

**THE RELATIONSHIP BETWEEN WORK-LIFE SKILL AND
EMPLOYEE ENGAGEMENT OF CAREGIVERS
IN NURSING HOME; BANGKOK AREA**



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Thematic paper
entitled
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IN NURSING HOME; BANGKOK AREA**

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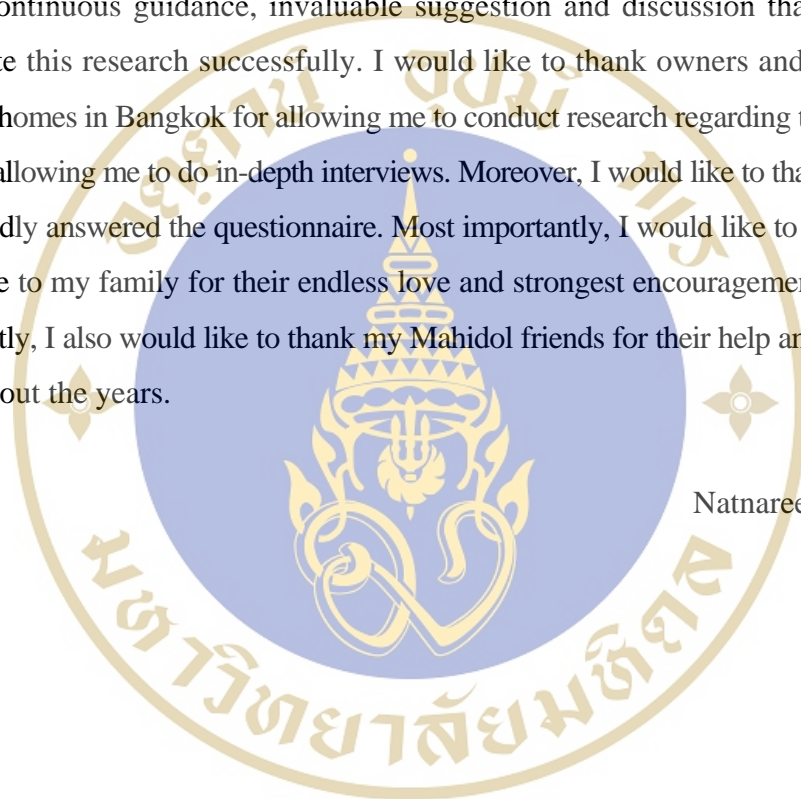
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ABSTRACT

Caregivers were a major healthcare workforce taking care of the elderly, especially in nursing homes. As Thailand had recently become an aging society, the demands for caregivers had greatly increased. Hence, the current shortage of caregivers was a crucial problem for healthcare sector in Thailand. The shortage was partly caused by a continuously increasing turnover rate at nursing homes. Literature on human resource management showed a positive influence of job satisfaction on employee engagement, which was linked to positive work attitude and competencies of employees. Acquiring certain skills from the training programs also could influence job satisfaction. But unlike countries in Europe where both basic-care skills and work-life skills were required in the curriculum of caregiver training schools, only basic-care skills were required in Thailand. It was not known whether work-life skills, either obtained from schools or developed at work, were related to caregivers' employee engagement. This research was aimed to fill the gap by studying the relationship between caregivers' work-life skills and employee engagement in nursing homes in Bangkok areas. This study utilized a survey design. The data of basic-care skills, work-life skills, job satisfaction, and employee engagement were collected by a self-assessment questionnaire from 189 caregivers who were working in 13 nursing homes in Bangkok. In addition, in-depth interviews of five owners of nursing homes were conducted to obtain additional qualitative data to support quantitative findings. The study showed that educational qualification, work experience, and caregiver training programs had positive relationships with basic-care skills and work-life skills of caregivers. Work-life skills also had positive relationships with caregivers' employee engagement and job satisfaction. The in-depth interviews confirmed that trained caregivers were perceived as more effective workers than untrained caregivers. Discussions and conclusions: Work-life skills were the keys to create job satisfaction and to engage caregivers in their careers, which consequently could help reduce the turnover rate in organizations. The importance of caregivers' work-life skills should be more emphasized.

KEY WORDS: Caregiver/ Caregiver Training/ Work Life Skill/ Employee Engagement

81 pages

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CHAPTER I

INTRODUCTION

The elderly population had been growing worldwide. It was the result of an aging population and decreased numbers of newborns. In Thailand, many families had to rely on middle-age family members to take care of the whole family. This was called the “sandwich role,” the one who took care of both children and elderly people (Yodphet, 2004). Some middle age caretakers had to work outside the home, in order to provide income for the family. Meanwhile, some families had to assign one member in the family to stay at home to take care of their parents. Time management, skills, and knowledge of caring for older people were all required to take care of the elderly. This created more demand for paid caregivers who helped their clients, elderly or not, on daily activities. Caregivers in Thailand were mostly employed by nursing homes. Most nursing homes were supervised by registered nurses. The majority of workers was caregivers.

The long-term facilities such as nursing homes were places that provided care for the elderly and disabled people who needed assistance for daily life activities and individual healthcare. The majority of workforce in nursing homes was caregivers who provide care directly to the elders. Basic nursing care was defined as skills that could be completed by a caregiver; which included basic infection control; assistance with eating, bathing, elimination, personal hygiene; bed making; providing a safe environment, helping with movement, and vital sign checking and recording. Normally, caregivers who were confident in basic nursing care tended to have better chance for employment (Stombaugh & Judd, 2014).

In Thailand, there was no reported number of caregivers working in nursing homes. However, it was found that a continuous increase in turnover rate and shortage issues of caregivers were the cause of complaints by the human resource departments of nursing homes (Thaneerat et al., 2016). Although there were many caregiver training schools that supplied caregivers to the labor market, it still was not enough to respond

to an increasing demand. The caregiver training schools had been following the Private School Act of 1982. All training topics in training curriculum must be approved by Thailand's Ministry of Education. Basic-care skills training must be evaluated for all students before completing their training program. However, there was still no standard for teaching or evaluation of work-life skills or soft skills.

Thailand also lacked the quality assurance and a follow up systems for graduated caregivers who were working in healthcare facilities (Sasat et al., 2010). Negative psychological issues, unrealistic expectations, and burnout were often attributes of job dissatisfaction. Low performances may be caused by poor training (Johns, 2006). The lack of workforce evaluation blocked caregiver training school's access to feedback on their training program. Normally, organizations solved these problems by motivating staff with incentives for their employees who lacked job satisfaction and employee engagement on evaluations. With this solution, the needs and feelings of employees maybe ignored.

There were many factors that affected job satisfaction such as salary, career progression, workload, supervisor, training program and self-confidence (Fisher, 2003). In general, caregivers with higher job satisfaction performed satisfactory performance. The employee engagement was the opposite of burnout (Fiabane, 2013). Employee engagement was characterized as positive psychology of employee's well-being. Engaged employees had characteristics as energetic and effective dealing with their activities; they saw themselves as being able to handle job demands completely. (Sehaufeli et al., 2002).

Employee engagement model was defined as the combination of vigor, dedication, and absorption which showed how employees felt loved and engaged with their organizations (Baaaer, 2008). Engaged employees might exhibit better performance in their tasks. Moreover, previous literature on psychological issues stated that problems of caregivers in the work place were stress, emotional conflicts, and lack of knowledge (Yodphet, 2004). Education had a positive impact to quality of care. Thus, if caregivers had the knowledge and skills to do and manage their tasks, the quality of care would increase. Significantly, caregivers training curriculum should be tailored to meet social and healthcare needs of the elderly (Hill, 2010).

In Europe, classified competent skill's requirements for caregivers were basic-care skills and work-life skills or soft-skills. Those two skills affect to job satisfaction and employee engagement of caregivers. Basic-care skills such as daily care activities for elder that were required by the standard of the caregiver training institution. According to Paraprofessional Healthcare Institute (2012), state nursing assistant training requirements focused too much on clinical tasks but too little on teaching communication skills and relational skills (Paraprofessional Healthcare Institute., 2012). Moreover, National Nursing Home Survey and National Nursing Assistant Survey emphasized work-life skills focusing on professional values, interpersonal communication, teamwork, problem-solving, and emotion management. Because caregivers were people who work as cooperators between elder's families and elder-nurses, they were exposed to every kind of situations: their jobs could be very emotionally challenging.

According to Bandura's social learning theory, people can be changed by three factors; self-efficacy, outcome expectation, and goals (Bandura, 1982). Self-efficacy effected self-confidence of people. It motivated and empowered people when facing with problems and obstacles. Because caregivers were the ones who had to have basic nursing care and interact directly to patients, caregivers should have more self-efficacy to ensure that they had more confidence to handle their job and improve individual learning. In addition to basic-care competency requirement, work-life skills were the crucial competency that caregivers should practice. Caregivers in nursing homes who had higher work-life skills tend to have more job satisfaction and higher employee engagement (Han et al., 2014).

The literature related to skill evaluation of caregivers was not so prevalent. Self-confidence assessment in both basic nursing care and work-life skills of caregivers in nursing homes had not been explore. One research study (Castle, 2010) described the linkage concept between job satisfaction and employee engagement as when workers had more job satisfaction that would encourage employee engagement. Due to the fact that times had changed, the perception of employees might be changed. It might have another direct mechanism that increased employee engagement of caregivers in nursing homes. The competent skills and self-confidence might affect the level of caregivers' engagement. However, in Thailand still no study had been conducted to explore this issue. Thus, it would be interesting to know the relationship between skills that caregivers

in nursing homes had especially work-life skills (soft-skills) and employee engagement. This report will show the self-assessment score of basic-care skills, work-life skills, job satisfaction, and employee engagement in order to identify the correlation between those factors. The objective of this research was to study the relationship between work-life skills (soft-skills) and employee engagement of caregivers in nursing homes.

1.1 Significance of The Study

This study was a part of quality assurance issues that include knowledge, attitude, and practice all of which affects the quality of care. Moreover, there was a new concept of human resource strategy, the work-life skills or soft-skills were human skills that popular in many countries. That was important skills especially for manager and owner. But the fact was that these skills were important for everyone who works with others. Thus, Europe already had incorporated work-life skills training into their regulated curriculum of caregiver training. A crucial problem in nursing homes was a high turnover rate of caregivers. The reason was assumed that their employees were not satisfied or not engaged to their job. Employees who were satisfied with their job but not engaged became ineffective at work and delivered low quality of care: those employees were called dead wounds. On the other hand, some employees were not satisfied with their work, but were engaged with job; when facing with pressure and stress, they experienced a burnout.

This study provided feedback from caregivers who worked in nursing homes regarding their basic-care skills and work-life skills. Job satisfaction and employee engagement were explored to find the relationship between work-life skills (soft-skills) and employee engagement of caregivers in nursing home. This relationship would help management team of nursing home or long-term facilities to get more insights about their employees and able to use this results to improve their caregivers' skills.

1.2 Review of Roles, Responsibility and Challenge of Caregivers

Caregivers assisted someone whom they take care of in the personal level by individual care or integrated care. They helped elderly or disabled person to achieve daily activities. In nursing home settings, caregivers worked with and were supervised by nurses. Their tasks included basic nursing care, assisting with meals, bed making, bathing, and providing safe environment for elderly person. The care tasks must be performed professionally. This created stressful working environment for caregivers, not only did they have to deal with work and communicates with the person whom they had to care for directly, they had to deal with employment, and also elderly relatives as well. This caused the career of caregiving to have a high turnover rate.

1.3 Problem Statement

Since there was a shortage of caregivers who worked in nursing homes, this was a critical issue among stakeholders in healthcare industry. High turnover rate of caregivers resulted in uncertainty of service provision and of effective elderly care. In order to train more caregivers, education and work-life skills must be addressed. Caregiving education in Thailand was carried out mostly by the private sector. The curriculum had to be approved by the Ministry of Education, and it had to follow the Private School Act of 1982. Caregiver training programs in Thailand tended to focus on basic-care skills but less concerned with work-life skills that caregivers needed to have in working life. In Thailand, there was a lack of quality assurance and a follow-up system for graduated caregivers who were working in healthcare facilities (Sasat et al., 2010). In this study, caregivers were asked to complete a self-assessment on their skills regarding basic-care skills, work-life skills, job satisfaction, and employee engagement of caregivers who were working in nursing homes in order to examine relationship among factors, especially between work-life skills and employee engagement.

1.4 Expected Benefit

This research study would provide insights to different stakeholders in elderly care services. The benefits were as followed.

1. Academicians could understand factors that may affect caregiver's skills and quality of elderly care.
2. Managers or owners of nursing homes could manage their teams of caregivers better with insights from this study.
3. Caregivers could improve their competencies regarding elderly care in nursing homes.
4. Training school administrators could improve their training curricula based on results of this study.
5. Policy makers could update regulations for caregivers' training in order to improve quality of learning experiences.

1.5 Research Objectives

In this study, there were four research objectives in order to understand factors influencing caregiver's skills. The objectives were as followed.

1. To identify basic-care skills and work-life skills of caregivers.
2. To find relationship between work-life skills and employee engagement of caregivers.
3. To find relationship between job satisfaction and employee engagement of caregivers.
4. To find relationship between training and work-life skills of caregivers.

1.6 Research Scope

Data were collected from the caregivers who were working in nursing homes in Bangkok. The questionnaires were available for any age, sex, education, and family status.

CHAPTER II

LITERATURE REVIEW

2.1 Definition of Terms

2.1.1 Nursing home

A nursing home was a long-term facility where provided healthcare especially for elderly people. Some of the nursing home residents may have physical or mental disabilities. Nursing homes provided nursing care, meals, baths, physical therapy, and other rehabilitative therapies. Some nursing homes were set up similar to hospitals, while other nursing homes tried to be more like homes to make residents feel safe and comfortable (National Library of Medicine, 2017).

2.1.2 Caregivers in nursing homes

Caregivers or nursing aids were the majority of the workforce in nursing homes. They were supervised by nurses. They assisted nurses to take care of residents in basic health issue. Caregivers provided assistance to residents according to their individual needs physically and mentally. Caregivers provided daily care for residents, this included helping clients to go to toilet, take a bath, dressing up, feeding, and transporting clients (National Library of Medicine, 2017). Skilled caregivers had to be certified in order to work at a nursing home. This can be done by going through caregiver training institutes. The responsibilities and duties of caregivers in nursing home were as followed:

1. Offering help in daily activities according to elder needs (e.g., feeding, walking, and exercising)
2. Observing and reporting any suspicious marks or injuries to supervised staff
3. Giving care for elder's physical, psychological, and emotional needs.

2.1.3 Caregiver Training Program

Caregiver training program provided knowledge and skills necessary to take care of elderly people called “basic-care skills,” which covered all tasks that caregivers had to assist the clients. In Thailand, training program could be executed by private or training institutions. Private institutions must be licensed by the Private Education Commission, and the curriculum must be approved by Ministry of Education. Knowledge and skills needed must at least be trained for 6 months. (Dal & Sarpkaya, 2013). After the training, caregivers would get certificates to allow them to work in nursing homes.

2.1.4 Basic-care knowledge and skills of caregivers

Basic-care knowledge and skills were important for eldercare. Caregivers were required to have basic-care competency, providing care to the clients correctly and properly. Basic care for chronic diseases that were often found in the elderly included diabetes, hypertension, and heart diseases.

2.1.5 Work-life skills (soft skills) for caregivers

In general, soft skill was a word used in human resource field. It was defined as skills or competency related to humans. This skill did not specify to each task, but it influenced people to be successful. Soft skills for caregivers can be divided into four major groups

1. Competence associated with professional values and roles: working with professionalism and ethical actions
2. Cognitive competences: problem solving, decision making, positive thinking, critical analysis, and interpretation of data
3. Interpersonal competences: communication, persuasion, and negotiation
4. Managerial and organizational competences associated with teamwork: emotional management, ability to cooperate in team, and time management and ability to apply appropriate method in work

Some literature defined work-life skills or soft-skills as people management competency that everyone in organization should have. High soft-skilled employees might work more effectively and had fewer problems in work place especially with co-workers.

Soft-skills for each healthcare staff member could be different, depending on their tasks and their core responsibilities. In general, healthcare organizations emphasized that caregivers should be competent in professionalism, team skills, and verbal communication. Meaning of soft skills of caregivers varied according to organizations (Cichoska et al., 2014).

2.1.6 Job Satisfaction

Job satisfaction had a positive impact on workers' retention. Job satisfaction was defined as how employee's perception their jobs met employees' expectations. Job satisfaction negatively impacted turnover of employees. From literature model (Castle, 2007), job satisfaction composed of coworkers, workplace support, work content, work schedule, training, reward, and quality of care. There were multiple factors influencing job satisfaction for employees such as salary, career progression, workload, and supervisor (Fisher, 2003). Individual and organizational factors associated with job satisfaction among caregivers were defined as intrinsic factors and extrinsic factors (Friedman et al., 1999). Important individual factors (intrinsic factors) were empowerment and autonomy. Organizational factors (extrinsic factors) were facility resources and work load were shown as important factors (Squires et al., 2015).

Table 2.1 Classification of job satisfaction

Extrinsic factors	Intrinsic factors
Salary	Ability to make decision
Company's rules and regulation	Opportunities to try new things
Stability in organization	Fulfillment
Opportunity to be higher position in organization	Happy workplace
Work atmosphere between higher and lower position staff	Pride with career
Teamwork	
Admiration after a good work	
Blame after mistake	
Work atmosphere	

Source: Friedman, et al. (1999).

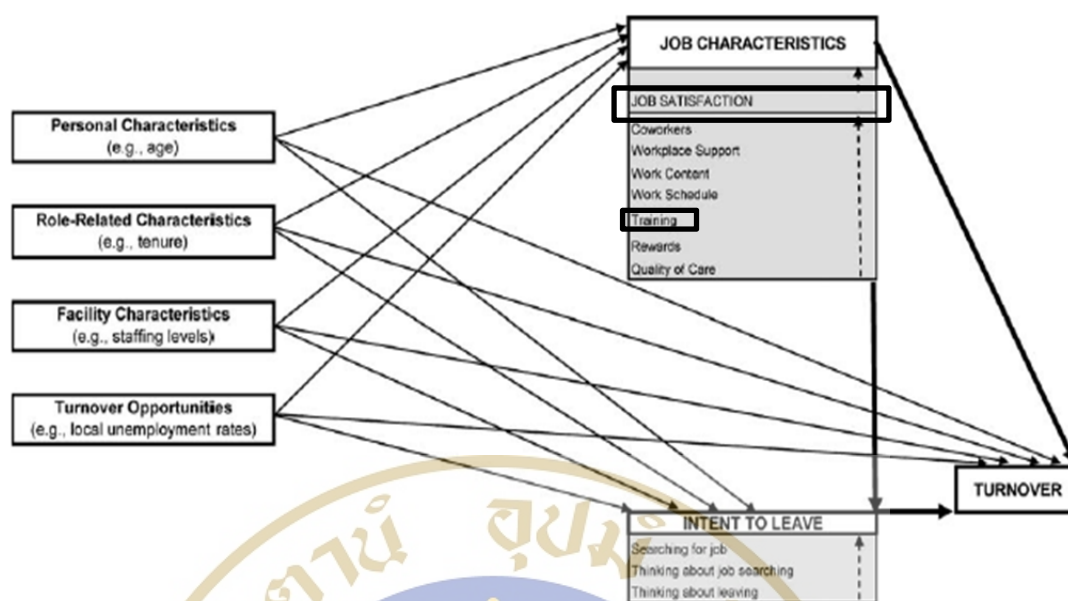


Figure 2.1 Proposed model for examining intent to leave and turnover of nurse aides
Source: Castle (2007)

2.1.7 Employee Engagement

Employee engagement was characterized by positive psychology of employee's well-being (Fiabane et al., 2013). It had characteristics as energetic and effective dealing with their activities at work and they saw themselves as able to handle their job (Schaufeli et al., 2002).

According to model of employee engagement, job demand resource model (Bakker, 2008), employee engagement could be defined as the combination of vigor, dedication, and absorption. The model was developed from two resources, job resources and personal resources. Job resources consisted of autonomy, performance feedback, social support, and supervisory coaching. Meanwhile, personal resources included optimism, self-efficacy, resilience, and self-esteem. Employees who were motivated by responding to their job demand tended to have higher employee engagement.

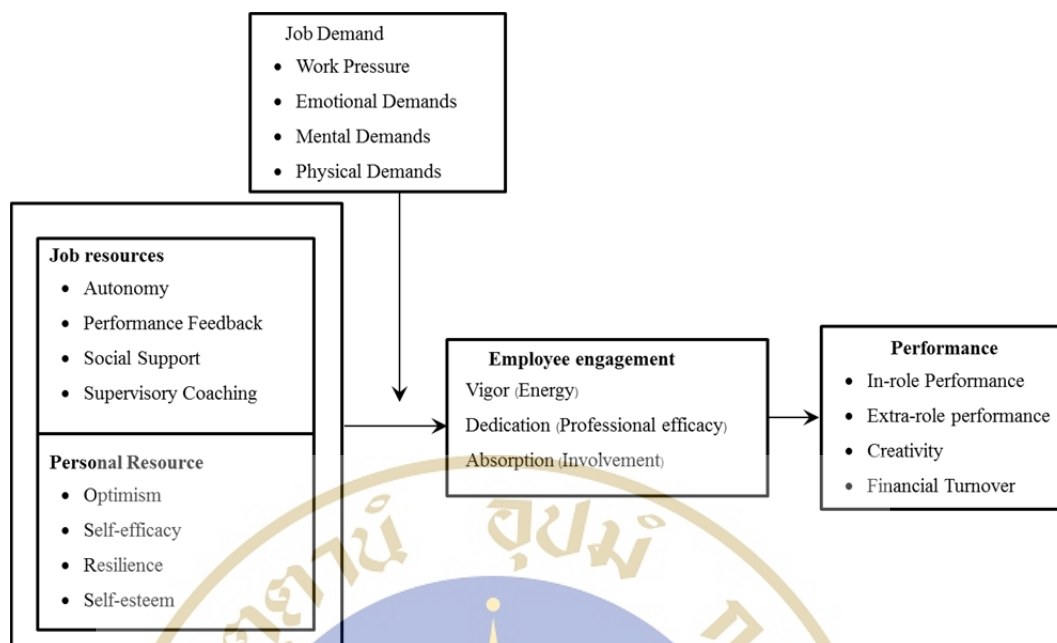


Figure 2.2 The Job Demand Resource of employee engagement

Source: Bakker and Demerouti (2007)

2.1.8 Linkage between job satisfaction and employee engagement

The conceptual model “factors affecting employee engagement” defined two components of employee engagement: organizational factors and individual factors. Each organization that influenced employee’s perception in their job and personal characteristics were composed of Type A personality, locus of control or belief, physical health, mental health, and job satisfaction (Fiabane et al., 2013).

Although, the first four factors (Type A personality, locus of control, physical health, and mental health) were individual factors that could not be changed and encouraged externally, except job satisfaction. Job satisfaction was only one adjustable factor that significantly related to employee engagement (Castle, 2010).

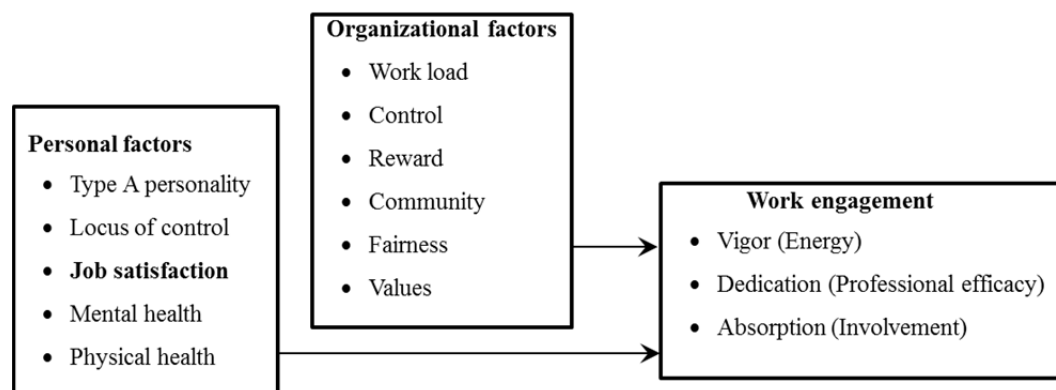


Figure 2.3 Factors affect career engagement model

Source: Fiabane et al. (2013)

2.2 Conceptual Framework of This Study

In Europe, job satisfaction of caregivers in nursing homes was increased by trainings focusing on work-life skills or soft skills such as communication, conflict management, problem solving, task organization, and team-work management. Employees who were satisfied with their current job in nursing homes significantly more than those who did not have those skills (Han et al., 2014).

Job satisfaction encouraged more employee engagement (Castle, 2010). However, it might have had other mechanisms which directly increased employee engagement. The training program might have had a relationship to employee engagement.

Thus, the hypothesis of this study focused on effects of caregivers' training programs, especially work-life skills (or soft skills) to employee engagement of caregivers in nursing homes. The study explored 4 hypotheses:

- H1: Work-life skills have a positive relationship with employee engagement.
- H2: Work-life skills have a positive relationship with job satisfaction.
- H3: Job satisfaction has a positive relationship with employee engagement.
- H4: Training program has a positive relationship with work-life skills.

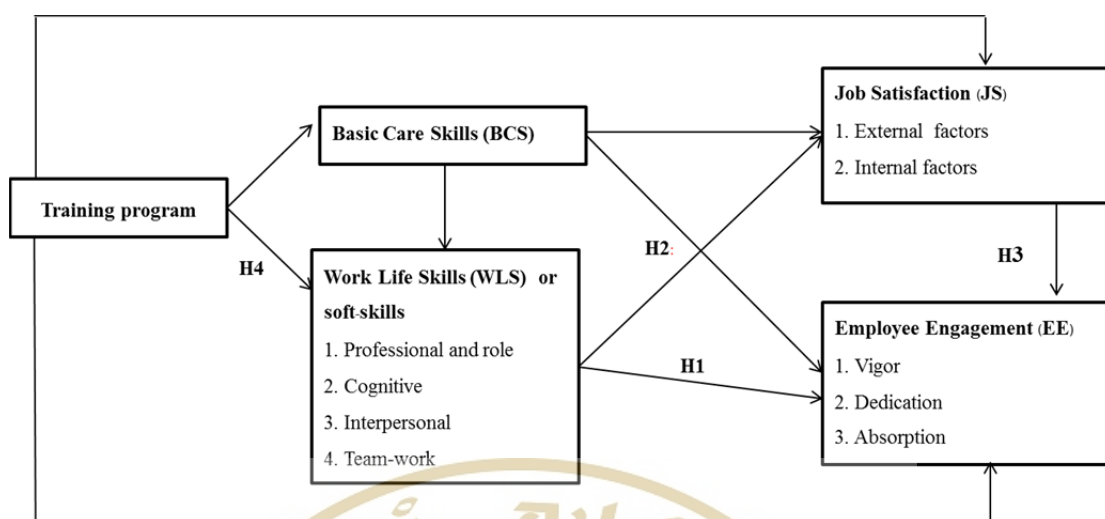


Figure 2.4 Research model

This research framework and hypotheses provided only a direction for the researcher. It showed the linkage of each factor. Methodology of analysis, target population, sample size, and data collection would be described in the next chapter.

CHAPTER III

RESEARCH METHODOLOGY

This chapter explained research methodology and data collection used in this study. This section had been divided into five parts. The first part was the research design. The second part discussed research instrument. The third part validity and reliability. The fourth part included data collection. And, the fifth was analysis of the data.

The key variables were basic-care and work-life skills that might affect job satisfaction and employee engagement of caregivers. This study emphasized the direct relationship between work-life skills and employee engagement. The personal demographic data and characteristics of nursing homes were collected as the control variables.

3.1 Research Design

1. This study utilized a cross-sectional questionnaire survey design to collect and analyze five data sets for caregivers as followed (see in Appendix B):

- Demographics information of caregivers and characteristics of nursing homes
- Self-assessment of basic-care skills
- Self- assessment of work-life skills
- Self- assessment of job satisfaction
- Self- assessment employee engagement

Each part of the questionnaire in this study was adapted from other questionnaires in English. Demographic data were collected to provide basic information about caregivers and nursing homes. Basic-care skills questions were based on the knowledge and skills under requirements of Ministry of Education. Work-life skills or soft skills questions were developed from the study of soft-skills of caregivers named “Take Care Project” (Cichoskaet al., 2014). Job satisfaction questions were developed from Minnesota

Questionnaire widely used by healthcare organizations (Castle, 2010; Susan et al, 1999). Work-life skills questions were developed from the Utrecht Work Engagement Scale (UWES) used to measure employee engagement measuring engagement factors such as vigor, dedication, and absorption (Schaufeli & Bakker, 2006).

2. In-depth interviews of owners of nursing homes were conducted in order to get additional data for analysis.

3.2 Data Collection and Instrument

3.2.1 Self-assessment questionnaire for caregivers

This research used five-point Likert scale to all question sets. There were five question sets with a total of 61 questions (see Appendix B).

Part I: Demographics data (12 questions): This section contained personal data of respondents and data on characteristics of nursing homes.

Part II: Basic-care skills (9 questions): This section contained questions relating to basic-care skills of caregivers that were required by Ministry of Education such as knowledge of diseases often found in the elderly, first-aids skills, elderly-care skills, elderly assistance with mobility, medication, exercises for the elders, mouth care procedure, and vital sign checking and recording.

Part III: Work-life skills or soft-skills (14 questions): This section contained questions relating to work-life skills that caregivers should have. These questions had 4 topics:

1. Competences associated with professional values and roles
2. Cognitive competencies
3. Interpersonal competencies
4. Managerial and organizational competences associated with teamwork

Part IV: Job satisfaction (14 questions): This part contained the questions relating to job satisfaction of caregivers. It contained 2 types of factors, extrinsic and intrinsic factors.

Part V: Employee engagement (12 questions): This part contained questions relating to employee engagement of caregivers to indicate well-being of caregivers with current job. It was divided into 3 subtopics: vigor, dedication, and absorption.

Table 3.1 The scales for assessment of each question set were used as follow

Questions set	Scale report				
	(4)	(3)	(2)	(1)	(0)
Basic care skills (BCS)	excellent	good	fair	poor	not-offered
Work life skills (WLS)	excellent	good	fair	poor	not-offered
Job satisfaction (JS)	extremely satisfied	satisfied	Neutral	dissatisfied	extremely dissatisfied
Employee engagement (EE)	Always	Usually	Often	Sometime	Never

3.2.1 In-depth interview with owners of nursing homes

In-depth interviews of nursing homes' owners were conducted in order to provide insights about the topic. Questions asked were as followed.

1. What are the issues, good and bad, regarding caregivers working at your nursing home?
2. What are the factors influencing your caregivers to choose to work at your nursing home?
3. In your opinion, how did training programs affect caregivers who are working in your nursing home?
4. From your experiences, what are the issues that training schools should emphasize?

3.3 Validity and Reliability Assessment

The questionnaire was tested for validity and reliability in order to ensure high quality of research instrument. The details of validity and reliability tests were as followed.

1. Validity: The questionnaire items were tested for content validity after each question was translated from English to Thai by four academic and/or professional

experts in healthcare management. Then eight experts in healthcare industry were asked to assess validity of the instrument. The experts rated the questionnaire to test content validity to ensure that each question appropriately match with objectives of the study. The index of item objective congruence (IOC) was calculated under the following formula (Thaveerat, 1997, p.117).

$$\text{IOC} = \frac{\sum X}{N}$$

Whereas,

IOC = the congruence between the scales objectives and the items in the scale

\sum = the total scores of the agreement of judges in each item

N = the total number of judges

After the IOC method was applied to be the responses of the experts, the obtained data were compared with the criteria. According to Thaveerat (1997), the items which could be accepted if IOC value greater than 0.50. The result was that all questions had IOC scores higher than 0.5.

2. Reliability: Afterwards, a pilot test was conducted by distributing 30 questionnaires to caregivers who were working in the elderly care field. Internal consistency reliability was tested by calculating Cronbach's alpha coefficients. According Tavakol & Dennick (2011), the coefficient that was higher than 0.7 was considered reliable. Cronbach's alpha coefficients for this pilot test were as followed: 0.938 for basic-care skills, 0.861 work-life skills, 0.872 job satisfaction, and 0.911 employee engagement.

3.4 Data Collection

This study used the purposive selection method. According to Thai Elderly Promotion and Healthcare Association of Thailand (2016), there were 81 nursing homes nationwide that were members. This study, however, focused only on nursing homes in Bangkok with total of 42 nursing homes. Of all 42 nursing homes, only 25 ones were

qualified by Quality Health Service Standards 2012-2016 per Department of Business Development (DBD), Ministry of Commerce.

Thus, owners of 25 nursing homes were contacted and invited to participate in the study. Since some owners of nursing homes had declined to participate in this study, only 13 nursing homes were studied.

The owners of 13 nursing homes allowed some of caregivers to participate in this study. Some of the reasons for not allowing was due to language barriers: some caregivers came from other neighboring countries and therefore were illiterate. The total of 220 caregivers was allowed to participate in this study. The questionnaires were sent to all of 220 caregivers. The total of 189 completed questionnaires was returned. Thus, a response rate was 85.9%.

Therefore, the inclusion criteria for caregivers who were included to participate in this research were as followed:

1. The caregivers must be working at a private nursing home in Bangkok area.
2. The nursing home must be registered with the Ministry of Commerce and be a member of Thai Elderly Promotion and Health Care Association of Thailand by July 2016.
3. The nursing must be qualified by Quality Health Service Standards 2012-2016 per Department of Business Development (DBD), Ministry of Commerce.
4. The owners of nursing home must agree to participate in the study.

3.5 Data Analysis and Statistical Analysis

After the return of questionnaires, answers from each item were analyzed by the SPSS program (version 16) for Windows.

1. Descriptive analysis was used to analyze characteristics of nursing homes and caregivers. Specifically, percentage, mean, median, mode, and standard deviation were used.

2. Correlation analysis was used to analyze the relationships between the following constructs. Specifically, the Pearson's correlation coefficients were used.

H1: Work-life skills - Employee engagement.

H2: Work-life skills – Job satisfaction

H3: Job satisfaction - Employee engagement.

H4: Training program - Work-life skills

3.6 The Criteria for Meaning

Basic-care skills (BCS), Work-life skills (WLS), Job satisfaction (JS), and Employee engagement (EE)

Ranges were calculated in order to divide the levels of basic-care skills, work-life skills, job satisfaction, and employee engagement by using the following formula:

$$\begin{aligned} \text{Range} &= \frac{\text{Maximum} - \text{Minimum}}{\text{Number of level}} \\ &= \frac{4 - 0}{5} \\ &= 0.80 \end{aligned}$$

Five levels could be interpreted. Consequently, the criteria for interpreting levels of basic-care skills and work-life skills were as followed:

- The average score between 3.24 and 4.04 indicated an excellent level.
- The average score between 2.43 and 3.23 indicated a good level.
- The average score between 1.62 and 2.42 indicated a fair level.
- The average score between 0.81 and 1.61 indicated a poor level.
- The average score between 0 and 0.8 indicated a no-skill level

Five levels could be interpreted. Consequently, the criteria for interpreting levels of job satisfaction and employee engagement were as followed:

- The average score between 3.24 and 4.04 indicated the highest level.
- The average score between 2.43 and 3.23 indicated a high level.
- The average score between 1.62 and 2.42 indicated a neutral level.
- The average score between 0.81 and 1.61 indicated a low level.
- The average score between 0 and 0.8 indicated the lowest level.

CHAPTER IV

FINDING AND ANALYSIS

Data were collected from 189 caregivers working in 13 nursing homes in Bangkok, which were official members of Thai Elderly Promotion and Health Care Association. This chapter presented research findings as followed.

1. Demographics data of caregivers and characteristics of nursing home
2. Self-assessment of basic-care skills
3. Self-assessment of work-life skills
4. Self-assessment of job satisfaction
5. Self-assessment of employee engagement
6. The relationships between data set

4.1 Demographics data of caregivers and characteristics of nursing home

1. Personal characteristics of caregivers in nursing homes

There were several personal characteristics of caregivers in nursing homes in Bangkok including sex, age, marital status, educational qualification, work experience, training, and training course (see table below).

Table 4.1 Personal characteristics of caregivers in nursing home

(N = 189, Missing = 0)

Personal characteristics	Number of caregivers	Percentage (%)	Std. Deviation
Sex			.27911
Female	173	91.5	
Male	16	8.5	

Table 4.1 Personal characteristics of caregivers in nursing home (cont.)

Personal characteristics	Number of caregivers	Percentage (%)	Std. Deviation
Age			.04422
15-24	81	42.9	
25-34	47	24.9	
35-44	40	21.2	
≥45	21	11.1	
Marital Status			.61944
Single	122	64.6	
Married	54	28.6	
Divorce	13	6.9	
Educational qualification			1.30507
Primary School	23	12.2	
Junior High School	50	26.5	
Senior High School	83	43.9	
Vocational Certificate	7	3.7	
High Vocational Certificate	12	6.3	
Bachelor	14	7.4	
Working experience			1.03594
< 1 year	49	25.9	
1-3 years	82	43.4	
4-6 years	23	12.2	
>6 years	35	18.5	
Training			.468770
Never been trained	61	32.3	
Yes, been trained	128	67.7	
Training Course			.66188
Never been trained	61	32.3	
Ministry of Education	108	57.1	
Ministry of Public Health	17	9.0	
Ministry of Labour	3	1.6	

According to table 4.1, most of the caregivers were female (91.5%), while males made up 8.5% of the caregivers. Caregivers could be categorized into different age ranges: 81% in 15-24 years, 24.9% in 25-34 years, and 11.1% in 35-44 years. Only 64.6% of caregivers were single; 28.6% were married, and 6.9% divorced. Majority of caregivers graduated from high school (43.9%) and junior high school (26.5%). Only a handful of caregivers had other education levels: primary school (12.2%), bachelor (7.4%), high vocational certificate (6.3%), and vocational certificate (3.7%). The number of years of work experience was reported as followed: 1-3 years (43.4%), less than 1 year (25.9%), more than 6 years (18.7%), and 4-6 years (12.3%). For training, the 67.7% of current caregivers were trained before getting their jobs, but the remaining 32.3% were not trained. Most of the trained caregivers completed the elderly care curriculum from Ministry of Education (57.1%). Only a small percentage of caregivers (9.0%) completed their training from Ministry of Public Health. Only 1.6% of caregivers completed their training from Ministry of Labor.

2. Nursing-home characteristics

All 13 nursing homes took care after all types of elderly patients: patients with chronic diseases, patients with Alzheimer's disease, bed-ridden patients, paralyzed patients, and disabled patients.

Table 4.2 Nursing Home characteristics

(N= 13, Missing =0)

Nursing homes characteristics	Frequency	Percentage (%)
Nursing home's years of services		
< 2 year	1	7.7
2-5 years	3	23
6-10 years	6	46
11-20 years	1	7.7
>20 years	2	15.6

Table 4.2 Nursing Home characteristics (cont.)

Nursing homes characteristics	Frequency	Percentage (%)
Number of beds		
< 15 beds	3	23
15-30 beds	2	15.6
31-60 beds	2	15.6
61-90 beds	5	38.5
>90 beds	1	7.7
Number of caregivers		
< 5	2	15.6
5-10	2	15.6
11-30	5	38.5
31-50	2	15.6
> 51	2	15.6

In terms of nursing homes' years of services, most of nursing homes had been in operation for 6-10 years (46%). The rest had been in operation for 2-5 years (23%), more than 20 years (15.6%), less than 2 years (7.7%), and 11-20 years (7.7%).

In terms of number of beds, the majority of nursing homes had 61-90 beds (38.5%). The rest had fewer than 15 beds (23%), 15-30 beds (15.6%), 31-60 beds (15.6%), and more than 90 beds (7.7%).

In terms of number of caregivers, most of nursing homes had 11-30 caregivers (38.5%). The rest had fewer than 5 caregivers, 5-10 caregivers 31-50 caregivers, or more than 51 caregivers (15.6%).

4.2 Self-Assessment on Basic-Care Skills

The self-assessment of caregivers on basic-care skills was shown in Table 4.3. On average, basic-care skills were rated at a good level (Mean = 2.80, S.D. = 0.72). The only skill set that was rated as fair was "basic-care of first aid e.g. resuscitation (CPR), bleeding and moving patients" (Mean = 2.41, S.D. = 0.72). Other skill sets were all rated as good included the following: basic knowledge about common diseases for elder e.g.

diabetes, hypertension, dyslipidemia (Mean = 2.58, S.D. = 0.70); skills of elderly care e.g., bathing, preparing food, eating help and movement (Mean = 3.23, S.D. = 0.69); skills to take care bed-bound elderly e.g. paralysis patients, bed ridden and patients with disabilities (Mean = 2.88, S.D. = 0.73); skills of medicine using for elderly patients to have a suitable and correctly medicine intake (Mean = 2.63, S.D. = 0.83); skills of exercise for elderly patients (Mean = 2.74, S.D. = 0.69); skills of supporting patients to have the proper oral health (Mean = 2.94, S.D. = 0.70); skills to deal with mental status of the elders e.g. depression (Mean = 2.78, S.D. = 0.66); and skills of measurement, evaluation and reporting on vital sign checking e.g. blood pressure, body temperature (Mean = 3.05, S.D. = 0.76).

Table 4.3 Self-assessment on Basic care skills (BCS)

(N = 189, Missing = 0)

Items	Excellent	Good	Fair	Poor	No Skill	Mean	S.D.	Level
	(4)	(3)	(2)	(1)	(0)			
1. Basic knowledge about common diseases for elder e.g. Diabetes, Hypertension, Dyslipidemia	14 7.46%	90 47.6%	78 41.3%	6 3.2%	1 0.5%	2.58	0.70	Good
2. Basic skills of first aid e.g. resuscitation (CPR), bleeding and moving patients	10 5.3%	72 38.1%	93 49.2%	13 6.9%	1 0.5%	2.41	0.72	Fair
3. Skills of elderly care e.g. bathing, preparing food, eating help and movement	69 36.5%	96 50.8%	22 11.6%	2 1.1%	0	3.23	0.69	Good
4. Skills to take care unself-helped elderly e.g. paralysis patients, bed ridden and patients with disabilities	38 20.1%	94 49.7%	54 28.6%	3 1.6%	0	2.88	0.73	Good
5. Skills of medicine using for elderly patients to have a suitable and correctly medicine intake	26 13.8%	83 43.9%	65 34.4%	14 7.4%	1 0.5%	2.63	0.83	Good
6. Skills of exercise for elderly patients	20 10.6%	106 56.1%	57 30.2%	6 3.2%	0	2.74	0.69	Good
7. Skills of supporting patients to have the proper oral health	36 19.0%	108 57.1%	43 22.8%	1 0.5%	1 0.5%	2.94	0.70	Good

Table 4.3 Self-assessment on Basic care skills (BCS) (cont.)

Items	Excellent (4)	Good (3)	Fair (2)	Poor (1)	No Skill (0)	Mean	S.D.	Level
8. Skills to deal with mental status of the elders e.g. depression	21 11.1%	109 57.7%	55 29.1%	4 2.1%	0	2.78	0.66	Good
9. Skills of measurement, evaluation and reporting on vital sign checking e.g. blood pressure, body temperature	55 29.1%	93 49.2%	37 19.6%	4 2.1%	0	3.05	0.76	Good
Total	289 17.0%	851 47.8%	504 29.64%	53 3.12%	4 0.22%	2.80	0.72	Good

4.3 Work-Life Skills (Soft-Skills)

Data on self-assessment of caregivers in work-life skills consisted of 4 sections: 1) competence associated with professional values and roles, 2) cognitive competencies, 3) interpersonal competences, and 4) managerial and organizational competences associated with teamwork as presented in Table 4.4. On average, it scored at a good level (Mean = 3.08, S.D. = 0.68). Two competences were rated at an excellent level: to work with boss or higher officer (Mean = 3.27, S.D. 0.61), and to work with team (Mean = 3.29, S.D. = 0.59)

Table 4.4 Self-assessment on Work life skills (WLS)

(N = 189, Missing = 0)

Items	Excellent (4)	Good (3)	Fair (2)	Poor (1)	No Skill (0)	Mean	S.D.	Level
Competence associated with professional values and role (P)								
1. To follow the organization's ethics, rules and regulations	51 27.0%	107 56.6%	29 15.3%	1 0.5%	1 0.5%	3.09	0.70	Good
2. To perform elder patients in both physical and mental without bias on gender, age, nationality and culture	65 34.4%	102 20.0%	20 10.6%	2 1.1%	0	3.22	0.69	Good

Table 4.4 Self-assessment on Work life skills (WLS) (cont.)

(N = 189, Missing = 0)

Items	Excellent (4)	Good (3)	Fair (2)	Poor (1)	No Skill (0)	Mean	S.D.	Level
3. To adjust your ability to serve the different types of elder patients e.g. paralysis patients, patients with disabilities	44 23.3%	109 35%	35 18.5%	1 5%	0 0	3.04	0.66	Good
4. To understand other professional role e.g. doctor, nurse, nurse aide	51 27.0%	97 51.3%	39 20.6%	1 0.5%	1 0.5%	3.00	0.70	Good
Cognitive competences (C)								
5. To solve the basic problem in your duty e.g. elder fell down, you could do the proper first aide and observe the symptom before notice to an upper level staff	44 23.3%	102 54.0%	42 22.2%	1 0.5%	0 0	3.00	0.69	Good
6. To analyze the elder patient's health information and notice the abnormal case if it's happening e.g. over-high blood pressure.	44 23.3%	109 57.7%	34 18.0%	2 1.1%	0 0	3.03	0.68	Good
7. To find information from other sources	37 19.6%	84 44.4%	63 33.3%	5 2.6%	0 0	2.81	0.78	Good
Interpersonal competences (I)								
8. To support the elders in various objectives e.g. suggestions, encourage, advices, entertain.	39 20.6%	93 49.2%	56 29.6%	1 0.5%	0 0	2.90	0.72	Good
9. To accept elder patient's idea and respect to their rights	49 25.9%	108 57.1%	32 16.9%	0 0	0 0	3.09	0.65	Good

Table 4.4 Self-assessment on Work life skills (WLS) (cont.)

(N = 189, Missing = 0)

Items	Excellent	Good	Fair	Poor	No Skill	Mean	S.D.	Level
	(4)	(3)	(2)	(1)	(0)			
Managerial and organizational competences associated with teamwork (T)								
10. To work with boss or higher officer	67 35.4%	106 56.1%	16 8.5%	0 0	0 0	3.27	0.61	Excellent
11. To work with team	64 33.9%	115 60.8%	10 5.3%	0 0	0 0	3.29	0.59	Excellent
12. To adapt team's plan in urgent situations	53 28.0%	96 50.8%	39 20.6%	1 0.5%	0 0	3.06	0.71	Good
13. To evaluate risk and plan risk management for yourself and others	49 25.9%	89 47.1%	51 27.0%	0 0	0 0	2.99	0.73	Good
14. To manage your duty and responsibility	56 29.6%	106 56.1%	27 14.3%	0 0	0 0	3.15	0.65	Good
Total	713 26.94%	1423 49.73%	493 18.62%	15 0.88%	2 0.07%	3.08	0.68	Good

4.4 Job satisfaction

Table 4.5 showed job satisfaction of caregivers. On average, caregivers had job satisfaction at a high level (Mean = 3.08, S.D. = 0.82). All elements in this category were rated as high, except one item that was rated at the highest level: opportunity to be higher position in organization (Mean = 3.28, S.D. = 3.18).

Table 4.5 Self-assessment on Job satisfaction of caregiver (JS)

(N = 189, Missing = 0)

Job satisfaction	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Mean	S.D.	Level
	(4)	(3)	(2)	(1)	(0)			
1. Salary	28 14.8%	109 57.7%	49 25.9%	3 1.6%	0 0	2.86	0.67	High
2. Company's rules and regulation	36 19.0%	123 65.1%	26 13.8%	4 2.1%	0 0	3.01	0.64	High

Table 4.5 Self-assessment on Job satisfaction of caregiver (JS) (cont.)

Job satisfaction	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Mean	S.D.	Level
	(4)	(3)	(2)	(1)	(0)			
3. Stability in organization	49 25.9%	112 59.3%	27 14.3%	1 0.5%	0	3.11	0.64	High
4. Opportunity to be higher position in organization	42 22.2%	96 50.8%	48 25.4%	3 0.16%	0	3.28	3.18	Highest
5. Working atmosphere between higher and lower position staff	36 19.0%	117 61.9%	32 16.9%	4 2.1%	0	2.98	0.67	High
6. Teamwork	52 27.5%	115 60.8%	21 11.1%	1 0.5%	0	3.15	0.62	High
7. Admiration after a good work	40 21.2%	116 61.4%	33 17.5%	0	0	3.04	0.65	High
8. Blame after mistake	19 10.1%	124 65.6%	39 20.6%	7 3.7%	0	2.82	0.62	High
9. Ability to make decision	25 13.2%	117 61.9%	45 23.8%	2 1.1%	0	2.87	0.63	High
10. Chance to try new things	51 27.0%	113 59.8%	24 12.7%	1 0.5%	0	3.13	0.63	High
11. Satisfy in job's successful	56 29.6%	117 61.9%	15 7.9%	1 0.5%	0	3.21	0.60	High
12. Happy work	52 27.5%	116 61.4%	17 9.0%	4 2.1%	0	3.14	0.66	High
13. Proud with career	84 44.4%	95 50.3%	10 5.3%	0	0	3.39	0.59	Highest
14. Work atmosphere	48 25.4%	109 57.7%	27 14.3%	5 2.6%	0	3.06	0.71	High
Total	618 21.03%	1579 59.69%	413 14.4%	35 1.25%	0	3.08		High

4.5 Employee Engagement

Table 4.6 showed employee engagement of caregivers. This category was divided into 3 categories: vigor (energy), dedication (commitment) and absorption (involvement). All items in this category were rated at the highest level (Mean = 3.84, S.D. = 0.78).

Table 4.6 Self-assessment on Employee engagement (EE) of caregivers

(N = 189, Missing = 0)

Employee engagement	Always (4)	Usually (3)	Often (2)	Sometime (1)	Never (0)	Mean	S.D.	Level
Vigor (V) - Energy								
1. Prefer to go to work as caregiver every day	72 38.1%	0 0	98 51.9%	16 8.5%	3 1.6%	3.26	0.68	Highest
2. Prefer to continue your responsible work although it's hard	148 78.3%	0 0	36 19.0%	5 2.6%	0 0	3.76	0.49	Highest
3. Prefer to work with reasonable and flexible	97 51.3%	0 0	81 42.9%	10 5.3%	1 0.5%	3.45	0.62	Highest
4. Prefer to adjust yourself among changing in organization	135 71.4%	0 0	49 25.9%	5 2.6%	0 0	3.69	0.52	Highest
Dedication (D)- Commitment								
5. Realize this career is valuable	144 76.2%	0 0	39 20.6%	6 3.2%	0 0	3.73	0.512	Highest
6. Realize that career inspire your life	119 63.0%	0 0	57 30.2%	13 6.9%	0 0	3.56	0.62	Highest
7. Be proud to be elder caregiver	126 66.7%	55 29.1%	0 0	6 3.2%	2 1.1%	3.78	2.43	Highest
Absorption (I) -Involvement								
8. Happy with job	108 57.1%	0 0	71 37.6%	9 4.8%	1 0.5%	3.51	0.62	Highest
9. Being a part of this organization	116 61.4%	57 30.2%	11 5.8%	4 2.1%	1 0.5%	3.50	0.75	Highest
10. Prefer to see this organization success	104 55.0%	0 0	63 33.3%	21 11.1%	1 0.5%	3.49	0.71	Highest
11. Prefer to support organization when it has problem	100 52.9%	0 0	72 38.1%	16 8.5%	1 0.5%	3.43	0.67	Highest

Table 4.6 Self-assessment on Employee engagement (EE) of caregivers (cont.)

Employee engagement	Always (4)	Usually (3)	Often (2)	Sometime (1)	Never (0)	Mean	S.D.	Level
12. Prefer to correct the misunderstanding of organization	103 54.5%	0 0	70 37.0%	14 7.4%	2 1.1%	3.45	0.68	Highest
Total	1372 60.49%	112 4.94%	647 28.53%	125 5.52%	12 0.53%	3.84	0.78	Highest

4.6 The Relationships Between Data Set

4.6.1 Relationships between personal characteristics and basic-care skills

According to Table 4.7, three variables of personal characteristics had positive relationships with basic-care skills of caregivers at 0.05 level: training, work experience, and education qualification (Pearson's correlation = 0.327, 0.303, and 0.238 respectively).

Table 4.7 Relationship between personal factors and basic care skills of caregivers (BCS)

(N = 189, Missing = 0)

	Personal factors	Basic care skills (BCS)
Sex	Pearson Correlation	.103
	Sig. (2-tailed)	.156
Age	Pearson Correlation	.133
	Sig. (2-tailed)	.069
Status	Pearson Correlation	.031
	Sig. (2-tailed)	.668
Education qualification	Pearson Correlation	.238**
	Sig. (2-tailed)	.001
Working experience	Pearson Correlation	.303**
	Sig. (2-tailed)	.000
Training	Pearson Correlation	.327**
	Sig. (2-tailed)	.000

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

According to Table 4.7, educational qualification had positive relationships with all four components of work-life skills at 0.05 level: 1) competences associated with professional values and roles, 2) cognitive competences, 3) managerial and organizational competences associated with teamwork, and 4) interpersonal competences (Pearson's correlation = 0.319, 0.315, 0.302 and 0.269, respectively). Meanwhile, work experience had positive relationships with only two components of work-life skills at 0.05 level: competences associated with professional values and roles; and managerial and organizational competences associated with teamwork (Pearson's correlation = 0.190 and 0.150 respectively). Training had positive relationships with two components of work-life skills at 0.05 level: competences associated with professional values and roles; and cognitive competences (Pearson's correlation = 0.28 and 0.234, respectively).

Table 4.8 Correlation between personal factors and work life skills (WLS)

(N=189, Missing= 0)

Personal factors	Work life skills (WLS)				
	Competences associated with professional values and the role (P)	Work life skills- Cognitive competences (C)	Work life skills- Interpersonal competences (I)	Managerial and organizational competences associated with team work (T)	
Sex	Pearson Correlation	.093	.117	.049	.058
	Sig. (2-tailed)	.203	.108	.500	.426
Age	Pearson Correlation	.049	.004	.133	.066
	Sig. (2-tailed)	.500	.962	.068	.365
Marital status	Pearson Correlation	-.010	-.001	.076	.004
	Sig. (2-tailed)	.896	.984	.298	.962
Educational qualification	Pearson Correlation	.319**	.315**	.269**	.302**
	Sig. (2-tailed)	.000	.000	.000	.000
Working experience	Pearson Correlation	.190**	.115	.112	.150*
	Sig. (2-tailed)	.009	.117	.126	.041
Training	Pearson Correlation	.281**	.234**	.050	.082
	Sig. (2-tailed)	.000	.001	.498	.261

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.6.2 Relationships between personal characteristics and job satisfaction

According to Table 4.9, this study found that working experience has significantly positive relationship with job satisfaction-extrinsic factors which are salary, rules and regulation, etc. at $p < 0.01$ level. (Pearson correlation = 0.206) However, Training has negative relationship to extrinsic factors and intrinsic factors of job satisfaction (Pearson correlation = - 0.184 and -0.152 respectively.)

Table 4.9 Correlation between personal factors and job satisfaction (JS)

(N=189, Missing= 0)

Personal factors	Job satisfaction (JS)		
	Job satisfaction- Extrinsic factors (Ex)	Job satisfaction- Intrinsic factors (In)	
Sex	Pearson Correlation	-.015	.016
	Sig. (2-tailed)	.834	.825
Age	Pearson Correlation	.117	.055
	Sig. (2-tailed)	.110	.452
Status	Pearson Correlation	.024	.058
	Sig. (2-tailed)	.738	.431
Education qualification	Pearson Correlation	-.014	.042
	Sig. (2-tailed)	.853	.565
Working experience	Pearson Correlation	.206**	.091
	Sig. (2-tailed)	.005	.214
Training	Pearson Correlation	-.184*	-.152*
	Sig. (2-tailed)	.011	.037

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.6.3 Relationships between personal characteristics and employee engagement

According to Table 4.10, age of caregivers had positive relationships with two components of employee engagement at 0.05 level: vigor, and absorption (Pearson's

correlation = 0.178 and 0.306 respectively). Three personal characteristics had positive relationships with absorption at 0.05 level: marital status, education qualification, and work experience (Pearson's correlation = 0.271, 0.173, and 0.281 respectively).

Table 4.10 Correlation between personal factors and employee engagement (EE)
(N=189, Missing= 0)

	Personal	Employee engagement (EE)		
		Employee engagement- Vigor	Employee engagement- Dedication	Employee engagement- Absorption
Sex	Pearson Correlation	-.029	-.042	.054
	Sig. (2-tailed)	.694	.564	.460
Age	Pearson Correlation	.178*	.069	.306**
	Sig. (2-tailed)	.014	.344	.000
Status	Pearson Correlation	.119	.052	.271**
	Sig. (2-tailed)	.103	.473	.000
Education qualification	Pearson Correlation	.038	.049	.173*
	Sig. (2-tailed)	.604	.502	.017
Working experience	Pearson Correlation	.076	.034	.281**
	Sig. (2-tailed)	.298	.644	.000
Training	Pearson Correlation	-.036	-.022	-.137
	Sig. (2-tailed)	.624	.761	.060

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.6.4 Relationships between nursing-home characteristics and basic care skills

According to Table 4.11, nursing-home characteristics had no statistically significant relationship with basic care skills

Table 4.11 Correlation between nursing home factors and basic care skills (BCS)

(N = 189, Missing = 0)

Nursing home factors		Basic care skills (BCS)
Nursing home's years of service	Pearson Correlation	.133
	Sig. (2-tailed)	.067
Number of elder's bed in nursing home	Pearson Correlation	-.129
	Sig. (2-tailed)	.076
Number of caregiver in nursing home	Pearson Correlation	.121
	Sig. (2-tailed)	.097

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

4.6.5 Relationships between nursing-home characteristics and work-life skills

Per table 4.12, there was only one positive relationship between nursing-home characteristics and work-life skills at 0.05 level: nursing home's years of service and managerial and organizational competences associated with teamwork (Pearson's correlation = 0.163).

Table 4.12 Correlation between nursing home factors and work life skills (WLS)

(N = 189, Missing = 0)

		Work life skills (WLS)			
		Work life skills- Competences associated with professional values and the role	Work life skills- Cognitive competences	Work life skills- Interpersonal competences	Work life skills- Managerial and organizational competences associated with team work
Nursing home's years of service	Pearson Correlation	.122	.110	.093	.163*
	Sig. (2-tailed)	.095	.133	.203	.025

Table 4.12 Correlation between nursing home factors and work life skills (WLS)
(cont.)

		Work life skills (WLS)			
		Work life skills- Competences associated with professional values and the role	Work life skills- Cognitive competences	Work life skills- Interpersonal competences	Work life skills- Managerial and organizational competences associated with team work
Number of elder's bed in nursing home	Pearson Correlation Sig. (2-tailed)	-.095 .196	-.022 .759	-.105 .149	-.060 .410
Number of caregiver in nursing home	Pearson Correlation Sig. (2-tailed)	.129 .077	.076 .301	.042 .563	.077 .292

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

4.6.6 Relationship between nursing-home characteristics and job satisfaction

Per Table 4.13, nursing-home characteristics had no statistically significant relationship with job satisfaction.

Table 4.13 Correlation between nursing home factors and job satisfaction (JS)

(N = 189, Missing = 0)

Nursing home factors		Job satisfaction (JS)	
		Job satisfaction- Extrinsic factors	Job satisfaction- Intrinsic factors
Nursing home's years of service	Pearson Correlation Sig. (2-tailed)	.119 .102	.054 .463
Number of elder's bed in nursing home	Pearson Correlation Sig. (2-tailed)	.065 .371	.006 .936
Number of caregiver in nursing home	Pearson Correlation Sig. (2-tailed)	.072 .325	.032 .664

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

4.6.7 Relationship between nursing-home characteristics and employee engagement

Table 4.14 showed that nursing-home characteristics did not have a statistically significant relationship to employee engagement.

Table 4.14 Correlation between nursing home factors and employee engagement (EE)

(N = 189, Missing = 0)

Nursing home factors		Employee engagement (EE)		
		Employee engagement- Vigor	Employee engagement- Dedication	Employee engagement- Absorption
Nursing home's years of service	Pearson Correlation	.011	.013	.118
	Sig. (2-tailed)	.883	.857	.106
Number of elder's bed in nursing home	Pearson Correlation	-.137	.014	.000
	Sig. (2-tailed)	.061	.852	.990
Number of caregiver in nursing home	Pearson Correlation	-.083	-.010	.044
	Sig. (2-tailed)	.257	.888	.547

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

4.6.8 Relationships between basic-care skills and job satisfaction

Table 4.15 showed that basic-care skills had positive relationships with both job satisfaction components at 0.05 level: extrinsic factors and intrinsic factors (Pearson's correlation = 0.305 and 0.200 respectively).

Table 4.15 Correlation between basic care skills (BCS) and job satisfaction (JS) and employee engagement (EE)

(N=189, Missing = 0)

Basic care skills (BCS)	Job satisfaction (JS)		Employee engagement (EE)		
	Job satisfaction- Extrinsic factors (Ex)	Job satisfaction- Intrinsic factors(In)	Employee engagement- Vigor (V)	Employee engagement- Dedication (D)	Employee engagement- Absorption (A)
Pearson Correlation	.200**	.305**	.191**	.044	.251**
Sig. (2-tailed)	.006	.000	.009	.546	.001

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.6.9 Relationships between basic-care skills and employee engagement

Per Table 4.15, basic-care skills had positive relationships with two components of employee engagement at 0.05 level: vigor and absorption (Pearson's correlation = 0.191 and 0.251).

4.6.10 Relationships between work-life skills and job satisfaction

Per Table 4.16, work-life skills had some positive relationships with job satisfaction at 0.05 level as followed: competences associated with professional values and roles and extrinsic factors of job satisfaction; competences associated with professional values and roles and intrinsic factors of job satisfaction; cognitive competences and extrinsic factors of job satisfaction; cognitive competences and intrinsic factors of job satisfaction; interpersonal competences and intrinsic factors of job satisfaction; managerial and organizational competences associated with teamwork and extrinsic factors of job satisfaction; and managerial and organizational competences associated with teamwork and intrinsic factors of job satisfaction (Pearson's correlation = 0.219, 0.363, 0.153, 0.266, 0.303, 0.213, and 0.360 respectively).

Table 4.16 Correlation between work life skills (WLS) and job satisfaction (JS) and employee engagement (EE)

(N = 189, Missing = 0)

Work life skills (WLS)		Job satisfaction (JS)		Employee engagement (EE)		
		Job satisfaction- Extrinsic factors (Ex)	Job satisfaction- Intrinsic factors (In)	Employee engagement- Vigor (V)	Employee engagement- Dedication (D)	Employee engagement- Absorption (A)
Work life skills-Competences associated with professional values and the role (P)	Pearson Correlation Sig. (2-tailed)	.219** .002	.363** .000	.321** .000	.081 .269	.241** .001
Work life skills-Cognitive competences (C)	Pearson Correlation Sig. (2-tailed)	.153* .035	.266** .000	.221** .002	.000 .997	.158* .030
Work life skills-Interpersonal competences (I)	Pearson Correlation Sig. (2-tailed)	.055 .451	.303** .000	.311** .000	.058 .430	.239** .001
Work life skills-Managerial and organizational competences associated with team work (T)	Pearson Correlation Sig. (2-tailed)	.213** .003	.360** .000	.336** .000	.115 .115	.231** .001

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.6.11 Relationships between work-life skills and employee engagement

Per Table 4.16, work-life skills had some positive relationships with employee engagement at 0.05 level as followed: competences associated with professional values and roles and vigor; competences associated with professional values and roles and absorption; cognitive competences and vigor; cognitive competences and absorption; interpersonal competences and vigor; interpersonal competences and absorption; managerial and organizational competences associated with teamwork and vigor; and managerial and organizational competences associated with teamwork and absorption (Pearson's correlation = 0.321, 0.241, 0.221, 0.158, 0.311, 0.239, 0.336, and 0.231 respectively).



4.7 Hypothesis testing result

4.7.1 Results on Research Model

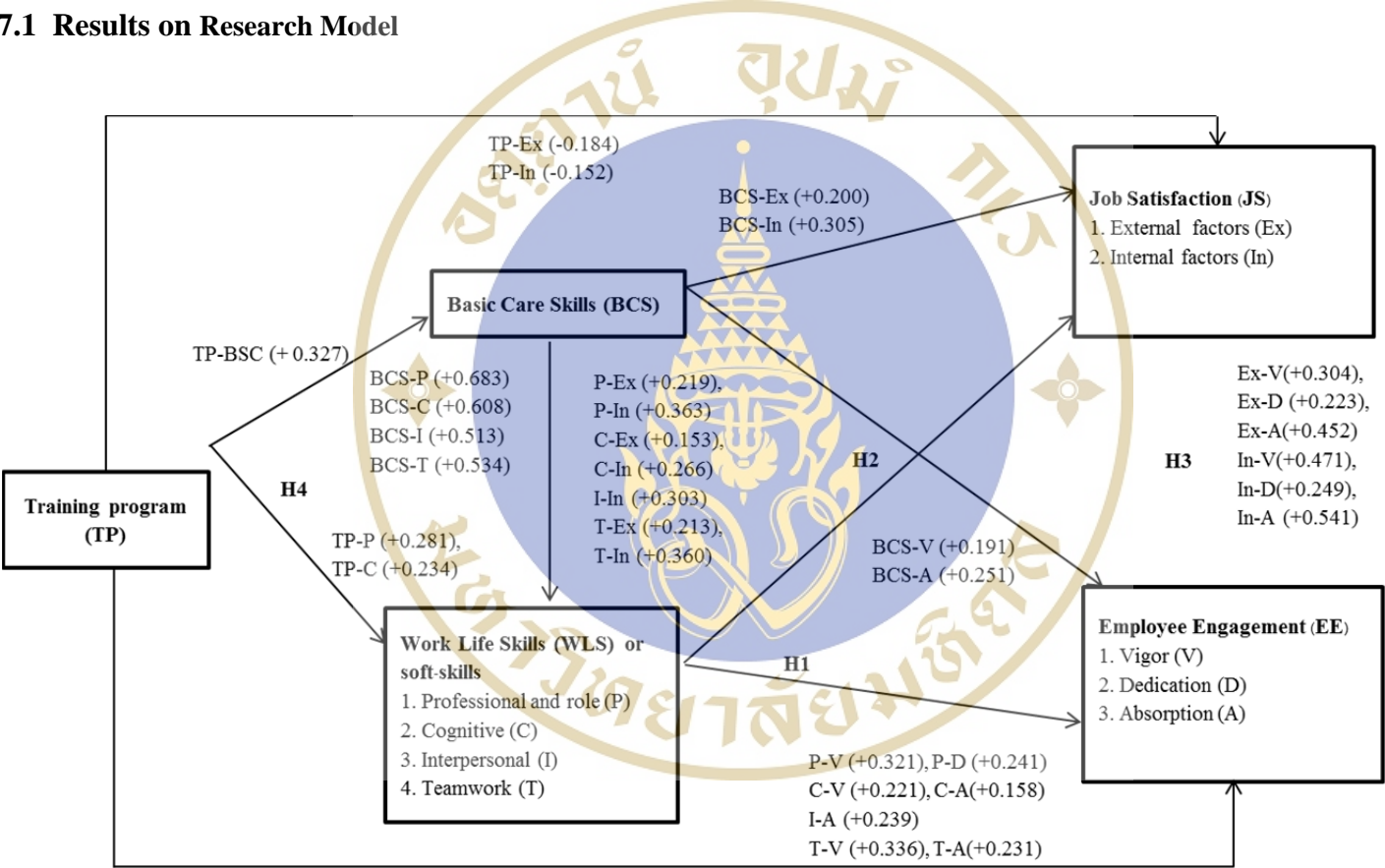


Figure 4.1 Results on research model

Table 4.17 Summary hypothesis table

			Correlations									
			Work life skills (WLS)				Job satisfaction (JS)		Employee engagement (EE)			
			Basic care skills	Competences associated with professional values and the role	Cognitive competences	Interpersonal competences	team work	Job satisfaction (JS)-Extrinsic factors	Job satisfaction (JS)-Intrinsic factors	Employee engagement-Vigor	Employee engagement-Dedication	Employee engagement-Absorption
Work life skills (WLS)	BCS: Basic care skills	Pearson Correlation	1	.683**	.608**	.513**	.534**	.200**	.305**	.191**	.044	.251**
	WLS1: Work life skills-Competences associated with professional values and the role (P)	Pearson Correlation	.683**	1	.710**	.560**	.655**	.219**	.363**	.321**	.081	.241**
	WLS2: Work life skills-Cognitive competences (C)	Pearson Correlation	.608**	.710**	1	.583**	.666**	.153*	.266**	.221**	.000	.158*
	WLS3: Work life skills-Interpersonal competences (I)	Pearson Correlation	.513**	.560**	.583**	1	.589**	.055	.303**	.311**	.058	.239**
	Work life skills-Managerial and organizational competences associated with team work	Pearson Correlation	.534**	.655**	.666**	.589**	1	.213**	.360**	.336**	.115	.231**
Job satisfaction (JS)	JS1: Job satisfaction-Extrinsic factors (Ex)	Pearson Correlation	.200**	.219**	.153*	.055	.213**	1	.570**	.304**	.223**	.452**
	JS2: Job satisfaction-Intrinsic factors(In)	Pearson Correlation	.305**	.363**	.266**	.303**	.360**	.570**	1	.471**	.249**	.541**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

First, the distribution of all variables was examined. All variables had a normal distribution. The Pearson's correlation coefficients at $p\text{-value} < 0.05$ were used to explore the direction of relationship between each hypothesis as followed;

4.7.2 H1: Work-life skills have positive relationship with employee engagement.

According to Table 18, work-life skills had positive relationships with two components of employee engagement at 0.05 level: vigor and absorption. Specifically, the statistically significant relationships between components of work-life skills and components of employee engagement were summarized as followed.

1. Competences associated professional values and roles and vigor (Pearson's correlation = 0.321).
2. Competences associated with professional values and roles and absorption (Pearson's correlation = 0.241).
3. Cognitive competences and vigor (Pearson's correlation = 0.221).
4. Cognitive competences and absorption (Pearson's correlation = 0.158).
5. Interpersonal competences and vigor (Pearson's correlation = 0.311).
6. Interpersonal competences and absorption (Pearson's correlation = 0.239).
7. Managerial and organizational competences associated with teamwork and vigor (Pearson's correlation = 0.336).
8. Managerial and organizational competences associated with teamwork and absorption (Pearson's correlation = 0.231).

However, based on correlation analysis, work-life skills did not have a statistically significant relationship with dedication, a component of employee engagement.

4.7.3 H2: Work-life skills have positive relationship to Job satisfaction.

Mostly, work-life skills had positive relationships with job satisfaction with one exception: interpersonal competences and extrinsic factors of job satisfaction did not have a statistically significant relationship. Specifically, the statistically significant relationships between components of work-life skills and components of job satisfaction were summarized as followed.

1. Competences associated with professional values and roles; and extrinsic factors of job satisfaction (Pearson's correlation = 0.219).
2. Competences associated with professional values and roles; and intrinsic factors of job satisfaction (Pearson's correlation = 0.363).
3. Cognitive competences and extrinsic factors of job satisfaction (Pearson's correlation = 0.153).
4. Cognitive competences and intrinsic factors of job satisfaction (Pearson's correlation = 0.266).
5. Interpersonal competences and intrinsic factors of job satisfaction (Pearson's correlation = 0.303).
6. Managerial and organizational competences associated with teamwork and extrinsic factors of job satisfaction (Pearson's correlation = 0.213).
7. Managerial and organizational competences associated with teamwork and intrinsic factors of job satisfaction (Pearson's correlation = 0.360).

4.7.4 H3: Job satisfaction has positive relationship to Employee engagement

According to Table 18, components of job satisfaction had positive relationships with components of employee engagement. Specifically, the statistically significant relationships between components of job satisfaction and components of employee engagement were summarized as followed.

1. Extrinsic factors of job satisfaction and vigor (Pearson's correlation = 0.304)
2. Intrinsic factors of job satisfaction and vigor (Pearson's correlation = 0.471)
3. Extrinsic factors of job satisfaction and dedication (Pearson's correlation = 0.223)
4. Intrinsic factors of job satisfaction and dedication (Pearson's correlation = 0.249)
5. Extrinsic factors of job satisfaction and absorption (Pearson's correlation = 0.452)
6. Intrinsic factors of job satisfaction and absorption (Pearson's correlation = 0.541)

4.7.5 H4: Training program has positive relationship to Work-life skills (WLS)

Per Table 4.18, training program had positive relationships with only two components of work-life skills. Specifically, the statistically significant relationships between training program and components of work-life skills were summarized as followed.

1. Training program and competences associated with professional values and roles (Pearson's correlation = 0.281)
2. Training program and cognitive competences (Pearson's correlation = 0.234)

Table 4.18 Training program has positive relationship with Work life skills (WLS)

Training	Work life skills (WLS)			
	Work life skills- Competences associated with professional values and the role	Work life skills- Cognitive competences	Work life skills- Interpersonal competences	Work life skills- Managerial and organizational competences associated with team work
Pearson Correlation	.281**	.234**	.050	.082
Sig. (2-tailed)	.000	.001	.498	.261

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

4.8 Additional Finding

There were other relationships that the researcher found from the correlation analysis. The results showed that educational qualification had a positive relationship with work-life skills of caregivers. Specifically, educational qualification of respondents had positive relationships with all components of work-life skills: competences associated with professional values and roles (Pearson's correlation = 0.319), cognitive competences (Pearson's correlation = 0.135), interpersonal competences (Pearson's correlation = 0.269), and teamwork (Pearson's correlation = 0.302). Moreover, educational qualification was also positively correlated with basic-care skills (Pearson's correlation = 0.238) (see Table 4.7 and Table 4.8). Also, there was a positive relationship between age of respondents

and employee engagement's component, vigor (Pearson's correlation = 0.178), and absorption (Pearson's correlation = 0.306). Moreover, educational qualification was positively correlated with employee engagement's component, absorption (Pearson's correlation 0.173) (see Table 4.10). In addition, work experience had a positive relationship to basic-care skills (Pearson's correlation = 0.303). It was correlated with two components of work-life skills: competences associated with professional values and roles (Pearson's correlation = 0.303) and cognitive competences (Person's correlation = 0.190) (see Table 4.8). Work experience was also correlated to external factors of job satisfaction (Pearson's correlation = 0.206) (see Table 10). Lastly, there was a positive relationship between nursing home's years of service and work-life skills' component, managerial and organizational competences associated with teamwork (Pearson's correlation = 0.163) (see in Table 4.12).

4.9 In-Depth Interviews of Nursing Home's Owners

In addition to a questionnaire, five owners of nursing homes were interviewed in depth to get additional insights on the research topics. The following questions were asked:

1. What are the issues, good and bad, regarding caregivers working at your nursing home?
2. What are the factors influencing your caregivers to choose to work at your nursing home?
3. In your opinion, how did training programs affect caregivers who are working in your nursing home?
4. From your experiences, what are the issues that training schools should emphasize?

Out of 13 nursing homes, five owners participated in in-depth interviews. Some owners were not available for the interviews. The following details were responses from the five owners.

1. Nursing home's owner no.1:
 - Nowadays, there were many caregivers in age 15-18 more than the past due to the fact that training schools accepted them as students.

- By the criteria of labor law, caregivers who had age lower than 18 years old could not work. But in real world, due to the shortage of caregivers, we needed to employ young caregivers. But the problem was that they were too young to deal with work-related problems and work under pressure.

- Young caregivers might have emotional issues more than older or experienced caregivers. The older ones had more involvement with organizations and stayed well informed than the younger caregivers.

- The experienced caregivers had better basic-care skills such as elderly care and had better people skills with the elders and families.

- Trained caregivers seemed to have more competence on basic-care skills than one who were not trained.

- Caregivers who had high education qualification seemed to have more competence on basic-care skills and work-life skills.

2. Nursing home's owner no.2:

- Our nursing home had been opened for many years. And most of caregivers were experienced on elderly care.

- We had a strong service system and teamwork. It made our employees feel good about work atmospheres because we believed if our staff members were happy, they would take care of the elders well.

- Most of our caregivers were trained by caregiver training schools.

3. Nursing home's owner no.3:

- The education qualification of caregiver showed me that the higher education such as high vocational certificate and bachelor make caregivers had more competence in knowledge and skills.

- Trained caregivers were more effective when working than the untrained.

4. Nursing home's owner no.4:

- Training programs already covered basic care needed for caregivers.

However, young caregivers tended to be emotionally unstable and change jobs often.

Can training schools teach them how to stay in their job?

- Some of them did not understand the role and task of caregivers. They thought that caregivers worked in beauty salons. So when they ended up working in a nursing home, they were disappointed.

5. Nursing home's owner no.5:

- I would prefer experienced caregivers who used to work in nursing homes or hospitals because they would know how to deal with the elders and their family members.

- Caregiver training programs helped a lot with preparation of caregivers' knowledge and skills before working at my nursing home.



CHAPTER V

CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

This chapter presented the conclusions, discussion, and recommendations from this study. The purposes of this study were to identify basic-care skills and work-life skills of caregivers, to find relationship between work-life skills and employee engagement of caregivers, to find relationship between job satisfaction and employee engagement of caregivers, and to find relationship between training and work-life skills of caregivers.

5.1 Conclusion

5.1.1 Characteristics of caregivers in nursing homes

Out of 189 caregivers participated in this study, most caregivers in nursing homes in Bangkok studied were female (91.5%), 15-24 years old, single (64.6 %), graduated from high schools (43.9%), had been trained in elderly care (67.7%), finished 6-month short course controlled by Ministry of Education (57.1%), and had worked as caregivers for 1-3 years (43.4 %).

The study found that sex, age, and marital status did not make difference in basic-care skills and work-life skills. Thus, people from any background could be trained in basic-care skills and work-life skills. Meanwhile, educational qualification had a positive relationship with basic-care and work-life skills of caregivers. Thus, training schools should admit students who at least have graduated from high school. Nursing homes should employ caregivers who at least graduated senior high school. Taking elderly-care training had a positive relationship with basic-care skills and work-life skills. Thus, nursing homes should employ trained or certified caregivers to increase efficacy of care and decrease costs of on-the-job trainings. Number of years of work experiences had positive relationships with basic-care skills' component of competences

associated with professional values and roles; and with work-life skills' component of cognitive competences. Thus, nursing homes should keep the experienced ones in the career as long as possible to increase efficacy of care and to reduce costs of training new caregivers.

5.1.2 Characteristics of nursing homes

Data were collected from 13 nursing homes that were official members of Elderly Promotion and Healthcare Association of Thailand. Most organizations participated in this study were well established, and their owners would like to develop their staff members further. Six out of 13 workplaces had been in elderly-care business for 6-10 years. Most of them had 61-90 beds. The study showed that nursing homes very much faced the challenge of labor shortage when it came to caregivers.

5.1.3 The relationship between basic-care skills and work-life skills

Basic-care skills had a positive relationship to work-life skills in all dimensions; which were competences associated with professional values and roles, cognitive competences, interpersonal competences, and teamwork. Thus, work-life skills should be added into training programs to improve the competencies of caregivers.

5.1.4 Work-life skills have a positive relationship with employee engagement.

The results of this study showed that work-life skills' component of competences associated with professional values and roles had positive relationships with employee engagement's component of vigor (Pearson's correlation = 0.321) and dedication (Pearson's correlation = 0.241). From the in-depth interview of nursing homes' owners, it could be concluded that there was high turnover rate among caregivers, due to burnout. But if caregivers had more understanding of their tasks and roles, they probably would do their tasks as part of their commitments. Ultimately, they would understand the different needs of clients. Then, caretakers would be able to find proper procedures to take care of their clients.

The results of this study showed that work-life skills' component of cognitive competences had a positive relationship with employee engagement's component of

vigor (Pearson's correlation = 0.221) and absorption (Pearson's correlation = 0.158). Cognitive competences represented problem solving skills of caregivers. Thus, caregivers who had more cognitive competences would bravely faced any challenges in their work and feel valued as part of organizations. According to in-depth interviews with nursing homes' owners, caregivers were people who directly faced wide varieties of situations with patients. If they could handle any challenges, they would be happy.

Work-life skills' component of internal competences had a positive relationship with employee engagement's component of absorption (Pearson's correlation = 0.239). The interpersonal competences were important factors that help caregivers understand their clients better. The elders may have difficulty with communication with others. Based on in-depth interviews, caregivers may experience impoliteness from some elders, especially those who had mental illnesses such as Alzheimer's disease. The caregivers who had competence in communicating with the elderly would know what the elders need and be able to empathize with the elders.

Furthermore, the results of this study showed that work-life skills' component of managerial and organizational competences associated with teamwork had a positive relationship with employee engagement's component of vigor (Pearson's correlation = 0.336), and absorption (Pearson's correlation = 0.231). Good teamwork not only allowed caretakers to work well with their supervisors such as nurses and managers, it also could make caregivers feel empowered and enthusiastic about their work. Based on in-depth interviews with nursing homes' owners, if caregivers were sharing good experiences and worked well with their teams when facing problems, they would feel more engaged with both their teams and organizations.

Findings in this study could be supported by previous researches as followed. Personal characteristics and organization factors affected employee engagement (Fiabane et al., 2013). Job satisfaction could be changed by external factors (Locke, 1976). That was because job satisfaction was a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences, or the attitudes and feelings people had about their work (Armstrong, 2006). Schneider and Snyder (1975) defined job satisfaction as a personal evaluation of the conditions present in the job, or the outcomes that arise as a result of having a job. Muindi (2015) reviewed that the right competence was important for performances. Therefore, employees needed to be trained on work-

life skills in order to improve their performances (Smith et al., 2005; Fitzpatrick & Roberts, 2004).

5.1.5 Work-life skills have a positive relationship with job satisfaction.

Work-life skills' component of competences associated with professional values and roles had a positive relationship with job satisfaction's component of external factors (Pearson's correlation = 0.219). Work-life skills' component of competences associated with professional values and roles had a positive relationship with job satisfaction's component of internal factors (Pearson's correlation = 0.363). From in-depth interviews of nursing homes' owners, caregivers who understood their roles would have good attitudes toward their jobs. On the other hand, caregivers who did not understand their tasks well would be dissatisfied when caregivers compared themselves to nurses. Caregivers might feel that nurses often gave them orders to follow.

Work-life skills' component of cognitive competences had a positive relationship with job satisfaction's component of external factors (Pearson's correlation = 0.153); and with job satisfaction's component of internal factors (Pearson's correlation = 0.266). Based on in-depth interviews of nursing homes' owners, cognitive competences made caregivers feel more satisfied on their jobs because they could handle any challenges at work.

Work-life skills' component of interpersonal competences had a positive relationship with job satisfaction's component of internal factors (Pearson's correlation = 0.303). From the in-depth interviews, if caretakers had chance to make decisions on some tasks given that they had good relationships with each other, caregivers would get accepted by the elders. Then, caregivers would feel more satisfied and appreciated.

These results could be supported by Muindi (2015) indicating that the right competences and work-life skills were important for performance. Competence was the ability to meet a complex demand successfully or carry out a complex activity or task (Rychen & Salganik, 2001). It referred to the necessary or desirable prerequisites required to fulfill the demands of a particular professional position, a social role, or a personal project. Moreover, Han et al., (2014) argued that basic-care and work-life skills could be trained and significantly correlated with job satisfaction. Those whose

training had more emphasis on work-life skills were more likely to be satisfied with their jobs. Similarly, Castle (2010) said that training had a positive effect on job satisfaction.

5.1.6 Job satisfaction has a positive relationship with employee engagement.

Job satisfaction's component of external factors had a positive relationship with employee engagement's component of vigor (Pearson's correlation = 0.304), dedication (Pearson's correlation = 0.223), and absorption (Pearson's correlation = 0.452). External factors of job satisfaction were the basic needs of people which included salary, role of organization, opportunities to grow professionally, and coworkers and responses of work. The external factors affected overall employee engagement and empowered caregivers to go to work and perform their roles. From the in-depth interviews, salary and organization affected caregivers' job satisfaction a lot. At least, if caregivers were satisfied with salary, they would not be absent. They would probably be engaged to their roles more.

Job satisfaction's component of internal factors had a positive relationship with employee engagement's component of vigor (Pearson's correlation = 0.471), dedication (Pearson's correlation = 0.249), and absorption (Pearson's correlation = 0.541). Internal factors of job satisfaction reflected how caregivers felt satisfied without other benefits. Based on the in-depth interviews, caregivers who had opportunities to do new things, make decisions, or improve their skills, they would be more engaged. This result could be supported by a conceptual model called "factors affecting employee engagement" by Fiabane et al., (2013). It said that job satisfaction was the individual factor that significantly correlated with employee engagement.

5.1.7 Training program has a positive relationship with work-life skills.

The results of this study showed that the training program had a positive relationship with work-life skills' component of competences associated with professional values and roles (Pearson's coefficient = 0.281), and cognitive competences (Pearson's coefficient = 0.234), but not with interpersonal competencies; managerial and organizational competences associated with teamwork. The reason why interpersonal competencies; and managerial and organizational competences associated with teamwork were not

correlated with training could be the fact that those competences took a long time to develop. Most training courses were short courses. Caregivers might develop those competencies while working on the job. However, based on in-depth interviews with nursing homes' owners, interpersonal skills and teamwork were crucial to caregiver's roles, and thus should not be neglected by caregiver's training schools.

In conclusion, work-life skills could be trained by training schools along with other core competencies of caregivers. The training schools should add work-life skills to the core courses that Ministry of Education already approved. Work-life skills were the key to create job satisfaction and engage caregivers in their career. As a result, caregivers would work more effectively and more happily, while patient would get better services. Turnover rate among caregivers may eventually decrease. This soft skills training can be used to improve human resource management in Thailand

5.2 Implication of the Results

5.2.1 Theoretical Implications

This research found that it was rare to find articles or academic literature about work-life skills, especially for healthcare or nursing home management. There was a lack of a linkage between the human resource management and development theories for training and job engagement. Thus, this study could provide insights to other researchers in this field who are interested in human resource management, especially for work-life skills or soft-skills of caregivers.

5.2.2 Managerial Implications

1. Training was the key to development of basic-care skills and work-life skills We found that most of caregivers worked 1-3 years and only 30% worked as caregivers for more than 4 years. That reflected high turnover rate. Caregivers played crucial roles in running services at nursing home because this business was labor-intensive and customer-oriented. The service quality with good hospitality was needed. Training and organization development should be employed. This study empirically demonstrated

how the training program would be beneficial for caregivers to develop their basic-care skills and work-life skills.

2. Work-life skills had a positive effect with job satisfaction. Work-life skills consisted of professional competency, cognitive competency, interpersonal competency and lastly, management and organization competency. They were important to create staff' job satisfaction through understanding rules and regulations, job security, career development, working with others, incentives, success sharing, autonomy, and job pride.

Therefore, caregiver training schools should emphasize the importance of work-life skills in their training programs. Also, owners or managers of nursing homes should promote work-life skills of caregivers in order to create job satisfaction and engagement; and provide skills that caregivers need. Lastly, policy makers should put work-life skills into the regular curriculum of caregiver training program in Thailand.

5.3 Limitations of This Study

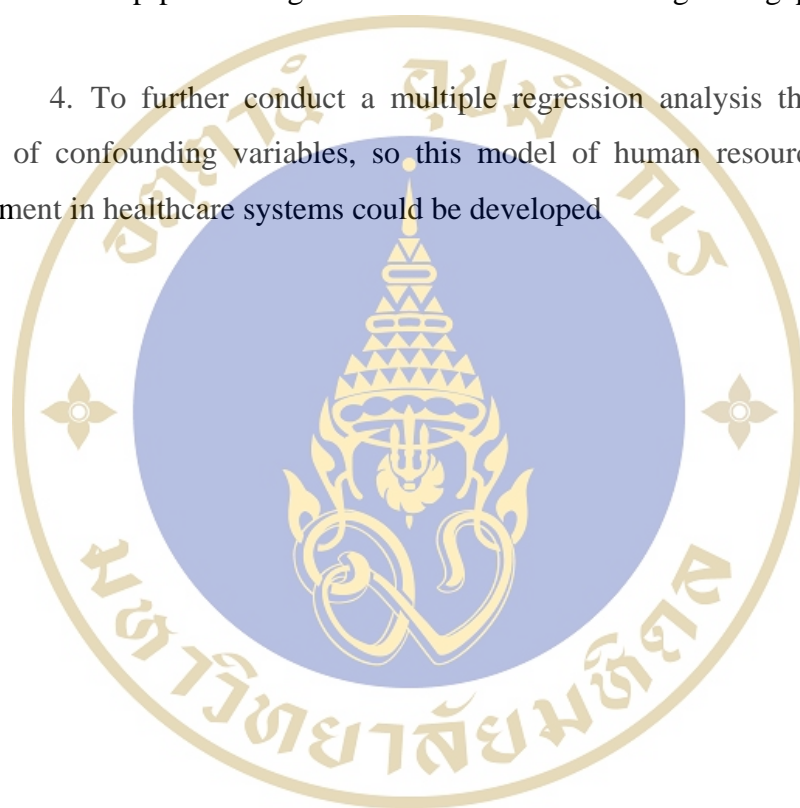
Although this study had covered a wide variety of topics regarding caregivers in nursing homes in Thailand, but there were some limitations. The limitations of this study were as followed:

1. Perspectives of some respondent's own skills, knowledge and attitude might be less measurable.
2. Study findings could be indirectly influenced by managers or owners of nursing homes as some respondents may be concerned about their work security.
3. The data of this study was from caregivers who were working in 13 nursing homes in Bangkok only, which could limit generalization beyond their organizational settings and constraints.
4. The area of this study was rather new in wellness and healthcare business, so it was challenging to review related literature and theories that could comprehensively explain the phenomena.

5.4 Recommendations and Suggestions for Future Research

Since there were limitations of this study, more research in this particular topic should be done in the future. It could include the following;

1. To expand the study beyond Bangkok, but in other regions of Thailand
2. To conduct more in-depth interviews to confirm their perception of caregivers
3. To conduct additional in-depth interviews of nursing home managers and owners to help prioritizing the crucial skills and finding skill gaps of caregiver's skills.
4. To further conduct a multiple regression analysis that take into the account of confounding variables, so this model of human resource planning and management in healthcare systems could be developed



REFERENCES

- andDemerouti, E. 2007. The job demands-resources model: state of the art. *Journal of Managerial Psychology*. 22(3): 309-328.
- Armstrong, M. 2006. *A handbook of human resource management practice*. 10thedn. Kogan Page, London.
- Bakker, A.B. 2008. Towards a model of work engagement. *Career Development International*. 13(3): 209-223.
- Bandura, A. 1982. Self-efficacy mechanism in human agency. *American Psychologist*. 37: 122-147.
- Castle, N.G. 2010. An instrument to measure job satisfaction of certified nurse assistants. *Applied Nursing Research*. 23: 214-220.
- Cichońska, D., Sułkowska, J. and Kędzia, M. 2014. Soft skills of caregivers - results of studies conducted in the take care project. *Przedsiębiorczości Zarządzanie*. 12(3): 109-126.
- Dal, U. and Sarpkaya, D. 2013. Knowledge and psychomotor skills of nursing students in North Cyprus in the area of cardiopulmonary resuscitation. *Pakistan Journal of Medical Sciences*. 29(4): 966–971.
- Engberg, J. and Men, J. 2007. “Nursing home staff turnover: impact on nursing home compare quality measures”. *Gerontologist*. 47(5): 650–661.
- Fiabane, E., Giorgi, I., Sguazzin, C. and Argentero, P. 2013. Work engagement and occupational stress in nurses and other healthcare workers: the role of organisational and personal characteristics. *Journal of Clinical Nursing*. 22: 2614-2624.
- Fisher, C.D. 2003. Why do lay people believe that satisfaction and performance are correlated? Possible sources of a commonsense theory. *Journal of Organizational Behavior*. 24:753-777.
- Fitzpatrick, J.M. and Roberts, J.D. 2004. Challenges for care homes; education and training of healthcare assistants. *British Journal of Nursing*. 13(21): 1258-1261.

- Friedman, S.M., Daub, C., Cresci, K. and Keyser, R. 1999. A comparison of job satisfaction among nursing assistants in nursing homes and the program of all-inclusive care for the elderly (PACE). *Gerontologist*. 39(4): 434-439.
- Han, K., Trinkoff, A.M., Storr, C.L., Lerner, N., Johantgen, M. and Gartrell, K. 2014. Associations between state regulations, training length, perceived quality and job satisfaction among certified nursing assistants: Cross-section secondary data analysis. *International Journal of Nursing Studies*. 51: 1135-1141.
- Hill, K.S. 2010. Improving quality and patient safety by retaining nursing expertise. *The Online Journal of Issues in Nursing*. 15(3): 1.
- Jones, M.D. 2006. Which is a better predictor of job performance: job satisfaction or life satisfaction. *Journal of Behavioral and Applied Management*. 15(6): 77-97.
- Locke, E.A. 1976. The nature and causes of job satisfaction, pp. 1297-1349. In M. D. Dunnette, ed. *Handbook of Industrial and Organizational Psychology*. IL: Rand McNally, Chicago.
- Muindi, F. and K'Obonyo, P. 2015. Quality of work life, personality, job satisfaction, competence, and job performance: a critical review of literature. *European Scientific Journal*. 11(26): 223-240.
- National Library of Medicine. 2017. *Nursing homes*. Retrieved on January 25, 2017, from <https://medlineplus.gov/nursinghomes.html>
- Paraprofessional Healthcare Institute. 2012. *PHI national policy agenda: Training and support*. Retrieved from <http://phinational.org/sites/phinational.org/files/wp-content/uploads/2008/11/policyagendatraining.pdf>
- Rychen, D.S. and Salganik, L.H. 2001. *Defining and Selecting Key Competencies*. Hogrefe Publishing, Göttingen, Germany.
- Salanova, M., Gonzalez-Roma, V. and Bakker, A.B. 2002. The measurement of engagement and burnout: a two sample confirmatory factor analytic approach. *Journal of Happiness Studies*. 3: 71-92.
- Sasat, S., Rodcudee, B. and Pukdeeprom, T. 2010. Development of quality assurance model for older people's care assistants. *Thai Journal of Nursing Council*. 25(1): 38-51.

- Schaufeli, W.B. and Bakker, A.B. 2006. The measurement of work engagement with a short questionnaire. *Educational and Psychological Measurement*. 66(4): 701-716.
- Schneider, B. and Snyder, R.A. 1975. Some relationship between job satisfaction and organizational climate. *Journal of Applied Psychology*. 60(3): 318-328.
- Smith, B., Ker, N. and Parson, M. 2005. Quality of residential care for older people: does educational for healthcare assistance make a difference? *The New Zealand Medical Journal*. 118(1214): 1-11.
- Squires, J. E., Hoben, M., Linklater, S., Carleton, H. L., Graham, N. and Estabrooks, C. A. 2015. Job satisfaction among care aides in residential long-term care: a systematic review of contributing factors, both individual and organizational. *Nursing Research and Practice*. Article ID 157924, p. 24.
- Stombaugh, A. and Judd, A. 2014. Does nursing assistant certification increase nursing student's confidence level of basic nursing care when entering a nursing program? *Journal of Professional Nursing*. 30(2): 162-167.
- Tavakol, M. and Dennick, R. 2011. Making sense of Crohbach's alpha. *International Journal of Medical Education*. 2: 53-55.
- Thaneerat, T., Panitangkool, Y., Doungyota, T., Tooreerach, U. and Kimsao, P. 2016. Prevalence of depression, anxiety and associated factors in caregivers of geriatric psychiatric patients. *Journal of the Psychiatric Association of Thailand*. 61(4): 319-330.
- Thaveerat, P. 1997. *Social research methods*. Bangkok: Charernpol, p. 117.
- Yodphet, S. 2004. การดูแลผู้สูงอายุระยะยาว. สถาบันวิจัยระบบสาธารณสุข, มูลนิธิสถาบันวิจัยและพัฒนาผู้สูงอายุไทย. ผู้ดูแลผู้สูงอายุในครอบครัว. กทม.



Appendix A: Statistical Output

The results of correlation between personal factors and basic care skills (BCS), and work life skills (WLS) of caregivers

		Sex	Age	Status	Education	Experience	Training	Basic care skills	Work life skills- Competences associated with professional values and the role	Work life skills- Cognitive competences	Work life skills- Interpersonal competences	Work life skills- Managerial and organizational competences associated with team work
Sex	Pearson Correlation	1	-.020	-.116	.028	-.010	.047	.103	.093	.117	.049	.058
	Sig. (2-tailed)		.787	.112	.698	.892	.518	.156	.203	.108	.500	.426
Age	Pearson Correlation	-.020	1	.630 ^{***}	-.019	.515 ^{***}	-.192 ^{***}	.133	.049	.004	.133	.066
	Sig. (2-tailed)			.000	.795	.000	.008	.069	.500	.962	.068	.365
Status	Pearson Correlation	-.116	.630 ^{***}	1	-.048	.330 ^{***}	-.186 ^{***}	.031	-.010	-.001	.076	.004
	Sig. (2-tailed)		.000	.000	.514	.000	.010	.668	.896	.984	.298	.962
Education	Pearson Correlation	.028	-.019	-.048	1	-.005	.170 ^{***}	.238 ^{***}	.319 ^{***}	.315 ^{***}	.269 ^{***}	.302 ^{***}
	Sig. (2-tailed)		.795	.514	.000	.942	.019	.001	.000	.000	.000	.000
Experience	Pearson Correlation	.892	.000	.000	-.005	1	.070	.303 ^{***}	.190 ^{***}	.115	.112	.150 ^{***}
	Sig. (2-tailed)		.000	.000	.942	.000	.343	.000	.009	.117	.126	.041
Training	Pearson Correlation	.047	-.192 ^{***}	-.186 ^{***}	.170 ^{***}	.070	1	.327 ^{***}	.281 ^{***}	.234 ^{***}	.050	.082
	Sig. (2-tailed)		.008	.010	.019	.343	.000	.000	.000	.001	.498	.261
Basic care skills	Pearson Correlation	.103	.133	.031	.238 ^{***}	.303 ^{***}	.327 ^{***}	1	.683 ^{***}	.608 ^{***}	.513 ^{***}	.534 ^{***}
	Sig. (2-tailed)		.668	.668	.001	.000	.000	.000	.000	.000	.000	.000
Work life skills- Competences associated with professional values and the role	Pearson Correlation	.093	.049	-.010	.319 ^{***}	.190 ^{***}	.281 ^{***}	.683 ^{***}	1	.710 ^{***}	.560 ^{***}	.655 ^{***}
	Sig. (2-tailed)		.500	.896	.000	.009	.000	.000	.000	.000	.000	.000
Work life skills- Cognitive competences	Pearson Correlation	.117	.004	-.001	.315 ^{***}	.115	-.234 ^{***}	.608 ^{***}	.710 ^{***}	1	.583 ^{***}	.666 ^{***}
	Sig. (2-tailed)		.962	.984	.000	.117	.001	.000	.000	.000	.000	.000
Work life skills- Interpersonal competences	Pearson Correlation	.049	.133	.076	.269 ^{***}	.112	.050	.513 ^{***}	.560 ^{***}	.583 ^{***}	1	.589 ^{***}
	Sig. (2-tailed)		.500	.298	.000	.126	.498	.000	.000	.000	.000	.000
Work life skills- Managerial and organizational competences associated with team work	Pearson Correlation	.058	.066	.004	.302 ^{***}	.150 ^{***}	.082	.534 ^{***}	.655 ^{***}	.666 ^{***}	.589 ^{***}	1
	Sig. (2-tailed)		.365	.962	.000	.041	.261	.000	.000	.000	.000	.000
	N	189	189	189	189	187	189	189	189	189	189	189

***. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

The results of correlation between personal factors and job satisfaction (JS) and employee engagement (EE) of caregivers

Correlations

	Sex	Age	Status	Education	Experience	Training	Job satisfaction-Extrinsic factors	Job satisfaction-Intrinsic factors	Employee engagement-Vigor	Employee engagement-Dedication	Employee engagement-Absorption
Sex	1										
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Age		1									
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Status			1								
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Education				1							
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Experience					1						
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Training						1					
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Job satisfaction-Extrinsic factors							1				
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Job satisfaction-Intrinsic factors								1			
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Employee engagement-Vigor									1		
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Employee engagement-Dedication										1	
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189
Employee engagement-Absorption											1
Pearson Correlation											
Sig. (2-tailed)											
N	189	189	189	189	189	189	189	189	189	189	189

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

The results of correlation between nursing home factors and basic care skills (BCS), and work life skills (WLS) of caregivers

Correlations

	Years of services of nursing home	Number of elder's bed in nursing home	Number of caregiver in nursing home	Basic care skills	Work life skills-Competences associated with professional values and the role	Work life skills-Cognitive competences	Work life skills-Interpersonal competences	Work life skills-Managerial and organizational competences associated with team work
Years of services of nursing home	1	.079	.165**	.133	.122	.110	.093	.163**
		.280	.023	.067	.095	.133	.203	.025
	189	189	189	189	189	189	189	189
Number of elder's bed in nursing home	.079	1	.818**	-.129	-.095	-.022	-.105	-.060
	.280	.000	.000	.076	.196	.759	.149	.410
	189	189	189	189	189	189	189	189
Number of caregiver in nursing home	.165**	.818**	1	.121	.129	.076	.042	.077
	.023	.000	.000	-.097	.077	.301	.563	.292
	189	189	189	189	189	189	189	189
Basic care skills	.133	-.129	.121	1	.683**	.608**	.513**	.534**
	.067	.076	.097	1	.000	.000	.000	.000
	189	189	189	189	189	189	189	189
Work life skills-Competences associated with professional values and the role	.122	-.095	.129	.683**	1	.710**	.560**	.655**
	.095	.196	.077	.000	.000	.000	.000	.000
	189	189	189	189	189	189	189	189
Work life skills-Cognitive competences	.110	-.022	.076	.608**	.710**	1	.583**	.666**
	.133	.759	.301	.000	.000	.000	.000	.000
	189	189	189	189	189	189	189	189
Work life skills-Interpersonal competences	.093	-.105	.042	.513**	.560**	.583**	1	.589**
	.203	.149	.563	.000	.000	.000	.000	.000
	189	189	189	189	189	189	189	189
Work life skills-Managerial and organizational competences associated with team work	.163**	-.060	.077	.534**	.655**	.666**	.589**	1
	.025	.410	.292	.000	.000	.000	.000	.000
	189	189	189	189	189	189	189	189

*. Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

**The results of correlation between nursing home factors and job satisfaction (JS)
and employee engagement (EE) of caregivers**

		Correlations									
	Years of services of nursing home	Number of bed in nursing home	Number of elder's bed in nursing home	Number of caregiver in nursing home	Job satisfaction-Extrinsic factors	Job satisfaction-Intrinsic factors	Employee engagement-Vigor	Employee engagement-Dedication	Employee engagement-Absorption		
Years of services of nursing home	1	.079	.079	.165 ^{**}	.119	.054	.011	-.013	.118		
		.280	.280	.023	.102	.463	.883	.857	.106		
	189	189	189	189	189	189	189	189	189		
Number of elder's bed in nursing home	.079	1	.818 ^{**}	.065	.006	.006	-.137	.014	.000		
	.280	.280	.000	.371	.936	.936	.061	.852	.990		
	189	189	189	189	189	189	189	189	189		
Number of caregiver in nursing home	.165 ^{**}	.818 ^{**}	.000	1	.072	.032	-.083	-.010	.044		
	.023	.000	.000	.325	.664	.664	.257	.888	.547		
	189	189	189	189	189	189	189	189	189		
Job satisfaction-Extrinsic factors	.119	.072	.065	.072	1	.570 ^{**}	.304 ^{**}	.223 ^{**}	.452 ^{**}		
	.280	.371	.371	.325	.936	.000	.000	.002	.000		
	189	189	189	189	189	189	189	189	189		
Job satisfaction-Intrinsic factors	.054	.032	.006	.032	.570 ^{**}	1	.471 ^{**}	.249 ^{**}	.541 ^{**}		
	.463	.664	.936	.664	.000	.000	.000	.001	.000		
	189	189	189	189	189	189	189	189	189		
Employee engagement-Vigor	.011	-.083	-.137	-.083	.304 ^{**}	.471 ^{**}	1	.312 ^{**}	.540 ^{**}		
	.883	.257	.061	.888	.000	.000	.000	.000	.000		
	189	189	189	189	189	189	189	189	189		
Employee engagement-Dedication	.013	-.010	.014	-.010	.223 ^{**}	.249 ^{**}	.312 ^{**}	1	.300 ^{**}		
	.857	.888	.852	.888	.002	.001	.000	.000	.000		
	189	189	189	189	189	189	189	189	189		
Employee engagement-Absorption	.118	.044	.000	.044	.452 ^{**}	.541 ^{**}	.540 ^{**}	.300 ^{**}	1		
	.106	.547	.990	.547	.000	.000	.000	.000	.000		
	189	189	189	189	189	189	189	189	189		

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

The results of correlation between basic care skill (BCS), work life skills (WLS) and job satisfaction (JS) and employee engagement (EE) of caregivers

		Basic care skills	Work life skills-Competences associated with professional values and the role	Work life skills-Cognitive competences	Work life skills-Interpersonal competences	Work life skills-Managerial and organizational competences associated with team work	Job satisfaction-Extrinsic factors	Job satisfaction-Intrinsic factors	Employee engagement-Vigor	Employee engagement-Dedication	Employee engagement-Absorption
Correlations	Basic care skills	1	.683 ^{***}	.608 ^{***}	.513 ^{***}	.534 ^{***}	.200 ^{***}	.305 ^{***}	.191 ^{***}	.044	.251 ^{***}
			.000	.000	.000	.000	.006	.000	.009	.546	.001
		189	189	189	189	189	189	189	189	189	189
	Work life skills-Competences associated with professional values and the role	.683 ^{***}	1	.710 ^{***}	.560 ^{***}	.655 ^{***}	.219 ^{***}	.363 ^{***}	.321 ^{***}	.081	.241 ^{***}
		.000	.000	.000	.000	.002	.000	.000	.000	.269	.001
		189	189	189	189	189	189	189	189	189	189
	Work life skills-Cognitive competences	.608 ^{***}	.710 ^{***}	1	.583 ^{***}	.666 ^{***}	.153	.266 ^{***}	.221 ^{***}	.000	.158 ^{***}
		.000	.000	.000	.000	.000	.035	.000	.002	.997	.030
		189	189	189	189	189	189	189	189	189	189
	Work life skills-Interpersonal competences	.513 ^{***}	.560 ^{***}	.583 ^{***}	1	.589 ^{***}	.055	.303 ^{***}	.311 ^{***}	.058	.239 ^{***}
		.000	.000	.000	.000	.000	.451	.000	.000	.430	.001
		189	189	189	189	189	189	189	189	189	189
Work life skills-Managerial and organizational competences associated with team work	.534 ^{***}	.655 ^{***}	.666 ^{***}	.589 ^{***}	1	.213 ^{***}	.360 ^{***}	.336 ^{***}	.115	.231 ^{***}	
	.000	.000	.000	.000	.000	.003	.000	.000	.000	.001	
	189	189	189	189	189	189	189	189	189	189	
Job satisfaction-Extrinsic factors	.200 ^{***}	.219 ^{***}	.153	.055	.213 ^{***}	1	.570 ^{***}	.304 ^{***}	.223 ^{***}	.452 ^{***}	
	.006	.002	.035	.451	.003	.003	.000	.000	.002	.000	
	189	189	189	189	189	189	189	189	189	189	
Job satisfaction-Intrinsic factors	.305 ^{***}	.363 ^{***}	.266 ^{***}	.303 ^{***}	.360 ^{***}	.570 ^{***}	1	.471 ^{***}	.249 ^{***}	.541 ^{***}	
	.000	.000	.000	.000	.000	.000	.000	.000	.001	.000	
	189	189	189	189	189	189	189	189	189	189	
Employee engagement-Vigor	.191 ^{***}	.321 ^{***}	.221 ^{***}	.311 ^{***}	.336 ^{***}	.304 ^{***}	.471 ^{***}	1	.312 ^{***}	.540 ^{***}	
	.009	.000	.002	.000	.000	.000	.000	.000	.000	.000	
	189	189	189	189	189	189	189	189	189	189	
Employee engagement-Dedication	.044	.081	.000	.058	.115	.223 ^{***}	.249 ^{***}	.312 ^{***}	1	.300 ^{***}	
	.546	.269	.997	.430	.115	.002	.001	.000	.000	.000	
	189	189	189	189	189	189	189	189	189	189	
Employee engagement-Absorption	.251 ^{***}	.241 ^{***}	.158 ^{***}	.239 ^{***}	.231 ^{***}	.452 ^{***}	.541 ^{***}	.540 ^{***}	.300 ^{***}	1	
	.001	.001	.030	.001	.001	.000	.000	.000	.000	.000	
	189	189	189	189	189	189	189	189	189	189	

***. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Appendix B: Questionnaire



Questionnaire

THE RELATIONSHIP BETWEEN WORK-LIFE SKILL AND EMPLOYEE ENGAGEMENT OF CAREGIVERS IN NURSING HOME; BANGKOK AREA

Introduction

This survey is being conducted for research on the topic of “The relationship between work-life skill and employee engagement of caregivers in nursing home in Bangkok area”. This research is advised by advisory board of expert from Health business management, Mahidol University.

Researcher would like to ask for your collaboration to give the accurate answer which is enhancing the quality research. Your name is not needed to fill in and your response will be keep confidential by researcher.

Please fill in the precise answer to each question. There are 5 parts (61 questions) as following:

- Part I Demographics information (12 questions)
- Part II Basic care skills (9 questions)
- Part III Work-life skills or soft-skills (14 questions)
- Part IV Job satisfactions (14 questions)
- Part V Employee engagement (12 questions)

If there is any questions about this questionnaire, please feel free to ask for more information from staff. Please return paper after you finished.

Thank you for your kind collaborations

Researcher

Natnaree Seeluangsawat, B.Pharm.

Master degree Student , Health care business. Mahidol University

Part I General Information (12 questions)

No.	Topic	Answer
1.	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
2.	Age (in years)	<input type="checkbox"/> 15-24 years <input type="checkbox"/> 25-34 years <input type="checkbox"/> 35-44 years <input type="checkbox"/> ≥ 45 years
3.	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce
4.	Educational qualification	<input type="checkbox"/> Primary School <input type="checkbox"/> Junior high school <input type="checkbox"/> Senior high school <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> High Vocational Certificate <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Any other
5.	Have you ever had working experienced on elder care? (excluding in class and intern) years months
6.	Have you ever been trained on elderly care?	<input type="checkbox"/> No (Cont. to No.8) <input type="checkbox"/> Yes (Cont. to No.7)
7.	Which training have you ever taken?	<input type="checkbox"/> Elderly and child care Program, Ministry of education <input type="checkbox"/> Elderly care Program, Ministry of Public health <input type="checkbox"/> Elderly care Program, Ministry of Labor
8.	Name of organization you been trained?
9.	How long nursing home been opened?years
10.	How many beds in nursing home?beds
11.	How many care givers in nursing home? people
12.	Type of patients in nursing home (can be more than 1 answer)	<input type="checkbox"/> Patients with chronic illness <input type="checkbox"/> Alzheimer's patients <input type="checkbox"/> patients beds <input type="checkbox"/> Paralysis Patients <input type="checkbox"/> Patients with Disabilities <input type="checkbox"/> other.....

Part II Basic Care Skills of elderly care (BCS)

Basic care skills means necessary skills for giving the best service to elder which is needed to elderly caregiver such as skills of care and support to elder. All these skills can be trained by training organization and/or work place.

Directions: Please check (/) and rate yourself honestly on what you actually is for the given statement.

(4) = Excellent (3) = Good (2) = Fair (1) = Poor (0) = No Skill

No.	Topic	Excellent	Good	Fair	Poor	No Skill
		4	3	2	1	0
13.	Basic knowledge about common diseases for elder e.g. Diabetes, hypertension High blood fat					
14.	Basic skills of first aid e.g. Resuscitation (CPR), Hemorrhage And moving patients?					
15.	Skills of elderly care e.g. Bathing, Preparing food Eating help and Animation					
16.	Skills to take care Self-Helped Elderly e.g. Paralysis Patients, Patients with Disabilities					
17.	Skills of drug using for elderly patients					
18.	Skills of exercise for elderly patients to have a suitable and correctly medicine intake					
19.	Skills of supporting patients to have the proper oral health					
20.	Understand and have skills to serve elders base on oral statement					
21.	Skills of evaluation and reporting on health checking eg. Blood pressure, Measure body temperature					

Part III Work-life skills or Soft-skills

Work-life skills or soft-skills means other skills beside the necessary skills to work, namely emotional skills or EQ.

Directions: Please check (/) and rate yourself honestly on what you actually is for the given statement

(4) = Excellent (3) = Good (2) = Fair (1) = Poor (0) = No Skill

No.	Topic	Excellent	Good	Fair	Poor	No Skill
		4	3	2	1	0
Competence associated with professional values and role						
22.	To follow the organization's ethics, rules and regulations					
23.	To take care to elder patients in both physical and mental without bias on gender, age, nationality and culture?					
24.	To adjust your ability to serve the different types of elder patients e.g. Paralysis Patients, Patients with Disabilities					
25.	To understand the differences of Each profession's role e.g. Doctor, nurse, nurse aid					
Cognitive competences						
26.	To solve the basic problem in your responsible duty e.g. If there is elder fell down, you could do the proper first aid and observe the symptom before notice to an upper level staff					
27.	To analyze the elder patient's health information and notice the abnormal case if it's happening e.g. Over-high blood pressure.					
28.	To find information from other sources					
Interpersonal competences						
29.	To talk with elder patients in various objectives e.g. Suggestions, encourage, advices, entertain.					
30.	To accept elder patient's idea and respect to their rights					

No.	Topic	Excellent	Good	Fair	Poor	No Skill
		4	3	2	1	0
Managerial and organizational competences associated with teamwork						
31.	To work with your boss perfectly					
32.	To work with your team perfectly					
33.	To change team's plan in urgent situations					
34.	To evaluate risk and risk protection plan for yourself and others					
35.	To manage your personal responsibility duty on time					

Part IV Job satisfactions with career

Job Satisfaction means the positive feeling to job which is reflection from the demand response and success of working

Directions: Please check (/) and rate yourself honestly on what you actually is for the given statement.

(4) = Extremely Satisfied

(3) = Satisfied

(2) = Neutral

(1) = Dissatisfied

(0) = Extremely Dissatisfied

No.	Topic	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
		4	3	2	1	0
36.	Salary					
37.	Company's Rules and regulation					
38.	Stability in organization					
39.	Opportunity to be higher position in organization					
40.	Work atmosphere between higher and lower position staff					
41.	Team work					

No.	Topic	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
		4	3	2	1	0
42.	Admiration after a good work					
43.	Blame after mistake					
44.	Ability to make decision					
45.	Chance to try new things					
46.	Satisfy in job's successful					
47.	Happy work					
48.	Proud with career					
49.	Work atmosphere					

Part V Employee engagement to organization

The employee engagement to organization means royalty and feeling like being part of organization

Directions: Please check (/) and rate yourself honestly on what you actually is for the given statement.

(4) =Always (3) =Usually (2) =Often

(1) = Sometime (0) = Never

No	Topic	Always	Usually	Often	Sometime	Never
		4	3	2	1	0
Vigor (Energy)						
50.	Prefer to go to work as caregiver every day					
51.	Prefer to continue your responsible work although it's hard					
52.	Prefer to work with reasonable and flexible					
53.	Prefer to adjust yourself among changing in					

No	Topic	Always	Usually	Often	Sometime	Never
		4	3	2	1	0
	organization					
Dedication (Commitment)						
54.	Realize this career is valuable					
55.	Realize that career inspire your life					
56.	Be proud to be elder caregiver					
Absorption (Involvement)						
57.	Happy with job					
58.	Being a part of this organization					
59.	Prefer to see this organization success					
60.	Prefer to support organization when it has problem					
61.	Prefer to correct the misunderstanding of organization					

Comments

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Thank you for your kindly collaboration.

Natnaree Seeluangsawat

Reseacher



แบบสอบถามงานวิจัย

เรื่อง การศึกษาความสัมพันธ์ระหว่างทักษะชีวิตในการทำงานและความผูกพันต่อองค์กรของพนักงานผู้ช่วยดูแลผู้สูงอายุในสถานดูแลผู้สูงอายุ ในเขตกรุงเทพมหานคร

คำอธิบายประกอบแบบสอบถาม

แบบสอบถามนี้จัดทำขึ้นเพื่อรวบรวมข้อมูลสำหรับการทำงานวิจัยเรื่อง “การศึกษาความสัมพันธ์ระหว่างทักษะชีวิตในการทำงานและความผูกพันต่อองค์กรของพนักงานผู้ช่วยดูแลผู้สูงอายุในสถานดูแลผู้สูงอายุ ในเขตกรุงเทพมหานคร” โดยมีคณาจารย์จากสาขาการจัดการธุรกิจสุขภาพแบบองค์รวม วิทยาลัยการจัดการ มหาวิทยาลัยมหิดลเป็นที่ปรึกษา

ผู้วิจัยขอความร่วมมือจากท่าน ขอให้ท่านโปรดตอบคำถามทุกข้อตามความเป็นจริง เพราะข้อมูลแต่ละข้อมีความสำคัญในงานวิจัยอย่างยิ่ง ข้อมูลที่ได้จากแบบสอบถามนี้ถือเป็นความลับและจะถูกนำไปใช้เพื่อประกอบการทำงานวิจัยนี้เท่านั้น โดยผู้ตอบไม่ต้องระบุชื่อและนามสกุลลงในแบบสอบถามทางผู้วิจัยเพียงขอให้ท่านเช่นต้นยินยอมในการตอบแบบสอบถามในเอกสาร จักขอบพระคุณยิ่ง โปรดตอบคำถามทุกข้อในแต่ละส่วน ซึ่งแบบสอบถามฉบับนี้มี 5 ตอน (61 ข้อ) ประกอบด้วย

ส่วนที่ 1 ข้อมูลทั่วไป (12 ข้อ)

ส่วนที่ 2 ประเมินทักษะในการปฏิบัติงานดูแลผู้สูงอายุ (Basic skills) (9 ข้อ)

ส่วนที่ 3 ประเมินทักษะการใช้ชีวิตในการทำงานของผู้ดูแลผู้สูงอายุ (Work-life skills or Soft-skills) (14ข้อ)

ส่วนที่ 4 ประเมินความพึงพอใจต่ออาชีพผู้ดูแลผู้สูงอายุ (14 ข้อ)

ส่วนที่ 5 ประเมินความผูกพันต่อองค์กร (12 ข้อ)

หากท่านมีข้อสงสัยเกี่ยวกับแบบสอบถามนี้ ท่านสามารถถามผู้ที่แจกแบบสอบถามแก่ท่าน และเมื่อท่านทำแบบสอบถามครบทุกข้อแล้ว โปรดส่งคืนกับผู้แจกแบบสอบถามค่ะ

ขอขอบคุณทุกท่านที่ให้ความร่วมมือในการตอบแบบสอบถามนี้

ผู้วิจัย

เกศัชกรหญิง ณัฐนรี สีเหลืองสวัสดิ์

นักศึกษาระดับปริญญาโท สาขาการจัดการธุรกิจสุขภาพแบบองค์รวม

วิทยาลัยการจัดการ มหาวิทยาลัยมหิดล

ส่วนที่ 1 ข้อมูลทั่วไป

หัวข้อ	คำตอบ
1. เพศ	<input type="checkbox"/> (1) หญิง <input type="checkbox"/> (2) ชาย
2. อายุ (ปี)	<input type="checkbox"/> (1) 15-24 ปี <input type="checkbox"/> (2) 25-34 ปี <input type="checkbox"/> (3) 35-44 ปี <input type="checkbox"/> (4) ≥ 45 ปี
3. สถานภาพสมรส	<input type="checkbox"/> (1) โสด <input type="checkbox"/> (2) สมรส <input type="checkbox"/> (3) หม้าย
4. จบระดับการศึกษา	<input type="checkbox"/> (1) ประถมศึกษา <input type="checkbox"/> (2) มัธยมต้น <input type="checkbox"/> (3) มัธยมปลายหรือเทียบเท่า <input type="checkbox"/> (4) ปวช.หรือเทียบเท่า <input type="checkbox"/> (5) ปวส.หรือเทียบเท่า <input type="checkbox"/> (6) อุดมศึกษา(ปริญญาตรี)
5. คุณมีประสบการณ์การทำงาน _____ ปี _____ เดือน "การดูแลผู้สูงอายุ" (ไม่นับการเรียนหรือฝึกอบรม)	
6. คุณเคยได้รับการฝึกอบรมหลักสูตรเกี่ยวกับ "การดูแลผู้สูงอายุ" หรือไม่	<input type="checkbox"/> (1) ไม่เคย กรุณาไปทำต่อข้อ 8. <input type="checkbox"/> (2) เคย กรุณาไปทำต่อข้อ 7.
7. คุณเคยได้รับการอบรมหลักสูตรใด	<input type="checkbox"/> (1) หลักสูตรดูแลผู้สูงอายุและเด็กเล็ก กระทรวงศึกษาธิการ (โรงเรียนบริบาล เอกชน) <input type="checkbox"/> (2) หลักสูตรการดูแลผู้สูงอายุ กระทรวงสาธารณสุข <input type="checkbox"/> (3) หลักสูตรการดูแลผู้สูงอายุ กระทรวงแรงงาน
8. ชื่อสถานดูแลผู้สูงอายุที่คุณทำงานอยู่ ปัจจุบัน
9. สถานดูแลผู้สูงอายุแห่งนี้เปิดให้บริการ มาแล้วกี่ปี	_____ ปี
10. จำนวนเตียงผู้สูงอายุทั้งหมด	_____ เตียง
11. จำนวนคนทำงานตำแหน่ง "ผู้ดูแล ผู้สูงอายุ (caregivers)" (ไม่รวมเด็กฝึกงาน ในสถานดูแลผู้สูงอายุ)	_____ คน

หัวข้อ	คำตอบ
12. ลักษณะผู้สูงอายุที่มารับบริการ (ตอบได้มากกว่า 1ข้อ)	<input type="checkbox"/> (1) ผู้ป่วยโรคเรื้อรัง <input type="checkbox"/> (2) ผู้ป่วยอัลไซเมอร์ <input type="checkbox"/> (3) ผู้ป่วยติดเตียง <input type="checkbox"/> (4) ผู้ป่วยอัมพฤกษ์-อัมพาต <input type="checkbox"/> (5) พิการ <input type="checkbox"/> (6) มีทั้งหมดทุกประเภท 1-5

ส่วนที่ 2 ประเมินทักษะในการดูแลผู้สูงอายุ (Basic care skills)

ทักษะในการดูแลผู้สูงอายุ (Basic care skills) หมายถึง ทักษะในการดูแลผู้สูงอายุที่จำเป็นต่อพนักงานดูแลผู้สูงอายุทุกคนในการปฏิบัติงานอาชีพนี้ เช่น ทักษะในการดูแลและช่วยเหลือผู้สูงอายุ ซึ่งทักษะเหล่านี้พนักงานผู้ดูแลผู้สูงอายุ อาจได้รับการฝึกอบรมจากสถาบันสอน หรือจากสถานที่ตนปฏิบัติงาน

กรุณาทำเครื่องหมาย X ในช่องว่างที่ตรงกับคำตอบที่ท่านคิดว่าตรงกับระดับทักษะของตัวเองมากที่สุด โดยที่ (4) = มีทักษะดีมาก (3) = มีทักษะดี (2) = มีทักษะพอใช้ (1) = มีทักษะน้อย (0) = ไม่มีทักษะ

ตัวอย่างเช่น ถ้าคุณประเมินตัวเองว่า **มีทักษะดีมาก** ให้คุณเลือกทำ X ในช่อง (4) ดีมาก

ถ้าคุณประเมินตัวเองว่า **ไม่มีทักษะ** ด้านนี้เลย ให้คุณเลือกทำ X ในช่อง (0) ไม่มีเลย

ข้อ	หัวข้อ	มี	มี	มี	มี	ไม่มี
		ทักษะ	ทักษะ	ทักษะ	ทักษะ	ทักษะ
		ดีมาก	ดี	พอใช้	น้อย	
		4	3	2	1	0
13.	คุณมีความรู้พื้นฐานเรื่องโรคที่พบบ่อยในผู้สูงอายุ เช่น โรคเบาหวาน โรคความดันโลหิตสูง โรคไขมันในเลือดสูง เป็นต้น					
14.	คุณมีทักษะเรื่องปฐมพยาบาลเบื้องต้น เมื่อเกิดเหตุฉุกเฉิน เช่น การปฏิบัติการช่วยฟื้นคืนชีพ (CPR) การห้ามเลือด และการเคลื่อนย้ายผู้ป่วย เป็นต้น					
15.	คุณมีทักษะเรื่องการดูแลผู้สูงอายุเบื้องต้น เช่น การช่วยอาบน้ำ การจัดเตรียมอาหาร การช่วยทานอาหาร และการช่วยเหลืออื่นใด เป็นต้น					

ข้อ	หัวข้อ	มี ทักษะ ดีมาก 4	มี ทักษะ ดี 3	มี ทักษะ พอใช้ 2	มี ทักษะ น้อย 1	ไม่มี ทักษะ 0
16.	คุณมีทักษะเรื่องการดูแลช่วยเหลือผู้สูงอายุที่ช่วยเหลือตัวเองไม่ได้เนื่องจากชราภาพหรือ มีภาวะแทรกซ้อน เช่น ผู้สูงอายุอัมพฤกษ์-อัมพาต และผู้สูงอายุติดเตียง เป็นต้น					
17.	คุณมีทักษะเรื่องการช่วยเหลือให้ผู้สูงอายุสามารถ ใช้อาาอย่างถูกต้องและเหมาะสม					
18.	คุณมีทักษะเรื่องการช่วยเหลือให้ผู้สูงอายุสามารถ ออกกำลังกายได้อย่างถูกต้องและเหมาะสม					
19.	คุณมีทักษะเรื่องการช่วยเหลือให้ผู้สูงอายุสามารถดูแล สุขภาพช่องปากอย่างถูกต้องและเหมาะสม เช่น การช่วย แปรงฟัน เป็นต้น					
20.	คุณมีความเข้าใจและมีทักษะในการดูแลสภาพจิตใจของ ผู้สูงอายุ เช่น การเข้าใจภาวะเศร้าของผู้สูงอายุ เป็นต้น					
21.	คุณมีทักษะเรื่องการวัดค่า การบันทึกผลและการประเมินผล การตรวจร่างกายเบื้องต้น เช่น การวัดความดันโลหิต การวัดอุณหภูมิร่างกาย เป็นต้น					

ส่วนที่ 3 ประเมินทักษะการใช้ชีวิตในการทำงาน (Work-life skills or Soft skills)

ทักษะการใช้ชีวิตในการทำงาน หมายถึง ทักษะอื่นๆ ที่นอกเหนือจากทักษะหลักในการทำงาน ที่จำเป็นต้องการอยู่รอดในอาชีพนั้นๆ เรียกอีกอย่างว่า ทักษะเรื่องอารมณ์หรือ EQ

กรุณาทำเครื่องหมาย X ในช่องว่างที่ตรงกับคำตอบที่ท่านคิดว่าตรงกับระดับทักษะของตัวเองมากที่สุด โดยที่ (4) = มีทักษะดีมาก (3) = มีทักษะดี (2) = มีทักษะพอใช้ (1) = มีทักษะน้อย (0) = ไม่มีทักษะ ตัวอย่างเช่น ถ้าคุณประเมินตัวเองว่า **มีทักษะดีมาก** ให้คุณเลือกทำ X ในช่อง (4) ดีมาก

ถ้าคุณประเมินตัวเองว่า **ไม่มีทักษะ** ด้านนี้เลย ให้คุณเลือกทำ X ในช่อง (0) ไม่มีเลย

ข้อ	หัวข้อ	มี ทักษะ ดีมาก 4	มี ทักษะ ดี 3	มี ทักษะ พอใช้ 2	มี ทักษะ น้อย 1	ไม่มี ทักษะ 0
เกี่ยวกับหน้าที่						
22.	คุณปฏิบัติหน้าที่ตามกฎขององค์กร ประพฤติตามหลักจรรยาบรรณอาชีพ และกฎหมายข้อบังคับ					
23.	คุณดูแลผู้สูงอายุทุกคนแบบองค์รวม ทั้งกายและจิตใจ โดยไม่มีการแบ่งแยกเพศ อายุ เชื้อชาติ และวัฒนธรรม					
24.	คุณสามารถปรับการการทำงานให้เหมาะสมกับผู้สูงอายุที่อยู่ในแต่ละกลุ่ม เช่น ดูแลผู้สูงอายุติดเตียง (ช่วยเหลือตัวเองไม่ได้) และผู้สูงอายุทั่วไปที่ช่วยเหลือตัวเองได้ เป็นต้น					
25.	คุณเข้าใจความแตกต่างในบทบาทหน้าที่ของแต่ละวิชาชีพ เช่น แพทย์ พยาบาล ผู้ช่วยพยาบาล และผู้ช่วยเหลือการพยาบาล เป็นต้น					
เกี่ยวกับกระบวนการรับรู้						
26.	คุณสามารถแก้ไขปัญหาเบื้องต้นในงานที่คุณรับผิดชอบได้ เช่น เมื่อผู้สูงอายุหกล้ม คุณช่วยเหลือผู้สูงอายุทันที พร้อมสังเกตอาการบาดเจ็บเบื้องต้น และรีบแจ้งหัวหน้างาน เป็นต้น					
27.	คุณสามารถแปลผลข้อมูลเกี่ยวกับสุขภาพของผู้สูงอายุ และตื่นตัวเมื่อเกิดความผิดปกติ เช่น เมื่อความดันโลหิตของผู้สูงอายุสูงเกินที่กำหนด คุณรีบแจ้งหัวหน้างานทันที เป็นต้น					
28.	คุณสามารถสืบค้นข้อมูลจากแหล่งต่างๆ ได้ เช่น หนังสือ คู่มือ, อินเทอร์เน็ต และอื่นๆ เป็นต้น					

ข้อ	หัวข้อ	มี ทักษะ ดีมาก 4	มี ทักษะ ดี 3	มี ทักษะ พอใช้ 2	มี ทักษะ น้อย 1	ไม่มี ทักษะ 0
เกี่ยวกับการมีปฏิสัมพันธ์ต่อผู้อื่น						
29.	คุณสามารถพูดคุยกับผู้สูงอายุได้หลายเรื่อง หลาย วัตถุประสงค์ เช่น การให้คำแนะนำ การให้คำปรึกษา การ โน้มน้าว การให้กำลังใจ การเจรจาควบคุมสถานการณ์ หรือ การพูดเพื่อให้ผู้สูงอายุคลายกังวล และการพูดคุยเพื่อ สร้างความบันเทิงให้แก่ผู้สูงอายุ เป็นต้น					
30.	คุณยอมรับความคิดเห็นของผู้สูงอายุและเคารพในสิทธิของ ผู้สูงอายุ					
เกี่ยวกับการทำงานเป็นทีม						
31.	คุณสามารถทำงานร่วมกับหัวหน้างานได้อย่างดี					
32.	คุณสามารถทำงานร่วมกับสมาชิกในทีมได้อย่างดี					
33.	คุณสามารถเปลี่ยนแปลงการทำงานในทีม ในภาวะจำเป็น ได้ เช่น การแลกเปลี่ยนเวรแบบฉุกเฉิน เมื่อคนในทีมไม่ สามารถปฏิบัติหน้าที่ได้ เป็นต้น					
34.	คุณสามารถประเมินความเสี่ยง และป้องกันอันตรายจาก การบาดเจ็บในการทำงานสำหรับตนเองและผู้อื่นได้ เช่น ป้องกันตนเอง เมื่อสัมผัสกับบริเวณที่มีความเสี่ยงติดเชื้อ เป็นต้น					
35.	คุณสามารถจัดการภาระหน้าที่ ที่ได้รับมอบหมายให้เสร็จ ภายในเวลาดังกล่าว					

ส่วนที่ 4 ประเมินความพึงพอใจต่ออาชีพผู้ดูแลผู้สูงอายุ

ความพึงพอใจในงาน หมายถึง ความรู้สึกเชิงบวกที่มีต่องาน อันเนื่องมาจากการได้รับการตอบสนองความต้องการ หรือประสบความสำเร็จในการปฏิบัติงานและเกิดความรู้สึกจากการปฏิบัติงาน
กรรณาทำเครื่องหมาย X ในช่องว่างที่ตรงกับคำตอบที่ท่านคิดว่าตรงกับระดับความพอใจในอาชีพ
ผู้ดูแลผู้สูงอายุ ของตัวเองมากที่สุด โดยที่ (4) = พอใจอย่างมาก (3) = พอใจ (2) = เฉยๆ (1) = ไม่พอใจ
(0) = ไม่พอใจอย่างมาก

เช่น ถ้าคุณประเมินตัวเองว่า **พอใจอย่างมาก** ให้คุณเลือกทำ X ในช่อง (4) พอใจอย่างมาก

ถ้าคุณประเมินตัวเองว่า **ไม่พอใจอย่างมาก** ให้คุณเลือกทำ X ในช่อง (0) ไม่พอใจอย่างมาก

ลำดับ	หัวข้อ	พอใจ	พอใจ	เฉยๆ	ไม่	ไม่
		อย่างมาก	3	2	พอใจ	พอใจ
		4	3	2	1	0
36.	คำตอบแทนที่ได้รับ					
37.	กฎระเบียบการปฏิบัติงานในองค์กร					
38.	ความมั่นคงในการทำงานในองค์กร					
39.	โอกาสที่จะก้าวหน้าในหน้าที่การงาน					
40.	วิธีที่หัวหน้าปฏิบัติต่อลูกน้อง/ การปฏิบัติของผู้บังคับบัญชาต่อผู้ใต้บังคับบัญชา					
41.	การทำงานกับเพื่อนร่วมทีม					
42.	ได้รับคำชมเชยเมื่อทำงานได้ดี					
43.	ได้รับการตำหนิเมื่อทำงานผิดพลาด					
44.	มีอิสระในการตัดสินใจด้วยตัวเอง					
45.	มีโอกาที่จะได้ทดลองทำสิ่งใหม่ๆ					
46.	มีความพอใจในความสำเร็จที่ได้จากงาน					
47.	สามารถทำงานโดยไม่ขัดต่อความรู้สึกตัวเอง					
48.	มีความภูมิใจ เมื่อบอกผู้อื่นว่าทำงานเป็นผู้ดูแลผู้สูงอายุ					
49.	สิ่งแวดล้อมในการทำงาน					

ส่วนที่ 5 ประเมินความผูกพันต่อองค์กร

ความรู้สึกผูกพันต่อองค์กร หมายถึง ความรู้สึกจงรักภักดี ความผูกพันเป็นส่วนหนึ่งขององค์กร
กรุณาทำเครื่องหมาย X ในช่องว่างที่ตรงกับคำตอบที่ท่านคิดว่าตรงกับระดับความผูกพันที่ท่านมีต่อ
สถานดูแลผู้สูงอายุแห่งนี้มากที่สุด

โดยที่ (4) = ตลอดเวลา (3) = บ่อยครั้ง ประมาณ 1-2 ครั้งในหนึ่งสัปดาห์

(2) = บางครั้ง ประมาณ 3-4 ครั้งในหนึ่งเดือน (1) = ไม่ค่อย ประมาณ 1-2 ครั้งในหนึ่งเดือน

(0) = ไม่มี

ตัวอย่างเช่น ถ้าคุณประเมินตัวเองว่ามีความผูกพันกับองค์กร ตลอดเวลา ให้คุณเลือกทำ X ในช่อง (4)

ตลอดเวลา

ถ้าคุณประเมินตัวเองว่า ไม่มี ให้คุณเลือกทำ X ในช่อง (0) ไม่มี

ลำดับ	หัวข้อ	ตลอด เวลา	บางครั้ง	บาง ครั้ง	ไม่ ค่อย	ไม่มี
		4	3	2	1	0
ความตื่นตัว/มีพลังในการทำงาน						
50.	คุณรู้สึกอยากตื่นไปทำงานดูแลผู้สูงอายุทุกวัน					
51.	แม้งานที่รับผิดชอบจะยากเพียงใด คุณก็จะพยายามทำ หน้าที่อย่างสุดความสามารถ					
52.	คุณทำงานอย่างมีเหตุผลและยึดหยุ่นต่อสถานการณ์ต่างๆ					
53.	คุณพยายามปรับตัว เมื่อมีการเปลี่ยนแปลงหรือพัฒนา สิ่งต่างๆในองค์กร					
การอุทิศตนในกับองค์กร						
54.	คุณรู้สึกว่างานดูแลผู้สูงอายุเป็นงานที่มีคุณค่ามาก					
55.	งานดูแลผู้สูงอายุทำให้คุณมีแรงบันดาลใจในชีวิต					
56.	คุณรู้สึกมีคุณค่าที่ได้รับความไว้วางใจในการทำงานที่ สถานดูแลผู้สูงอายุแห่งนี้					
ความเป็นส่วนหนึ่งขององค์กร						
57.	คุณรู้สึกมีความสุขที่ได้ทำงานในสถานดูแลผู้สูงอายุนี้					
58.	คุณรู้สึกเป็นส่วนหนึ่งขององค์กรนี้					
59.	คุณอยากอยู่กับองค์กรนี้เพื่อเห็นความสำเร็จของการ ดำเนินงานร่วมกัน					
60.	เมื่อองค์กรประสบปัญหา คุณอยากมีส่วนร่วม รับผิดชอบในการแก้ปัญหานั้นด้วย					
61.	คุณอยากอธิบาย เมื่อได้ยินคนวิพากษ์วิจารณ์องค์กร ในทางที่ไม่ดี					

ข้อเสนอแนะ.....
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ผู้วิจัยขอขอบคุณท่านที่ให้ความร่วมมือ
ณัฐนรี สีเหลืองสวัสดิ์

