

Knowledge attitude and practice (KAP) of long-term care services for the elderly among trained caregivers in Sisaket province, Thailand

S257

Received June 2018
Accepted July 2018

Kamonthip Doungjan and Montakarn Chuemchit

College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand

Nipunporn Voramongkol

Former Medical expert, Advisory level. Department of Health, Ministry of Public Health, Thailand

Abstract

Purpose - Currently the number of aging population is growing worldwide including Thailand. This study established to assess the association between knowledge, attitude, and practice toward long term care among caregivers in Sisaket province, Thailand.

Design/methodology/approach - A cross-sectional survey of 209 caregivers in Sisaket province was conducted using self-reported questionnaire. The questionnaire was developed based on a long term course training 70 hours from the Department of Health, Ministry of Public Health, Thailand (IOC=0.89). Pearson's Chi square test and Fisher's Exact Test were performed to find significant associations among variables.

Findings - Among 209 caregivers (100%), majority of respondents had high level of knowledge in elderly care (90%). Respondents 80% had neutral attitude towards long term elderly care and 53.6% had the moderate practice level in long term care. In addition, the association between variables with the practice of long term care found that number of home bound, caregivers' relationship with elderly and attitude level were significantly associated with practices of long term care for the elderly among caregivers (p -value <0.05)

Originality/value - It shows that the attitude is significantly associated with the practice of caregivers; therefore, refreshment training and re-training are necessary among caregivers to enhance and maintain positive attitude toward long term care service.

Keywords Long term care, Caregiver, Elderly, Thailand

Paper type Short report

Introduction

The world's population is aging. According to the reported that the world was the elderly 10% and approximately 21% in 2050 [1]. The aging society is the elderly people was over 60 years rising more than 10 percent of total population [2]. Even though, Thailand is the developing country but they come to aging society faster more than other developed countries. The report showed that the elderly population in Thailand was 10.783 million and will be raised to 17 million in 2040 [3]. Until the Eleven National Economic and Social Developments Plan (2012-2016) showed that Thailand changes into aged society in 2025.

Meanwhile, North Eastern part is the area were elderly population about 1/3 of total elderly population in Thailand [4]. Though, the older person was live longer, they have been facing with the chronic diseases especially hypertension 31.7%, diabetes 13.3% and heart disease 7.0%. Sisaket province had 191,021 older people [5], which was 19% of total population in the province.

The caregiver is an assistance of elderly and dependency people. There is a caretaker associated with a formal service system. They are establishing to provide necessary care activities to elderly's life. Often, there is someone who gives a basic care to the person who has chronic condition. According to their responsibilities,

there applied the knowledge in term of promotion health, rehabilitee and prevention elderly from the complicate of disease [6].

In addition, Sisaket province is an area that high elderly ratio closely to 20% [7]. Therefore, Sisaket province should prepare caregivers for dealing with a complete aged society. This study aimed to investigate knowledge, attitudes, and practices of long term care (LTC) for the elderly among caregivers and to identify association between socio-demographic factors, knowledge, attitudes, and practices of long term care for the elderly among caregivers in Sisaket province.

Materials and methods

Study area and study population

A cross-sectional study was conducted to assess and identify association between socio-demographic factors, knowledge, attitudes, and practices of long term care for the elderly among caregivers in Sisaket province during March to June 2018. The study area is in all 22 districts of Sisaket province. The population of this study consisted of 351 caregivers who had ever trained a long term care curriculum of ministry of public health since 2016. The sample size was calculated using the Yamane in 1967 and add 10% of expected refusals data. The calculated sample size of this study was 209. The convenience sampling based on proportionate to size at each district was used. The inclusion criteria were caregivers who had ever trained in long term care and had experience on long term care more than 6 months.

Data collection

A self-administered questionnaire was designed. The questionnaire was developed based on the Long term care course training 70 hours of Department of Health, Ministry of Public Health [8]. The questionnaire consists of four parts; (1) Socio-demographic characteristics; (2) Knowledge on LTC; (3) Attitude on LTC; and (4) Practice of LTC. The validity of the instrument was tested by using the Item Objective Congruence (IOC) was 0.89. Thirty questionnaires were tested to find reliability. The results from Cronbach's alpha showed 0.83 for the attitude part and 0.78 for the practice part, while the knowledge part used KR 20 was 0.55.

Researcher collected data when participants visit the staff at District Health Office in each area by 10 local research assistants who had a training. The data were collected by self-report for those who can read and write. A face to face interview also was conducted for those who had some problems.

Statistical analysis

The data was entered, cleaned and coded before analyzing. Statistical Package for Social Sciences (University's licenses) was used to perform statistical analysis. The socio-demographic characteristics data including gender, age, education level, marital status, occupation, income, experience and number of elderly responsibility were used descriptive analysis such as frequencies, percentages, means, median and standard deviation were determined. Pearson's Chi square test and Fisher's Exact Test were used to find out the possible association between knowledge, attitude, and practice of long term care.

Ethical consideration

This study was taken from the Ethical Committee of Chulalongkorn University. The written informed consent was provided and included the information of confidentiality, free to participate or withdraw, and will assure anonymity (Approval code no. 063/2561).

Table 1. Socio-demographic characteristics of caregivers

Characteristic	n = 209	%
Gender		
Male	13	6.2
Female	196	93.8
Age (years)		
≤ 20 – 30	20	9.6
31 – 40	56	26.8
41 – 50	86	41.1
≥ 51	47	22.5
Mean = 43.36 years, SD = 9.91 year, Min = 18 years, Max = 79 years		
Education level		
≤ Secondary school	69	33.0
High school	121	57.9
Higher education	19	9.1
Marital status		
Single	21	10
Married	161	77
Widowed/Separated/Divorced	27	13
Occupational		
Agriculture	130	62.2
Do not work	43	20.6
Employee	21	10
Business owner	15	7.2
Monthly household income (Baht)		
≤ 10,000	16	7.7
≥ 10001	193	92.3
Elderly care experience		
No experience	71	34.0
An experience	138	66.0
Experience duration (n = 138)		
≤ 3 years	132	95.7
≥ 4 years	6	4.3
Mean = 1.92 years, Median = 1.0 years, SD = 1.48 years, Min = 1 years, Max = 9 years		
Health status		
No disease	91	36.3
Health conditions/Health problem	182	66.7
Type of disease in elderly		
Hypertension	72	39.6
Diabetes mellitus	59	32.5
Stroke	17	9.3
Hyperlipidemia	9	4.9
Kidney disease	9	4.9
Paralysis	9	4.9
Others	7	3.8
Elderly relationships with caregivers		
Relative	115	63.8
Non- relative	67	36.2
Number of elderly responsibility		
≤ 5 persons	133	63.6
≥ 6 person	76	36.4
Mean = 4.5 persons, SD = 2.87 persons, Min = 1 person, Max = 10 persons		
Number of home bound elderly (n = 175)		
≤ 11 persons	158	90.3
≥ 12 persons	17	9.7
Mean = 11.78 persons, Median = 12 persons, SD = 27.5 persons, Min = 1 person, Max = 108 persons		

(continued)

Table 1. (continued)

Characteristic	n = 209	%
Number of social bound elderly (n = 70)		
≤ 7 persons	58	82.9
≥ 8 persons	12	17.1
Mean = 6.9 persons, Median = 8.3 persons, SD = 12.77 persons, Min = 1 person, Max = 70 persons		
Number of bed bound elderly (n = 96)		
≤ 2 persons	66	68.7
≥ 3 persons	30	31.3
Mean = 1.96 persons, SD = 1.19 persons, Min = 1 person, Max = 8 person		
Caregiver's relationship with home bound elderly (n = 175)		
Relative	46	26.3
Non relative	129	73.7
Caregiver's relationship with social bound elderly (n = 70)		
Relative	14	20
Non relative	56	80
Caregiver's relationship with bed bound elderly (n = 96)		
Relative	19	19.8
Non relative	77	80.2

Results

The Table 1 shows the socio-demographic characteristics of caregivers in Sisaket province such as age, gender, marital status, education level (highest degree obtained), occupation and monthly household income. A total of 209 participants with caregivers who live in Sisaket province, Thailand. In this study, 93.8 % of the participants were female. The mean age of the participants was 43.36 years old. For the result of education level show that 57.9 % had graduated in High School level. The majority of the participants were married at 77 %. Out of the 209 participation, 62.2 % were agricultural. About 92% of the participants had an income more than 10,000 Baht. For the experience relate to elderly care, 66 % had elderly care experience and 95.7 % had experience less than three years.

Table 2 displays the knowledge of elderly in long term care. Each correct answer was given one point with a total of 13 point. The point compare with Bloom's theory cut off point and it was divided into three levels; (i) low level of knowledge (<60%); (ii) moderate level of knowledge (60 – 80%); and (iii) high level of knowledge (>80%). The average knowledge score from the participation was 12 (SD= 1). The study found that most of respondents had a high level of knowledge on elderly's long term care (90 %) and 10% of respondents had a moderate level of knowledge on elderly care. Additionally, the respondents had a total correct answer in principle of universal medicine item and recognizes the ADL score 72.7%

Table 3 shows the answer from each aspect of attitude toward elderly care in long term care. The eighty point four percent is neutral attitude, average was 34.93 and SD=3.69. From the results discovered that 98.1% of participants agreed that the elderly care is valuable for social precursor, 98.6% of participant agreed that the course of elderly care was beneficial for them and their families. The most of participants agreed that elderly had the physical and mental problem, caregivers of elderly care can make their social friend, and elderly care is a good career at 96.5%, 92%, 67%, respectively.

Table 4 represents the level of practice of caregivers towards long term care. This study found that 20.6% of respondents had a high level of practice. The

Table 2. Knowledge level of caregivers of elderly care

Knowledge level	n = 209	%
Low (0-8)	0	0
Moderate (9-10)	21	10
High (11-13)	188	90
Mean = 12, SD = 1 score, Min = 9 score, Max = 13 score		

Table 3. Attitude of caregivers

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

Table 4. Distribution of the caregivers towards the elderly care in long term care practice

Level	n = 209	%
Low (0-10)	54	25.8
Moderate (11-13)	112	53.6
High (14)	43	20.6
Mean = 11.81, SD = 1.81, Min = 7, Max = 14		

Table 5. Association between knowledge variables and long term care practice among caregivers

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

Note: p-value by Pearson Chi-Square

Table 6. Association between attitude variables and Long term care practice among caregivers

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

Note: p-value by Fisher's Exact Test

maximum score was 14 while the average is 11.81 score (SD=1.81). Moreover, the most caregivers were advised to exercise, provide first aid and measurement the blood pressure in 82.8 %, 71.8% and 71.8 % in respectively. In contrast, the practice of item in manage the waste and reduce a source of disease were 31.1%.

Table 5 shows the association between the knowledge and long term care practice among caregivers in Sisaket province. The study discovered that there was no statistically significant association between knowledge and practice (p-value = 0.06).

Table 6 shows the association between attitude and long term care practice among caregivers in Sisaket province. The result indicated that the attitude level is significantly associated with the level of practice on long term care (p -value = 0.015).

Discussion

For the exactly 80.4% of participation have a neutral attitude towards the practice of long term care [9]. In the previous study [10] stated that the important determinant of long term care is the good attitude of caregivers. Another study [9] found that the positive attitude in health care workers will be toward to elderly care. Another important issue is refreshment training is important for enhancing a positive attitude towards long term care. In addition, the study found [11] that the positive attitude affects to the caregiver's performance on the elderly long term care.

According to practice of long term care found that 20.6% of respondents had a high level of practice in elderly care. For this study, the behavior that caregivers always practice was "You have been advised to exercise properly, such as swinging arms, stretching" or advice their elderly responsibility to exercise. While, the lowest practice item was "manage the waste around elderly's house". However, the practice of caregivers may stem from professional characteristics, education, information-seeking, socioeconomic status, time for implementation, and perception of research as relevant positively influence implementing [12].

This study was limited to caregivers in Sisaket province, therefore, it doesn't represent the whole caregivers of long term care in Thailand. Moreover, it was a cross sectional study in limited time and also relied on self-report, there may had an information bias given by the respondents.

Conclusion

This study aimed to study the association between the knowledge, attitudes, and practices of long term care for the elderly among caregivers in Sisaket province. The 209 caregivers were a sample and the majority was female. The association between knowledge and long term care practice among caregivers was not significant (p -value 0.20). While, there were a significantly association between number of home bound elder (p -value 0.02), caregiver's relationships (p -value 0.02), and the attitude level (p -value 0.015) were significantly associated with the level of practice of long term care.

Acknowledgements

This study was supported by scholarships Graduate School, Chulalongkorn University.

References

1. United Nations [UN]. World population ageing. New York: United Nations; 2015.
2. Knodel J, Teerawichitchainan B, Prachuabmoh V, Pothisiri W. The situation of Thailand's older population: An update based on the 2014 survey of older persons in Thailand. [Chiang Mai, Thailand: HelpAge International, East Asia and the Pacific Regional Office]; 2015.
3. The Foundation for Older Persons' Development. Voice of older people. Chiang Mai, Thailand: The Foundation For Older Persons' Development; 2016.
4. Thailand, National Economic and Social Development Board, Office of the Prime Minister. The Eleventh National Economic and Social Development Plan B.E. 2555-2559 (A.D. 2012-2016). Bangkok: Office of the Prime Minister; 2016.
5. Thailand, Communicable Disease, Disease Control Subdivision. Chronic disease in elderly people in sisaket. Sisaket: Sisaket Provincial Public Health Office; 2016.

6. Brinda EM, Rajkumar AP, Enemark U, Attermann J, Jacob KS. Cost and burden of informal caregiving of dependent older people in a rural Indian community. *BMC Health Serv Res.* 2014 May; 14: 207. doi: 10.1186/1472-6963-14-207
7. Thailand, Sisaket Provincial Public Health Office. *Health Promotion.* Sisaket: Sisaket Provincial Public Health Office; 2017.
8. Thailand, Ministry of Public Health, Department of Health. *Guideline for training caregiver 70-hour course for elderly care.* Vol. 6. Nonthaburi: Department of Health; 2013.
9. Vongchavalitkul B, Sanguanwongwan W, Chatchaisucha S, Limsarun T, Thaisamak S, Ruengkajhon K. Knowledge and attitude of the elderly caregivers: a case study of Thammapakorn Phoklang and Watmuang elderly care center Nakhonratchasima province. *Journal of Business Administration: The Association of Private Education Institutions of Thailand.* 2016; 5(2): 74-92. (in Thai)
10. Wee SL, Hu AJ, Yong J, Chong WF, Raman P, Chan A. Singaporeans' perceptions of and attitudes toward long-term care services. *Qual Health Res.* 2015 Feb; 25(2): 218-27. doi: 10.1177/1049732314549812
11. Oyetunde MO, Ojo OO, Ojewale LY. Nurses' attitude towards the care of the elderly: Implications for gerontological nursing training. *J Nurs Educ Pract.* 2013; 3(7): 150-8.
12. Estabrooks CA, Floyd JA, Scott-Findlay S, O'Leary KA, Gushta M. Individual determinants of research utilization: a systematic review. *J Adv Nurs.* 2003 Sep; 43(5): 506-20.

Corresponding author

Montakarn Chuemchit can be contacted at: montakarn.ch@chula.ac.th