมชื่อหลักสูตร

ข้อความหลักสูตร	การตรวจสอบ		ความสอดคล้องกับวัตถุประสงค์ เป็นรายชื่อ		หมายเหตุ
	มี	ไม่มี	จำนวนข้อที่สอดคล้อง	ร้อยละ	
ก. วัตถุประสงค์ของหลักสูตร 1. ให้ผู้เรียนมีความรู้ความเข้าใจ ในการดูแลเด็กเล็ก 2. ให้ผู้เรียนเห็นความสำคัญ ในการดูแลเด็กเล็กและเข้าใจธรรมชาติ ของเด็กแต่ละวัย 3. 4.					
ข. เนื้อหาวิชา 1. หลักการดูแล เด็กเล็ก (40 ชั่วโมง) ประกอบด้วย - ลักษณะของผู้ดูแลเด็กที่ดี - ปัญหาต่างๆที่เกิดจากการเลี้ยงดูเด็ก ไม่ถูกต้อง - หลักการเลี้ยงเด็กในแต่ละวัยเพื่อ สร้างคุณภาพชีวิต - การเตรียมเครื่องใช้เตรียมสำลี สำหรับทารกแรกเกิดและเด็กเล็ก -					
ค. การจัดกิจกรรมการเรียนการสอน การดูแล เด็กเล็ก ภาคทฤษฎี - ภาคปฏิบัติ -					
ง. การประเมินผลการเรียนการสอน ภาคทฤษฎี 1. ทดสอบภาคทฤษฎี ร้อยละ 40 2. ทดสอบภาคปฏิบัติร้อยละ 60					



APPENDIX C

List of experts consulted on validation of the instrument

The content validity of questionnaires were determined by 10 consulting experts included:

1. Associate Professor Police Major Dr. Paungphen Choonhapran
Faculty of Nursing, Chulalongkorn University.
2. Assistant Professor Dr. Jiraporn Kespichayawattana
Faculty of Nursing, Chulalongkorn University.
3. Mrs. Saowanee Panassorn
Educator 7, Non-Formal Education Promotion Division,
Office of the Private Education Commission, Ministry of Education.
4. Professor Dr. Weena Jeerapaeth
Faculty of Nursing, Chulalongkorn University.
5. Associate Professor Dr. Yupapin Sirapo-ngam
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
6. Associate Professor Wilai Leesuwana
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
7. Assistant Professor Dr. Khannika Suwannakote
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
8. Lect. Dr. Pornthip Malathum
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
9. Ms. Arunsri Teichas-hongs
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
10. Adm. Dr. La-aied Jamjun
Director, Nopparat-Wachira Nursing College

BIOGRAPHY

NAME	Mrs. Peeraporn Kampimoon
DATE OF BIRTH	18 May, 1965
PLACE OF BIRTH	Samuth-songkram, Thailand
INSTITUTIONS ATTENDED	Nakornratchasima Nursing College, 1984-1988: Diploma in Nursing science Mahidol University 2000-2003: Master of Nursing Science (Adult Nursing)
OFFICE & POSITION	1988-1997, Female Surgical unit Surgical Department 1997-Present, Burn Center, Surgical Department, Nopparat-rajathanee General Hospital Position: Registered Nurse 7 Tel. 02-5174270-9 ext. 2025,2026