

Guidelines for Developing Roles of the Care Manager Nurses in Caring for the Elderly in Chachoengsao Province, Thailand

Nawasanan Wongprasit¹ and Jirakul Krobsorn^{2*}

¹ Faculty of Nursing, Rajabhat Rajanagarindra University. Email: nawasanan.won@rru.ac.th

² Faculty of Nursing, Panyapiwat Institute of Management. *Corresponding Author Email: otochung.toto@gmail.com

Abstract

This research is mixed methods research. Its objectives are: 1) To explore the current conditions, problems, needs, and solutions regarding the roles of care manager (CM) nurses in caring for the elderly in Chachoengsao Province; 2) To analyze and determine ways to develop the roles of CM nurses in caring for the elderly in Chachoengsao Province; 3) To recommend policies and guidelines for developing the roles of CM nurses in caring for the elderly in Chachoengsao Province. For qualitative research, key informants were 11 nurses who were the care managers for the elderly in Chachoengsao Province, and 11 caregivers (CG) who were taking care for the elderly and had passed the 70-hour Elderly Caregiver Training Course of the Department of Health. The key informants had given information through in-depth interviews. Five experts in the focus group discussions included executives from the provincial social development and human security, CM nurses' representatives, CG representatives, and academic representatives. The key informants were selected those who had qualifications as the research objectives set, and snowball technique. For quantitative research, the sample group included 476 elderly people in Chachoengsao Province. The sample size was determined using the formula for calculating the sample according to the tables of Krejci and Morgan, the confidence level was set at 95%. Once the sample size was obtained, the researchers used simple random sampling to obtain the samples according to the specified amount. The tools used for data collection were in-depth interviews and questionnaires. Data obtained were analyzed using frequency, percentage, mean, standard deviation, t-test, and analysis of variance (f-test). The results of the study were found as follows. 1) Most of the elderly were female, widowed, and had chronic diseases. They were in a social group. Their family income was less than 15,000 baht. The problems encountered included that CM nurses caring for the elderly still lack knowledge and understanding in accessing health information to keep up with diseases occurring in the present era, that there were still insufficient numbers of nursing managers to care for the elderly for the number of elderly people, and that the solutions to the problems were to support and promote training to review previous knowledge, supporting new knowledge to CM nurses caring for the elderly or relatives taking care of the elderly according to the current situation continuously and regularly, at least 1 - 2 times a year, and monitor and evaluating results according to actual conditions to obtain true information. This could lead to solutions that matched the problems, or open for recruitment to increase more many nurses in this field, to relieve the needs or relieve the duties of former nurses. 2) Results of analysis and establishing guidelines for developing roles of CM nurses in caring for the elderly in Chachoengsao Province, Thailand, guidelines for developing the roles of nursing managers in caring for the elderly included in the following: (1) CM nurses' potential should be continuously developed at least 1 - 2 times a year; (2) There should be follow-up and evaluation according to actual conditions to get true information; (3) There should be more recruitment for elderly care nurses than before in order to meet the number of elderly people to relieve the needs or relieve the duties of former nurses; 4) Participation in caring for the elderly in every sector should be promoted; and 5) Morale and spiritual encouragement should be built for CM nurses and operation team.

Keywords: Role, Nurse, Care Manager, the Elderly.

INTRODUCTION

Thai society has completely moved towards an aged society in 2023 according to the United Nations definition; the elderly population accounted for 20.08 percent, while the proportion of late-elderly people is also likely to increase. Of these, 10.32 % of the elderly people are living alone and 4.67% of the elderly were taking care of one another (Department of Elderly Affairs, 2023). From the health screening assessment of 6,394,022 elderly people in 2015 by the Ministry of Public Health, it was found that 79 percent of them were elderly people who were socially addicted or who could still help themselves, being able to do various activities, and another 21 percent of them were elderly people who were dependent, also known as those who were homebound, bedridden, and in need both health and social care. As a result, the problems of caring for the dependent elderly and disabled patients have become more visible to society. It is common to see the poignant images of the elderly, images of the bedridden elderly stuck at home with no caretaker, being unable to help themselves or limited self-help, image of the elderly with dementia being abandoned, images of the elderly being unable to help themselves and staying home alone because of that their children and grandchildren must go to work during the day. Although the elderly live in families with caregivers, to some extent caring them could become the big burden to their caregivers, especially when the elderly pass away, it could affect the caregiver's loss of social opportunities. Since the public health service and social service systems had been in a defensive state for previous years, the system could have provided limited services to the elderly group and only in the form of temporary, intermittent assistance. In addition, it is estimated that in the future the health expenses for the elderly would increase from 60,000 million baht in 2010 to 220,000 million baht in 2022, or equivalent to 2.8 percent of GDP in 2022. It must be in need to create a care system of Long-Term Care (LTC) to support in the community (Bamrungsakulsawat et al, 2016).

From a study in Thailand, it was found a care manager system for the elderly and their families, using a care management model with a care manager acting as a coordinator from pre-admission in hospital, during treatment, and hospitalization until being discharged from the hospital to ensure that patients receive services as needed continuously (Cress, 2009). The concept of care management had been used to provide services that prevented and helped the elderly, and their families could foresee the long-term health problems to use in planning to prevent defects in health conditions. And they would have a better quality of life for the elderly along with their families who had a care managers who helped them choose appropriate methods and solve problems (Cress, 2015). It was consistent with the research of Johnson (2013), which was found that the elderly, whose needs of health and social service had been assessed and who had responsible CM nurses, would result in that the elderly would be less dependent and reduce the rate of acute illness. It would result in the benefits and importance of having a care manager to solve the problem of the sustainable care system for the dependent elderly. The researchers, therefore, have reviewed concepts and roles of CM nurses in long-term care of the Association of Registered Nurses of Newfoundland and Labrador: ARNNL (2013), which consists of six elements: 1) the role of the care planner (Program Planner), 2) the role of the nurse practitioner (Practitioner), 3) Coordinator role (Coordinator), 4) Leader role (Leader), 5) Advisor role (Mentor), and 6) Rights advocator role (Advocate). Those components are applied in this research study.

Chachoengsao Province is in the eastern region of Thailand. The elderly population accounts for 20 percent (142,457 people from a total population of 730,543 people). Around 10.40 % of the elderly live alone. Most (53.16 %) of them are the young elderly (aged 60-69 years). The first three districts with the highest number of elderly population are Khlong Khuean District, 23.28 %, Bang Khla District, 21.23 %, and Ban Pho Roi District, 19.52 %. While screening to assess ability to carry out daily activities (Barthel Activities of Daily Living : ADL) in fiscal year 2021 (first quarter),

63.96 % of them had been screened and found that 69,959 elderly people (97%) could help themselves well (Social Addiction Group); 1,130 elder people (2%) were able to help themselves to some extent (Homebound group); and 510 elderly people (1%) were able to help themselves little or not at all (bedridden group) (Department of Elderly Affairs, 2023).

For operating subdistricts that had the health promotion system for long-term care of the elderly according to Thai policy, Chachoengsao Province had operated since 2016 until 2021, with 97.85 percent of sub-districts in the community had passed the criteria (93 sub-districts in total passed the criteria, 91 sub-districts). There were 173 care managers who had passed the training course for caring the elderly in the community. There were 786 elderly caregivers who had completed the 70-hour Elderly Caregiver Training Course of the Department of Health. The elderly people with dependency had been prepared with individual care plan for the elderly 81.24 % (cumulative total from 2018 to 2021, amount of 2,234 issues); and in 2021, there were individual care plans for the elderly, prepared for 78.55 percent (476 issues). And there were plans to follow up and visit to strengthen the operation of the subdistrict (LTC) from the provincial public health team to periodically pass the target value (Jumpaeng and Channarong, 2021).

One of researchers is an instructor of Rajabhat Rajanagarindra University, located in a local setting, aiming at developing locality and serving local societies through teaching and doing research. It is the only university in Chachoengsao Province aiming at study problems and respond to the needs of the elderly. Moreover, there has never been a serious study of the roles of CM nurses in the long-term care system for the elderly in Chachoengsao Province and fully integrated before. Therefore, the researchers are interested in studying the roles of CM nurses in caring for the elderly in Chachoengsao Province. The results from this research would provide guidelines for developing the roles of nurse care managers for all groups of elderly, including those who are socially attached, housebound, and bedridden in Chachoengsao Province; and it could be a good model for further developing the roles of nursing managers in caring for the elderly in other provinces.

Research Objectives

- 1) To study the current situation, problems, needs, and solutions regarding the roles of CM nurses in caring for the elderly in Chachoengsao Province.
- 2) To analyze and find ways to develop the roles of CM nurses in caring for the elderly in Chachoengsao Province.
- 3) To suggest for making policies and guidelines for developing the roles of CM nurses in caring for the elderly in Chachoengsao Province.

RESEARCH CONCEPTUAL FRAMEWORK

This study is mixed methods research, integrated both qualitative and quantitative approaches. In qualitative research, it is unusual to pre-determine its framework because the research paradigm is to study from experts or those who have experienced in real situations. If the research framework has been set in advance, it might result in some forms of biases or misinterpretation of research results or findings. This research, therefore, is stick to the research objectives as the focus. In this research, the researchers would like to specify only the conceptual framework for quantitative research by aiming to study, analyze, synthesize research documents, and information related to the roles of nurse managers in caring for the elderly in the long-term care system.

This resulted in six main components:

- 1) The role of care planner,
- 2) The role of nurse practitioner,
- 3) The role of coordinator,
- 4) The role of leader,
- 5) The role of counselor, and
- 6) The role of rights protector.

This can be written as a research concept framework, as shown in Figure 1 below.

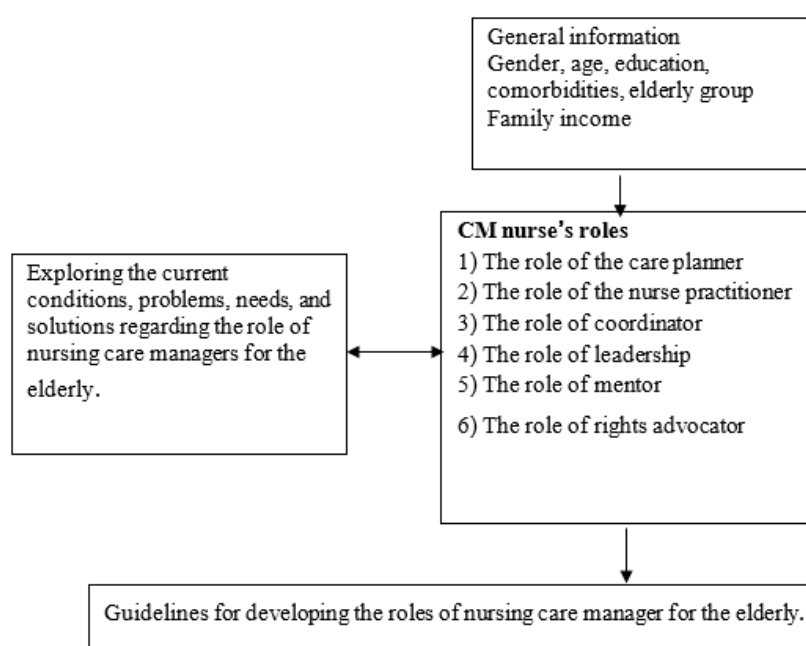


Figure 1: Research Conceptual Framework

RESEARCH METHODOLOGY

This mixed methods research, integrated qualitative and quantitative approaches, had 5 steps as follows:

Step 1: Study the current condition, problems, and needs for developing roles of CM nurses in caring for the elderly to understand the context, current conditions, problems, development needs, and solutions to the roles of CM nurses for the elderly in Chachoengsao Province, from interviews with CM and CG nurses.

Step 2: Data analysis, to use the interview results and various suggestions received from step 1 to analyze the current situation, problems, solutions, and needs for developing the roles of nurse manager in caring for the elderly and guidelines for developing the roles of CM nurses in caring for the elderly.

Step 3: Reviewing relevant literature and research to create a questionnaire about factors affecting the roles of CM nurses in caring for the elderly and determining the quality of the tools.

Step 4: Collecting quantitative data from questionnaires.

Step 5. Statistical analysis of data collected through questionnaires, integrated data obtained from interviews and content analysis, summarizing the results of guidelines for developing the roles of CM nurses in caring for the elderly. Then researchers summarized the development results and outlined the development guidelines, presenting it to the group discussions in which experts from many related fields came to help provide additional suggestions for making the guidelines.

Population and Sample

Qualitative Research

1) Research Population

The studied populations were 173 nurses who were managing care for the elderly in Chachoengsao Province, and 786 caregivers of the elderly and who had passed the 70-hour Elderly Caregiver Training Course of the Department of Health.

2) Sample group

There were all 22 key informants participating in data collection for the qualitative research. They were 11 nurses who were managing care for the elderly in Chachoengsao Province, and 11 elderly caregivers who had completed the 70-hour elderly caregiving training course of the Department of Health. In addition, five experts participating in the focus group discussion included executives from the Provincial Public Health Office, family medicine doctor representative, CM nurse representative, CC representative, and academic representative. The key informants, whose qualifications best match the research objectives, were selected by purposive sampling and snowball technique.

Quantitative Research

1) Population

The study population were 124,040 elderly people in Chachoengsao Province.

2) Sample group:

They included 476 elderly people in Chachoengsao Province; the sample size was determined by using the formula for calculating the sample according to Krejcie and Morgan's table (Krejcie & Morgan, 1970, p.608). The confidence level was set at 95%. Once the sample size was obtained, the researchers used a simple random sampling method until the specified number was reached.

Tools for data collection

Tools for collecting qualitative data: The tools included two researchers and interview guide. In conducting the qualitative research, the researchers are important tools in collecting data. In this study, therefore, the researchers prepare themselves before going into the field, by preparing content knowledge about qualitative research methods from reading textbook documents and related research articles to cover the issues that would be used in the interviews.

Determining the quality of qualitative data collection tools

Checking quality of the tool was proceeded to identify its content validity from five experts who were not in actual data collection and that the interview form was tested with three people who were not the sample used as a guideline for adjusting the questions for being understandable before actual use.

The equipment used to collect data included

- 1) a camera, which the researchers chose to take photos related to the issue studied,
- 2) an audio recorder,
- 3) notebooks for taking note in the field after asking for permission and consent received from the informants and all involved people.

Tools for collecting quantitative data: A set of questionnaires was, created by the researchers, about guidelines for developing roles of nurse managers in caring for the elderly in Chachoengsao Province, Thailand

Determining the quality of quantitative data collection tools

1. Determining content validity of the tool was proceeded by giving the questionnaire to five experts to consider its completeness, correctness, and consistency of the questionnaire; and calculating the index of consistency (IOC: Index of Item Objective Congruence) was considered. The questions with an IOC value of 0.5 or higher were selected, resulting in a content reliability value of 0.90.
2. Modifying the set of questionnaires as recommended by experts to make it appropriate before trying it out with a non-sample group of 30 people. The set of questionnaires was check for reliability by finding the alpha coefficient according to Cronbach's method (Cronbach, 1990, pp. 202 - 204). The reliability value for the entire version was greater than 0.75, considered that the questionnaire was reliable, which obtained a confidence value of 0.937.

Data Collection

Qualitative data were collected through the in-depth interview using a semi-structured interview guide, created according to the concepts of Patton (1990), and field recordings from key informants or until the data were saturated and data were collected by other methods as well, including non-participant observation and taking notes (Observation and Fieldnote).

Checking the reliability of the data (rigor criteria) by the researcher using data Triangulation, the method of examining data on the same topic from multiple sources () such as annual reports, newspapers, analyzing related documents, etc., and recording reflections or reflexive note after collecting data to record ideas, beliefs based on information and connections found in data collection to be used to analyze data completely and correctly.

Quantitative data were collected by using the set of questionnaires created by the researchers, according to the conceptual framework of the roles of CM nurses in caring for 476 elderly people. The set of questionnaires was divided into two parts:

Part 1: General information of the respondents: This section contained general information about gender, marital status, congenital diseases, and groups of elderly people, and family income.

Part 2: Questions on factors affecting the development of the roles of nurse managers in caring for the elderly in Chachoengsao Province, Thailand, consisted of 6 areas: 1) the role of care planner, 2) the role of nurse practitioner, 3) the role of coordinator, 4) the role of leader, 5) the role of mentor, and 6) the role of rights advocator.

Data Analysis

Qualitative data analysis: Qualitative data were analyzed in the process of coding data and using methods to translate information, interpret data, and create concepts by comparing with theories and research which researchers had already done as the qualitative method, content analysis.

The data analysis includes three steps according to the guidelines of Strauss and Corbin (1998) as follows:

1. The Open Coding Step is the step of determining codes or indexing (Chantawanich, 2008) from information obtained from interviews; that is an analysis to find consistency reflecting types or groups of information obtained from the interview. In this research, the researchers created the open codes by reading information line by line to find any message that indicated guidelines for developing the roles of nurse manager in caring for the elderly according to the research objectives for making the codes.
2. The step of identifying the code relation, axial coding, is the step of determining the code by processing data types and the properties of the data type are combined to create a relationship between the data of each code in the first step.
3. The step of selecting codes is the step of selecting the key events leading to a summary of the findings arisen from the data obtained from the interviews. The researchers proceeded through bringing types and the relationship or essence of the data to summarize the nature of the relationship or the phenomenon of guidelines for developing the role of CM nurses in caring for the elderly.

Quantitative data analysis

The researchers used the SPSS package for data analysis.

Statistics used for data analysis they were as follows:

- 1) Qualitative data were analyzed through content analysis.
- 2) Quantitative data were analyzed and presented in frequency, percentage, mean (\bar{x}), standard deviation (S.D.), and One Way ANOVA in t-test, and analysis of variance (f-test).

RESULTS

1. Current conditions, problems, needs, and solutions regarding the roles of CM nurses in caring for the elderly in Chachoengsao Province. It was revealed that problems were that nurses who took roles as the care managers still lacked knowledge and understanding about how to have access into health information to keep them update in current diseases, and that number of CM nurses for caring the elderly had been limited. Therefore, administrators should find solutions by supporting and promoting CM nurses to enhance knowledge and understanding in their roles of caring the elderly in the current situation in continuity and consistency, at least 1-2 times a year, so that the nurses could perform their duties efficiently and with good results and to monitor and evaluate results according to actual conditions to obtain true information. This would lead to solutions that matched the problems, resulting in the health of the elderly and good quality of life. There should be more promotion and development among nurses caring elderly through training the existing qualified personnel or recruiting new nurses to increase many more nurses in this field; in doing so, it would relieve the needs or share the burdened duties of former nurses. It could provide nurses with knowledge, understanding of one's own roles, having a heart in serving the elderly at all levels equally in meeting the needs of the elderly. They could have good leadership and followership, willing to give advice to the elderly clearly and appropriately including planning as well as coordinating to ensure that the elderly would not lose their rights in vain.

2. Results of analysis and finding guidelines for developing the roles of nurse managers in caring for the elderly in Chachoengsao Province, Thailand It was found in the following: 1) Most of them were female. They were elderly people who were mostly widows and had a congenital disease

and social group. Most of the family's income was less than 15,000 baht. 2) Results of analysis and finding ways to develop the roles of CM nurses in caring for the elderly in Chachoengsao Province. (1) Level of roles of nurse managers in caring for the elderly in Chachoengsao Province in Thailand, overall was at a high level. It was found that the area with the highest average was the advisory role and the leadership role, followed by the nurse practitioner role, care planner's role, and coordinator role. The aspect with the lowest average ranking was the role of rights advocator. (2) Comparison results of the roles of nursing managers caring for the elderly in Chachoengsao Province, Thailand, when classified by gender, marital status, congenital diseases, groups of the elderly, and family income, it was found that the difference of gender, marital status, and group of the elderly, the roles of nurse manager in caring for the elderly in Chachoengsao Province were different with a statistical significance of .05. However, if congenital diseases and family incomes were different, the roles of nurse managers in caring for the elderly in Chachoengsao Province were not different, not statistically significant. 3) Guidelines for developing the roles of nursing managers caring for the elderly in Chachoengsao Province, Thailand, found that from studying concepts, principles, documents, and research related to the roles of nursing managers caring for the elderly and the results from the analysis of qualitative and quantitative data. This resulted in two guidelines for developing the roles of nursing managers in caring for the elderly as follows:

1. Solutions and/or additional factors for developing the roles of CM nurses in caring for the elderly in Chachoengsao Province.

- 1) Developing care managers' potential through continuous development at least 1 - 2 times a year is recommended with support to encourage nurses, elderly care managers and relatives caring for the elderly to receive training workshops. It should be a training along with actual practice. There would be a training to review previous knowledge, increasing new knowledge and advice on health care, eating food appropriate for the elderly, diseases to be careful of in the elderly, preventing complications in the elderly, various benefits of the elderly and the public that should be aware and additional careers for the elderly. The care managers would be able to take care of the elderly efficiently and with good results. Then, there would be the practical demonstration which was essential to understand and be able to practice, recommending to exercise for the elderly every morning and evening and help with daily living as well as arranging the environment to be suitable for use by cleaning it regularly.
- 2) Monitoring and evaluating results according to actual conditions in order to get true information: This would lead to solutions that matched the identified problems by assigning nurses to visit the elderly at home and to follow up and assess if the elderly received proper care so that recommendations could be made and caring could be continuously improved. This would result in that the elderly had better health and good quality of life.
- 3) Recruitment for nurses to care for the elderly should have increased from before in order to meet the number of elderly people, to relieve the needs or share the burden duties of former nurses, to enhance nurses' knowledge and understanding in their own roles, having a heart in serving the elderly at all levels equally in meeting the needs of the elderly, having good leadership and followership, willing to give advice to the elderly clearly and appropriately, including planning as well as coordinating to ensure that the elderly would not lose their rights in vain.

2. Agencies that should have roles in participation in caring for the elderly: All sectors in the community should participate in the 5-step operation as follows:

Step 1: Inquiry, interview, assess problems and needs of the elderly individually: In all aspects including physical, mental, social, environmental, and economic should be explore in order to solve the identified problems as needed.

Step 2: All parties involved should work together to make the care plan for the elderly physically, mentally, socially, environmentally, and economically in line with the problems and needs of the elderly, such as planning for knowledge development, understanding the roles and responsibilities of elderly caregivers through refresher training on previous knowledge and update new knowledge, career enhancement to earn additional income, arranging exercise facilities for the elderly and the general public, and organizing participatory activities in the community, etc.

Step 3: Operations should be carried out as planned, contacting, and coordinating with all parties involved, visiting the area to inspect the nurse managers taking care of the elderly according to their health problems and individual needs, by giving advice, recommending things that were beneficial to the elderly, such as various rights at the elderly should have and what healthy behavior should be done.

Step 4: Monitoring and evaluating work performance with the results of caring for the elderly including continuous problems and obstacles to be used for further improvement and correction in operations.

Step 5 Bring past performance results, analyze the results, and use them to improve and develop the performance of the roles of nurse managers in caring for the elderly to be of the better quality.

3. The results of recommending policy guidelines for developing the roles of CM nurses in caring for the elderly in Chachoengsao Province.

It was found that in the group discussion and summary, “Guidelines for developing the role of nursing managers in caring for the elderly in Chachoengsao Province, Thailand” resulted in policy suggestions and guidelines for developing the roles of CM nurses in caring for the elderly in Chachoengsao Province to the Nursing Council or nursing policy makers as follows:

3.1 The roles of CM nurses in caring for the elderly should be clearly defined and cover several tasks including planning, coordinating, supporting the care of the elderly, and monitoring and evaluating the specified scope of work consistent with care manager nursing practice standards, determining the skills and knowledge required for care manager nurses, as well as setting the clear performance standards. The tasks should not be overlapped with routine work of caring for patients. CM nurses should have duties separate from their regular work. At present, the CM nurses are nurses who are working in a sub-district health promoting hospital; their regular workload is already overburdened. It is an increase in the workload of the CM nurses, causing them to be unable to perform their full duties. They feel fatigue from managing huge work against limited time. There should be nurses who could perform CM’s duties of CM nurses as separate duties so that they could manage their work more efficiently.

3.2 The potential of CM nurses should be developed, emphasizing skills in creating care plans for the elderly, coordinating, and communicating with those involved in caring for the elderly, continuously organizing the training courses for care manager nurses, covering the necessary contents, knowledge refresher training, supporting care manager nurses to participate in professional activities, exchange of knowledge, promoting research to develop care for the elderly.

3.3 Support in resources and work systems by allocating numbers of nursing care managers sufficient to meet the needs of caring for the elderly, procurement of necessary operational equipment, technology, and information systems, development of an integrated elderly care system, and linking relevant agencies to participate in caring for the elderly.

3.4 Building cooperation by promoting participation of the elderly, families, communities, the private sectors, and related organizations, creating a network for caring for the elderly exchange of

information, and integrating relevant resources such as hospitals, nursing homes, local government organizations, civil society, and the development of a comprehensive elderly service center, providing continuous care services for the elderly.

3.5 Building morale and spiritual encouragement for CM nurses, and operational teams by giving praise, cooperating in operations, giving rewards to create motivation for work were the key. Announcements of honor should be published both inside and outside the relevant agencies, promoting and supporting education to increase knowledge, promoting the importance of being a representative in various important tasks, and having compensation for operations (Currently, there have been remuneration for the work of CM nurses, but there have been a condition to work outside of working hours at the Subdistrict Health Promotion Hospital so that there have been no repetition. This would be difficult in withdrawing money. As a result, at present, no CM nurse is withdrawing money because it is not worth the risk).

3.6 The Nursing and Midwifery Council should consider having a career path system for CM nurses so that they could be motivated to take additional training and stay in the workforce, which could reduce their shortages. The suggesting motivators include having specialized positions in CM nurses and having a salary adjustment system accordingly true performance and workload.

DISCUSSIONS

1. Current conditions, problems, needs, and solutions regarding the roles of CM nurses in caring for the elderly in Chachoengsao Province.

It was found that the problem was that nurses managing care for the elderly still lacked knowledge and understanding in accessing health information to keep up with the diseases in current situation, and that there were still insufficient numbers of nursing managers to care for the elderly. Therefore, executives should find solutions of problems through supporting and encouraging nurses who managed care for the elderly to enhance knowledge and understanding of the roles and responsibilities of caring for the elderly according to the current situation continuously and regularly, at least 1 - 2 times a year. These solutions could help nurses to perform their duties efficiently and with good results and have monitoring and evaluating results according to actual conditions to obtain true information. This would lead to solutions that matched the problems, resulting in the elderly having good health, hygiene, and quality of life. It would have promotion and development to have more nursing care providers through training from qualified personnel or opening for applications to have more nurses in this area. These could relieve the needs or relieve the duties of former nurses to provide nurses with knowledge, understanding of one's own role, having a heart in serving the elderly at all levels equally in meeting the needs of the elderly, having good leadership and followership, willing to give advice to the elderly clearly and appropriately including planning as well as coordinating to ensure that the elderly would not lose their rights in vain. This might be because the current situation was constantly changing. There were also new diseases emerging. This would help nurses always develop themselves. Especially nurses who managed care for the elderly must develop themselves as well because they had a role and duty to care for the elderly who were at-risk and fragile groups who must have knowledge and understanding of health for the elderly, evaluating the health of the elderly, planning, recommending, and giving accurate and clear advice for the elderly in order to continue to behave correctly in daily life. It was consistent with Naing, May & Aung (2020), stating that caregivers' burden from caring for the dependent elderly should focus on health education activities regarding training of caregivers of the elderly and creating a home visiting program for the elderly and their caregivers. It was also consistent with Chatri Matsi and Civilize Wanaratwijit (2017, page 96) said that from the changing situation in terms of economy, society, and

environment, it could affect the way of life to be at risk for health. Therefore, there should be a need for guidelines to promote and support people to take care of themselves appropriately in their daily lives. This was consistent with Kawalee Chianwichai (2017) who stated that the role of nurses managing long-term care for the elderly used the concept of care management for the elderly by assessing the health service needs of the elderly individually, with a manager responsible for assessing care needs, planning care together with multidisciplinary professionals, and finding sources of support for the lives of the elderly, resulting in a better quality of life for the elderly.

2. Results of analysis and finding guidelines for developing the roles of nurse managers in caring for the elderly in Chachoengsao Province, Thailand

2.1 The role level of nurse manager caring for the elderly Chachoengsao Province, Thailand, overall was at a high level. It was found that, in average, the advisory role and the leadership role were at the highest levels. Sequentially, the nurse practitioner role, care planner's role, and coordinator role were followed. It was consistent with Jarunee Rattanajindam (2017), studying guidelines for taking care of the elderly in the community, Khun Thale Subdistrict Municipality, Mueang District, Surat Thani Province, and found that the roles of the caregivers in taking care of the elderly in the community overall had a high level of caregiving role. This might be due to that the nurse managers taking care of the elderly realized the importance of long-term care work, having planned for providing quality care for the homebound and bedridden elderly, continuously monitor the results of care, having continuous promotion of the long-term care system for the elderly, ability to follow regulations well, having a friendly familiarity with the elderly and their families, ability to clarify development of a database system for elderly people stuck at home and bedridden, being able to explain and raise public awareness of the changes and problems of the elderly care system. In addition, measures to maintain the confidentiality of the elderly's information had been strictly followed. It was consistent with Cress (2015) stating that care management was the organization of a health service system that provided health services to patients who needed continuous care by giving importance to care within the community. The elderly care system was therefore a service that provided protection and assistance to the elderly and their families so that they could foresee the long-term health problems in order to plan for their good quality of life and prevent health impairments by having care managers assisting in solving problems of the elderly and their families in selecting appropriate methods. It was consistent with Wiraporn Phosiri and colleagues (2016) who stated that long-term care, especially among elderly people who were stuck at home or bedridden, required personnel with expertise to provide palliative care so that the elderly could live life with as much quality as they could. Therefore, the elderly care manager should have the characteristics of a nursing expert who could plan and follow a treatment plan and could link the elderly to access services available in the community and outside the community, including health, economics, society, and the environment. As for the lowest average level of CM nurse' role was the role of rights advocator. This might be due to that elderly people who were mostly bedridden had physical problems. CM nurses, who had only few numbers and had limited time to provide nursing services at home, had therefore mostly focused on providing physical, mental, and environmental nursing services. They therefore rarely provided comprehensive information on protecting the rights of the elderly.

2.2 Comparative results of the roles of nursing managers caring for the elderly in Chachoengsao Province, Thailand, when classified by gender, marital status, congenital diseases, groups of the elderly, and family income, it was found that if gender, marital status, group of the elderly were different, the roles of nurse managers in caring for the elderly Chachoengsao Province, Thailand, were also different with a statistical significance of .05. But is congenital disease and family income being different, the roles of nurse managers in caring for the elderly in Chachoengsao Province, Thailand were not different, not statistically significant. It was consistent with Jarunee Rattanajindam

(2017), studying guidelines for taking care of the elderly in the community, Khun Thale Subdistrict Municipality, Mueang District, Surat Thani Province, found that comparing the personal factors of the caregivers with the roles of taking care of the elderly of the caregivers in the community; age, educational levels, occupations, relationships with the elderly, and length of time caring for the elderly were different, with statistical significance at the 0.05 level. As for family income status, adequacy of Income, health status, and housing were not significantly different at the 0.05 level. This might be due to that the individuality of each elderly person and their needs, life experience, difference in costs of living albeit in the same area resulted in differences in caring quality of the elderly by CM nurses. However, the differences in congenital disease factors and family incomes had resulted in no difference of the roles of nurse managers in caring for the elderly Chachoengsao Province, Thailand, with no statistical significance. That might be due to that nursing is a profession that has been trained to have the duty of caring for the elderly or persons without regard to race, religion, congenital disease, or income of the person, etc. They focus on health care based on making the person have better health or maintain it. Maintaining good health without complications is important. Therefore, the roles of nurse managers in caring for the elderly in Chachoengsao Province, Thailand are not different.

2) Results of analysis and finding guidelines for developing the roles of nursing managers in caring for the elderly in Chachoengsao Province, Thailand, found that there should be guidelines for developing CM potential through continuous development at least 1 - 2 times a year by supporting and promoting nurses, elderly care managers or relatives who cared for the elderly to receive training workshops. It should be a training along with actual practice. There would be the training to review previous knowledge and update the new knowledge. This was in line with the study of Natthamon Ri-in (2021) who found that every primary service unit had a preparation for operations by sending professional nurses or public health academics to receive training to develop the potential in managing the care system for dependent elderly people from the Department of Health, around 1-2 people per area. And it was consistent with study of Raweewan Sirisomboon and Napattarakrit Chanthawong (2016) who found that the operation of the project to care for the elderly with dependency, the system manager should have enough for workload and should enhance potential of the support team to have knowledge and understanding in caring for the elderly. The time spent on training should be controlled and should not take a full day for the convenience of dividing time with the daily tasks of the trainees because there had always been a shortage of nurses, resulting in not having enough to provide health care to dependent people in the community. Nor did they have time to develop their potential further in order to have more in-depth knowledge.

Acknowledgment

I would like to acknowledge Rajabhat Rajanagarindra University Chachoengsao Province, Thailand for support the research and thank you all of participants for providing the data in this research.

SUGGESTIONS

1. Suggestions based on this research findings

1.1 From this study, findings indicating that there should be guidelines for continuously developing the potential of CM nurses, at least 1 - 2 times a year, so it is suggested that the Provincial Public Health Office should have a plan, policy set, and supportive actions for CM nurses to receive continuous training every year and record information in order to plan for individual development. These would ensure that the work of CM nurses could continue with quality, building power to

long-term care for the elderly and creating links to public health care policy. It could ensure caregivers and the elderly receive quality care including providing morale to caregivers of the elderly and the Nursing and Midwifery Council should consider having a system for career growth for CM nurses. That would motivate nurses to take additional training and stay on the job more to reduce shortages, such as having specialized positions in CM nurses and having a system for adjusting salaries according to actual ability and workload.

1.2. From the study results of performance as the elderly caregivers' roles, it was found that the performance of the roles of the caregivers of the elderly with the lowest average was the role of rights advocator. Therefore, researchers suggested, to the Ministry of Public Health and Provincial Public Health Offices, that activities should be encouraged to encourage caregivers of the elderly to know and understand the rights of patients in every way, so that they could tell tale and ask the patient questions to cover their rights without forgetting and the elderly could understand their rights. This would make the group of elderly caregivers have a good attitude towards the roles of elderly caregivers.

1.3. From the study, it was found that the level of the roles of nurses as care managers for the elderly in Chachoengsao Province, Thailand, overall was at a high level. It was also found that the area with the highest average was the advisory role and leadership roles. Therefore, it is suggested that the Ministry of Public Health and Provincial Public Health Offices should promote and support CM nurses to play this role to their full potential and emphasize on working proactively, reducing other responsibilities such as various paperwork so that CM nurses would have time to play their roles in counseling and being health leaders for the elderly and families who are fully dependent and promote career growth, being the leader of the health team in this area and providing additional incentives for both position compensation and appropriate benefits.

2. Suggestions for further study

2.1 Factors affecting the quality of life of CM nurses in Thailand should be studied.

2.2 Guidelines for welfare, morale, and spiritual encouragement of the CM nurses should be studied as an integrated approach.

2.3 There should be a study of guidelines for developing the potential of CM nurses. continuously and create a career ladder especially for CM nurses.

2.4 Guidelines for improving the work efficiency of CM nurses in Thailand should studied in a comparison with other countries.

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