

**A STUDY OF CHALLENGES IN WORKFORCE CAPACITY FOR
CAREGIVING IN AGEING POPULATION OF THAILAND**

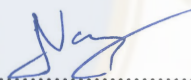


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Thematic paper
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**A STUDY OF CHALLENGES IN WORKFORCE CAPACITY FOR
CAREGIVING IN AGEING POPULATION OF THAILAND**


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on
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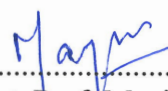
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A STUDY OF CHALLENGES IN WORKFORCE CAPACITY FOR CAREGIVING IN AGEING POPULATION OF THAILAND

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ABSTRACT

The senior care industry in Bangkok, Thailand, is facing growing workforce challenges as the aging population increases. This study aims to explore the key issues affecting caregiver availability, training, and the influence of cultural perceptions on elderly care. It examines the experiences and perspectives of caregivers, nurses, and care managers to identify barriers and potential solutions for improving care quality.

The research focuses on three main areas: workforce shortages, training and development needs, and cultural and social attitudes toward caregiving. Using a qualitative approach, the study conducted in-depth interviews with 15 participants working in various senior care settings. The findings reveal that low wages, high stress, and a lack of recognition drive caregiver turnover. Training programs often fall short in preparing staff for real-world challenges, especially in handling complex conditions and emotional demands. Cultural expectations around family caregiving also limit the acceptance of professional care.

KEY WORDS: ELDERLY CARE/ CAREGIVER WORKFORCE/ TRAINING AND DEVELOPMENT/ CULTURAL PERCEPTIONS/ SENIOR CARE SERVICES

31 pages

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CHAPTER I

INTRODUCTION

1.1 Background

As a professional working in the healthcare industry, I closely follow global and local healthcare trends. Thanks to medical advancements, technological innovations, improved lifestyles, and other contributing factors, longevity has become a global reality. Nowadays, people are becoming increasingly health-conscious, which has led to longer life expectancies. In Thailand, this trend is particularly prominent, with the country rapidly transforming into a full-blown aging society. This demographic shift brings new challenges for Thailand due to cultural norms, socio-economic factors, and insufficient infrastructure to support the elderly population.

In Western cultures, families often send elderly relatives to retirement homes or nursing homes where they live out their later years. While this arrangement can provide specialized care, it may sometimes lead to feelings of loneliness, depression, and unfulfillment among the elderly. In contrast, Asian cultures, including Thailand, traditionally emphasize family care for the elderly. Families provide close care and a strong sense of belonging to their elderly members. However, this caregiving model can place a significant strain on families, particularly when the elderly being highly dependent and require constant care. Additionally, the younger generation and middle-aged working professionals are increasingly focused on their careers, leaving them with limited time to care for their aging family members. This shift in priorities creates a growing need for alternative eldercare solutions that balance cultural values with practical support systems, such as retirement homes, nursing homes, or senior care services.

Choosing practical and strategic solutions is crucial to addressing the needs of both the elderly and their families. These solutions must ensure accessibility, affordability, and quality care while respecting the cultural expectations of family

involvement. By striking this balance, Thailand can develop a sustainable eldercare model that meets the challenges of its aging population.

1.2 Problem Statements

In Thailand, retirement communities mainly cater to two groups—basic facilities for low-income individuals and high-end services for the wealthy. Middle-class families, however, struggle to find affordable yet quality eldercare options. Most facilities are concentrated in Bangkok, making access even more difficult for those living in rural areas. Cultural values also play a major role in eldercare decisions. In Thai society, moving elderly family members into retirement homes is often seen as neglecting one's familial responsibilities. This perception makes many families hesitant to consider institutional care, even when it may be the best option. Striking a balance between cultural expectations and practical solutions remains a significant challenge. At the same time, Thailand faces a shortage of trained geriatric specialists, caregivers, and healthcare professionals. High turnover rates worsen the situation, as fewer young professionals are willing to enter the caregiving field due to low wages and limited career growth. Meanwhile, medical tourism continues to grow, increasing the demand for skilled, English-speaking staff to accommodate international patients. However, attracting and retaining qualified personnel remains a major challenge for healthcare providers. The limited number of trained caregivers leads to overwork and burnout, affecting the quality of care provided to elderly patients. Many caregivers lack professional training, impacting their ability to handle age-related conditions such as dementia, stroke recovery, and palliative care.

1.3 Research Question

What are the key challenges in workforce capacity for caregiving in Thailand's ageing population?

1.4 Objectives

The following are the research objectives of this paper:

1. To analyze the current state of Thailand's caregiving workforce, including both formal (professional) and informal (family) caregivers.
2. To identify the key challenges in providing senior care, including workforce shortages, training gaps, and cultural resistance.
3. To explore strategies for strengthening Thailand's caregiving workforce, including professional training programs, caregiver support systems, and policy recommendations.

1.5 Expected Benefit

This study aims to better understand the challenges in Thailand's caregiving workforce as the country's ageing population grows. By looking at both professional and family caregivers, it highlights key issues like workforce shortages, lack of training, and cultural reluctance toward institutional care. The findings can help healthcare organizations, policymakers, and private sector stakeholders improve caregiver training, support systems, and retention strategies. Ultimately, this research will contribute to building a stronger, more accessible, and culturally respectful eldercare system, ensuring better quality of life for both Thai seniors and foreign retirees in Thailand.

CHAPTER II

LITERATURE REVIEW

Nowadays, career opportunities are increasingly limited, particularly for young graduates entering the workforce from public and private educational institutions. While many aspire to secure jobs aligned with their fields of study, various factors often hinder their success. (Shuhaimi, Alavi, & Mokhtar, 2024). At the same time, Thailand's eldercare sector faces a growing crisis due to caregiver shortages and high turnover rates. The demanding nature of caregiving, coupled with low wages, long working hours, and emotional strain, leads to widespread job dissatisfaction. As a result, burnout and workforce instability continue to challenge the sustainability of eldercare services in the country.

This challenge is part of a bigger picture. The workforce itself is changing—there are more older workers staying in their jobs longer, while fewer young people are entering the workforce. Organizations are being forced to rethink how they manage their teams to make up for this shrinking pool of new workers (Chua et al., 2024). For Thailand's eldercare sector, this is a double-edged sword. The country needs more caregivers than ever to support its aging population, but with fewer young people joining the workforce and many avoiding caregiving jobs due to the tough conditions, the gap is only growing wider.

To tackle this, Thailand needs creative solutions. Improving working conditions, offering better pay, and creating clear paths for career growth could help attract and retain young workers in the eldercare sector. At the same time, organizations might need to adapt by using technology to ease the physical demands of caregiving or by offering flexible work arrangements that appeal to both younger and older workers. By addressing these issues, Thailand can better support its aging population while also creating meaningful opportunities for its workforce. It's a tough balancing act, but one that's crucial for the country's future.

2.1 Ageing Population in Thailand

Today we are observing an unprecedented trend in the global population; people aged 65 years old and above are outnumbering children younger than five years old (United Nations, 2019a). By 2050, more than 1.5 billion people around the world will be aged 65 years and above (United Nations, 2019b).

Thailand, like many other nations, is struggling with the challenges of an ageing population. As individuals age, they are more likely to experience a range of health issues, including chronic illnesses, physical disabilities, cognitive decline, and an increased risk of death. In countries with longer life expectancies, these challenges become more concentrated among older adults, intensifying the need for more advanced healthcare and comprehensive support systems to manage these issues effectively (Lee, Mason, & Cotlear, 2010).

Thailand is currently one of the fastest-ageing countries in Southeast Asia, second only to Singapore. However, unlike wealthier nations, Thailand faces a unique challenge—it is "growing old before it grows rich." This means that while the elderly population is growing rapidly, the country's economy is not yet fully developed to adequately support this shift. The government's population policy, introduced in 1970, focused on lowering fertility rates through family planning and promoting population growth outside of Bangkok. While this policy helped control population growth, it also resulted in a shrinking younger workforce, leaving fewer people to support the growing elderly population (Robinson & Rachapaetayakom, 1993).

In recognition of these issues, Thailand has implemented several national policies aimed at tackling the challenges of an ageing society. The 2012–2016 National Economic and Social Development Plan and the 2017–2036 National Strategy prioritize the welfare of older citizens, focusing on improving healthcare access, financial security, and social support systems for the elderly (World Bank Group, 2021). These policies reflect the government's commitment to addressing the complex needs of the ageing population and ensuring that older adults can continue to live fulfilling lives with the necessary resources and support.

While Thailand has made significant progress in addressing the challenges associated with an ageing population, the work is far from complete. The country needs to continue developing more effective eldercare solutions, improve caregiver training

and support, and create a sustainable system that can meet the increasing demands of an ageing society. By strengthening these areas, Thailand can ensure that its elderly population is properly cared for and that future generations are prepared to manage the ongoing demographic shift.

2.2 Caregiver Workforce Shortage

Globally, the population of older individuals is increasing rapidly. According to the World Health Organization (WHO), the number of people aged 60 years and older is expected to rise from 900 million in 2015 to 2 billion by 2050, representing 22% of the world's population (Mitchell and Walker, 2020). According to the most recent data from a survey conducted in 2021, the number of older adults has significantly increased to 19% of all people (Whaikid and Piaseu, 2024). This demographic shift substantially affects healthcare systems and caregiving practices.

As the number of elderly individuals continues to rise, their need for daily assistance increases, making the role of caregivers more important than ever. Many older adults face mobility challenges, chronic conditions, and worsening disabilities, all of which make caregiving an essential aspect of maintaining their safety and quality of life. Both professional caregivers and family members play critical roles in providing care, but the increasing demands on caregivers require better systems and support to ensure they can offer quality care. Investing in caregiver training, mental health support, and job satisfaction is crucial to building a sustainable caregiving workforce (Faes et al., 2010; Mamani et al., 2019).

Caregivers can be divided into two main types: formal and informal. Formal caregivers are trained professionals—like nurses, home health aides, and therapists—who provide paid care in hospitals, nursing homes, and private homes. They help older adults with medical needs, daily activities, and rehabilitation. Informal caregivers, on the other hand, are family members, friends, or volunteers who offer unpaid support. They assist with everyday tasks like cooking, medication reminders, and mobility, often without formal training. While professional caregivers bring expertise, informal caregivers provide comfort, love, and companionship—both playing a vital role in helping seniors live safely and with dignity.

The National Academies of Sciences, Engineering, and Medicine published *Families Caring for an Aging America*, which highlights the reliance on informal caregivers (family members) and the increasing demand for professional caregivers. The book underscores that without proper caregiver training, financial support, and healthcare policies, the burden on informal caregivers will intensify, leading to care gaps and a decline in care quality (Eden & Schulz, 2016).

As the elderly population grows, the need for caregivers is increasing. However, the caregiving workforce is struggling with a severe shortage, making it harder to meet the rising demand for elder care. Several factors contribute to this crisis, including an aging workforce, low recruitment rates, and high job turnover. Many formal caregivers have been in the profession for years and are now approaching retirement, while fewer young people are choosing caregiving as a career. Training programs also face challenges—enrollment in nursing and caregiver education has declined, and many institutions lack enough faculty to train new professionals. The situation is made worse by low wages, high stress, and limited career advancement opportunities, which lead to burnout and high turnover rates. The impact of this shortage is significant: older adults may experience longer wait times for care, increased caregiver workload, and a decline in care quality. To address this issue, investment in caregiver recruitment, better wages, and improved working conditions is essential (Fleming et al., 2003).

At the same time, informal caregivers—family members and loved ones who step in to provide care—are also under increasing pressure. As fewer professional caregivers are available, more responsibility falls on family members to provide support, often with little to no formal training. Informal caregiving can become an unexpected duty for anyone at any time, and while some may find it rewarding, many experience physical, emotional, and financial strain. The ongoing demands of caregiving can lead to fatigue, stress, and eventually burnout, making it harder for caregivers to maintain their own well-being. When caregiver burden becomes overwhelming, it doesn't just affect the caregiver—it impacts the quality of care for the recipient and can create stress for the entire family (Richard et al., 2000). Addressing the caregiver shortage isn't just about hiring more professionals—it's also about ensuring that both formal and informal caregivers receive the support they need to continue providing quality care.

2.3 Cultural Resistance in Thailand

Long-term institutional care is considered as a last resort by the Thai government (and most families) in terms of the provision of services for older people. As in most Asian countries, caring for older people in Thailand is shaped by the social norm which prescribes that care is the primary responsibility of family members (Jitapunkul & Wivatvanit, 2008). Family remains the central social institution for providing both material and emotional support to older adults. Traditionally, Thai families believe it is their duty to care for aging parents, and this belief is strongly influenced by Buddhism, the national religion of Thailand. Concepts of gratitude and karma reinforce the expectation that children should look after their elderly parents, often through co-residence and direct caregiving (Aung et al., 2016).

In Thai culture, the sense of duty to care for aging parents is not just about love—it's also about respect and obligation. This sense of reciprocity, where children care for parents who once cared for them, is a strong cultural norm. It's a way of honoring the sacrifices parents made during childhood and maintaining family harmony. Because of this, the family, especially adult children, has traditionally been the main support system for older adults, with daughters often taking on the primary caregiving role (Croll, 2006).

But these traditional caregiving structures are starting to face challenges. Thailand's population is aging, families are getting smaller, and more young people are moving away for work, which makes it harder for them to care for their elderly parents. As a result, the old model of family-based care is becoming less sustainable, and Thailand is grappling with how to balance these deep cultural expectations with the reality of a changing society (Knodel, 2015).

Thailand's approach to senior care has always been deeply tied to its traditions and values, especially the strong emphasis on family responsibility and respect for elders. For generations, caring for aging parents has been seen as a natural and sacred duty, rooted in Buddhist teachings and cultural norms. But times are changing. With an aging population, smaller families, and more young people moving to cities for work, the old ways of providing care are becoming harder to maintain. Families are feeling the strain, and society is being forced to rethink how it supports its elderly.

This shift isn't easy. Many Thais still hold tightly to the belief that families should care for their own, and the idea of turning to outside help or institutional care can

feel like a failure of that duty. Yet, as the realities of modern life set in, people are beginning to see that holding onto tradition alone isn't enough. Thailand is at a turning point, where families must find new ways to care for their loved ones while staying true to the values that have always defined them. It's a delicate balance, but one that will shape the future of elder care in the country.

2.4 Training For Caregivers in Thailand

As Thailand becomes an ageing society, the demand for caregivers is growing rapidly. Since the 1980s, the Thai government has been developing policies to manage the care needs of an increasingly older population. Despite this, family members remain the most important caregivers, with the traditional role of caring for elderly parents still largely falling on them. However, with an aging population, the role of professional caregivers is becoming increasingly crucial. As the need for caregiving increases, so does the demand for trained professionals. Being a caregiver, though, is not an easy task. It requires a variety of skills, as each individual has different needs. Caregivers must be available and capable, and providing care is a complex job that requires both emotional and physical effort. With professional training becoming more important, there is a growing emphasis on developing a skilled caregiving workforce to support both families and the elderly population. To meet these challenges, the government and various institutions are working to improve training programs for caregivers, ensuring that they are better equipped to provide high-quality care. This will help bridge the gap as Thailand faces the ongoing issue of an aging population (Wongboonsin et al., 2020).

As Thailand's elderly population grows, the country is facing challenges in providing care for older adults, particularly with the rising out-migration of adult children. This migration has raised concerns about whether the traditional family-based caregiving model can continue to meet the needs of the aging population in the future (Knodel, 2014; Knodel et al., 2013). Compounding these concerns, Thailand's healthcare system also faces issues such as unequal access to services, insufficient health resources (including infrastructure and skilled manpower), and a lack of coordination between health institutions (Suwanrada et al., 2014).

The shortage of qualified caregivers is a major challenge in elderly care in Thailand. There simply aren't enough trained caregivers to meet the demand, and the training process itself faces obstacles. Moreover, the uneven distribution of healthcare personnel between urban and rural areas, particularly in the Bangkok Metropolis versus other provinces, further exacerbates the situation.

Despite these challenges, the Thai government recognizes the importance of caregiver training. However, the country lacks a clear and standardized model for long-term care, especially regarding care quality standards, training programs, staffing guidelines, and the evaluation of care services. This gap in human resource management underscores the urgent need for better training programs and strategic planning to address Thailand's growing elderly care demands. Additionally, there is no comprehensive assessment tool for measuring the effectiveness of caregiving in long-term care institutions (Wongboonsin et al., 2020). Hence, Strengthening the caregiving workforce is crucial to ensuring quality care for Thailand's elderly population.

CHAPTER III

METHODOLOGY

This chapter describes the research method, sample size, data collection, and data analysis procedure used to conduct this study.

3.1 Research Design

This study employed an exploratory qualitative research method to investigate the key challenges in workforce capacity for caregiving in Thailand's aging population. This approach was chosen to gain in-depth insights into the perspectives of professionals in the senior care industry. The study utilized semi-structured, in-depth interviews to collect qualitative data. This method allowed participants to express their views freely, facilitating a detailed exploration of their experiences and challenges in the caregiving sector. Open-ended questions ensured flexibility in responses and helped uncover underlying workforce capacity issues. The findings from these interviews were analyzed to identify key themes and patterns that support the research objectives.

3.2 Sampling Method

A total of 15 participants were interviewed, representing various roles in the senior care industry in Bangkok, Thailand. The participants included caregivers, nurses, doctors, officers, managers, and representatives from eldercare organizations. To ensure they had sufficient knowledge and insights into workforce challenges, participants were required to have at least one year of experience in the senior care industry. They were selected from various senior care services and facilities, including nursing homes, rehabilitation centers, home care providers, and administrative departments at headquarters. This study aimed for a balanced representation of gender and age groups (25–60 years old) to capture diverse perspectives. This diversity ensured a comprehensive

understanding of workforce challenges from multiple viewpoints. Participants were chosen based on their direct experience with workforce challenges in the senior care industry.

3.3 Data Collection

Data were collected through direct, face-to-face interviews conducted at the participants' workplaces or through virtual meetings for their convenience. Each interview lasted approximately 20 minutes and was audio-recorded with the participants' consent to ensure accuracy. Additional field notes were taken to capture key observations. The data collection process emphasized confidentiality and ensured that participants felt comfortable sharing their insights.

3.4 Interview Questions

The researcher divided the interview process into two main sections. For general questions section, the researcher focused on gathering background details about the participants, such as their role, organization, years of experience, and type of senior care facility. This section took approximately 5 minutes. For specific questions section, the researcher focused on research-related questions, lasting approximately 15 minutes per participant. In total, each interview lasted about 20 minutes.

3.5 Research Questions for Interview

The interview questions were designed to explore the research goals in detail. While the questions offered a guide, the open-ended format allowed for further follow-up based on the participants' responses.

A. General Information

1. What is your role, and which organization do you work for?
2. How many years of experience do you have in senior care?
3. What type of senior care facility do you work in? (e.g., nursing home, rehabilitation center, home care, etc.)

B. Workforce Challenges

1. What are the biggest challenges in hiring and retaining caregivers in Thailand's senior care industry? Can you provide specific examples of these challenges?
2. How does the shortage of trained caregivers impact daily operations and the quality of patient care? How do you manage these challenges in your facility?
3. What are the main reasons caregivers leave their jobs? Are there any specific incidents or patterns you've observed?

C. Training and Development

1. How effective are the current training programs for caregivers? What specific improvements would you suggest?
2. What are the most significant skill gaps among caregivers? Can you name them? How do these gaps affect patient care?
3. How can caregiver training programs be improved to better meet industry needs? Are there any successful models or best practices you've seen?

D. Cultural and Social Factors

1. How do cultural attitudes toward eldercare influence the hiring and retention of caregivers? How do families perceive professional caregiving services?
2. Do families hesitate to use professional senior care services due to cultural beliefs? How does this impact your facility's operations?
3. How can we balance cultural expectations with the growing need for professional senior care? What are your opinions on this matter?

E. Solutions and Recommendations

1. What strategies have proven effective in recruiting and retaining caregivers? Can you share any success stories or case studies?
2. How can technology and innovation address caregiver shortages? Are there any technologies your facility has adopted?
3. What advice would you give to policymakers and healthcare leaders to strengthen the caregiving workforce? What are the most urgent changes needed?

3.6 Data Analysis Method

All interviews were anonymized, with participants labeled P1 to P15. Their responses were analyzed using thematic analysis to identify key themes related to workforce challenges, training gaps, cultural factors, and policy recommendations. These interconnected issues highlight the need for better training, cultural awareness in caregiving, and practical workforce solutions. The findings provide valuable guidance for policymakers and healthcare providers. Further details will be clarified in the following chapter.



CHAPTER IV

RESEARCH FINDINGS AND DATA ANALYSIS

This chapter presents the findings and analysis of the data collected from the interviews conducted with professionals in the senior care industry in Bangkok, Thailand. The findings are organized into themes that align with the research objectives, focusing on workforce challenges, training and development, cultural and social factors, and potential solutions and recommendations.

4.1 Interview participants' profile

A total of 15 participants were interviewed, representing a diverse range of roles and experiences in the senior care industry. The participants included caregivers, nurses, doctors, officers, managers, and representatives from eldercare organizations. All participants have at least one year of experience in the senior care sector, ensuring they possess sufficient knowledge and insights into workforce challenges. The participants were selected from various senior care facilities, including nursing homes, rehabilitation centers, and home care providers, as well as departments from headquarters. Each interview took about 20 minutes for the researcher to complete, and it took place during the period starting from February 24th to March 10th, 2025.

Table 4.1 Demographic of the interviewees

Participant Code	Gender	Age	Role	Years of Experience	Type of Facility
P1	Female	32	Caregiver	5	Nursing Home
P2	Male	45	Nurse	10	Rehabilitation Center
P3	Female	28	Home Care Officer	3	Home Care Provider
P4	Male	50	Doctor	20	Nursing Home
P5	Female	35	Manager	8	Rehabilitation Center
P6	Male	40	Caregiver	7	Home Care Provider
P7	Female	29	Nurse	4	Nursing Home
P8	Male	55	Representative	15	Headquarters
P9	Female	38	Manager	12	Home Care Provider
P10	Male	42	Doctor	18	Rehabilitation Center
P11	Female	33	Caregiver	6	Nursing Home
P12	Male	48	Nurse	14	Home Care Provider
P13	Female	30	Officer	5	Rehabilitation Center
P14	Male	52	Manager	16	Nursing Home
P15	Female	36	Representative	9	Headquarters

In summary, there are a total of 8 female and 7 male participants. All participants are of Thai nationality and have at least one year of work experience in the senior care industry. All of them reside and work in the Bangkok region. The participants' ages range from 25 to 60 years, with a balanced representation of gender and roles. This diversity ensures a comprehensive understanding of workforce challenges from multiple perspectives.

4.2 Research Findings

The findings are organized into five key themes that emerged from the interviews: workforce challenges, training and development, cultural and social factors, solutions and recommendations, and overall satisfaction. Each participant shared their unique experiences and insights, providing a comprehensive understanding of the challenges and opportunities in Thailand's senior care industry.

4.2.1 Workforce Challenges

Participants highlighted several challenges in hiring and retaining caregivers in Thailand's senior care industry. Key findings included:

- **Shortage of Trained Caregivers:** Many participants noted a significant shortage of trained caregivers, which impacts the quality of patient care.

P2, a nurse with 10 years of experience, shared a story about a time when his rehabilitation center was understaffed. *"We had a patient who needed constant monitoring due to a recent stroke, but we didn't have enough caregivers to provide round-the-clock care. It was heartbreaking to see the patient's condition worsen because we couldn't give them the attention they needed."*

P11, a caregiver with 6 years of experience, shared her perspective: *"We're always short-staffed, and it's exhausting. I often have to care for 10-12 patients in a single shift, and it's impossible to give each one the attention they deserve. I've seen patients develop bedsores because we couldn't turn them often enough. It's frustrating because we want to do more, but we're stretched too thin."*

P14, a manager at a nursing home, described the impact of understaffing: *"We're constantly short-staffed, so our caregivers need to work double shifts. It's exhausting for them, and it affects the quality of care we can provide. One day, a caregiver forgot to give medication to a resident because she was overwhelmed with her workload."*

- **High Turnover Rates:** Caregivers frequently leave their jobs due to low wages, high stress, and lack of career advancement opportunities.

P6, a caregiver with 7 years of experience, explained, *"I've seen so many colleagues leave because the pay is just not enough to support their families. One of my*

friends left to work in a factory because it paid better, even though she loved caring for the elderly.”

P13, an officer at a rehabilitation center, added, *“We lose a lot of caregivers within the first year. They come in with good intentions, but the workload and emotional toll are too much for many of them. We need to find ways to make this job more sustainable, both financially and emotionally.”*

- **Impact on Daily Operations:** The shortage of caregivers often results in increased workloads for existing staff, leading to burnout and reduced quality of care.

P14, a manager at a nursing home, described a typical day: *“Due to the caregiver shortage, staff need to take multiple responsibilities, often rushing between tasks. One evening, a caregiver was assisting multiple residents at once and was unable to promptly respond to a patient’s request for assistance, leading to frustration and distress for the patient.”*

P7, a nurse with 4 years of experience, added, *“The workload is overwhelming, and it takes a toll on our mental health. I’ve seen colleagues break down in tears because they feel like they’re failing their patients. We need more staff to share the burden.”*

4.2.2 Training and Development

Participants emphasized the need for improved training programs to address skill gaps among caregivers. Key findings included:

- **Ineffective Training Programs:** Many participants felt that current training programs are insufficient.

P3, a home care officer, shared her experience: *“When I first started, the training was very basic. They taught us how to bathe and feed patients, but they didn’t prepare us for the emotional challenges of the job. I remember feeling completely lost when a patient with dementia became aggressive, and I didn’t know how to handle it.”*

P7, a nurse, added, *“The training I received was mostly theoretical. We learned about patient care in a classroom setting, but it didn’t prepare me for the real-life situations I faced on the job. I wish there had been more practical training.”*

P10, a doctor, noted, *“Caregivers often lack the skills to handle complex medical conditions. For example, we had a patient with advanced Parkinson’s disease,*

and the caregivers didn't know how to assist with his mobility issues. It delayed his recovery significantly."

- **Skill Gaps:** Common skill gaps included communication, emergency response, and specialized care for conditions like dementia.

P10, a doctor at a rehabilitation center, noted, *"Caregivers often struggle with English communication, making it difficult to assist expatriate patients effectively. For instance, we had a foreign patient who needed specific care instructions, but the language barrier led to misunderstandings and delays in his treatment and recovery."*

P12, a nurse, shared, *"Many caregivers struggle with communication, especially when dealing with patients who have dementia. They don't know how to de-escalate tense situations, which can lead to conflicts and stress for both the patient and the caregiver."*

P3, a home care officer, added, *"We need more training on how to handle emotional and behavioral challenges. Many caregivers feel unprepared when patients become aggressive or uncooperative."*

- **Need for Practical Training:** Participants suggested incorporating more hands-on training and mentorship programs.

P7, a nurse, recommended, *"We need more practical training sessions and ongoing support for caregivers. When I was new, I shadowed an experienced nurse for a month, and it made a huge difference. I wish all caregivers could have that kind of mentorship."*

P9, a manager at a home care provider, added, *"Practical training is essential. We've started implementing simulation-based training where caregivers practice handling real-life scenarios. It's been very effective in building their confidence and skills."*

P5, a manager, suggested, *"Mentorship programs should be mandatory for new caregivers. Pairing them with experienced staff can help them learn faster and feel more supported."*

4.2.3 Cultural and Social Factors

Cultural attitudes toward eldercare were identified as a significant factor influencing the senior care industry. Key findings included:

- **Cultural Stigma:** Many families hesitate to use professional caregiving services due to cultural beliefs that children should care for their elderly parents.

P8, a representative from an eldercare organization, explained, *“Families often feel guilty about sending their parents to nursing homes. I remember one family who refused to admit their mother to our facility, even though she needed specialized care. They ended up struggling to care for her at home, and her health deteriorated.”*

P15 added, *“There’s a strong cultural expectation that children should take care of their aging parents. This makes it difficult for families to accept professional help, even when they’re overwhelmed.”*

P4, a doctor, shared, *“Many families believe that sending their parents to a nursing home is a sign of neglect. We need to change this perception and show them that professional care can improve their loved ones’ quality of life.”*

- **Perception of Caregiving:** Caregiving is often seen as a low-status job, which discourages people from entering the profession.

P12, a nurse, shared, *“Many people don’t see caregiving as a respectable career. I’ve had friends ask me why I don’t get a ‘real job.’ It’s frustrating because caregiving is such important work, but it’s not valued in our society.”*

P6, a caregiver, added, *“People look down on this job because it doesn’t pay well and involves hard work. But what they don’t understand is how rewarding it can be to make a difference in someone’s life.”*

P1, a caregiver, said, *“I love my job, but it’s hard to feel valued when society doesn’t recognize the importance of what we do.”*

- **Balancing Cultural Expectations:** Participants emphasized the need to balance cultural expectations with the growing demand for professional care.

P15, a representative from an eldercare organization, suggested, *“We need to educate families about the benefits of professional care while respecting their cultural values. For example, we could offer more home care services so that families feel like they’re still involved in their loved one’s care.”*

P3, a home care officer, added, *“We’ve started hosting workshops for families to help them understand the importance of professional care. It’s a small step, but it’s helping to change perceptions.”*

P8, a representative, noted, *“We need to work with communities to shift cultural attitudes and show that professional caregiving is a sign of love, not neglect.”*

4.2.4 Solutions and Recommendations

Participants proposed several strategies to address workforce challenges and improve the senior care industry. These included:

- **Improving Wages and Benefits:** Many participants highlighted the need for better pay and benefits to attract and retain caregivers.

P1, a caregiver, said, *“If we offer better wages and benefits, more people will be willing to work in this field. I love my job, but it’s hard to make ends meet with my current salary.”*

P5, a manager at a rehabilitation center, added, *“We need to make caregiving a more attractive career option. Offering competitive wages and benefits is the first step toward reducing turnover rates.”*

P13, an officer, shared, *“Better pay and benefits would not only attract more caregivers but also reduce the stress that leads to burnout.”*

- **Adopting Technology:** Some participants suggested using technology to reduce the workload on caregivers.

P9, a manager at a home care provider, shared, *“We’ve started using digital tools to monitor patients, which has made our work easier. For example, we use an app to track medication schedules, so caregivers don’t have to remember everything on their own.”*

P10, a doctor, added, *“Technology can also help with training. We’ve started using virtual reality simulations to train caregivers on emergency response techniques. It’s been very effective.”*

P14, a manager, noted, *“Technology can help us manage workloads more efficiently, but it’s not a substitute for hiring more staff.”*

- **Policy Changes:** Participants called for government support to improve training programs and provide incentives for caregivers.

P5, a manager at a rehabilitation center, recommended, *“Policymakers should invest in caregiver training and create policies that support the senior care industry. For example, they could offer scholarships for people who want to become caregivers or provide tax incentives for families who use professional care services.”*

P8, a representative, added, *“We need stronger government policies to address the workforce shortage. This could include funding for training programs and incentives for organizations that provide competitive wages and benefits.”*

P15, a representative, suggested, *“The government should also promote caregiving as a respected profession through public awareness campaigns.”*

4.2.5 Overall Satisfaction

Despite the challenges, many participants expressed satisfaction with their work and the impact they have on patients’ lives.

P4, a doctor at a nursing home, shared a touching story: *“There was a patient who had been bedridden for months, and we didn’t think she would ever walk again. But with the dedication of our caregivers and therapists, she was able to take her first steps. It was one of the most rewarding moments of my career.”*

P11, a caregiver, reflected on her work: *“Even though it’s tough, I find joy in knowing that I’m making a difference in someone’s life. There was a patient who couldn’t speak due to a stroke, but she would smile every time I came into her room. That smile made all the hard work worth it.”*

P7, a nurse, shared, *“Seeing patients recover and regain their independence is the most rewarding part of this job. It makes all the challenges worth it.”*

However, participants also emphasized the need for systemic changes to improve the industry.

P11, a caregiver, summed it up: *“I love my job, but it’s not easy. We need more support, better training, and higher wages to make this a sustainable career for everyone.”*

P15, a representative from an eldercare organization, added, *“While many of us are passionate about this work, the current system isn’t sustainable. We need to address the root causes of these challenges to ensure that caregivers can continue to provide quality care without burning out.”*

P14, a manager, noted, *“We need systemic changes to improve working conditions and ensure that caregivers feel valued and supported.”*



CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

This research aimed to (1) analyze and identify the workforce challenges in the senior care industry in Bangkok, Thailand, and (2) explore the experiences, satisfaction, and potential solutions for improving the quality of care for the elderly.

The conclusion will be divided into 3 main parts according to the findings from the participants in chapter 4 as follows;

Part I: Workforce Challenges in the Senior Care Industry

Part II: Training and Development Needs

Part III: Cultural and Social Factors Influencing Elderly Care

5.1.1 Workforce Challenges in the Senior Care Industry

The analysis revealed significant workforce challenges in the senior care industry, including a shortage of trained caregivers, high turnover rates, and their impact on daily operations. Many participants emphasized that the lack of skilled caregivers directly affects the quality of care for elderly patients. For instance, P2, a nurse with 10 years of experience, shared how understaffing led to inadequate care for a stroke patient. Low wages, high stress, and limited career advancement opportunities were identified as key factors driving caregivers to leave the profession. P6, a caregiver, noted that many colleagues had switched to better-paying jobs in other industries. As a result, the caregiver shortage placed greater strain on existing staff, increasing workloads and leading to burnout. P14, a manager, described how overworked caregivers, overwhelmed by their responsibilities, occasionally forgot to administer medication, further compromising patient care.

5.1.2 Training and Development Needs

According to the analysis, participants stated the importance of improving training programs to address the skill gaps among caregivers. Many caregivers felt unprepared for the emotional and practical challenges the job presented. P3, a home care officer, shared how basic training fell short in preparing her to handle aggressive patients with dementia. Common gaps identified included communication, emergency response, and specialized care for conditions such as dementia. P10, a doctor, observed that caregivers often lacked the necessary skills to manage complex medical conditions, which delayed patient recovery. Participants suggested the introduction of hands-on training and mentorship programs. P7, a nurse, recommended shadowing experienced caregivers as a way to build confidence and enhance skills.

5.1.3 Cultural and Social Factors Influencing Elderly Care

Cultural attitudes and social perceptions were highlighted as significant barriers to professional elderly care. Many families hesitate to use professional caregiving services due to the belief that children should care for their elderly parents. P8, a representative, explained how some families refused to admit their parents to nursing homes, resulting in worsened health conditions. Moreover, caregiving is often viewed as a low-status job, which discourages people from entering the profession. P12, a nurse, shared how friends questioned her career choice, reflecting the societal undervaluation of caregiving work. Participants suggested educating families about the benefits of professional care while respecting cultural values. P15, a representative, recommended expanding home care services to involve families more directly in the care process.

5.2 Recommendations

This research highlights the challenges and opportunities in Thailand's senior care industry, focusing on workforce issues, training and development, cultural and social factors, and potential solutions. The findings provide valuable insights for improving the quality of care for the elderly and ensuring the sustainability of the senior care workforce. Based on the research, The researcher would like to recommend

policymakers, healthcare providers, and stakeholders in the senior care industry in order to tackle the workforce challenges and implement sustainable solutions.

5.2.1 Addressing Workforce Challenges

Improving Wages and Benefits: To attract and retain caregivers, competitive wages and benefits must be offered. P1, a caregiver, emphasized that better pay would make the profession more sustainable.

Reducing Workloads: Hiring more staff and implementing technology, such as digital tools for patient monitoring, can reduce the burden on caregivers. P9, a manager, shared how technology improved efficiency in her facility.

Policy Changes: Government support, such as scholarships for caregiver training and tax incentives for families using professional care services, can strengthen the industry. P5, a manager, called for policy interventions to address workforce shortages.

5.2.2 Enhancing Training and Development

Practical Training Programs: Incorporate hands-on training and mentorship to prepare caregivers for real-life challenges. P7, a nurse, highlighted the effectiveness of shadowing experienced staff.

Specialized Training: Offer courses on communication, emergency response, and specialized care for conditions like dementia. P10, a doctor, stressed the importance of equipping caregivers with advanced medical skills.

Ongoing Support: Provide continuous learning opportunities and emotional support to help caregivers manage stress and burnout. P3, a home care officer, suggested regular workshops and counseling services.

5.2.3 Addressing Cultural and Social Factors

Public Awareness Campaigns: Educate families about the benefits of professional elderly care while respecting cultural values. P15, a representative, recommended community workshops to change perceptions.

Home Care Services: Expand home care options to involve families in the care process, making professional care more culturally acceptable. P8, a representative, emphasized the importance of family involvement.

Promoting Caregiving as a Respected Profession: Highlight the value of caregiving through media campaigns and career fairs. P12, a nurse, suggested showcasing success stories to inspire others to join the profession.

5.3 Limitations

This study has several limitations. Firstly, the research focused on 15 participants from senior care facilities in Bangkok, which may not fully represent the diversity of experiences across Thailand. The small sample size limits the findings, and the focus on Bangkok may overlook regional variations in workforce challenges, training needs, and cultural factors.

Secondly, the use of qualitative interviews limited the ability to quantify findings or generalize results to a broader population. The study relied on participants' subjective experiences, which may not capture the full range of challenges and opportunities in the senior care industry.

Thirdly, the short duration of interviews (20 minutes each) may have restricted the depth of insights shared by participants, potentially limiting the richness of the data collected.

Lastly, while the study included participants from various roles and facilities, it may not fully reflect the perspectives of all stakeholders, such as elderly patients, their families, or policymakers.

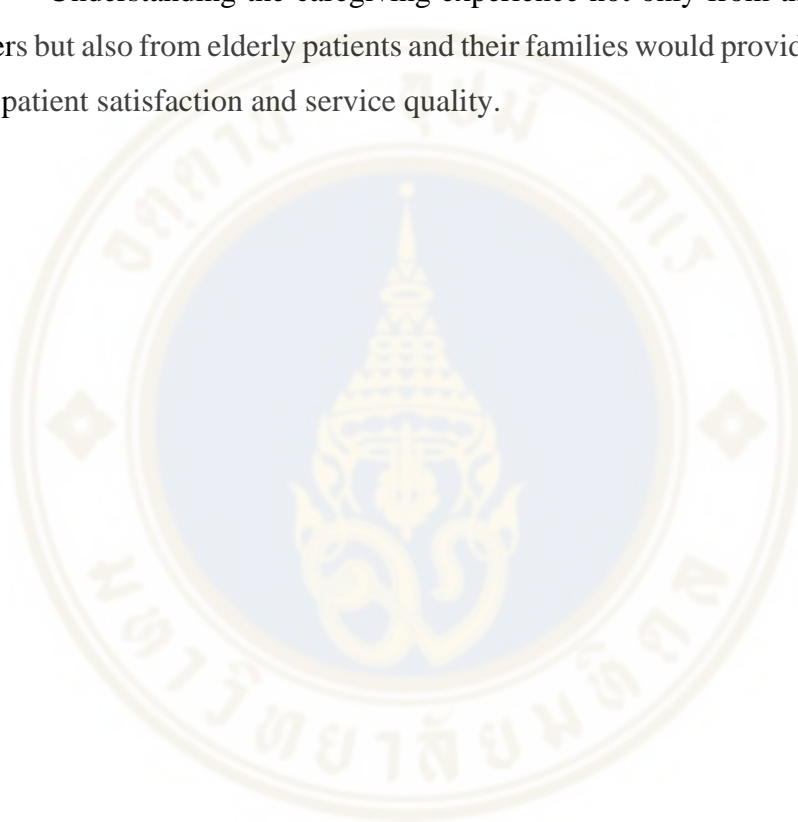
5.4 Future Research

This thematic paper explores workforce challenges, training needs, and cultural factors affecting the senior care industry in Thailand. If the researcher has the opportunity for future study to acquire more findings, several areas are recommended for future research.

In this research, the researcher has used a qualitative method to collect data. If given the opportunity, the author will incorporate a questionnaire or survey method to quantify workforce challenges, training needs, and cultural influences, allowing for broader insights and statistical analysis.

In this thematic paper, the researcher focused only on senior care facilities in Bangkok region. Future studies should expand to other regions in Thailand to identify geographical variations in challenges and solutions within the senior care industry.

Understanding the caregiving experience not only from the perspective of caregivers but also from elderly patients and their families would provide a more holistic view of patient satisfaction and service quality.



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