LEARNING ENGLISH THROUGH A MOVIE: QUESTION STRUCTURES

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ABSTRACT

The aims of this article are to explore the students' ability on question writing through a movie in English learning and analyze those question structures. This is a qualitative research. A purposively sampling group is 108 students majoring in Business English, Suan Sunadha Rajabhat University. Data collection instruments are two parts of question-answer reported forms. The movie was divided into nine parts; the students were assigned to make three questions and answers after watching each part of the movie called "The Evil wears Prada". It is an outside the classroom activity for 15 weeks in the second-year course- ENL2666 English for Secretary and Advertising I course, 2nd semester of 2017 academic year. Part one and four were selected to be analyzed. Data were analyzed by frequency and percentage values. The similar students' questions were not included in the data analysis. It can conclude that the students' ability on question writing through a movie in learning English are as follow: the most frequency wh-questions that the students used are *"what, who and why"***.** The most ungrammatical questions are *"when, whom, affirmative questions'* while *"yes-no questions, what, how and who"* are the most correct ones. Considering the sentence structures; *QUASM* (QU= question word, A= auxiliary word, S=subject, and M=main verb), the most ungrammatical questions are *A* (auxiliary verb) and *M* (main verb). These show that the mother tongue interference was a main source of committing errors. It reflects that Thai interference may be one of the reasons for these types of errors.

Keywords: Learning English, movie, question structures

INTRODUCTION

English is the world's most widely learnt foreign language [1]. Learning English has always been a difficult task for foreign learners, especially when referring to the improvement of the listening and speaking skills.[2]. It is often claimed that watching subtitled films and series implicitly helps learning a second language. Watching films is an art form which is a way to fully mobilize the audiences' auditory and visual and make a good communication with their inner feelings. In modern life, watching film is both a method of entertainment and a way to broaden people's horizons and develop their skills. With the development of teaching tools, multimedia has entered the English class [3]. Many scholars have revealed that movies used in EFL classroom can become an important part of the curriculum. This is based on the fact that movies provide exposures to "real language," used in authentic settings and in the cultural context which the foreign language is spoken. They also have found that movies catch the learners' interest and it can positively affect their motivation to learn [4], [5], and [6].

However, not only affirmative sentences are used in everyday life, interrogative ones are also commonly communicated. Espressoenglish [7] proposes *"An easy way to form any question in English"* with a formula called QUASM: QU= question word, A= auxiliary word, S=subject, and M=main verb as in the following verb tenses:

Simple present questions:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
Where	do	you	work?	
What	does	Martha	think	about the project?
How	do	you	like	Your new apartment?
How many kids	does	Bob	have?	

Simple past questions:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
How	did	they	learn	English so fast?
When	did	you	get home	from work yesterday?
What	did	the manager	think	about your idea?
Where	did	you	buy	that T-shirt?

Present continuous questions:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
What	are	you	doing	at the moment?
Why	is	he	ignoring	me?
What time	are	we	meeting up	for dinner?
Who	is	she	dating	now?

Present Perfect questions:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
How much money	have	you	spent	On clothes this month?
How long	has	your teacher	worked	at this school?
What	have	They	been doing	all day?
How long	has	the client	been waiting	For their order?

Future questions:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
Who	will	you	invite	to the party?
What	will	your parents	think	about your plan?
When	are	you	going	to clean your room?
Why	is	she	going	to quit her job?

Modal questions:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
Who	would	you	do	if you had a million dollars?
How	could	we	improve	our English?
Where	should	I	go	on my next vacation?

Exception: Yes-No questions do not a question word but they still follow ASM (Auxiliary verb-Subject-Main verb) as Do you like bananas? Are you studying English? Should we take the easy morning flight?
The questions where the main verb is "be" also don't follow the pattern: Are you thirty?, while reported questions, indirect questions, and subject questions do not follow QUASM.

AUXILIARY VERB	SUBJECT	MAIN VERB	
Do	you	like	Banana?
Are	you	studying	English?
Should	we	take	Easy morning flight?

Syntactically, question structures presented in terms of English constituent question. The interrogatively begins with a question word. NP C' C IP does NP VP What Anna VP V offer PP who NP C' C IP does NP VP What Anna VP V offer PP. It shows in position of tree diagrams below: What does Anna offer Lily? [8].

Figure 1.
Position of question word in tree diagrams 1-2
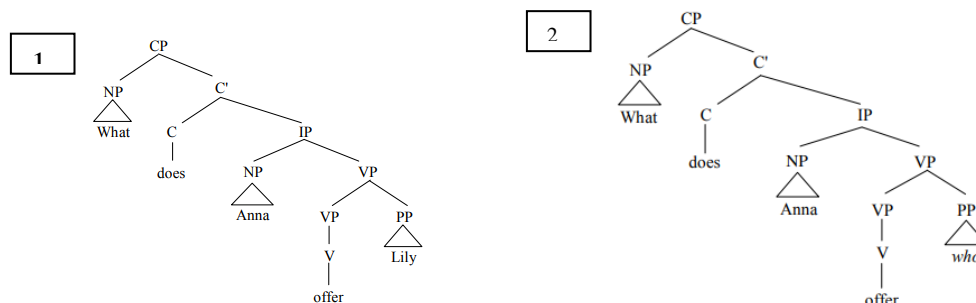
OBJECTIVE

The objectives were to: 1) explore the students' ability on question writing through a movie in learning English and 2) analyze the students' ability on question writing through a movie.

METHODOLOGY

This is a qualitative research. A purposively sampling group is 108 students majoring in Business English, Suan Sunadha Rajabhat University. Data collection instruments are two parts of question-answer reported forms. . The movie was divided into nine parts; the students were assigned to make three questions and answers after watching the movie called "The Evil wears Prada" outside the classroom for 15 weeks in *English for secretary 1* course, 2nd semester of 2017 academic year. Section one and four were selected to be analyzed. Data were analyzed by frequency and percentage values. The similar students' questions were not included in the data analysis.

RESULTS
1. Overall of students' questions

There are overall 589 questions; the questions that students mostly used are started with "*what*' (42%), "*who*"(22.%) and "*why*" (12%), respectively. The question started with "*which*", "*whom*" and "*when*" were rarely used.
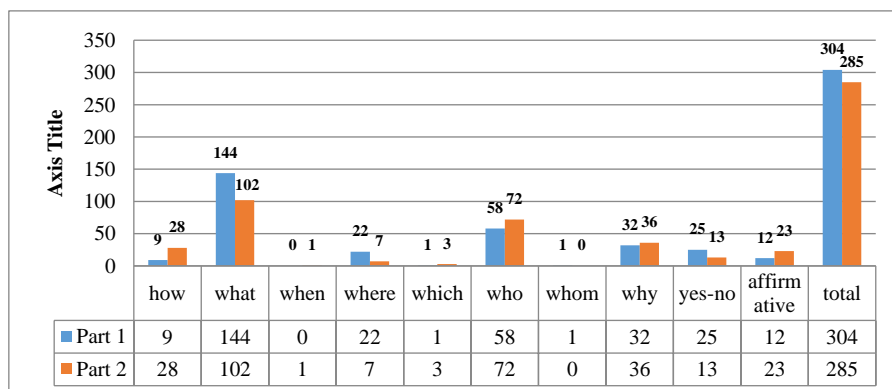
Figure 2
Overall of students' question used
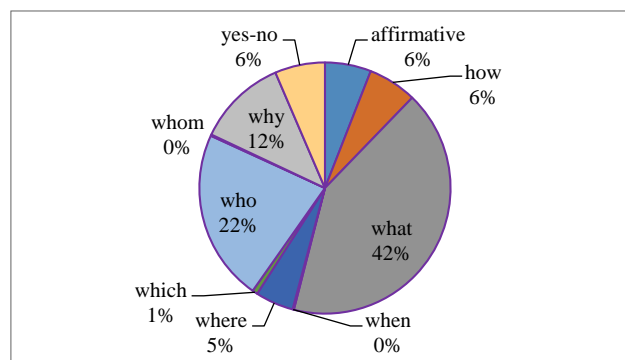
2. Types of questions comparing to part 1 and part 4

The students' questions used in their assignment are as follow: there are 304 questions for part 1 and 285 ones for part 4 comparing for each type of questions, the most ones are similar both parts : *"what, who and why"* orderly and questions with when and whom are rarely used.
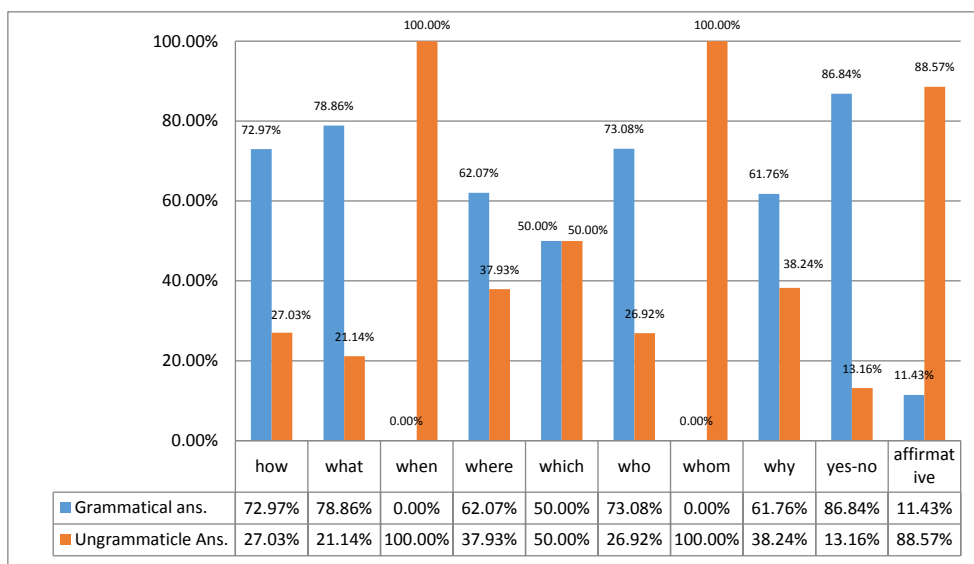
Figure 3
Types of questions comparing to part 1 and part 4

	how	what	when	where	which	who	whom	why	yes-no	affirmative	total
Part 1	9	144	0	22	1	58	1	32	25	12	304
Part 2	28	102	1	7	3	72	0	36	13	23	285

3. Types of grammatical and ungrammatical questions comparing to part 1 and part 4

Comparing between questions chosen by the students between the grammatical and ungrammatical questions, it was found that the ones started with *"when, whom, affirmative questions"* are the most errors while yes-no questions, what, how and who are the most correct ones, respectively as shown in Figure 4 below.

Figure 4
Types of grammatical and ungrammatical questions comparing to part 1 and part 4

	how	what	when	where	which	who	whom	why	yes-no	affirmative
Grammatical ans.	72.97%	78.86%	0.00%	62.07%	50.00%	73.08%	0.00%	61.76%	86.84%	11.43%
Ungrammaticle Ans.	27.03%	21.14%	100.00%	37.93%	50.00%	26.92%	100.00%	38.24%	13.16%	88.57%

4. Examples of students' errors

Table 1.
How:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
How much	does	a Bang and Olufsen's phone	costs?*[cost?]	
How	[does]	to Andria*[Andria]	change	herself?
How way* [How]	[does]	she	go	to the office?
How many brothers	did	Nigel	had?*[have]	

Table 2
What:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
What	[did]	Andria	eat	before interview?
What	is*[did]	Andria	ate*[eat]	before going to work?
What	[did]	her* [she]	want	to do?
What position	is* [did]	Andria	apply for?	
What	[did]	Andria	gave*[give]	to her friend- Lilly?
What	[did]	Charlie	send	to Miranda?
What	did	Miranda	told* [tell]	Andria to do?
What size of clothes	[does]	Andrea	wear?	

Table 3
Where:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
Where	does* [did]	Andria	graduated* [graduate]	from?

Table 4
Who:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
Who are people that* [Whom]	[did]	she	celebrate	with?
Who [Whom]	[did]	Andria	meet?	
Who	-	-	give*[gave her]	the Marc Jacobs handbag?
Who	is help* [helped]	Andria	dress up?	

Table 5
Why:

QUESTION WORD	AUXILIARY VERB	SUBJECT	MAIN VERB	
Why	is	her* [she]	wearing	high heels?
Why	[is]	Andria	mad	at her friends?
Why	[did]	Andria	come	to New York?
Why	[did	Andria	changed*[change]	her mind?

Table 6
Yes-No questions:

AUXILIARY VERB	SUBJECT	MAIN VERB	
Is* [Does]	she	get	this job?
Is* [Does]	she	read	Runaway?
Can	Andria	finds*[find]	an unpublished Harry Potter manuscript?

CONCLUSION AND FUTURE WORK

It can conclude that the students' ability on question writing through a movie in learning English are as follow: the most frequency wh-questions that the students used are *"what, who and why"*. The most ungrammatical questions are *"when, whom, affirmative questions'* while *"yes-no questions, what, how and who"* are the most correct ones. Considering the sentence structures; *QUASM,* the most errors are *A* (auxiliary verb) and *M* (main verb). These examples show that the mother tongue interference was a main source of committing errors. This finding reflects that Thai interference may be one of the reasons for these types of errors. In case that English is an inflectional language whiles the students are second language learner and no verb- inflection. An inflectional language or the concept of a changing process is difficult for Thai students. They are not familiar with the different environment of inflected nouns, verbs and adjectives because there is no inflection occurring in the Thai language: there is no plural form of nouns, varied verb form in present/past participle, or a

comparative and superlative of adjective form in the Thai language. [9] For further study, it is better to enhance the students to practice more on English question structures for non-native English speakers and to study how to remedial them (A and M above) and improve their problems. In addition, Harmer mentions that "partly because of the nature of the writing process and also because of the need for accuracy in writing, the mental processes that a student goes through when writing differ significantly from the way they approach discussion or other kinds of spoken communication" [10] in Brenes [11]. There are no evidences in this study that how the movie improves students' English ability, it should study further how the movie affects the students' learning ability and language development. Teaching English through a movie is benefit to the students according to Yordchim [12] reported that teaching method also integrate learning on 21st century student outcome describing student knowledge development through core academic subject, language skills to succeed in work and life. It uses the concept of 21st century learning framework: critical thinking skill, creativity, communication, collaboration and college and career readiness.

ACKNOWLEDGEMENTS

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EFFECT OF POSITIVE DISCIPLINE PROGRAM

FOR ADOLESCENCE IN SCHOOL

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ABSTRACT

The purpose of this study was to compare self-discipline of students classified by gender and education. The sample of this research was 80 students, grade 7-9 under the Bangkok Education Service Area office, in the second semester of academic year 2017, by using the multi-stage sampling. The instrument used in the research was the self-disciplinary questionnaire which consists of six aspectsas follows: self-confidence; tolerance, honesty, leadership, and society compliance. The reliability score of self-disciplinein the statement version was between 0.682 - 0.798, the overall reliability was 0.879.Meanwhile, the reliability score of self-discipline in the situation version was between 0.609 - 0.738, the overall reliability was 0.858. When comparing the self-disciplinary classified by sex and education, the results showed that female students have higher score in self-disciplinary than male students, in the same time, grade 9 students have higher score in self-disciplinary than grade 7 and grade 8 students. Moreover, there was no correlation between sex, education and self-disciplinary.

Keywords: Positive discipline, Adolescence

INTRODUCTION

The National Economic and Social Development Plan No. 12, Office of the National Economics and Social Development Board (NESDB) was established on the basis of the 20-year national strategy (2017-2026) which is the main plan of the country development and the Sustainable Development Goals (SDGs), including, the restructuring of Thailand to Thailand 4.0.Essentially, education plays the key role to develop people to be qualitypeople who obtain desired characteristics, consciousness, volunteerism, discipline, and self and social responsibility. Education is focused on the importance of moral, knowledge, and also combination of various knowledge to discipline the youth, who will be the bright future of the nation in the way to enhance life skills, creativity, and innovative the beneficial to the country.

Teens refer to age ranges that have physically changed and also the period of mental development from childhood to adult. It is obviously a period of transition from a state of dependence on the economy to a state of responsibility and self-reliance. Another important emotional aspect of adolescence is the intense but insensitive mood. If they want to do something, they have to make it. If they are hindered, they will react harshly. In addition, they seem to be easy change, always devoting to the new interesting one. Therefore, coaching the teen with self discipline is a challenging program for the parents, teachers, and people who get involved. Especially, they should find the strategy or method to reduce the resistance and get willing to cooperate the activity from teenagers.

Discipline is the basis to develop moral, ethics, and social skills. Self discipline could help people to develop their self-control, keep patience from the difficulties, live in the right way, regulation compliance, self-development, and utilize their potential (Umaporn Trangkasombat, 1999). Discipline is also a process to refine the behavior, in order to learn the adaptation in the changing environment. Positive communication is one of the methods to develop discipline by using the forms of presentation to practice using information, skills and adaptation to learn along with others. This activity can help the participants to see the results of self-discipline and reflect their perception in order to create the continuous development.

Positive Discipline refers to instruct and cultivate the discipline in order to nurture children behave appropriately, by focusing on the behavior that children need to learn, emotional development, and the society of children. The purpose of positive discipline is to teach and educate children to be rational, responsibility, know their duties, generous, sympathy, and respect to self and others. Therefore, the researcher was interested in study the effect of positive discipline program for adolescence in public school.

OBJECTIVE

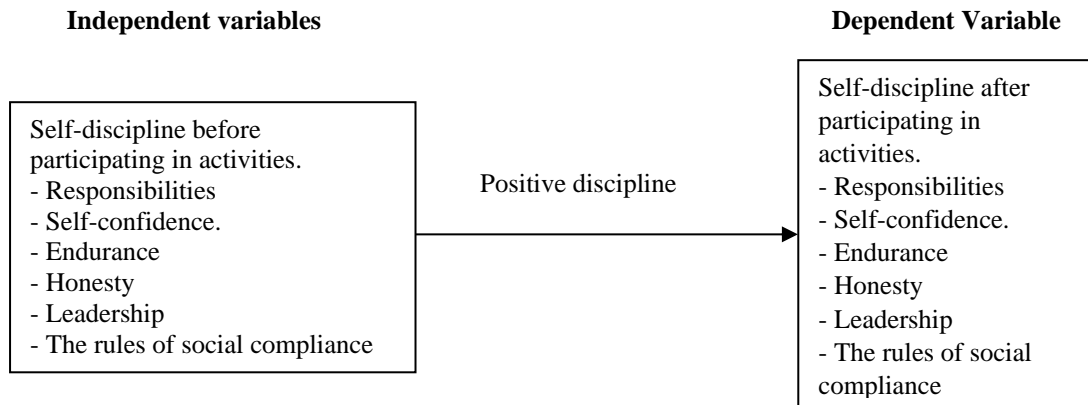To study the effect of positive discipline on adolescents.

Hypothesis

After participated the activities, the students were gained self-discipline different from before participation.

Scope of the research

The sample of this research was 80 students, grade 7-9 in academic year 2560, Sirirattanatorn School, Soi Udomsuk 30, Bangna, Bangkok.

Conceptual framework

The study of self-discipline for secondary school students in academic year 2560, Sirirattanatorn School, Soi Udomsuk 30, Bangna, Bangkok. The literature review and related research were used to develop a framework for this research as follows:

Independent variables   **Dependent Variable**

| Self-discipline before participating in activities.
 - Responsibilities
 - Self-confidence.
 - Endurance
 - Honesty
 - Leadership
 - The rules of social compliance | Positive discipline → | Self-discipline after participating in activities.
 - Responsibilities
 - Self-confidence.
 - Endurance
 - Honesty
 - Leadership
 - The rules of social compliance |

The results of the study were collected data by using questionnaires which distribute to 80 students during January 21, 2018 to May 30, 2018. Fortunately, all of the participants were returned the questionnaire to researcher. Then, data were analyzed by using computer program for statistic, the results were as followed:

Part 1: The demographic of the samples

Cross tabulation on the demographic of the samples classified by gender and age as shown in Table 1.

Table 1
The demographic of the sample (n = 80)

Item		Male		Female	
		Frequency	Percent	Frequency	Percent
Age	11-12	12	32	16	38
	13-14	8	21	11	26
	15-16	18	47	15	36
travel	Private car (parent)	5	13	9	21
	taxi	18	47	19	45
	Bus	15	40	14	34
lunch	Taken from home	2	5	5	12
	Buy within the school	30	79	36	86
	Buy outside school	4	11	1	2
	others	2	5	0	0
Amount spent/day	less than 50 baht	0	0	0	0
	50-100 baht	10	26.5	8	19
	100-150 baht	19	50	22	52
	More than 150 baht	9	23.5	12	29

Table 1 showed that the highest number of male students aged 15-16 years, or 47percent.

Part 2: Comparison on self-discipline classified by gender

Table 2
Cross tabulation on the six components of self-discipline, before the activity, classified by gender (n = 80)

Variable	Sex	Self discipline				Level
		Frequency	Average ($\bar{x}$)	S	S ($\square$))	
Responsibility	Male	38	2.40	0.30	0.025	Moderate
	Female	42	2.41	0.25	0.022	Moderate
	Total	80	2.46	0.24	0.017	Moderate
Self Confidence	Male	38	2.40	0.36	0.022	Moderate
	Female	42	2.41	0.34	0.022	Moderate
	Total	80	2.46	0.34	0.016	Moderate
Tolerance	Male	38	2.40	0.36	0.022	Moderate
	Female	42	2.41	0.34	0.023	Moderate
	Total	80	2.46	0.34	0.021	Moderate
Honesty	Male	38	2.46	0.35	0.021	Moderate
	Female	42	2.49	0.37	0.022	Moderate
	Total	80	2.46	0.42	0.018	Moderate
Leadership	Male	38	2.40	0.33	0.021	Moderate
	Female	42	2.41	0.31	0.019	Moderate
	Total	80	2.46	0.25	0.015	Moderate
Society Compliance	Male	38	2.41	0.25	0.022	Moderate
	Female	42	2.46	0.24	0.017	Moderate
	Total	80	2.40	0.36	0.022	Moderate
Total	Male	38	2.49	0.37	0.022	Moderate
	Female	42	2.46	0.42	0.018	Moderate
	Total	80	2.40	0.33	0.021	Moderate

Table 2 showed that male students had self discipline in responsibility, self-confident, tolerance, leadership, honesty, and social compliance, at moderate level, the average follows as 2.40, 2.40, 2.40, 2.46, 2.40, and 2.41, respectively. Meanwhile, female students had self discipline in responsibility, self-confident, tolerance, leadership, honesty, and social compliance, at moderate level, the average follows as 2.41, 2.41, 2.41, 2.49, 2.41, and 2.46, respectively.

Table 3
Cross tabulation on the six components of self-discipline, after the activity, classified by gender (n = 80)

Variable	Sex	Self discipline				Level
		Frequency	Average ($\bar{x}$)	S	S ($\square$))	
Responsibility	Male	38	2.70	0.40	0.025	High
	Female	42	2.91	0.35	0.022	High
	Total	80	2.76	0.34	0.017	High
Self Confidence	Male	38	2.60	0.36	0.022	High
	Female	42	2.72	0.34	0.022	High
	Total	80	2.68	0.34	0.016	High
Tolerance	Male	38	2.65	0.36	0.022	High
	Female	42	2.69	0.34	0.023	High
	Total	80	2.67	0.34	0.021	High
Honesty	Male	38	2.46	0.35	0.021	Moderate
	Female	42	2.49	0.37	0.022	Moderate
	Total	80	2.46	0.42	0.018	Moderate
Leadership	Male	38	2.59	0.33	0.021	High
	Female	42	2.71	0.31	0.019	High
	Total	80	2.68	0.25	0.015	High
	Male	38	2.68	0.34	0.016	High

Variable	Sex	Self discipline				Level
		Frequency	Average ($\bar{x}$)	S	S ($\square$))	
Society Compliance	Female	42	2.65	0.36	0.022	High
	Total	80	2.69	0.34	0.023	High
Total	Male	38	2.71	0.31	0.019	High
	Female	42	2.68	0.25	0.015	High
	Total	80	2.68	0.34	0.016	High

Table 3 showed that male students had self discipline in responsibility, self-confident, tolerance, leadership, and social compliance, at high level, the average follows as 2.70, 2.60, 2.65, 2.59, and 2.68, respectively, however, honesty was at moderate level (2.46). Meanwhile, female students had self discipline in responsibility, self-confident, tolerance, leadership, , and social compliance, at high level, the average follows as 2.91, 2.72, 2.69, 2.71, and 2.65, respectively, however, honesty was at moderate level (2.49).

Table 4

Cross tabulation on the six components of self-discipline, before the activity, classified by education (n = 80)

Variable	Education	Self discipline				Level
		Frequency	Average ($\bar{x}$)	S	S($\square$))	
Responsibility	Grade 7	28	2.40	0.30	0.025	Moderate
	Grade 8	19	2.41	0.25	0.022	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.46	0.24	0.017	Moderate
Self Confidence	Grade 7	28	2.40	0.36	0.022	Moderate
	Grade 8	19	2.41	0.34	0.022	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.46	0.34	0.016	Moderate
Tolerance	Grade 7	28	2.40	0.36	0.022	Moderate
	Grade 8	19	2.41	0.34	0.023	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.46	0.34	0.021	Moderate
Honesty	Grade 7	28	2.46	0.35	0.021	Moderate
	Grade 8	19	2.49	0.37	0.022	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.46	0.42	0.018	Moderate
Leadership	Grade 7	28	2.40	0.33	0.021	Moderate
	Grade 8	19	2.41	0.31	0.019	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.46	0.25	0.015	Moderate
Society Compliance	Grade 7	28	2.41	0.25	0.022	Moderate
	Grade 8	19	2.46	0.24	0.017	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.40	0.36	0.022	Moderate
Total	Grade 7	28	2.49	0.37	0.022	Moderate
	Grade 8	19	2.46	0.42	0.018	Moderate
	Grade 9	23	2.40	0.33	0.021	Moderate
	Total	80	2.40	0.33	0.021	High

Table 4 showed that grade 7 students had self discipline in responsibility, self-confident, tolerance, leadership, and social compliance, at moderate level, the average follows as 2.40, 2.40, 2.40, 2.46, 2.40, and 2.41, respectively. Meanwhile, grade 8 students had self discipline in responsibility, self-confident, tolerance, leadership, and social compliance, at moderate level, the average follows as 2.41, 2.41, 2.41, 2.49, 2.41, and 2.46, respectively. At the same times, 9 students had self discipline in responsibility, self-confident, tolerance, leadership, and social compliance, at moderate level, the average follows as 2.41, 2.41, 2.41, 2.49, 2.41, and 2.46, respectively.

Table 5

Cross tabulation on the six components of self-discipline, after the activity, classified by education (n = 80)

Variable	Education	Self discipline				Level
		Frequency	Average ($\bar{x}$)	S	S ($\square$)	
Responsibility	Grade 7	28	2.70	0.40	0.025	High
	Grade 8	19	2.91	0.35	0.022	High
	Grade 9	23	2.76	0.34	0.017	High
	Total	80	2.60	0.36	0.022	High
Self Confidence	Grade 7	28	2.72	0.34	0.022	High
	Grade 8	19	2.68	0.34	0.016	High
	Grade 9	23	2.65	0.36	0.022	High
	Total	80	2.69	0.34	0.023	High
Tolerance	Grade 7	28	2.67	0.34	0.021	High
	Grade 8	19	2.65	0.36	0.022	High
	Grade 9	23	2.69	0.34	0.023	High
	Total	80	2.60	0.36	0.022	High
Honesty	Grade 7	28	2.46	0.35	0.021	Moderate
	Grade 8	19	2.46	0.37	0.022	Moderate
	Grade 9	23	2.44	0.37	0.022	Moderate
	Total	80	2.46	0.42	0.018	Moderate
Leadership	Grade 7	28	2.67	0.34	0.021	High
	Grade 8	19	2.65	0.36	0.022	High
	Grade 9	23	2.69	0.34	0.023	High
	Total	80	2.60	0.36	0.022	High
Society Compliance	Grade 7	28	2.67	0.34	0.021	High
	Grade 8	19	2.65	0.36	0.022	High
	Grade 9	23	2.69	0.34	0.023	High
	Total	80	2.60	0.36	0.022	High
Total	Grade 7	28	2.67	0.34	0.021	High
	Grade 8	19	2.65	0.36	0.022	High
	Grade 9	23	2.69	0.34	0.023	High
	Total	80	2.60	0.36	0.022	High

S represents the standard deviation

S$\square$ represents the standard deviation of the average

Table 5 showed that the overall average of students had self discipline at high level (2.60), the grade 7 students had self discipline in responsibility, self-confidence, tolerance, leadership, and social compliance. The level of compliance was high, the average follows as 2.70, 2.72, 2.67, 2.67, and 2.67 respectively, however, honesty was at moderate level (2.46). Meanwhile, the grade 8 students had self discipline in responsibility, self-confidence, tolerance, leadership, and social compliance. The level of compliance was high, the average follows as 2.91, 2.68, 2.65, 2.65, and 2.65 respectively, however, honesty was at moderate level (2.46). At the same times, the grade 9 students had self discipline in responsibility, self-confidence, tolerance, leadership, and social compliance. The level of compliance was high, the average follows as 2.76, 2.65, 2.69, 2.69, and 2.69 respectively, however, honesty was at moderate level (2.44).

The comparison of self-discipline in responsibility, self-confidence, tolerance, honesty, leadership, and social compliance, the correlation on gender and education affecting the self discipline by using Two-way MANOVA was used to compare student self-discipline with univariate test and post-test with Scheffe'.

Table 6

Two-way MANOVA of student self-discipline classified by gender and education (n = 80)

Source of variance	df	Responsibility	Self Confidence	Tolerance	Honesty	Leadership	Society Compliance	Wilk Λ	F	p
		Sum of Squares and cross Product (SSCP) Self discipline								
Sex	1	.011								
		.021	.014							
		.012	.021	.012						
		.017	.016	.025	.026					
		.015	.009	.011	.020	.016				
		.020	.011	.018	.009	.028	.029	.922	3.512	.003
Education	2	.020								
		.006	.004							
		.008	.001	.003						
		.055	.016	.019	.155					
		.023	.007	.008	.066	.028				
		.015	.004	.005	.041	.018	.015	.834	2.551	.001
Interaction between sex and education	2	.065								
		.021	.014							
		.009	.009	.005						
		.034	.020	.012	.030					
		.003	.002	.022	.022	.001				
		.014	.001	.021	.012	.013	.023	.978	.841	.504

Table 6 showed that the results of the gender was Λ = 0.922, F = 3.512, which had statistical significance level at 0.05, indicated that students with different gender had different self-discipline. When considering the results of the education, it was Λ = 0.834, F = 2.551, which had statistical significance level at 0.05, indicate that students with different levels of education had different self-discipline. The result of correlation, on gender and education affecting the self discipline, was Λ = 0.978, F = 0.841, which had no statistical significance level at 0.05, indicated that gender and education did not have any correlation with self-discipline.

The results of the two-way multivariate analysis, as show above, were further investigated. Results showed that students with different gender and education had different self-discipline in six aspects which are responsibility, self-confidence, leadership, tolerance, honesty, and social compliance.

Table 7

Univariate Test of Self-Discipline (n = 80)

Variable	SS	df	MS	F	p
Responsibility	0.021	1	0.021	0.945	0.331
Self Confidence	0.152	1	0.152	4.572	0.011
Tolerance	0.206	1	0.206	3.421	0.027
Leadership	0.004	1	0.004	0.144	0.866
Honesty	0.136	1	0.136	4.217	0.021
Society Compliance	0.235	1	0.235	3.972	0.016

Table 7 showed that students with different gender had differed self-discipline in responsibility, self-confident, tolerance, leadership, honesty, and social compliance, which statistical significance level at 0 .05. Moreover, female students have higher self discipline in responsibility, self-confident, tolerance, leadership, honesty, and social compliance, than male students.

Table 8
Univariate Test of Self-Discipline (n = 80)

Variable	SS	df	MS	F	p
Responsibility	1.664	2	0.832	5.807	0.003
Self Confidence	1.298	2	0.649	5.247	0.006
Tolerance	3.079	2	1.540	13.820	0.000
Leadership	0.035	2	0.018	0.143	0.867
Honesty	0.238	2	0.119	1.119	0.327
Social Compliance	0.461	2	0.230	2.142	0.118

SS represents the sum of square difference between the frequency and the average.
MS represents the average of the sum of squares

Table 8 showed that students with different education have self-discipline in responsibility, Self-confidence, tolerance, which statistical significance level at 0 .05, except leadership, honesty, and social compliance.

CONCLUSION AND RECOMMENDATION

This research was a quasi-experiment to compare self-discipline of students before and after participation the program, classified by gender and education. The population of this research was 2,763 secondary school students in academic year 2560, Sirirattanatorn School, Soi Udomsuk 30, Bangna, Bangkok. The multi-stage sampling was used in this research. Sample was 80 students. The self-disciplinary questionnaire was developed by using literature review and related research which consists of six aspects as follows: self-confidence; tolerance, honesty, leadership, and society compliance. The overall reliability was 0.858. During analyzing data in the development phase of self-discipline, in the selection of quality questions, the researcher adjusted the questionnaire to the value according to criteria and calculates the whole confidence. Then, check the accuracy of the self-discipline measure. When the questionnaire was valid and reliable, it has been used to collect data. The sample was compared before practicing self discipline and using post-activity measure.

Conclusion

1. The results of comparison of the average of self discipline classified by gender showed that students with different sex had differed self-discipline in responsibility, self-confident , tolerance, leadership, and social compliance, which statically significant level at 0 .05, except honesty.

2. The results of comparison of the average of self discipline classified by education showed that students with different education had differed self-discipline in responsibility, self-confidence, and tolerance, which statically significant level at 0 .05, except honesty, leadership, and social compliance.

3. The development of students' self discipline before and after participation in self-discipline program had differed self discipline in responsibility, self-confidence, tolerance, leadership, and social compliance, which statistically significantly different at 0.05. Moreover, result also showed that female students had higher self-discipline than male students. During this program, female students had more interested and intention than male students. In addition, female students had more physiological development than male students. When comparing the average of self discipline classified by year of education, the result showed that the higher year of education, the higher self-discipline. Again, the same reasons, the older students had more physiological development than younger students which affecting the higher self-discipline.

Recommendation

1. The application of this research can be used for school activities and students' home to strengthen self-discipline.

2. Future research may pick up other aspects ofself-discipline to test, such as seeking for knowledge, using the power of friends in enhancing knowledge activities, and perception of sex education in school age.

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THE EFFECT OF GROUP HEALTH EDUCATION PROGRAM ON SELF-CARE BEHAVIORS IN PREGNANT WOMEN

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ABSTRACT

The purpose of this quasi – experimental research using the pretest – posttest design were : 1) to compare self - care behaviors of pregnant woman before and after receiving the group education program , and 2) to compare self - care behaviors of pregnant woman who received the group education program and those who received regular caring activities at parents school in antenatal care service. Forty of pregnant women who met the inclusion criteria, were matched pair and then randomly assigned to experimental group and control group, 20 subjects in each group. The experimental group receiving the group education program which researcher was applied the Pender Health Promotion (2006) to improve relevant knowledge and skills including self - care behaviors. Research instruments were the group education program and self - test about knowledge of self - care. Statistical techniques used for data analysis were mean , standard deviation and t-test. The results revealed that after receiving the group education program, the mean score of Self - care behaviors of pregnant woman was significantly better than before, at p .05 level. (P < .05) and better than those who received regular caring , at p .05 level. (P < .05) The research results indicated that content and activities involved in the group education program were motivation to change or develop better self - care behaviors among the pregnant woman.

Keywords: pregnant woman , self - care, group education program

BACKGROUND

Pregnancy in women is a condition that changes materially and physically.Although pregnancy is aperfectly normal stage in the life of themother, it is considered to be uncommon, butignorance ofhealth care during pregnancycan have irreparable consequences for theother

and her unborn child. Not only impact to the physical and mental problems of the mother, but also affects the unborn child. According to the adolescentpregnancy has increased to such a level in Thailand in recent years that forevery 1,000 live births, 60 are to adolescent females (National Statistical Officeof Thailand, 2012).Although scientific advances have been made in improving the care of maternal deaths due to pregnancy complications, the most commoncause of maternal mortality, particularly in developing countries, is due to lack of careduring pregnancy. In addition, several study supported that the pregnant women with age 30 years olds and overrisk tohave mental retardation child.

The simple complication usually occurs with the mother during pregnancyare as follows. Pregnancy inducedhypertension, is the most common medical problem encountered during pregnancy, complicating up to 10% of pregnancies. Iodine deficiency during pregnancy, can cause maternal and fetal hypothyroidism and impair neurological development of the fetus.

Anemia during pregnancy, can be a mild condition and easily treated if caught early on. However, it can become dangerous, to both the mother and the baby, if it goes untreated.There are over 400 different types of anemia, but some are more prevalent in pregnancy.The most commonly experienced types of anemia during pregnancy are: iron-deficiency anemia, folate -deficiency anemia and thalassemia. In Thailand, the incidence of premature delivery in adolescent pregnancies was statistically significantly higher and also the incidence of low birth weight infants in adolescent females was higher than adult. The major cause of those problem is inappropriate maternal self-care during pregnant.The success of fetal life determines not only the health of the newborn, but also has a major impact on adult health and disease risk. Good perinatal health is therefore important to individuals, to society and to future generations (Barker et al., 2013).

Therefore, Antenatal Care (ANC) Unit is the most important the health care service that can provide proper care by encouraging pregnant women to have good and complete self-care behaviors. Presently, the healthcare service underneath Antenatal Care (ANC) Unit consist of

routine test and screening and provide health education programs. One of the major aim of health education programs for pregnant women is promoting self-care, which may lead to reduced mortality and morbidity, improve quality life and reduce pregnancy-related health care costs. But, currently health education programs by providing individual video or private health education on self-care in pregnancy, diseases that are

common in pregnancy, might not enough to promote self-care activities. The most important self-care activities in the prevention of serious complications among people is that they enable individuals to manage the long-term effects of living with a health problem on a daily basis, and ensure that people follow medical recommendations and maintain a sense of purpose for what they do, retain social contacts and remain involved with their families.

From previous studies found that the use of group processes, letthe participant take part in the exchange of knowledge can motivation to change the pattern of living and promote the appropriate self-care behavior. Accordingly, the present study was conducted to determine the effects of group health education program on self-care behaviors in pregnant women

OBJECTIVES

This study aimed to determine the effect of the group health education program on self-care behaviors in pregnant women

METHODOLOGY

This study comprised quasi – experimental research(One group pretest – posttest) aimed at investigating the effect of the group health education program on self-care behaviors in pregnant women

Population and Sampling
The population for this study comprised primiparous pregnantwomen with age 18-40
years old, first ANC with gestational age lower than 28 weeks who receivethe service from antenatal care unit in tertiary hospital located in Bang-kae district, Bangkok.

The sample group was selected by convenience sampling by choosing from the all population were meet the inclusion criteria and consents to participate in this study according to the following inclusion criteria for the sample group:
1.Participate in New parenting school project
2.Consents to participate in this study
3.Ability to communicate in Thai

In summary, the sample group totaled 40 subjects at the close of the study, and these were divided into a control group of 20 subjects and an experimental group of 20 subjects.

Research Instruments

The instruments used for this research were divided into 2 types, the instruments for conducting the research and the instruments for data collection, according to the following details:

1. Instruments for conducting the research: Group health education Program is develop by the researcher underpinning group process of Marram (1978), the content of the program consist of general knowledge about the physical and mental changes of the mother during pregnancy such as physiological and psychological change during pregnancy, nutrition during pregnancy, complication during pregnancy, hygiene during pregnancy, living a healthy lifestyle, benefits of early and exclusive breastfeeding and general post natal care. Which passed an examination for content validity by a panel of 3 experts.

2. Instruments for data collection
   2.1 Demographic data questionnaire: the data of age, occupation, average outcome,complication during pregnancy.
   2.2 Self-care behavior knowledge questionnaire: the researcher will be develop based on Orem self-care deficit nursing theory (2006), consist of 25 questionnaires related to self-care behavior during pregnancy, breast feeding, self-care during complication. The answers are check list (right = 1 score, wrong = 0), the total scores between 0-25

Data Analysis

The researcher collected and analyzed data by using a computer program as follows:
1. General information for the sample group was analyzed by use of descriptive statistics i.e. distribution of frequency, percentage, mean, range, standard deviation.
2. The analysis of the differences self-care knowledge scores in the control and experimental groups (Before and after receive the intervention) was performed by using statistical t-test.
3. The analysis of the differences between self-care knowledge scores in the control and experimental groups was performed by using statistical Independent t – test.

RESULT

The social characteristics for the population in the sample group for this study revealed the most age between 26-30 years (74%) and 5 percent of participant over 35 years of age. The most educational level was high school were 47% and 7% have the highest education in bachelor degree. The most occupation is employee (80%) and seller (15%), respectively. The average monthly outcome was 15,000 baht. The most participant were healthy pregnant women, there are 30% of participant developed complication during pregnancy such as pregnancy induced hypertension, gestational diabetes mellitus, thalassemia carrier and anemia

The results were as after the participant in experimental group received the program, they got the higher score of self-care knowledge than before receiving the program at a statistically significant level (p< .05). The members of the sample group who receive the group health education program had higher scores for self-care knowledge after the experiment than the members of the sample group who receive traditional health education program(control group) at a statistically significant level (p< .05).

Discussion

In this study, group health educational program significantly increased self-care behavior in the intervention group compared to those before the group health educational program. Due to the group health education program provide comprehensive knowledge and consist of interesting activities. And also the program encourage mothers to gain more knowledge in self-care during pregnancy. When the participant were interested in group activities to take care of themselves, the will put efforts are being put into practice.Which corresponds to the concept of Orem Self- care deficit nursing theory and Pender Health Promotion Model. Both concept propose that Humans have the nature of self-reliance and responsibility for self-care. And group process can promote self-care by encourage experiences exchange among the group, promote knowledge exchange, initial reflective thinking from case study and also promote self-confident by demonstration and practice the self-care. Accordingly, the pregnant women who received the group health education program and develop their self-care during pregnancy.

The present study, showed a significantdifference, in the self-care behavior of women after receiving group health educational program,which is in line to a study of [11] ,Koravisarach E[12]และ House J.S Island [7], NewYork [8], American [9] which were showed, the knowledge regarding to self-care during pregnancy can promote the self-care behavior in higher level. Social support is provided to pregnant women with the ability to copping with stress. In addition, social support is more likely to affect self-care behaviors. Therefore, the most important role of health care professional is providing the correct and benefit health care information.

Group health education program promote the maternal self-care during pregnancy, As a result, nurses should beconcern of the importance of the role of educator. In nursing roles, there should be a development model that will generate high benefits for the recipient.

Suggestion

1. Develop the program by taking the lessons from this research. To develop and complete the programand should have long term follow up for sustainable behavior

2. Health care teams should have knowledge and creative group health education program and also applied to the group in their antenatal care.

ACKNOWLEDGEMENTS

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ACTIVITY FOR HEALTH PROMOTION IN THE ELDERLY CLUB

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ABSTRACT

This research is a qualitative research. The purpose of this paper is to study activity for health promotion in the elderly club. The research instrument were an observation forms and interview question. The researcher observed the activities that elderly join together for 4 days and interview key informant consisted of The elderly club manerger, 2 of the elderly club's committee, 3 of the elderly club's members. Data analysis used content analysis and typology methods. The result found that The Elderly Club was Founded in 2014 in a hospital, The purpose of establishing the elderly club were as follows; 1. to give a chance for the elderly to participate in activities together. Currently the club has 417 members, Ages 54-96 years olds. The activities in elderly club composed of Praying or chanting , Singing, Practicing Brain Activation, Doing many types of exercise such as aerobics, Tai chi , Thai dance, Cooking Healthy Food that is not too salty, sweet and fatty . Their healthy food mostly consists of fish and vegetable. After cooking they have lunch together. The result showed that the elderly have gained from health promotion's activities as followings; Keep calm and Relieve stress, Stimulate the nervous system and the brain, Help the communication system, the speaking, reading, writing is more effective, improved blood circulation, The body gets more oxygen, increase lung expansion, increase in legs' and arms' muscular strength and muscular flexibility, decrease in diastolic blood pressure and blood sugar.

Keywords: Elderly, Activity for Health Promotion, Elderly Club, Health Promotion

INTRODUCTION

Thailand's population structure has changed rapidly in the last 3-4 decades. The number of elderly people has increased which leads the country to ageing society. In 2000-2001, more than 10 percent of Thai population is 60 years old. From the Thai population projection, from 2015 to 2030, Thailand will be in "ageing society" condition which is the situation that the country has elderly people who are 60 years old or older more than 10 percent compared to population in other age ranges in the same area. In the next 10 years, the country will become completed ageing society which more than 20 percent of population is elderly people who are 60 years old or older when comparing to population in other age ranges in the same area. The country is expected to be super ageing society in less than 20 years when elderly people are more than 28 percent. (1)

The elderly are considered being a vulnerable group. Their bodies gradually deteriorate and have both physical and mental changes such as having dry skin, slower response to stimulus, degenerative eyesight, poor nervous system, fragile bones, poor muscle strength, and having degenerating organs. (2) The nationwide survey about health condition in the elderly (3) indicated that a number of the elderly have experienced some types of ailment such as hypertension, diabetes, knee Osteoarthritis and others. The survey also showed that some of the Thai elderly have negative health behaviors. Contrary to negative health behavior, positive health behavior includes exercising at least 3 times a week, drinking 8 or more glasses of water per day, consuming vegetable and fruit regularly, avoiding drinking alcohol and smoking. Ministry of Public Health (4) has a health development plan which its purpose is to make the elderly live their lives properly. Therefore, health promotion in the elderly is necessary. The elderly should be promoted to be an active ageing. World Health Organization (5) has defined three elements of being an active ageing which are 1) being healthy ageing. 2) having security in life. 3) having participation. Researcher has been interested in studying activity for health promotion in the elderly. for collecting knowledge, using it as basic information for applying in health promotion in the elderly and making them an active ageing, all of which lead to better quality of life.

OBJECTIVE

To study activity for health promotion in the elderly club

LITERATURE & THEORY

This research has reviewed the concept that relates to elderly health and activity in elderly club and will concisely present as follows;
1. Situation of the elderly in Thailand

Nowadays, Thailand is an ageing society which its population has increased rapidly since 2000 when the proportion of the elderly (60 years or older) reaches 10 percent of country population and the country will become

"completed ageing society" when percentage of the elderly population reaches 20 in 2021. Moreover, the country is expected to be a super ageing society in less than 20 years when percentage of the elderly population is 28 percent of all country population. (6) Now that the elderly have some changes in both physiological and mental health resulting from degenerating systems in their bodies, promotion of exercise is necessary. One of the proper activities is exercise promotion for good health in the elderly.

2. Health Promotion for the Elderly

The Government's policy is to focus on taking care of the elderly's health by imposing strategy about building strength and emphasizing participation of local, community, and related sectors. One of the important things is to encourage the elderly to have a good health, to slow down ageing, and to live their routine lives on their own. (7). World Health Organization (5) has mentioned three elements to improve an active ageing in the elderly which are 1) being healthy ageing. 2) having security in life. 3) having participation. Healthy ageing means having good physical and mental health in these following aspects; eating clean and proper 5 food groups, drinking pure water, avoiding strong-flavoured food, smoking, and alcohol, having regular exercise, having adequate sleep which is 7-8 hours a night, and practicing mind to embrace reality in life (3). Moreover, healthy ageing includes being responsible for one's health and having health checked regularly. Another element is having security in life which covers economic security, saving for living, accommodation, and health insurance. The third element is having participation which means taking part in social activities, having relationship with family or community, and being a member of favorite organization. This research is the study of related research about health promotion in the elderly.

METHODOLOGY

Research Method

This research is a qualitative research. Key informants were 5 people, composed of the manager, committee of elderly club and 3 elders who always comes to join activities in elderly club .

Research Instrument

The instrument used in this research is a form for observing activity in the elderly club, Bangkok. The research instruments include interview issues as follows; 1. The activities of health promotion for the elderly. 2 The result that the elderly have gained from health promotion .

Data collection

The researchers collected data by themselves in June, 2018, by observation the activities that elderly join together for 4 days and interview key informant consisted of The elderly club manerger, 2 of the elderly club's committee, 3 of the elderly club's members.

Data analysis

Analyse and synthesise the findings in each issue from record form by qualitative research method consisting of content analysis and typology.

RESULTS

1. Background of the Elderly Club
The Elderly Club was Founded in 2014 in a hospital, The purpose of establishing the elderly club were as follows; 1. to give a chance for the elderly to participate in activities together. 2. To help the elderly spend their free time usefully 3. To provide the elderly transfer their knowledge , ability and experience to others and 4. to promote the elderly to help each other.
Currently the club has 417 members, Ages 54-96 years olds. Members come to join activities at the club on the Wednesday of every week. If there are other interesting activities, the members will be join together, like tai-chi dance for promote health on Monday or Tuesday.

2. Activities for elderly health promotion in the elderly

From the observation of elderly activities and interview the participants, they informed that the elderly came here to join many kinds of activities, like exercise , cooking, singing, praying and so on. For the exercise, There are several kinds of exercise that provided for the elderly in this club, such as Tai-chi or Qigong exercise, thai dance, aerobic dance. These enhance exercise regularly make them healthy, strengthen the body. The activities of elderly in this club composed of the followings were shown as Table 1.

Table 1

The activities in elderly club, health promotion that the elderly have gained from activity and the aspects of quality of life

Activity	Health promotion that the elderly have gained from activity	Dimensions of Quality of life
1. Praying or chanting together	Keep calm and Relieve stress	Mental health
2.Singing together	Keep calm and Relieve stress	Mental health
3.Practicing Brain Activation	-Stimulate the nervous system and the brain -Help the communication system, the Speaking, reading, writing is more effective	physical health
4.Doing many types of exercise such as aerobics, Tai chi , Thai dance	Increased body movement makes strengthens muscles and more flexibility Improved blood circulation The body gets more oxygen. Increase lung expansion Sweaty help to remove waste from the body. An increase in legs' and arms' muscular strength and muscular flexibilityมี a decrease in diastolic blood pressure and blood sugar	Physical health
5.Sharing knowledge, skills such as cooking, low salted eggs, Knitting,	Add value and proud of elders	Mental health and Social health
6.Merit making in various festivals, donate food, money for monk , travelling	Happy from sharing recreation	Mental health and Social health
7. Social activity such as	Participation satisfaction after taking part in the program found that the elderly had high level of satisfaction	

CONCLUSION AND FUTURE WORK

1. The result of study showed that the elderly have joined in many activities in the elderly club such as Singing together, practicing Brain Activation doing many types of exercise and etc. These activities promote their health, make them keep calm , relieve stress ,increased body movement strengthens muscles and more flexibility, increased blood circulation, the body gets more oxygen and others. These findings comply with the study of Anchalee Jantapo (8), health promotion for the elderly, which found that the elderly have gained from health promotion in the aspects of better knowledge about diet, exercise, stress management, accommodation and more social activities after taking part in group activity. Therefore, the concerned agencies should encourage the elderly to exercise regularly and continuously at home and in the club.

2. The participants gave information that after doing exercide lke a Tai-chi , Thai dance they felt happy, sleep well and deeply sleep, the balance of body improved. This research finding is consistent with the study of Suwanna Junpraser and others (9) found that the experimental group members displayed greater cardiac and pulmonary durability, a decrease in diastolic blood pressure and blood sugar, and an increase in legs' and arms' muscular strength and muscular flexibility, all at a statistically significant margin of p < .05.

3. The elderly who participates activity in the club improve the quality of life in the aspects of physical, mental and social aspect. This finding like the results of Ponpun' work (10) which studied life quality enhancement model of female prisoners in Udonthani Central Prison by Arokayasal Wat Kampramong Guideline. It was the model to holistically enhance life quality with emphasis on health dimension. The model consisted of physical, psychological and social aspects and it was multi-disciplinary approach. As World Health Organization (5) has mentioned three elements to improve an active ageing in the elderly which are 1) being healthy ageing. 2) having security in life. 3) having participation. The third element is having participation which means taking part in social activities, having relationship with family or community, and being a member of favourite organization.

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NEED ANALYSIS OF PROFESSIONAL ENGLISH SKILLS TRAINING FOR NURSE STUDENTS OF SUANSUNANDHA RAJABHAT UNIVERSITY, THAILAND

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ABSTRACT

This research aimed to study the needs of English skill Improvement for nursing students. The samples were 108 nursing students in the third year of academic year 2017 of College of Nursing , Suansunandha Rajabhat University, Thailand. The instruments used for data collection was questionnaire. Statistics used in data analysis were frequency, percentage (%)and the focus –group interview was proceeded after completing the questionnaires.

The research findings were found that the requirements of English skill improvement for professional nurses was overall in the most important based on rating scale which are the need of English training for improving Nursing profession language, basic communication, listening skill, English standard test score , Nursing terminology , public speaking , pronunciation , professional reading skill, professional writing skill and presentation skill respectively.

Keywords : Professional English Training Nursing Students

RESEARCH BACKGROUND

In today's world, the usage of English skills becomes necessary and inevitable because English skills is not only a tool to study and gain needed information for professions but it is also used for communicating and negotiating for business and also highly necessary for working among people from every field of professions.

Communication skills are one of the most important components for career success. As a nurse who constantly communicate with colleagues as well as patients .In addition, nurses provide nurse-to-nurse communication.

Communication in nursing is essential to patient safety, health and well-being. Because nurses are at the center of patient care, it is their responsibility to facilitate dialog. As nurses assume more complex roles and care for older and more culturally diverse populations, they will need to strengthen their communication skills.

Communicating effectively with patients, other healthcare providers and stakeholders is a basic nursing competency. As nursing becomes more complex, nurses will need to strengthen their communication skills. Communication in nursing is imperative for optimal patient care and preventing errors, and it will become even more essential as nursing roles continue to expand.

For nurses, communication skills includes all skills .Speaking and writing are only part of communicating ,listening is equally essential. By not listening properly, it is easy to miss important patient information. Listening errors are often the results of multitasking. Communication includes writing as well as speaking.

Suan Sunandha Rajabhat university launched Nursing program with its curriculum's objective to develop nursing students to be as proficient as the standard given by having started the program since 2013. The program provides learning process focusing on the students gaining more knowledge, more skills to proceed as a future nursing path effectively. Thus, English skills is considered necessary for 21st century students since the skills can help go on learning more sciences especially for interdisciplinary which is about human relationship. It's inevitable to practice English skills in order for people to further their professions. For nurses, English is considered very important both during studying nursing science program which provides English subjects related to nursing profession and the time when stepping the nursing professions. English skills are highly necessary for the profession.

Suan Sunandha Rajabhat university has concerned how important English subjects are in the nursing science program and provides certain subjects such as English subject for specific profession which focuses on terms and definitions related to nursing profession. All of the students must pass the subject since this will be considered the standard criteria for nursing students.

Communication skills using English language are counted as an important competency and necessary for nursing profession in the AEC levels. It's also needed for studying in the nursing science program which sets all the subjects to be taught, learnt and lectured in English. Suan Sunandha Rajabhat university has settled English for nursing students which the students must enroll and pass in order to improve listening, speaking, reading and writing related to nursing science. Moreover, they must improve how to communicate with other people including patients, nursing workers and any related people in nursing professions. The curriculum was designed an English program to focus on producing more graduates suitable for the need of nation and prepare the students ready to be working in the nursing professions professionally both domestically and universally. When considering the curriculum, Suan Sunandha Rajabhat university has provided English subjects and projects that help prepare the students ready for using English skills in their professions.

When compared to the needs of improving English skills of the students which has the criteria to set certain rules or regulations or universal standard for improving profession can be considered necessary to see the benefits of the nursing students' needs and they have awareness of improving themselves of English skills. So we, researchers team, have set and developed the survey of the need to improve the skills of nursing students in order to reflect the students on how they need to improve their English in order to make haste of proceeding new projects or learning methods to fully fulfill the competency of the students.

OBJECTIVES

This research is aimed to study the needs of English skills improvement for nursing profession.

METHODOLOGY

The population used in this research is Nursing Students in the third year of academic year 2017 from nursing science program, College of Nursing, Suan Sunandha Rajabhat university. The instruments used for data collection was questionnaire. Statistics used in data analysis were frequency, percentage . The focus –group interview was proceeded after completing the questionnaires.

BENEFITS OF RESEARCH

To use the result of the research will be beneficial for related academic staffs to improve English teaching in Nursing Program and develop tailored projects to enhance English skills of nursing students based on their needs.

RESULTS

From analyzing the personal data, there are 9 male Nursing Students which is 8.4 % and 99 female Nursing Students which is 91.6 %. The needs for improving English skills of the nursing students are shown as in the table below

Table 1

The needs for improving English skills of the nursing students

Training Needs for Nurse Students	percentage
1. Improving basic communication	75
2. Improving presentation skill	43
3. Improving public speaking	67
4. Improving Nursing profession language	82
5. Improving pronunciation	55
6. Improving listening skill	73

7.	Improving Nursing terminology	68
8.	Improving professional reading skill	52
9.	Improving professional writing skill	50
10.	Improving presentation skill	70

The data collected from the table shows that the needs for improving English skills can be described from highest needs to lowest needs as follows: Nursing profession language, basic communication, listening skill, English standard test score , Nursing terminology , public speaking , pronunciation , professional reading skill, professional writing skill and presentation skill respectively.

The focus – group interviewed was proceed to collect further information .Nursing students declared reasons for assessing their needs which related English Effectiveness in uses. The needs mostly related the real – life professional use especially dung their internship and their experiential learning through real situation in Nursing Profession.

DISCUSSION

The needs for improving English skills for nursing profession, in overall , are high in overall skills. When considering in details, the needs for improving English skills are all highly needed which directly ensure the importance from the training which claimed that the program development for training should be serve for needs so that the training participants acquire effective improvement which related to Archanya Rattana U-bon (1997) mentioned that The most important reason for Training Needs Analysis is to find out gaps between existing and required competency levels of trainee. Depending on the kind of gap, it also helps decide if training is the solution to bridge this gap. There can be different ways to find out the gap. Moreover,there sould be another approaches to foster Nurse Student'capability to communicate effectively which mentioned by Suwaree Yordchim (2017) who enhance English learning through creating Question Structure which able to increase ability permanently.

SUGGESTIONS

Curriculum designers as well as instructors should improve English teaching techniques in order to improve English communication in nursing professions. Also, projects or activities should support the students and should be met by their needs in order to improve them to be effective graduates for the professions in the future.

ACKNOWLEDGEMENTS

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CHINESE MARTIAL ART TRAINING AND PHYSICAL BENEFITS
IN NURSING STUDENTS

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ABSTRACT

Chinese Martial art is an ancient fighting skills and transform to popular exercise all over the world. It is considered as being beneficial to health, but the scientific evidences have not conclusive. Therefore researcher aimed to investigate physical fitness of martial art traing in nursing students. A pre-post test design was organized by 45 minutes, three day a week and maintenance to 12 weeks training in 25 samples of nursing students. .The following dependent variables were tested: body composition, cardiopulmonary endurance, flexibility, muscle strength and also quadriceps strength by EMG. All dependent variables were measured at before, post 6 and 12 weeks traing, then the data were analyzed using 1 – way Repeated Meaure ANOVA. The result found that all Nursing students showed significantly improve all physical fitness such as body composion, flexibility, , and specially in muscle strength at 6 weeks. Only aerobic capacity was significantly improve post 12 weeks training.. Conclusion: Regular martial art exercise is an effective exercise to promote health in early aged women.

Keywords: Chinese Martial art training, Physical benefit, Nursing students.

I NTRODUCTION

Chinese Martial art or Wusu ' training has been known as ancient Gungfu fighting and develop to popular sport and exercise. The characteristic of this exercise is emphasized by circular movement of extremities with active and beautiful style that has propable to improve physical health. The regularly practice of martial art is relative safe in the young, early and middle age women. Although it seem to be beneficial on physiological benefits.(Douris, P., et al; 2003). These include increases in strength, anaerobic capacity, balance, and flexibility as well as cardiopulmonary endurance.

According to data from World health organization, more than 60% of population are not regularly physically active. Risk factors related to a sedentary lifestyle include increased fat deposition and weight gain and decreased aerobic function capacity, bone mass. (World Health Organization, 2010). Moreover, There are increase rate of Non-communicable disease (NCDs) ' illness with eventually dies before 60 years old.(Health sport, 2016). The national campaign emphasised all Thais should participation in regularly exercise for promote their health. Many forms of exercise including martial arts from Chinese, Japan, Korea are popular training in Thailand.

There have been many studies investigating long term elderly tai chi practitioners showed improving various physical fitness, but there are few studies documented the effects of Chinese moderate intensity martial art exercise on early age women. Researcher expect to investigate the physical benefits of martial art training such as body composition, flexibility, muscular strength related to quadriceps EMG changes and also cardiopulmonary endurance in Thai nursing students for promoting health. In this study, the program are mixed with soft and hard style movement including to apply ' fan ' as a weapon.

OBJECTIVE

1. To investigate the effects of Martial arts training on physical fitness.
2. To test the quadriceps' EMG change of muscular strength.

METHODOLOGY

Research design

This study was pre – post experimental design. The samples were the 25 Thai nursing students volunteered to participate in this program.

Inclusion criteria: female healthy nursing students and participate only Chinese martial art exercise program for 12 weeks.

Exclusion criteria: Students who limited health problem.

Chinese martial art intervention

Martial art training (Wuzu) was organized and monitor by a qualified Wuzu instructor. The program was mixed with hard and soft fighting style and use " fan" like a weapon in martial art training In the first six weeks, the subjects were taught the 48 form Wuzu for at least three sessions per week. 45 – 60 min per session. After six weeks, the subjects complete 48 form Wuzu and continue the 48 form exercise with Chinese music, they had rest for 5 min at the intermittent of training and finally completely exercise.

Physical fit instrument

Body composition use a Lange skinfold caliper to measure subcutaneous fat at select sites on the right of body. Flexibility use a sit and reach box to assess low back muscle. Muscle strength use Jamar handgrip dynamometer and Cybex Norm II isometric machine at leg. Quadriceps muscular electromyography by oscilloscope surface EMG with connect to computer for mesuring the area of muscle. Cardiovascular endurance by bicycle riding and use submaximal cycle ergometry test.

Data collection

All physical profiles: body composion, flexibility, muscle strength and quadriceps muscular electrography, were investigate at begin of training (0 week), post 6, 12 weeks of training as following framework.
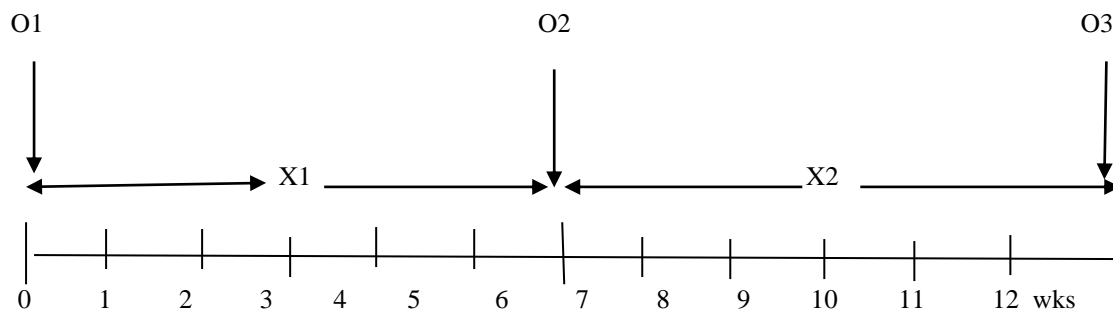
O1 = Physical performance test before training
O2 = Physical performance test after 6 weeks training
O3 = Physical performance test after 12 weeks training
X1 = First 6 weeks training period
X2 = Second 6 weeks training period

Analytic statistics

Using 1- way Repeated Measure Analysis of Variance (ANOVA) with .05 significantly accepted.

RESULTS

Descriptive statistics

Of the total 25 samples were females age between 18 – 21 years old, Body weight between 39.4 – 59.9 kg., Heihgt were 148.5 – 169 cm., and BMI 16.4 – 23.4 .

All variables on table 1 and 2 have shown the improving of physical fitness as follow:
1) Body composition (% body fat, waist circumference) were decreased significantly after 6 week training.
2) The flexibility and muscular strength (hand grip, back leg) were increased significantly after 6 week training also.
3) The aerobic capacity (cardio-pulmonary) were increased significantly after 12 week.
4) The changed of quadriceps muscle EMG demomstrated increasing significantly in muscle strength and endurance (time to fatique) that were agreeably with leg muscle strength.

Table 1

Comparison of physical fitness' parameters before training and after 6, 12 weeks training

Physical fitness	0 weeks $\bar{x}$ ± SD		6 weeks $\bar{x}$ ± SD		12 weeks $\bar{x}$ ± SD		F	p - value
Body composition								
% body fat	21.00	2.17	16.39	2.85	13.89	3.92	47.63	.000
Waist circumference	66.74	4.10	64.73	4.28	60.86	4.10	39.57	.000
Hip circumference	89.92	3.88	88.82	3.60	81.26	7.07	81.45	.000
Flexibility	18.50	7.45	20.76	6.17	22.42	6.07	23.53	.000
Muscular strength								
hand grip	24.42	3.93	26.85	4.13	29.04	4.30	40.69	.000
back	48.00	10.97	53.48	9.67	60.98	9.54	44.49	.000
leg	66.22	21.33	72.66	19.73	90.69	21.12	64.79	.000
Cardio – vascular endurance								
predicted VO2max	30.97	5.29	32.07	4.97	38.78	5.16	22.81	.000
Lung capacity	45.53	5.29	48.06	5.30	48.59	5.28	17.36	.000
Quadriceps muscle EMG								
Muscle strength kg.m	18.90	4.61	27.30	5.68	35.60	7.72	73.52	.000
Time to fatigue sec.	6.96	1.47	9.09	2.67	9.99	3.12	10.48	.000
AUC mv.	2.06	1.33	2.06	1.38	2.44	1.47	0.81	.449 [ns]

Figure 1

The comparative physical fit level of martial art training in 0, 6, 12 weeks.
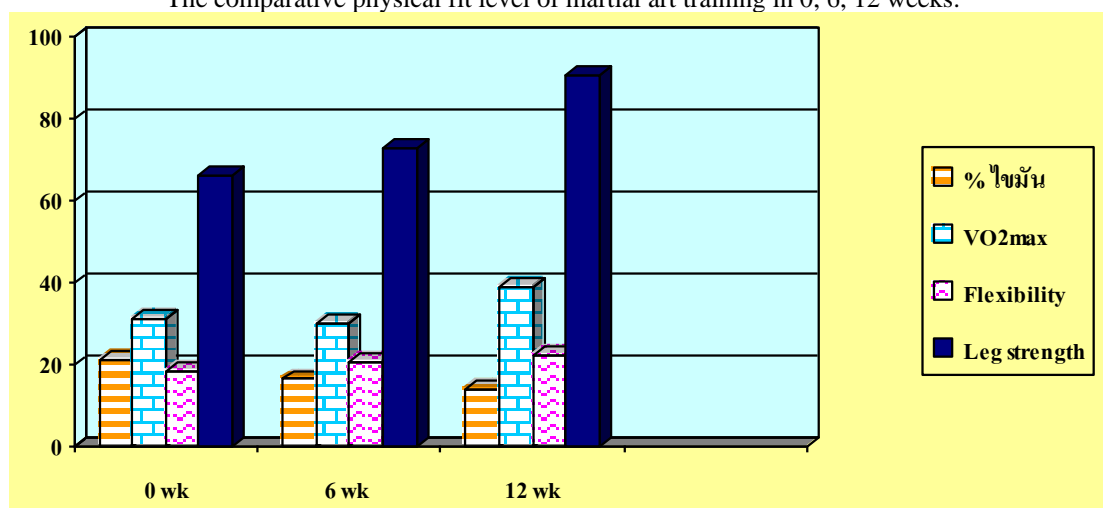
CONCLUSION AND FUTURE WORK

According to this finding, the Chinese martial art training indicated the good physical   performance particular in body composition and muscle strength at the early 6 weeks training while there were aerobic capacity improving at 12 weeks training. The movement style of martial art need lower extremities: leg muscle, joint and tendon rapidly move together. This lead to waist and circular hand move as balance control, the shifting of position change between dual-stance and single -stance maneuver . These isotonic dynamic, isometric exercise and the muscle stretching may cause muscular endurance and strength like Tai Chi was agreeably with the previous studies by Li, J.X. et al, (2009); Xu, DQ. Et al, (2003). The mechanism of quadriceps EMG changes indicated neuromuscular reaction of the leg muscle that cause the leg muscle strength by repeated resistance training. There was agreeably to former study showed the push movement of Tai Chi has kinematic and electromyographic changes in the rectus femoris, The isometric exercise with muscular loading stimulate motor unit recruitment. (Chan,S,P., 2003; Xu, D.Q., 2005). With regular and prolong practice affect to cardiovascular –pulmonary endurance showing post 12 weeks due to moderate intensity, consistency and continuous practice of this research program. This finding results both aerobic and anaerobic exercise leading to

physiological benefits. Suggested that the regular Chinese martial art training is an effective exercise to promote health in early age women.

The limited of this study is only one grop pre and post design. Future study should apply experimental with two or three group in difference style of exercise that will find the acculate data for strong evidence.

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DESIRABLE FEATURES OF ELDERLY NURSING HOME THAT ENCOURAGE PEOPLE FOR MAKING DECISION WHEN CHOOSING SERVICES

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ABSTRACT

This research is servey research. This research aims to study the perceptions of customers regarding the selection of nursing home for elderly people in Bangkok. The samples of this study were 339 customers from 97 nursing homes in Bangkok. A close-ended questionnaire was used for collecting data. The statistical data analyses were percentage, mean, standard deviation. The results is revealed that the relationship of the marketing mix factors to the selection of nursing home for elderly people, for overall aspects there were moderate correlation ($r = 0.111$, $p = 0.027$). When considering each aspect, all aspects had little correlation to the selection of nursing home. The promotion communication of the service aspect ($r=0.251$, $p=0.000$) was shown the most correlation, followed by the physical evidence and presentation aspect ($r=0.200$, $p=0.000$) the process aspect ($r=0.178$, $p=0.001$) the pricing the service aspect ($r=0.177$, $p=0.001$)the people aspect ($r=0.164$, $p=0.002$)the service product aspect ($r=0.152$, $p=0.005$) and the place aspect ($r=0.131$, $p=0.016$) respectively

Keywords: Elderly, That Encourage, Desirable

INTRODUCTION

Nowadays, world population structure are stepping into aging society, whereas developed countries such as countries in Europe and North America are fully aging society (Population Reference Bureau, 2012), also some countries in Asia such as Japan. ใ Thailand have been on 2nd highest of aging society in ASEAN countries after Singapore. For the elder population survey byNational Statistical Office in year 1994-2014 found out that elderly in Thailand constantly increased from 4,011,854 people (6.8%) in 1994 to 10,014,705 people (14.9%) in 2014, which the rate increased more than 2 times in 20 years.

At this age of elder is the state that come with a lot of health problems causing a trouble which require help from society and family. Furthermore, Thai society become a smaller family these days (Gavin Jones, Impact of Demographic Change in Thailand, 2011, Page 40) and it led to lack of caring person and life quality in elderly dropped, respectively.

Health problems in old people is also depends on age, the oldest have more risk in getting chronic and underlying diseases from life habitual such as eating, exercising, genetic disorders, or body degeneration.

Moreover, many people who taking care of elderly in family are under status of Sandwich Roles. It is when you have to work and take care of the family at the same time. Mostly, they are lack of knowledge about physical and mentality health, including spend longer time with elderly, these struggles led to the need of care taker specially for elderly in the family that have old people with sickness or disability.

In addition, this kind of problem also impact how they choose elderly nursing home, it's like alternative solution for family or relative that need to take care of old people (Srithamrongsawat S. and team, 2010, Page 34). In order to response to the need of care taker specially for sick elder but refuse to go to hospital, the nursing home was build. This is the place where weak senior citizen with chronic diseases can rely on both medical services and 24 hours care services. For example, daily activities, movement, personal healthcare, and mentality consciousness that dropped.

In this present day, there are a lot of elderly nursing home opened and expand very fast causing high rate of business competition. Some places go high as they invested on special school for taking care elderly, it is for them to produce more staffs with knowledgeable and understandable about medical, nursing, and service. Each place have their own features, so it's hard for customers to choose the perfect nursing home for them. The nursing home provide 24 hours caring service which include nursing skill or medicine intake, eat meals, and other everyday activities to sick elderly, not severe sick, but more on chronic diseases and disabilities.

At this moment, elderly caring ability in each family is dropped because size of the family getting smaller. Everyone in family have their own responsibility such as study, work outside household. From this reason, it increases demand for elderly nursing home and the important thing is their offspring have to choose the best nursing home that fit for their need.

Therefore, researchers were interest to study on desirable features of elderly nursing home that encourage people to make decision in order to improve service quality to fit and satisfy elderly needed, also support quality of life for elderly in future.

OBJECTIVE

To study on decision making when receiving service from elderly nursing home in Bangkok.

Scope of the research

1. Content scope

This research focused on decision making when choose elderly nursing home in Bangkok.

2. Variable scope

Dependent variable is a decision when choosing which nursing home in Bangkok to receive the service, divided into 5 prospects as below;

- Need recognition
- Information and detail
- Evaluation of alternatives
- Purchase decision
- Post purchase behavior

3. Population scope

The sample populations of this research are people whose decide to receive service from nursing home that have elderly from age 60 in Bangkok, from 97 places overall (information from company registration section B.E. 2559, Department of Business Development, 2016), total 2,230 people (registration department of nursing home in Bangkok.)

4. Timing and area scope

4.1 Time duration of this research is month, from September 1st – 30th, 2016.

4.2 Area of study is nursing home in Bangkok from 97 places overall.

Expected benefits from this research

1. To use as the role model for management about decision making on elderly nursing home in Bangkok.
2. To use for standardize nursing home in Bangkok.

Research Methodology

This research is a survey research, procedure as follow

Populations and sample space

Populations

The sample populations of this research are people whose decide to receive service from nursing home that have elderly from age 60 in Bangkok, from 97 places overall (information from company registration section B.E. 2559, Department of Business Development, 2016), total 2,230 people (registration department of nursing home in Bangkok.)

Sampling

The sample space is elderly relatives which choose to take service from 97 elderly nursing homes in Bangkok (information from company registration section B.E. 2559, Department of Business Development, 2016). Researchers had calculated the sample size by using Yamane formula (Taro Yamane, 1967, pp.886-887)which the tolerance was set at 0.05 (Yamane, 1967, p. 729)

Formula $n = \dfrac{N}{1+N(e^2)}$

When   n   =   Size of sample
           N   =   Number of population in this study
           e   =   Acceptable tolerance was at0.05

Solve the equation $n = \dfrac{2,230}{1+2,230(0.05)^2}$

n   =   339

From the equation sample size is 339 people then random the sample by stratified random sampling and set the size of sampling in each nursing home by comparing the proportion.

Instrument of the research

The instrument of this research was a questionnaire, broke down into 2 tasks as follow;

Task 1 Questionnaire about personal factors of sampling, which are sex, age, education background, marital status, incomes, total 5 questions.

Task 2 Questionnaire about desirable features that encourage sampling to choose the nursing home on 5 prospects;

1. Need recognition	total 3 questions	
2. Information and detail	total 3 questions	
3. Evaluation alternatives	total 3 questions	
4. Purchase decision	total 3 questions	
5. Post purchase behavior	total 3 questions	

Questions were open-ended questions and rating scale was 5 levels, which can elaborate the scores when choosing as follow;

The most desirable feature when choosing service	5	point
The high desirable feature when choosing service	4	point
The normal desirable feature when choosing service	3	point
The less desirable feature when choosing service	2	point
The lowest desirable feature when choosing service	1	point

Scoring determination

Each score for desirable feature when choosing nursing home can be determine into 5 levels;

Average	Impact on decision level
4.21-5.00	Very high impact on decision
3.41-4.20	
2.61-3.40	Moderate impact on decision
1.81-2.60	Low impact on decision
1.00-1.80	Very low impact on decision

Research instrumental quality check

Researchers had brought up the questionnaire to find the validity and reliability as follow;

1. Finding validity by brought the questionnaire to expert to check credibility of details, then calculated the IOC

2. Finding reliability, researcher brought the edited questionnaire to try-out on similar target sampling, total 30 people, and calculated for reliability level by Cronbach's Alpha Coefficient, final result was 0.91.

Data Collecting

Researchers collected the data on September 1st-30th, 2016.

Data Analysis

The data was analyzed by descriptive statistics, which used frequency and percentage.

Data analysis result

Task 1 data analysis result of personal factors of those making decision on elderly nursing home in Bangkok.

The data analysis result of personal factors of those making decision on elderly nursing home in Bangkok, can be show in table 1.

Table 1

Number and percentage of elderly relatives whose able to decide theelderly nursing home in Bangkok.

Personal Factors	Number(n = 339people)	Percentage
1.Sex		
Male	55	16.2
Female	284	83.8
Total	339	100
2.Age		
Below31 years old	48	14.2
31-40years old	101	29.8
41-50 years old	93	27.4
51-60years old	61	18.0
Above60years old	36	10.6
Total	339	100
3.Education Background		
No education background	30	8.8
Secondary school(G.7-,G.12)/Vocational	16	4.7
Certificate/Diploma	20	5.9
Graduated	178	52.8
Post-graduated	95	28.0
Total	339	100
4.Marital Status		
Single	57	16.8
Marriage	218	64.3
Divorce/Separate	64	18.9
Total	339	100
5.Monthly incomes		
Below20,000THB	37	10.9
From20,001 – 40,000THB	132	38.9
From 40,001– 60,000THB	91	26.8
More than60,000 THB	79	23.4
Total	339	100

From table 1 the personal factors, found out that they are 284 female (83%), while the highest age range was from 31-40 years old count as 101 people (29.8%). Most of them graduated with bachelor degree 178 people (52.8%), also marriage status 218 people (64.3%). The highest range of monthly incomes was from 20,001-40,000 THB, count as 132 people (38.9%).

Table 2

Average and standard deviation of the impact on decision level for choosing elderly nursing home in Bangkok, separate into 5 prospective.

Prospective	Impact on decision level		
	$\bar{x}$	S.D.	meaning
1.Need recognition	4.34	0.59	Very high
2. Information and detail	4.22	0.64	Very high
3. Evaluation alternatives	3.88	0.66	High
4. Purchase decision	4.15	0.55	High
5. Post purchase behavior	3.63	0.35	High
Total	4.04	0.29	High

From table 2, found out that the overall average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok equal $\bar{x}$=4.04 and S.D.= 0.29. When separated to 5 point of views, the highest prospective was need recognition, which marked at $\bar{x}$=4.34 and S.D.= 0.59 or on the very high impact level. The second and third highest was information and detail, which marked at $\bar{x}$=4.22 and S.D.= 0.64 or very high impact level, and purchase decision, which marked at $\bar{x}$=4.15 and S.D.= 0.55 or high impact level, respectively.

Table 3

The average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on need recognition.

Need Recognition	Impact on decision level		
	$\bar{x}$	S.D.	Meaning
1. Elderly with health that requires closing attention	4.10	1.06	High
2. Elderly with strict time table when taking medicine	4.26	0.98	Very high
3. Elderly who need to stay in clean and safe place	4.65	0.54	Very high
Total	4.34	0.59	Very high

From Table 3, found out that the average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on need recognition, had an overall value at $\bar{x}$=4.34 and S.D.=0.59 or had a very high impact on decision. Meanwhile, the highest prospect need recognition was the elderly who need to stay in clean and safe place, marked at $\bar{x}$=4.65 and S.D.=0.54 or very high impact on decision level.

Table 4

The average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on information and detail.

Information and Detail	Impact on decision level		
	$\bar{x}$	S.D.	Meaning
1. Got information of nursing home from nursing home advertising	4.22	0.76	Very high
2. Got information of nursing home from old customer recommendations	4.19	1.04	High
3. Got information of nursing home from relatives or acquaintances	4.24	1.05	Very high
Total	4.22	0.64	Very high

From Table 4, found out that the average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on information and detail, had an overall value at $\bar{x}$=4.22 and S.D.=0.64 or had a very high impact on decision. Meanwhile, the highest prospect information and detail was the information of nursing home from relatives or acquaintances, marked at $\bar{x}$=4.24 and S.D.=1.05.

Table 5

The average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on evaluation alternatives.

Evaluation Alternatives	Impact on decision level		
	$\bar{x}$	S.D.	Meaning
1. Various types of room such as dorm, twin, single room	3.89	0.87	High
2. Have elderly helping tools to choose when needed	4.16	0.80	High
3. Have staffs to choose such as specialize nurse and special assistant	3.58	1.23	High
Total	3.88	0.66	High

From Table 5, found out that the average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on evaluation alternatives, had an overall value at $\bar{x}$=3.88 and S.D.=0.66 or had a high impact on decision. Meanwhile, the highest prospect evaluation alternatives was the elderly helping tools to choose when needed, marked at $\bar{x}$=4.16 and S.D.=0.80 or very high impact on decision level.

Table 6

The average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on purchase decision.

Purchase Decision	Impact on decision level		
	$\bar{x}$	S.D.	Meaning
1. Decided from nursing home reputation	3.79	0.92	High
2. Decided from nursing home location	4.32	0.84	Very high
3. Decided from services worth the money	4.35	0.84	Very high
Total	4.15	0.55	High

From Table 6, found out that the average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on purchase decision, had an overall value at $\bar{x}$=4.14 and S.D.=0.55 or had a high impact on decision. Meanwhile, the highest prospect evaluation alternatives was the decision from services worth the money, marked at $\bar{x}$=4.35 and S.D.=0.84 or very high impact on decision level.

Table 7

The average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on purchase post purchase behavior.

Post Purchase Behavior	Impact on decision level		
	$\bar{x}$	S.D.	Meaning
1. Satisfy with services	4.60	0.55	Very high
2. Will return to use their service again	4.65	0.50	Very high
3. Plan to move or change to new nursing home	1.65	0.69	Very low
Total	3.63	0.35	High

From Table 7, found out that the average and standard deviation of impact on decision level when choosing elderly nursing home in Bangkok, focused on post purchase behavior, had an overall value at $\bar{x}$=3.63 and S.D.=0.35 or had a high impact on decision. Meanwhile, the highest prospect evaluation alternatives was the returning to use their service again, marked at $\bar{x}$=4.65 and S.D.=0.50 or very high impact on decision level.

DISCUSSION AND SUGGESTION

The study on desirable features elderly nursing home that encourage people for making decision when choosing services aims to study on opinion of customer toward decision making on choosing elderly nursing home in Bangkok. The total participants were 339 people, whereas the instrument was questionnaire, included personal factors and decision factors, analyzed the data by program to find statistical information, frequency, percentage, and standard deviation. The result of study can be discussing and suggesting as follow;

RESULT DISCUSSION

From the study on relation between marketing factors and decision factors when choosing elderly nursing home in Bangkok can be elaborating as

1. From the information of personal detail found out that personal factors of sample elderly relatives, total 339 people, most of them were female which was 284 people, at the age of 31-40 years old with bachelor degree and marry status, together with 20,001-40,000 THB for monthly income. These information show that frequent customers of elderly nursing home in Bangkok are people from middle class with good education background. In addition, most of them are female, this relevant to the study by ณัฏฐ์ชาบันท์มีดอินทร์ (2552, หน้า 87) stated that the factors that influence people choosing elderly nursing home in Thonburi area of Bangkok, sampling were 55% female; 48.75% had higher education background, 58.75% were government officers, and 48.75% had average monthly incomes at 30,001-50,000 THB. It also related to the study by สุคีศิริวงศ์พากร (2556, หน้า 55), which study on behavior of open-minded in elderly when received relevant information about self-reliance in Bangkok, found out that 58.50% were female, 38.50% had average incomes at 10,001-20,000 THB, and 88.50% lived with their family.

2. From data analysis found out that there are 5 prospects; need recognition, information and detail, evaluation alternatives, purchase decision, and post purchase behavior that impact on how decision maker had their final choice when choosing elderly nursing home in Bangkok. Overall comment shows that the highest value people focusing on was need recognition; recognize when elders need attention care, scheduled medicine intakes, and safe place to live, which had a very high impact on decision making. On the other hand, the lowest impact point of view was post purchase behavior, overall in high impace level, but the plan of moving or changing to new nursing home was at very low level. This might because of economic status nowadays, also the need of location which require securities, specialize care taker, not far and convenient for commute. The result can relate to the study of long term effect and struggle of elderly caring in Thai culture found out that care takers were in position of Sandwich roles in the family, related to the result of most care takers still need to work full-time, and had no experiences of taking care of elderly. It also related to the research by (2552,หน้า 87) stated that when choosing elderly nursing home in Thonburi area of Bangkok, from overall prospect elderly had involved with decision making themselves.

When considered toward each prospect, found out that each had a high impact on decision level. When they are choosing they need place where it's safe for elderly to live, medical tools, nursing home, and economic problem in present day caused the high demand.

On the Need Recognition, when analyzed opinion of decision maker found that the average score for this topic was highly impact to decision making, and the highest sub-topic was elderly who need to stay in clean and safe place. This related to research by on the topic of feature for elderly household in Amphor Thamaga, Kanchanaburi province, found that elderly needed place where is safe in many aspects; like goods and cleanliness such as western toilet rather than eastern as to reduce chance of getting hurt. Moreover, old people who have strict medicine intake schedule and need attention care were very high and high impact level, respectively.

3. For the information and detail, overall impact on decision making was very high level. The highest thing to focus was information of nursing home received from relatives and acquaintances. The 2nd and 3rd rank were information from nursing home advertisement with very high impact and old customers with high impact, consequently. This relevant to idea of Kotler Philip (2003, p. 591) stated the excellent servicesatisfy customer need means the service fully response to customer expectations. The experiences from advertisement and old customer will be compare with own perceived service and expected service. If the service is below expectation, it will let down customer feeling directly, on the opposite if the service is beyond expectation they will return to that service again. Quality of service, as well as safety, largely impact to decision making when choosing the service, nowadays.

ACKNOWLEDGEMENTS

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THE RESULTS OF HEALTH CARE PARTICIPATION LEARNING IN ELDERY

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ABSTRACT

The action research aims to study the result of participation learning about knowledge health behavior and self care in elderly. The sample of participants were elderly with more than 60 years old. A total of 30 from snowball from Bang Khonthi District, Samut Songkhram Province Thailand. They enrolled in Health Care Participation Learning during 3 months from February to April 2017. The program consist of participatory learning how to controlling dietary daily eating, exercise, self monitoring during illness and stress management. The findings were as follows: 1) Most of the elderly were female, 76-80 years of age, with primary education, married, living with grandchildren and with children, number of family members was 2, main occupation was housewife / butler, monthly income is less than 6,000 baht, most of them have less income than expenditure. Most of them earned income from occupation and subsistence allowance. Most of them had their own land and housing. Most of them drink coffee regularly. Most of their were hypertension; hypertension and diabetes; hyperlipidemia; and diabetes and hyperlipidemia respectively. Most of them had 2 diseases; Self-care behaviors of the elderly were at a moderate level such as self-care behavior in food, exercise, practice on sick, and emotional aspects of the elderly 2) Gender and educational factors correlate with t-test self-care behaviors at a statistically significant level of 0.05.

The results of this study showed that the self-care elders was the health promotion activities of the elderly Self-care, which is consistent with the way of life in the community. Success is that the elderly have self-reliance and satisfied. The continuation of the research project is that there is a elderly club which will be a part of strengthening the elderly self-care at the local support.

The key Successful projects were the cooperation of participants, a variety of activities that highlight that encourage participants knew how to use in daily eating and practice. Suggestions on the next project is focused on the development other health behavior that encourage participants have truly skilled health through real action.

Keywords: Health Care, Participation Learning, Self Care, Elderly

INTRODUCTION

In 2018, Thailand will have one fifth of the population and more than the child population that fully integrated into the elderly society.

Thailand is entering the elderly society perfectly, with the proportion of the elderly population (aged 60 years and over) increased to 20 percent in 2018 with an older population than children that accounted for about 1 in 5 of the total population. In addition, the ranking of Asian countries, there is a rapid increase in the current elderly population that Thailand is second only to Singapore. So the rapid increase in the proportion of the elderly population in Thailand makes it very necessary for Thailand to be ready to support the elderly. The elderly are considered to be at high risk for various diseases.

Caused by the natural degeneration of the body and chronic diseases. The patients need to be treated differently from other patients. In addition, the illness of the elderly may occur with various organs, at the same time if not treated promptly, it will increase the intensity. Elderly people should take care of themselves at a young age to be healthy and happy. Form the National Elderly Plan No. 2 : that have looked at the work of the elderly as a whole. The elderly are considered the core of society, emphasizing dignity, self reliant for as long as possible and can participate in social development. In addition, the elderly in each age range have different needs. During the strong most of them want to do fun activities, social assistance, get to play music, have a meeting with friends and want to have an independent life in the midst of a good environment and needed people to see that he still has value. During the period of needing help they will do less activities with during the very weak.

The rapid change in the structure of the Thai population. Thailand is becoming an elderly society. From about a year 2000-2001 Population aged 60 years accounted for more than 10% of the total population. By Samut Songkhram There are 24,374 elderly people in the elderly, 7,710 people are chronically ill. For the elderly and the elderly, Samutsongkram 38,260 males, 16,295 females, 38,260 males, 31,348 females. Samut Songkhram Province has the highest index in the 5th in Thailand.

(Samut Songkhram News Agency)

Samut Songkhram Governor's plan has been developed to support the social situation quality of life development of the elderly so that this Health Care Participation Learning from this study will provide for

sustainable living with the community. For this reason, it is advisable to study in order to find pattern of self caring for one another in the community for the quality of life appropriate to the dignity of the elderly who should live gracefully in society.

OBJECTIVES

The participants who attended this program, their health will be changed the self care behaviors in 5 aspects as following;
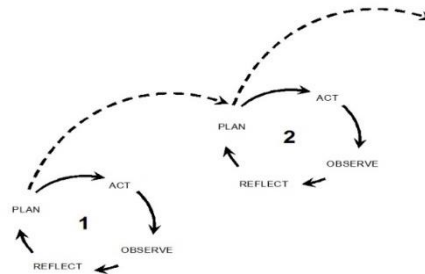1. Daily dietary Consumption.
2. Self care during illness.
3. Daily Exercise.
4. Community Participation.
5. Stress management.

Research design and samples

The research design by using Participatory Action Research (PRA) with 30 elderly people from snowball sampling at Bangkonti District Samutsongkram. They enroll in the participatory learning activity during February, 2017 – April 2017, for creating the 5 topics of self care behaviors as in the step figure 1.

Figure 1
Shows a spin around the operating part for promoting self care for health behaviors

METHODOLOGY

The duration of the operation in Bang Khonthi Community, by participatory learning about Daily dietary Consumption , Self care during illness, Daily Exercise, Community Participation. Stress management.

Research design 4 times meeting during Febuary, 2017 – April, 2017 each time consisted of 4 steps planning, action, observe and reflect. The main activities were participation learning about health behaviors modification and self care in 5 components: Daily dietary Consumption, Self care during illness, Daily Exercise, Community Participation, Stress management. Participation discussion in order to used in daily self care in the prevention and control for risk.

Study design

The study used Participatory Action Research (PRA) over 8 weeks and took place between February, 2017 – April 2017. At Bang Khonthi District, Samut Songkhram Province Thailand.

Participants

Of 30 elderly people from snowball sampling at Bangkonti District, Samutsongkram province, Thailand.

EETHICS

The research takes into account the right of the sample. The objectives of the research process, research. The clarification of the right to accept or refuse to participate in this research program, without affecting in any way the lesson. In addition, during the research if the samples unwilling to participate in the research until completed on schedule. They can be terminated without affecting the learning of information obtained from this research are confidential. Presentation of data will be presented in an overview. There is not disclosure of the name and surname when samples are willing participants. The research sample signed a consent form to participate in the study (informed consent form).

Procedures

The plan of activities for promoting health and behavioral modification in each time were in the   following

The first meeting activity

- Participation for creating knowledge about diet and health, daily activity/ exercise : cause and effect on health, severalty this activity in order for self awareness and participation in changing their behavior and knew their self care for daily eating, exercise, and stress management.

- Initial their health assessment activities, daily check blood pressure, food intake in each meal,

- Group discussion, participation in solving problems of the participants and researchers.

The second meeting activity

- To Improve understanding of daily dietary health behavior , how to eat less salt, less fat, less sugar,

- Training eating activities , educated about nutrition behavior modification about quantity and quality of daily food consumption, how to choose, haw to control diet (salt, sugar, fat) how to cook and he satisfaction was assess, including daily exercise by walking and daily stress management. By using the empowerment strategy for increased self-care.

- How to coping the stress management.

- Group discussion demonstration and practicing

The third meeting activity

- Promoting knowledge for self-care during illness.

- Physical activity and exercise in elderly.

- Activity for modification health behavioral

- Evaluation activities individually.

The fourth meeting activity

- Assessment activity after participating, and posttest.

- Summary of the activities and the benefits of participating.

- Discussion, brainstorming, find a conclusion together.

- Satisfaction was assessed and post test

- Awards and souvenirs.

- Closed the program

Measurement

1.To assessment the topics of dietary consumption, self care during Illness, exercise, community participation and stress management by questionnaires.

2.To assessment self-care behaviors by interviewing.

Data analysis

Statistical analyses were carried out with the statistic package program. Descriptive statistics for characteristics data of participant were given as, frequency and percentages and analyses pre-post test score for knowledge and behaviors by pair t-test.

RESULTS

The results showed that the most participants were female, 93.3%, age group more than 75 years old of 40%, with in high school education 63.3, 63.4% of marry, 70% of descendant, 50.0% of agriculturist and 70% of landlords and houses. When considering the 66.4% of chronic disease found that high blood pressure diabetes and hyperlipidemia were the cause of NCDs as shown in table 1.

From Table 2: Showed that the Numbers of the comparison the knowledge scores of sample before and after program. The result found that after the program the score of knowledge in the aspect of dietary consumption, self care during Illness, exercise, community participation and stress management were not significant difference (p > 0.01).

From Table 3 was shown the comparison of health behaviors of sample before and after program changes. The result found that after the program the participants had better practiced about self care during Illness, exercise, community participation and stress management and showed significant difference (p < 0.01) unless the daily dietary consumption was not changed

Table 1
Numbers and percentages of the sample (n = 30)

Personal Data	n	%
Sex		
Male	2	6.7
Female	28	93.3
Age (yrs.)		
60-65	4	13.3
66-70	9	30.0
71-75	5	16.7
76-80	12	40.0
Education		
No attended in school	1	3.3
High school	19	63.3
Marital Status		
Single	7	23.3
Marry	19	63.4
Widow	4	13.3
Currently living with		
Alone	3	10.0
Spouse	3	10.0
Descendant	21	70.0
Relatives	3	10.0
Occupation		
Agriculturist	15	50.0
Housewife	10	33.3
Merchant	5	16.7
Status of Residence		
Landlords and houses	21	70.0
Tenant	9	30.0
Health Perception		
Healthy	10	33.3
Have Chronic Disease	20	66.4
Hypertension	7	35.0
Diabetes	5	25.0
Hypertension &DM	4	20.0
Hyperlipidemia	4	20.0

Table 2
Showed the comparison of knowledge of sample before and after program changes (n = 30)

Topic of Knowledge	Before		After		P
	mean	SD	mean	SD	.083
Dietary Consumption	.89	.30	1.00	.00	.083
Self Care during Illness	.84	.31	1.00	.00	.083
Exercise	.8.5	.31	1.00	.00	.326
Community Participation	.90	.30	0.93	.25	.083
Stress management	.83	.37	0.93	.25	.083
Total	.85	.31	1.00	.00	.083

Table 3
Showed the comparison of Health Behaviors of sample before and after program changes (n = 30)

Health Behaviors	Before		After		P
	mean	SD	mean	SD	
Dietary Consumption	1.76	.43	1.63	.49	.103
Self Care during Illness	1.63	.49	2.20	.40	.000**
Exercise	1.70	.53	2.70	.43	.000**
Community Participation	1.76	.67	2.10	.73	.000**
Stress management	1.46	.50	2.10	.57	.000**
Total	1.76	.43	2.06	.25	.001**

Data analysis from interviewing (30 participants)

Of the 3 0 elderly, most of them were female. The initial health assessment by health workers showed that all of them had high blood pressure but 10 participants did not know their health with in the high blood pressure condition and 2 0 participants were known that they had chronic disease. The data from interviewing was summarized in each aspect as follows:

1. Knowledge of dietary consumption: This topics did not increase significantly from the participatory learning program but they had good health behaviors. The results of the interview showed that they knew but did not concern about health care when they enrolled in this project and had an opportunity to talk together. They started to know that daily eating behaviors really had important effected on their health. They think it was good to continue such as eating fish they changed to grilled fish instead of fried and aware to eat fried food, coconut milk and dessert each day. In the past: eating was not careful and after the program they think about the need to watch out for hypertension, high blood lipids because of the heart disease and stroke. They changed to eat a steaming roasted steak instead of eating fresh vegetables because the fresh vegetables made them flatulence.

2. Self care during illness: It was found that they had no comfort in everyday life from fatigue, muscle weakness. They use of daily traditional herbs, drank a tea every day such as ginger water. Also, always drank the tea of Indian marsh fleabane or Pluchea indica or ate Celery for reducing high blood pressure and using Thai Traditional massage to relieve daily muscular aches.

3. Exercise: They used walking and barefoot on the soil to get the power from the land and the pole dance. These exercises that make the stomach movement will not sluggish, no pain, mobility, flexibility.

4. Community participation: The elderly thought that it was necessary to make a living. Participating in the activities led the importance of health care practice that knowledge will gain up by talking, this result must be the impulse to implement and changing health behaviors. Being involved in society is an enrichment in us that has benefited.

5. Stress Management Stress comes from worry. Insomnia, fatigue, anorexia, pessimism .The Stress can relief by the several method such as chanting, meditation, that can keep calm and good mood.

In considering the improving self-care was due to the influence of group learning as the item from interviewing.

- I have the knowledge but lack of encouragement to continue.
- When there is a formal discussion in the group.
- The enthusiasm to do and discussion to the group.
- Try to give the good to the group.
- From groups participants lead me to social networking.
- Have a good time and enjoy to learn each other in the group.
- I had the value of self and intent to helped each other.
- To remember to make healthy and longevity
- Very happy with the elderly group.

It shows that the elderly are in need of love and attention from their descendants and close relatives. The older you are, the more you need it. Being treated or cared for is a source of water for the elderly to have the courage to live the life. This will result in the elderly living longer.

From interviewing found good self care for dietary consumption as following.

- Most of them eat less salt,
- Eats eat 3 times a day,
- Eating more vegetables and non sweet fruit,
- No added salt and sugar in cooked food or food cans or food products,
- eating less for dinner,
- Eating less especially salted fish, eating more vegetables and non sweet fruit and try no added salt and sugar while cooking food or food cans or food products. Do not add a little sugar at every meal, don't drinks sweetened
- Do not eat fruit with salt and sugar added.
- Each meal eat one half of vegetable, one in four part of plate is fish, meat, egg, and the rest is rice - flour.

DISCUSSION & CONCLUSION

Because high blood pressure-related diseases. Schemes daily Current behavior and lifestyle will result in increased blood pressure. Especially dietary salt (sodium).Eating less fruits and vegetables fewer (less sweet), inadequate diet, lifestyle, sit, lie around. / Lack of exercise, drink more sweetened beverages, increasing age may result in increased blood pressure rise. [3],[4] It can be seen that the cause of hypertension that could change daily behavior Modified by learning and training and are aware of the dangers of high blood pressure. From this program is the participatory learning, participant can exchange the experiences and together solution, created a

good image in the group. There is a nurse as consultant. The group conducted themselves. These are all factors to success.

These strategy according to the study of Intharakamhang, A. et.al (2010) [6] " Study of administration and evaluation to The health adaptation of Health Center in Bangkok 21 projects in 2009 found that After the program participating found the attendees had self efficacy in modifying their behavior Self-Care (Self-care) more than before participating. The level of statistical significance (p<0. 01) shows a change in a better direction. The study also found that after participating, the sample had Body Mass Index (BMI) , Blood pressure , Decreased of waist circumference (measured in cm), Blood Sugar (FBS), Cholesterol, Triglyceride 9. Body weight (kg), Systolic / Diastolic, Waist to hip ratio lower than before program. It mean that the risk group can modified behavior must good self awareness so they can got self regulation at last they can self management to prevent complication both acute and chronic complication mean that they got self efficacy.[6],[7]

By The self-management can improve health status.[5],[7],[8] From the study of Sumnuk, N. et.al[8] (2011) "Study of effective program modification behavior people health risk group to hypertension in community, Pakpanung district, Nakornsrithamaraj " found that participation got more knowledge, activities , exercises "Study of behavior modification in risk group to DM and hypertension" found that means of self management behavior about eating exercise increase after the study significant. The most common lifestyle in Thailand which risk metabolic syndrome were reduce physical activity, lack of self control, being overly courteous by not eating a healthy diet.[5],[6],[9] The lack of need to control their food intake is the key to prevention. [10],[11],[15]Thus in this program, the most participant increased the self regulation. That is the one guideline for controlling and prevention the chronic disease.

CONCLUSION AND RECOMMENDATIONS

This research using participatory action by focusing on self care practice via real learning then return to daily practice. The good activity were exchanged the experience group connection, lesson learn from interviewing will be a good practical results. This project is an who are familiar threat human quietly serious violence, but prevented further.

ACKNOWLEDGMENT

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HAPPINESS OF THE UNDERGRADUATE STUDENTS

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ABSRACT

This descriptive research aimed to study happiness of undergraduate students of Suan Sunandha Rajabhat University, and the population of this research included 150 undergraduate students.

The instrument of this study was the questionnaire covering two parts of general information and the Thai Happiness Indicators which was constructed by the Department of Mental Health, Ministry of Public Health. Data was collected from undergraduate students of Suan Sunandha Rajapibhat University who had truthfully answered the questions in the questionnaire, and the information was also analyzed by using descriptive statistics, one way ANOVA.

The results showed that most of the subjects were female (61.33%) with the amount of income: 5001 – 1000 (51.33%), place of stay in dorm (67.3%), and most of undergraduate students of Suan Sunandha Rajapibhat University (60%) had the highest level happiness followed by medium level 34%, and the lowest level 6 %. The study also found significant differences in happiness scores among difference faculties, and the faculty of Industrial Technology showed the highest mean happiness score than other faculties. Then, the suggestion of this study is to study qualitative research in order to use the information to find the factors that affect the level of undergraduate students' happiness

Keywords: Happiness, Undergraduate students

INTRODUCTION

These days undergraduate studies are conducted to Higher Education Development Plan No. 12 (2017 – 2021) 2016: (online)--and remain major principles as : self-centered development, aims to develop quality of life and improvements of discipline, creativity ,rounded skills, ethics in life—under the vision " aims to develop students to have knowledge along with morals, good quality of life and happiness in society" (Office of the Permanent Secretary Ministry of Education, 2016 : online) Therefore, this development, conducted to Higher Education Development Plan No. 12 (2017 – 2021) (2016), comes from students who have to have knowledge, morals, good quality of life and happiness in life. As you can see, most undergraduate students are in transitional age where they have to adjust themselves such as learning in university class and living in new societies and new people from various countries, which influence on lifestyle and quality of life of learner—and they also have to spend their lifetime in university for at least 4 years. Hence, the university stresses on learning management, arrangement of environment in institutions, facilities, extra-curriculum activities in order to let students to be accorded of knowledge, specific fields and happiness which is relevant to the mission of Suan Sunandha Rajabhat University: "to produce graduates with emphasis on knowledge transferring to localities, conform good teachers, conduct research, provide academic services to communities, and to promote and conserve arts and cultures". For the key result area, we produce leading graduates who are needed by the community and society in the economic and knowledge era, who become happy global citizen) (Suan Sunandha RajabhatUniversity: (2017)

The Department of Mental Health defines "mental health" as "a state of happy life that comes from having the ability to deal with problems in life, potential to improve yourself for better quality of life that cover good deeds inside among changing society and environment." (Department of Mental Healh, 2017: (online).

Therefore, to produce the students who are ready to spend their life and become good world population in the future, happiness is one of the key success to make this aim come true. Consequently, students have to be groomed as smart, good and happy. The researchers then, focus on studying the happiness of Suan Sunandha Rajabhat students so as to apply this useful information for perking up management, designing learning, students' activities, environment and so forth.

THE PURPOSES OF THE STUDY

1. To study the students' happiness at Suan Sunandha Rajabhat University
2. To compare the level of students' happiness in each faculty at Suan Sunandha Rajabhat University

METHODOLOGY

This research aims to study the levels of happiness of students who were studying in various faculty at Suan Sunandha Rajabhat University, and collect the population and sample chosen by purposive sampling: 150 students in various faculties at Suan Sunandha Rajabhat University who were willing to participate in the study.

Quality check on research data collecting tools

The instrument of this study was the questionnaire covering two parts of general information and the Thai Happiness Indicators: THI-15; 2001 which was constructed by the Department of Mental Health, Ministry of Public Health. The questionnaire was also studied and disseminated in the country was Alfa Cronbach = 0.70 Mongkol.A., et al (2001).

The research instrument contains 15 convenient checklist rating scale questions with 12 positive questions and three negative questions. In each question, the participants answer a type of Likert's scale from 0 (never) to 3 (always).

Data collection

We collect the data by informing the undergraduate students of Suan Sunandha Rajapibhat University who had truthfully answered the questions in the questionnaire, and the data was analyzed by frequency, percentage: in addition, mean, standard deviation was used for general characteristic for samples, to analyze the happiness of Suan Sunandha Rajapibhat students in different faculties with one way ANOVA.

RESULTS

Section 1: According to the general Information collected from 150 Suan Sunandha Rajapibhat undergraduate students, we found that most of subjects were female (61.33%), most of their income was 5001 – 1000 (51.33%) and place of stay in drom (67.3%) (Table 1).

Section 2: Most of undergraduate students of Suan Sunandha Rajapibhat University (60%) had high level happiness followed by medium level 34%, and low level 6 % (Table 2).

Section 3 Compare Average Happiness Score) of Suan sunandha rajabhat undergraduate students at different faculties found that they have the different levels of happiness with

significant difference at .05 level. Then we compare the difference in average to a pair as shown in the table 4.

Section 4: According to the comparison of the average of the happiness levels of undergraduate students Suan sunandha rajabhat University at different faculties, we found that the faculty of Industrial Technology has a higher level of happiness than the faculty of Education, faculty of Humanities, faculty of Management science New, faculty of Arts with significant difference at .05 level, and the faculty of Humanities with faculty of Management science had different level of happiness.

Table1

Percentage and number of Suan Sunandha Rajapibhat undergraduate students classified by general characteristics (N=150)

Item	N	%
Gender		
Male	58	38.67
Female	92	61.33
Income received		
3500 - 5000	45	30.0
5001 - 10000	77	51.33
10001 - 15000	25	16.67
15001 - 20000	3	2.0
Place of stay in		
home	49	32.7
Drom	101	67.3

Table 1 show that undergraduate students of Suan Sunandha Rajapibhat University was female = 61.33% most of Income received (5001 – 10000) = 51.33% most of Place of stay in drom = 67.3%

Table 2

Number and percentage of the level happiness of Suan Sunandha Rajapibhat undergraduate students (n= 150)

Level of happiness	N	%
Low level (27 ≤)	9	6
Medium level (28-34)	51	34
High level (35-45)	90	60

Table 2   shows that 60 % of undergraduate students of Suan Sunandha Rajapibhat University had high level happiness followed by medium level 34%, and low level 6 %

Table 3

Comparison of mean Happiness Score of undergraduate students Suan sunandha rajabhat University at different faculties

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1153.707	4	288.427	14.341	.000
Within Groups	2916.267	145	20.112		
Total	4069.973	149			

*p<.05

Table 3 shows that Suan Sunandha Rajapibhat students in different faculties get the different quantity of happiness with significant difference at .05 level. Then we compare the difference in average to a pair as shown in the table 4.

Table 4

Compare the average to the pair levels of happiness in undergraduate Suan Sunandha Rajapibhat students' happiness at different faculties.

Faculty	Faculty of Industrial Technology	Faculty of Humanities and Social Science	Faculty of Education	Faculty of Arts	Faculty of Management Science News
Faculty of Industrial Technology	-				
Faculty of Humanities and Social Science	0.004*	-			
Faculty of Education	0.000*	0.845	-		
Faculty of Arts	0.000*	0.433	0.96	-	
Faculty of Management Science News	0.000*	0.005*	0.61	0.389	-

Table 4 This table represents that the faculty of Industrial Technology has a higher level of happiness than the faculty of Education, faculty of Humanities, faculty of Management science New, faculty of Arts with significant difference at .05 level, and the faculty of Humanities with faculty of Management science had different level of happiness.

CONCLUSION AND FUTURE WORK

The result of this research represents that the happiness of Suan Sunandha Rajapibhat undergraduate students is at the high level which is corresponded with the   Sonpaveerawong.J et al.(2017) study about the happiness of Walailak students, showing that 381 students had mean score of happiness was at the high level, and when compared to the happiness of different faculties , we found that the scores of happiness are significantly different, particularly the faculty of Industrial Technology which is responsible for the higher level of happiness than other faculties due to the fact that the way of learning of these students, who predominantly have to take part in activities and apply their artistic knowledge and creativity, is accorded with the study of Haocharoen.K and

Sakulrattanakulchai. S (2007), showing that most students agree that art can help them improve quality of life, relieve stress, and generate creativity. Also, with the potential facility management system of Suan Sunandha Rajapibhat University such as online registration, assessment, and academic databases which students can get access to. Moreover, this university is located in the central Bangkok, and most students are not fatigue of going to the university since they live in the dormitory where is not far from the university, and they can do more activities with their friends.

SUGGESTIONS

This study shows that the undergrate students' happiness in Suan Sunandha Rajabhat University was at high level, but the relevant study of factors on the happiness level are rare; the future study will focus on:

1. Qualitative research in order to use the information to find the factors that affect the level of happiness in undergrate students

2. Comparison of factors about the level of happiness in different faculties

ACKNOWLEDGEMENTS

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THE FACTORS RELATED TO NUTRITIONAL STATUS OF WORKING AGE GROUP IN SUAN SUNANDHA RAJABHAT UNIVERSITY

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ABSTRACT

This descriptive study aimed to investigate the nutritional status and the correlations between personal factors and nutritional status among working age group. The sample was 317 of staff in Suan Sunandha Rajabhat University (SSRU) whom obtained by accidental sampling. Data were collected by using Standard questionnaires. Frequency, percentage, mean and standard deviation, chi square test were used for statistical analysis.

The results of the study showed that 73.0% of the participants were female and 27.0% were male. Their mean age was 39.4 ± 10.8 years. Fifty three percent of participants were overweight or obesity (BMI $\geq$ 23.0 kg/m^2) The factors related to nutritional status of Suan Sunandha Rajabhat University's staffs were sex (20.184, p<.01); age (23.420, p<.01); marital status (14.936, p<.05); and salary (20.184, p<.01), but educational level, position, financial status were not (p>.05).

In conclusion, the nutritional status of the staffs in SSRU were overweight that was the health problems of these staffs. The factors related this were sex, age, marital status and salary. Therefore, the obesity treatment for the obesity should be developed and examined the effectiveness in the future.

Keywords: nutritional status, staff, Suan Sunandha Rajabhat University

INTRODUCTION

Working-age population is defined as persons aged 15-60 years. [1]. It is well-known that this group of people distribute their time for working and living little time for personal health. This lead to increase health problem. The recent study found that the tendency of Thais for being overweight (BMI=23.0-24.9 kg/m^2) and obesity (BMI$\geq$25 kg/m^2) [2] have been increasing. This is one of the main risk factors for non-communicable chronic diseases (NCDs.) including cardiovascular diseases (CVD), diabetes mellitus, hypertension, hyperlipidemia, stroke, and cancer and these lead to reduced work capacity and quality of life. [3].

The report of the routine medical checkup in 300 staffs of Suan Sunandha Rajabhat University (SSRU) in the year 2015 demonstrated that high blood cholesterol (Chol. > 200 mg%) (59.0-77.5%), high LDL- cholesterol (LDL>100 mg%) (80.5-92.0%), and overweight (BMI$\geq$ 23.0 kg/m^2) (47.3-53.5%) were the highly prevalent health risk of disease [4]. The Thailand National Health and Examination Survey 2014 indicated that about one-third of working-age population had a sedentary lifestyle and unhealthy dietary pattern such as sugar-sweetened beverage consumption that caused to increase the prevalence of overweight and obesity in this group of people [5]. However, the causes of excess weight gain in working population are multi-factorial; individual, environment factors and daily life style especially dieting behaviors and physical activity [6]. Therefore, the aim of this study was to examine the factors related to nutritional status of working age group in Suan Sunandha Rajabhat University.

OBJECTIVE

1. To investigate the nutritional status of staff in Suan Sunandha Rajabhat University.
2. To examine the factors related to nutritional status of Suan Sunandha Rajabhat University's staffs.

METHODOLOGY

Study design

The study design was a cross-sectional descriptive research that conducted between February 2017 and April 2017. The research study was approved by the Institutional Ethics Committee of the Suan Sunandha Rajabhat University Institutional Review Board, Thailand and the informed consent was obtained from each participant.

Participants

Estimation of sample size by using Cohen and Morgan Statistic [7]. We set parameters of incidence at 50%, accuracy at 0.05, and bilateral confidence intervals at 95%. They were 315 staffs in Suan Sunandha Rajabhat University consisted of academic and supportive staff. All were selected by accidental sampling.

Questionnaire

The questionnaire was applied from the standard test of The Health Education Division, Ministry of Public Health (Thailand) [8] that was validity tested and found reliable consisting of 2 part of self-administrated questionnaire comprised 25 items over 3 pages that took about 5 minutes to complete. It included general information (sex, age, marital status, education level, position, monthly income etc.), and health status (body weight, height etc.). Then the BMI was calculated by the standard formula: BMI = BW (kg)/ height (m^2) [9] and was classified by using IOTF-propose classification of BMI categories for Asia [2]. BMI was divided into four grades: BMI <18.5 (underweight), BMI=18.5-22.9 (normal), BMI= 23.0-24.9 (overweight), BMI$\geq$25.0 (obesity).

Statistical analysis

The questionnaires were collected and were entered on the database twice by different people. SPSS Version 20.0 program was used for statistical analysis. The characteristics of the sample are reported as mean $\pm$ standard deviation, frequency and percentages. Pearson Chi-squared tests were used to examine the correlation between all factors and nutritional status.

<div align="center">

RESULTS

</div>

Table 1 shows the general characteristics of the studied population, showing the distribution of the study participants along the categories of the selected variables. Of the total sample of 315 participants, 85 (27.0%) were men and 230 (73.0%) were women and the average age of the samples was 39.4 $\pm$10.8 years. Most of the sample were

Nutritional status

The BMI categories in table 1 shows that 22.1% of the sample was at risk of obesity or overweight (BMI= 23.0-24.9 kg/m^2), 30.9% was obesity (BMI$\geq$25.0 kg/m^2). So, totaling 53.0% of the sample were overweight and obesity, and the average BMI was 25.0$\pm$ 5.1 kg. among the men and 22.6$\pm$5.3 kg. among the women.

<div align="center">

Table 1
General characteristics of the studied population

</div>

	Data	n =315	(%)
Sex	Male	85	27.0
	Female	230	73.0
Age	$\leq$ 30	64	20.3
	31 – 40	123	39.0
	41 – 50	76	24.1
	$\geq$51	52	16.5
		$\overline{X}$ = 39.4, SD=10.8	
Marital status	Single	169	53.7
	Married	127	40.0
	Widowed/ Separated/divorced	19	6.0
Education level	Up to high school	28	8.9
	Up to bachelor's degree	108	34.3
	Master's degree and above	179	56.8
Position	Lecturer	162	51.4
	Supportive	137	43.5
	Others	16	5.1
Salary (THB)	< 20,000	101	32.1
	20,001 – 30,000	69	21.9

	30,001 – 40,000			64	20.3
	> 40,000			81	25.7
Financial status	Plentiful			112	35.5
	Adequate			133	42.2
	Insufficient			70	22.2
BMI (kg/m^2)	Underweight	(<18.5)		26	8.2
	Normal	(18.5-22.9)		121	38.2
	Overweight	(23.0-24.9)		70	22.1
	Obesity	($\geq$25.0)		98	30.9

Men $\overline{X}$ = 25.0, SD= $\pm$5.1   Women $\overline{X}$ = 22.6, SD = $\pm$5.3

The relation between factors and nutritional status

Table 2 shows the factors such as sex, age, marital status, and salary were significant difference related to nutritional status: in sex (20.184, p<.01); age (23.420, p<.01); marital status (14.936, p<.05); and salary (20.184, p<.01). Meanwhile the relationship between educational level, position, financial status and nutritional status were not related (p>.05)

Table 2
Correlation between factors and nutritional status (n=315)

Factor		Under-wt.	Normal-wt.	Over-wt.	Obesity	Chi-Sq. (Sig.)
Sex	Male	0	28.2	29.4	42.4	**20.184**
	Female	11.3	42.2	19.6	27.0	**(.000**)**
Age	$\leq$ 30	20.3	37.5	15.6	26.6	
	31 – 40	6.5	45.5	18.7	29.3	**23.420**
	41 – 50	3.9	31.6	28.9	35.5	**(.005*)**
	$\geq$51	3.8	32.7	28.8	34.6	
Marital status						
Single		13.0	38.5	20.7	27.8	**14.936**
Married		3.1	37.8	22.0	37.0	**(.021*)**
Wid./Sep./div.		0	42.1	36.8	21.1	
Educational level						
Up to high school		17.9	35.7	21.4	25.0	9.421
Bachelor		12.0	38.9	19.4	29.6	(.151)
Master and above		4.5	38.5	24.0	33.0	
Position		6.2	38.5	25.5	29.8	
Lecturer						9.945
Supportive		8.7	40.6	18.8	31.9	(.127)
Others		25.0	18.8	18.8	37.5	
Salary (THB)						
< 20,000		15.8	37.6	17.8	28.7	
20,001 – 30,000		8.7	42.0	21.7	27.5	**21.809**
30,001 – 40,000		1.6	46.9	17.2	34.4	**(.010*)**
> 40,000		3.7	29.6	32.1	34.6	
Financial status						
Plentiful		4.5	38.4	27.7	29.5	8.762
Adequate		8.3	37.6	21.8	32.3	(.187)
Insufficient		14.3	40.0	14.3	31.4	

CONCLUSION AND FUTURE WORK

The aim of this study was to investigate the nutritional status of staff and examine the factors related to nutritional status of staff in Suan Sunandha Rajabhat University. Out results demonstrated that the mean age of the sample was 39.4 ($\pm$10.8) years, almost all the sample were female (73.0%), and single (53.7%). Most were the lecturer (51.4%) and also got master's degree and above (56.8%). More than a half of sample (53.0%) were overweight or obesity (BMI $\geq$23.0 kg/m^2) [6] and average BMI in men (25.0 kg/m^2) was higher than in women (22.6 kg/m^2). This shows that Suan Sunandha Rajabhat University (SSRU) is facing the obesity epidemic. At this status, the risk factors of morbidity and mortality from non-communicable chronic diseases (NCDs.) will be increasing in the staff SSRU.

The factors related to nutritional status of Suan Sunandha Rajabhat University's staffs were sex, age, marital status, and salary but educational level, position, financial status were not related to the nutritional status. For most people, BMI provides a reasonable estimate of body fat. However, BMI doesn't directly measure body fat, so some people, such as muscular man, may have a BMI in the obese category even though they don't have excess body fat. And, it might be the difference group of age have the difference needed and change of calories, often due to reduced activity levels and slow metabolism in the older. However, it is important to note related lifestyle habits. If young staffs do not improve their lifestyle both food consumption behavior and increase physical activities and exercise, they will be the obese. Therefore, it is very important that health promoting project or work organizations should take interest in caring for overweight. For the future studies, the obesity treatment model will be developed and will be examined in staffs of Suan Sunandha Rajabhat University.

ACKNOWLEDGEMENTS

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CARING OF DEPENDENT OLDER PEOPLE BY FAMILY CAREGIVER: QUALITATIVE RESEARCH SYNTHESIS

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ABSTRACT

This study aimed to synthesize research related to care giving of dependent older people by family caregiver. Searches from electronic databases include ScienceDirect, ProQuest, PubMed, and Wiley online. It includes search in country journals by hand. Foreign journal and other sources include the Thai Elderly Research and Development Foundation (EMS) and the Institute of Public Health Research. Selected research papers were published in the period 2000 - 2017. A total of 116 related research papers were selected for the study. Research by Qualitative Finding Critical Appraisal Scale developed by Pearson (2004) found that 7 research papers were selectively applied to all syntheses.

Based on the finding of synthesize qualitative research, it has been shown that care giving of the elderly dependence with comprehensive care consists of five dimensions: 1) the body, including basic daily care; assistance in wound care movement, 2) mental aspect, including mental rehabilitation, emotional stability, 3) social aspects of family activities and support, 4) spirituality including spiritual care, religious beliefs and local culture, 5) promote the treatment process, including drug management, taking the doctor appointment, encourage the older person to proper care and observing behaviors and adjusting care. In addition, the factors affecting the care of the older person with dependence are divided into two categories: caregivers such as understanding and acceptance. Modernization of the caretaker learning to care finding the right care and the stress management of self-care. Environmental factors include formal and informal care systems, the care team has a strong, using social capital for advantage, problem solving by raising awareness of the community, having a complete database of older persons and effective service assessment system.

The results of this qualitative research synthesis can be used to find out the synthesis in future research, taking into account the appropriate context and taking into account the level of dependence of the older persons. Every dimension of care in each dimension reflects the contextual differences in the beliefs and cultures of each area. The system of related services and support for family care for older persons will lead to better quality of life for older persons.

Keywords: Caring, Dependency older people, Family caregiver, Qualitative research

INTRODUCTION

Presently the population in the world as well as in Thailand are changing significantly. The number of older people is rapidly increasing which leads several countries to engage ageing society. From 2010 to 2040 the proportion of the older people population (older than 80 years old) in Thailand is expected to rise dramatically. The proportion of the older people will go up 12.7% or one-fifth of all elder population. Moreover, it is expected that in 2040 the proportion of the older people will rise up to 32.13% of the total population, especially those who are older than 70 years old will increase from 5.9% to 18.1%. This can cause a social dependency problem. The rate of this problem of dependency of older people is expected to increase from 19.7% in 2010 to 58.3% in 2040; on the other hand, it can be stated that nowadays one elder is taken care by five caregivers, whereas in 2040 there will be less than two caregivers per dependent person [1]. The increase of the older people and the rise of dependent population will have consequences in the aspects of economy, society and health. In the aspect of health, most elder people become chronically-ill and disabled as age is growing. The result of the health survey in Thai older people 2013 found that 26% of Thai older people have positive health behavior but only 5% are healthy. Within 95% of the rest, 41% of elder people have hypertension, 18% of them have diabetes, 9% of them have osteoarthritis, 6% of them are disabled, 1% of them have depression and another 1% of them are bed bound elder. This result is consistent with the ill rate of elder patients in the age group 60 years old and above (as found by the Ministry of Public Health) and the result that most older people are chronically-ill patients; they have hypertension and diabetes. The rate of the older people with hypertension is 8,957.5/ 100,000 population and the rate of the older people with diabetes is 5,331.5/ 100,000 population. There are many elder people who did not realize that they have chronic diseases in their early stage since the symptoms do not appear. This can lead to severe complicated illnesses such as kidney failure, heart disease and stroke (paralysis / paresis) and cause death [2]. In addition, chronic illness in the older people can lead to disability and

cause them not to perform daily activities on their own properly. These chronic diseases are found more and more serious when people get older.

Due to the increase of the older people suffering from chronic illness, health problems and disability, there is a rise of population in dependent age who need care from their family in a long term, which finally may cause social problems. Projections about older people with severe dependency in 2009 found that the need for long-term care will increase from about 60,000 males and 100,000 females to 100,000 males and 140,000 females over the next 20 years. The estimated cost of treatment of people who have severe dependency in the year 2009 were approximately 11,354 million baht and will increase to about 34,573 million baht in the year 2024[3]. Milli Keane (2000) [4] has provided a description of dependency by specifying the characteristics of the defect both on the physical as well as the psychological side. Furthermore he describes the need for assistance in activities of daily living in one or more aspects. The result of physical and psychological impairment corresponds with Narirat Jitmontree and et al (2009) that describe indicators of dependency and indicate the functional health of the older people by using Activity Daily Living (ADL) to measure the ability to do daily activities in terms of bathing, dressing, eating, sitting, moving to the bathroom. It may also include urinary incontinence and stool that is in need of care [5] and also Suttichai Jittaphankul (1999) [6] have divided this into 4 levels, from a small reliance on the assistance of another person to perform activities of daily living to the level of relying completely. This rise in the number of dependent elderly causes long-term care needs. Thus, this is a big problem coming with an aging society. This does not only affect the older people but equally has effects on society, family and community. It also has an impact on the health care system and the nation as such. It can be obviously seen that family is very important in providing care of the older people. Caring is a culture that has been passed down for centuries. It is important to live in a stable society and family environment, because caring activities help others, both directly and indirectly. This is expressed in behavioral characteristics such as the feeling of empathy, attention, supportive education and facilitation. These are considered the needs of individuals, especially people who can not support themselves, including children, youths, the patients, the disabled and the older people, who need care in a different way [7]. According to studies of older people care in Thailand, it was found that most elder people were taken care by their family. There were some problems such as emotional stress, mental fatigue and lack of knowledge during caring of the older people. It can be observed that many elder people in dependent age and in need of caring by their family are faced with a limit of caregivers, budget and material to assist during the care of caregiver and health personnel. Thus, taking care of the older people in a long term program is crucial to be enhanced in order that the older people's family can take part and play a suitable role in assisting them appropriately [8]. Family members who take care of the older people are called informal caregivers or traditional caregivers. The role to take care of the older people depends on a relationship which is consistent with the aim and expectancy of the family and society, to see them support the older people [9]. Whether the care provided is pleasant or unpleasant depends on various factors such as characteristics of the caregiver, health of the caregiver and the older people, the relationship between caregiver and the older people, income of the family, knowledge and ability of caregiver, circumstance or neighborhood, care potential in the family and the health service system and society. The following results are from a study on burden and impact in long-term care for the older people in Thailand. The results show that the majority of care givers who provided long-term care for the older people in Thailand feel relative powerless; most of them (85%) were female; one-third had a chronic health problem; and one-third were older people caregivers. Three-quarters of caregivers also work, and about one in nine people need to provide long-term care for more than one person. The majority has no experience in long term care. In addition, it was found as a pattern of family caregivers for long-term older people care in Thai society, that the caring was a subject of gratitude. Also, the psychological burden and emotional problems were the most common, about four in five, among those who provided care to older people with dementia. More than three in four of these caregivers experienced physical, social and economic burdens [10]. All these factors affect the quality of the older people care. Although the older people are taken care closely from their family, it can cause negative effects to them if the care is not done effectively, especially the older people in dependent age, home bound elder and bed bound elder, and it can be the cause of re-admission of the older people in the hospital.

The National Older People Plan 2002-2021 determines that Thai older people have good physical and mental health, live in suitable habitat, have social security, dignity and can be self-reliant [11]. Families and the older people are intertwined and difficult to separate because the older people have ties to the family from birth to death. In general, societies focus on role-based interactions between families and the elderly. It is expected that families should play a role in taking care of the older people. In addition, older people should act according to the expectations of the society under the concept and practice of the local cultural traditions. If each party follows the role that society expects, it will make the family complete their primary function. Families are at the heart of the matter and very important in their care[7]. However, a review of literature related to older people care is limited. In general, there is a synthesis and synthesis of knowledge and research in the older people, but there is no synthesis of research related to family care in the older people. For this reason, we are interested in studying care for the older people with family relapses, which results in the synthesis of this research will help

health-related people understand the care of the older people in the group. It is the responsibility of the family caregiver to promote a family-sponsored policy. This will result in the older people being well cared for physically, mentally and socially. Thus, enabling the older people to live a better life in the future.

METHODOLOGY

How to proceed:
The study identification and scope of the research is based on the following criteria;
1. Inclusion criteria are as follows;
1.1 The research studies is older people with dependence and family caregivers provided information.
1.2. A qualitative research studies on the care of family caregivers in dependent older people people.
1.3. Research published in English and Thai only.
1.4. Completed research published in the period 2000 - 2017
2. Exclusion criteria are as follows;
2.1. Published before 2000.
2.2. Not published in English and Thai.
2.3. Thai Non-Private Research for Trade and Investment

Search by keyword caring, dependency older people, family caregiver, informal caregiver, older people, older, experience, qualitative study, qualitative research. Electronic databases include ScienceDirect, Proquest, PubMed, Wiley online, hand-searching by country journals. Foreign journal other sources include the Thai Older people Research and Development Foundation (EMS) and the Institute of Public Health Research

Study selection
In the selection process, the search process is as follows:

| Total references retrieved and total abstracts screened (n=116) | → | Rejected at abstract (n=83) |

| Total full papers obtained (n=33) | → | Rejected full papers excluded on basis of title and abstract if it is not relevant about caring of dependent older people by family caregiver (n=21) |

| Total papers appraised (n =12) | → | Rejected papers appraised (n=5) |

| Total papers included (n = 7) |
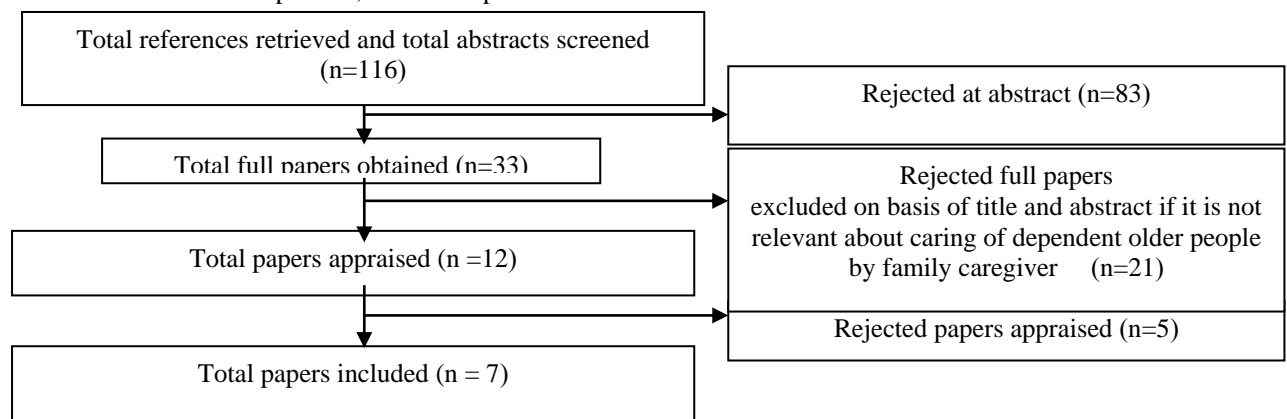
For this synthesized research, we have read the research on issues related to caring for dependent older people by family caregivers. The total of 1 1 6 related research topics were identified as issues related to the experiences and care giving of dependents by family caregivers. The quality of research report is monitored by Qualitative Research Quality Assurance System (Pearson A) (2 0 0 4) [12] found that seven selected research papers were used for the synthesis. The results of the study were shown in Table 1 and 2:

Three research papers were published in English and four in Thai. Three papers were foreign journals and two journals published in Thailand between 2000 and 2 0 1 7 . One was a research report and one was a thesis. Volume 1: Year published between 2000 and 2017, as shown in Table 1.

Table 1
Research characteristics as sources of research.

The source of the research	Number (subject)	Percent
Journal published abroad	3	42.9
Journal published in Thailand.	2	28.5
Research report in Thailand	1	14.3
Dissertation	1	14.3
Total	7	100

All seven qualitative research studies were conducted in seven older people with dementia, including Alzheimer's. There were 2 studies in Thailand and 4 subjects in Thailand shown in Table 2.

Table 2

Features research by a group of older people with dependent

Older people with dependent	Number (subject)	Percent
Older people with dementia (USA, Canada and Thailand)	3	42.9
The older people with Alzheimer(USA and Thailand)	2	28.5
Older people with dependence levels 3 and 4. (Thailand)	2	28.5
Total	7	100

RESULTS

This qualitative research synthesis can be divided into caregiver dependent older people caregivers as follows:

1. Body

- Basic daily care such as daily help, bathing, eating, personal hygiene, cleaning of clothes and bedding, excretion, especially the older people, Alzheimer's, who cannot help themselves. [13]

- Manage mobility assistance, such as helping to provide walking aid. Organizing and turning over the side.

- Do wound care in case of pressure ulcers. The caregiver will do the wound caused by the pressure. In addition to nursing home care. [14]

2. Psychological

- Rehabilitation, such as using humor, as well as conversations. [13]

- Emotional stability such as being friends. Talk to the solicitor and try to find an activity for the older people to relax stress.

3. Social

- Common activities such as eating together and traveling to various places or taking the older people to visit relatives.

- Family support, such as the allocation of time to care, by family relationships. [13]

4. Spirituality Consists of religious beliefs based on religious beliefs. Folk culture used in care.

5. The promotion of the treatment process.

- Drug management including observation side effects from the drug. [13]

- Taking a doctor appointment.

- Support for the older people in the correct care process such as the introduction of new techniques from self-study or from the advice of the doctor and the experience of others to adapt to care. In addition, Alzheimer's needs to be observed at the beginning including discussion of future treatment plans. [15]

- Observation of behavior patterns and appropriate care modifications. [16]

In addition, from the research synthesis, the factors that affect the care older people depend on the study is divided into two areas.

1. The first area is the factors of caregivers related to caring for the older people with dementia. To understand and accept modernization of the caretaker, learning to care and finding the right care especially dealing with the stress of the caregivers themselves [17,18,19]. In addition, caregivers have a positive attitude towards the older people in terms of daily care. Have caring and caring respect for the older people. Older people care practices have to be done with understanding and willingness and good talk. [14,15,19]

2. The second area is environmental factors such as formal and informal care systems. To have a strong team, using of social capital is beneficial. Problems are solved by raising awareness of the community and having a complete database of seniors and effective service evaluation. [14]

The synthesis of qualitative research involving older people with persistent reliance on family caregivers. Presented by the Figure 1 below:

Figure 1
Caring of dependent older people by family caregiver

Dimension of care
• Body
      - Basic daily care
      - Aid in movement
      - Wound care
• Psychological
      - Mental rehabilitation
      - Emotional Stability
• Social
      - Join activities
      - The support of the family
• Spirituality
      - The care of religious beliefs based on religious beliefs and folk culture
• Promote the treatment process
      - Drug management
      - Taking doctor appointment.
      - Support for the elderly to enter the correct care process.
      - Observation of behavior patterns and appropriate care modifications.

Factors of the caregiver
- Understanding and acceptance
- Adjustment of caregiver
- Learning to care
- Finding the right care
- Stress management

Environmental factors
- Formal and informal care systems
- Having a strong team
- The use of social capital is beneficial.
- Problem solving by raising awareness of the community.
- Having a complete elderly database.

DISCUSSION

This qualitative research synthesis is summarized in Figure 1. It has been shown that caregivers of dependent elderly people comprehensive care consists of five dimensions: 1) the body including basic daily care; assistance in wound care movement 2) mental aspect including mental rehabilitation and emotional stability. 3) social aspects of family activities and support. 4) spirituality including spiritual care, religious beliefs and local culture. 5) promote the treatment process including drug management and taking the doctor appointment. Encourage the elderly to enter into proper care and observing behaviors and adjusting care. In addition, the factors affecting the care of the older people with dependence are divided into two categories: caregivers such as understanding and acceptance. Modernization of the care taker learning to care finding the right care and the stress management of self care. Environmental factors include formal and informal care systems. To have a strong team, the use of social capital is beneficial. Problems are solved by raising awareness of the community and having a complete database of seniors and effective service evaluation. The synthesis of this research shows that care in each dimension reflects the contextual differences in the beliefs and cultures of

each country as well as the related services and support systems for families with older adults such as in the spiritual dimension found in the context of care in Thailand. This includes the care of family caregivers towards the elderly in different service and policy systems in the United States or Thailand resulting in different support. In addition, the use of synthetic findings in future studies should take into account the appropriate context and the level of dependence of the elderly.

ACKNOWLEDGEMENTS

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THE ROLES OF FOREIGN LANGUAGE IN BUSINESS ADMINISTRATION

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ABSTRACT

This paper explores the roles of foreign language in business administration, investigates the manager perspectives, studies the problems of foreign language usages in communication, to discover modes of developing employee's foreign language ability, and to investigate the co-operative education students' opinion concerning the roles of foreign languages in business administration in Thailand. In-depth, face-to-face qualitative interviews were employed. The results indicated that foreign languages play their significant roles in import and export companies. In the managers' point of view, foreign languages are very important to their businesses, especially, for communication with customers, other companies, and suppliers. The problems in some companies might happen because of the differences of each customer. The problems also come from both senders and receivers who are lack of knowledge in foreign languages. The informants stated that organizations should invite professional trainers to help improve foreign language skills in vocabulary, conversation which are beneficial.

INTRODUCTION

Language is a vital tool that we use to communicate with other people in our daily and working lives (Sanstead, 2001; Adejimola, 2008). It consists of words and meanings that are combined into discrete units (sentences) (Hagoort & Van Berkum, 2007; Van Berkum, 2008). Sentences joined together become information that can be used to exchange ideas with other people (Lieberman, 2008). Although language is important in working life, linguistic skill in itself is insufficient (Cantoni, 1998; Geneva 2002; Hulstrand, 2008). Foreign languages are also important and play important roles in business administration. In business administration, foreign language plays several roles, such as a role in internal (Marchan et al., 1997; Marschan-Piekkari et al., 1999; Davies, 2000) and external communication (Marchan et al., 1997; Davies, 2000; Leslie & Russel, 2006), a role in having a chance to get a good job, and a role as a means to understand other cultures. Good communication in foreign language becomes so crucial in today's world (Cole, 1988) owing to the impact of globalization. For global competitors, the most important factor is the ability to communicate on a wider, quicker and clearer basis (Schorr, 2005). Ability in communication is focused on foreign languages which are widely used (Walters, 1990). The importance of the roles of foreign language in business administration is for communication with customers, competitors, employers, employees and colleagues (GO, 2009). In fact, communication begins early in life as we can see the fact that the baby has a need is communicated by a simple cry (Ruffin, n.d.). As children grow older, the communication process becomes more complex (Stewart, 1985). Communication is very important in the business field in terms of sending messages to receivers or speaking clearly to listeners. Foreign language ability also plays very important roles in business administration in helping increase the opportunities for understanding and in learning other cultures (Griva & Sivropoulou, 2009). Understanding the roles of foreign language will be beneficial because it assists understanding of conversations, communications and negotiations between practitioners and foreign customers. Practitioners can run businesses more smoothly with the use of foreign languages (Peh, 2005) and their foreign customers will feel more comfortable. In business administration, not only are speaking and listening skills important but also other skills including reading, writing and negotiating (Stewart, 1973). Language is, seemingly, omnipresent and successful communicators apply principles of human behavior (Stewart, 1973). Any foreign language can be used in business depending on customers and the nature of the business and market involved. Understanding the type of language required and the degree to which understanding of it is required is an important managerial skill. Aside from advantages for employees, customers can also expect advantage from sophisticated language use. They can obtain the required appropriate products or services. For instance, with the productive foreign language communication, customers get what they order in a wholesale-shop. In contrast, for the unproductive foreign language communication, the customers might face a confusing-problem or do not get what they order. This problem seems small, but it can be the high-risk if it happens too often. Language creates customers' satisfaction (Crystal, 1989) which will lead to competitiveness. Competitiveness cannot happen without ability to handle

well with customers. Batt (2008) studied the research entitled 'English Skills Gap is Costing Thai Businesses', and it was published in BusinessWeek Thailand. He pointed out the case had lost business worth upwards of TH฿ 17 million (US$500,000) because of a failure to deal which English language communications from a British business. This indicated that language plays an important role in business administration (Barlas et al., 2002; Batt, 2008; Rasouli, M. et al 2008). Also, foreign language plays a role in assisting customers who face problems in communication (Cotton et al., 2007), especially in terms of communication with multi-national companies and companies outside a country. Moreover, foreign languages play a role in having more chance to get a good job. Many businesses are looking for people who are fluent in other languages. Foreign language skill provides a competitive edge in career choices in the contemporary job market (Ebling, 2005). Many companies want their new employees to possess foreign language skills and need people with high levels of proficiency. For existing employees, some companies will provide foreign language courses to sharpen their language skills so employees can use them more effectively. Furthermore, foreign language plays a role as a means to understand other cultures (Voght and Schaub, 1992). Understanding cultures of customers is beneficial in running businesses. The world opens widely to meet people from different cultures and understanding the customer's culture helps organizations manage conflicts arising from cultural barriers or differences. The purposes of this study are to explore the roles of foreign language in business administration, to investigate managerial perspectives concerning the roles of foreign language, to study the problems of foreign language usage in communication with customers, to discover modes of developing employees' foreign language ability, and to investigate the co-operative education students' opinion concerning the roles of foreign languages in business administration in Thailand. With these objectives in mind, the paper is structured in three further sections. In the first section, a review of literature serves as a reference for analysis of the results. In the second section, the setting of the research and methodology employed are described. In the third section, there is a presentation of the research findings obtained and the data analyzed in order to answer the research questions. Finally, conclusions are drawn and recommendations are made that will assist in facilitating a business that encourages economic and business development.

2.1   What is business?

The word "business" means the activities of buying and selling of goods or services, the work that we do to earn money, or an organization that sells goods or services (Walter, 2004).

Business involves advantages, profits, and money. Friedman (1994) definedthe word "business" as the commercial enterprise, profession, or trade operated for the purpose of earning a profit by providing a product or service. Businesses are created by entrepreneurs who put money at risk to promote a particular venture for the purpose of a profit. They vary in size from one-person selling to an international corporation having billion of dollars in assets and thousands of employees. According to Thill (2001), there are a wide variety of career areas that exist in business settings such as, business management, finance, human resources, marketing, sales, public relations, and industries. Business is important. It involves economies because it can earn revenue from both inside and outside of the country. Business can also build good relationships across borders. To succeed in running a business, organizations must share information with people both inside and outside the organization. The reason is that a goal of business is to communicate with others to sell products or to provide services, and to communicate inside the organization to have a good cooperate among the commander and workers (Mendonca, 2003). There are three types of principle forms in business organization: Sole Proprietorship, Partnership and Corporation. The sole proprietorship is the oldest, most common, and simplest form of business organization. It is a business entity owned and managed by one person. It can be organized very informally which is not subject to much federal or state regulation, and is relatively simple to manage and control (Coleman, 2004; Mauro, 2008). So the sole proprietorship has only one business owner, and is a good business organization for individual who wants to start a small business. The sole proprietorship is beneficial to the country's economy. If a country's economic structure is large enough, the country's economy is hard to collapse, once there is economic crisis.

The second type is the partnership.

It is a type of business entity in which partners share with each other the profits or losses of the business undertaking in which all has invested. Thus, partnership is a state of being a partner for sharing the rewards if the business is successful, search information and discuss. Whenever there are problems, a partner can try to

help solve them. The third type of business ownership model is the corporation. Here, the ownership is divided into shares and management distributes net profits in the form of dividends to shareholders. So a corporation is a separate legal entity. The corporation comes into legal existence when its founders comply with their state's incorporation process (Iwai, 2001). Most definitions of business type concentrate on the activities involved in earning money such as selling of products and services. For the purposes of this study, business involves all types of business forms previously specified. 2.2 Demand for foreign language competency in business administration There is a demand for foreign language competencies in business administration (Dipte & Ali, 2009). The demand of foreign language in business administration is for communication.

Roles of foreign language in business administration Nowadays,

many businesses have expanded worldwide (Dixuan, 2003). Many investors invest in other countries. Thus, foreign language is necessary (Cook, 2007; Pine, 2006). Foreign language plays a significant role in communicating (Cline, 1998; Stone, 2009) and foreign language opens up different and better opportunities (Mittlesatnds, 2007; New Zealand Herald, 2007; Odlin, 2007). The success of business administration will depend on the quality of information about its customers, its competitors and the market in general. 2.4 Foreign language roles in internal communication People who work in an organization need to talk to each other to make others know what they want or what they need. They sometimes want to share their thoughts and to listen to others (Cong, 2007). Foreign language can be a means to help them understand each other. If nobody communicates within an organization, there are likely to be problems. Lack of communication will cause working process problems. Communication can be a way to build a good relationship between employees inside an organization (Mark, 2007). In fact, the roles of language in internal communication and external communication will support each other. If the internal communication works well, the external communication can work effectively too (Grunig 1992). Internal communication involves all forms of communication that exists within an organization. Communication may be oral, written, face-to-face, virtual or in groups. Internal communication helps to establish formal roles and responsibilities for employees and lead to the success of an organization.

Foreign language roles in external communication

The roles of language in external communication will involve speaking face-to-face with the customers (Samova & Porter, 2004). It can also be a written message like some quotes from an important or even legendary person or a billboard advertisement. From these messages, customers develop an understanding about the company (Stewart et al., 2005). This shows how important are language roles in external communication that can gain profits for organizations. An organization will get more customers from the messages and actions that express what the organization truly is. It reveals many things to customers and the wider community. Just as internal communication carries information up, down, and across the organization, external communication carries it into and out of the organization (Thill, 2005). 2.6 Foreign language roles and customer satisfaction The roles of language in business administration and customer satisfaction are both related in business. Customer satisfaction depends on what and how the customers gain from the organization after an interaction. Both verbal and non-verbal forms of communication are important in this regard. Communication skills will be used as a first step to reach customers and make them satisfied with the organization's offerings. The more that customers are satisfied, the more the organization gains advantages. Foreign language plays an important role in making customers feel comfortable about buying products or services (Runnakit, 2007). The company needs to use positive and friendly language to show understanding and care for their customers. Listening to customers carefully to know what they need or want from the organization is very important, because it makes the company staff know how to make them satisfy. Consequently, the company can offer them some form of promotion and for products that are directly related to their needs. Moreover, the company will need to show the same level of care and attention in looking after their customers as well as the first time the company staff meet the customers. This is called after-sales service which should impress customers and will build loyalty tothe organization in their minds. For example, mobile phone call centres answer any questions from customers and so need to use a form of speaking that includes concision, completeness, effectiveness and positivity to help customers understand the answers and to feel good and satisfied with the service received. 2.7 Language and culture Language and culture cannot be separated and are in fact part of each other (Jenkins, 2000). Culture has

a component that consists of words. Attempting to communicate meaning through the transmission of a message to someone from a different cultural background runs into the danger that cultural differences will lead to misunderstanding (Robock, 1989). Understanding language and using it perfectly requires understanding its cultural component too. To clarify, some words with the same meaning can be used in different situations or some words can be very rude in some other languages. One example of this is the word "pumpkin" in English, which is "fuktong" in Thai, which clearly can cause some offence. Culture involves learning and sharing forms of behaviour, norms, values and material objects (Stoyko, 2009). It also encompasses what people create to express values, attitudes and norms.

Communication systems such as language and nonverbal communication are products of culture. Cultural misunderstandings in business activities can be destructive to an organization. Mistakes can be unconscious as well as unintentional (Varner, 2005). 3. Methodology The objectives of this study were to explore the roles of foreign language in business administration, to investigate managerial perspectives concerning the roles of foreign language, to study the problems of foreign language usage in communication with customers and to discover modes of developing employees' foreign language ability in business administration in Thailand. This study was based on in-depth, face-to-face qualitative interviews with a convenience sample of 53 managers. The managers were from different companies and departments and represented all types of business form. There were 30 tour company managers, 15 hotel managers, 3 import and export company managers, 3 jewelry store managers, a transportation company manager and a telecommunications company manager. They were selected on a random basis within Bangkok, the capital city of Thailand. There were additional interviews conducted with 53 co-operative education students. The aims were to explore the roles of foreign language in business, to investigate the manager perspectives concerning the roles of foreign language, to study the problems of foreign language usage in communication with customers, to discover modes of developing employees' foreign language ability and to investigate co-operative education students' opinions concerning the roles of foreign language in business administration in Thailand. A set of the interview guidelines in English was created as a research instrument by the researchers. The interview guidelines consisted of two main parts. The first part was designed to obtain the interviewee's personal information (e.g. gender, educational background, years of working experience, type of business, etc.) and the second part consisted of questions related to the objectives of the study as identified above. After designing the set of interview guidelines, they were given to experts in designing such guidelines for their consideration. The aim was to determine whether wordings, questions and question order issues contained in the guidelines were clear to the interviewees and, as a result, some minor adjustments were made. Interviews were arranged beforehand Formal letters requesting an interview were also prepared on request. Appointments with managers were made about two weeks in advance. Interview guidelines were sent to managers in advance by e-mail and fax so that respondents had time to prepare answers. Interviews were conducted in company offices when the researchers went to observe the co-operative education students. Sometimes interviewing was conducted in offices, coffee shops, restaurants, hotels and elsewhere. The interviewing time lasted approximately 25-35 minutes. Fifty three cooperative education students were interviewed after they had experienced four months of business administration studies.

There are limitations to this study. First, the respondents in the sample were from diverse businesses and, second, the time was quite limited. In the future, more specific business or industry sectors should be selected and more time should be considered. Moreover, the interviewing guidelines should be developed by adding more question areas for better results. This paper presents only some of the findings, which are those concentrating on roles of foreign language in business administration, managerial perspectives concerning the foreign language, the problems of foreign language usage in communication with customers, modes of developing employees' foreign language ability and the co-operative education students' opinion concerning the roles of foreign language in business administration in Thailand. 4. Research Findings The research findings are divided into five sections: (1) the roles of foreign language in business administration, (2) managerial perspectives concerning the roles of foreign language, (3) the problems of foreign language usage in communication with customers, (4) modes of developing employees' foreign language ability, and (5) the cooperative education students' opinions concerning the roles of foreign language in business administration in Thailand. 4.1 Foreign language in business administration From the interviews, it became apparent that foreign languages are significant in business administration. The kinds of businesses in which foreign languages play

significant roles in particular are in import and export companies concerning agricultural products such as rice, rubber, tropical-fruits, crops, handicrafts, local-products, gems and seafood. This sector is known as being one offering major income for Thailand because of the presence there of various natural-resources. Furthermore, these companies help improve the quality of life for many Thais. In the many forms of communication used here, that dealing with negotiations is prominent. It is necessary for the import and export businesses to be able to negotiate with their partners in trading, because they have to gain benefit from any deal while retaining good relationships for future interactions. In addition, Thailand needs to import a large number of products which cannot be produced efficiently in the domestic economy. It is currently unable to produce some kinds of product which may need special inputs, such as high-technology parts for computers, medical equipment, cosmetics and chemicals. As Thailand is unable to produce them on its own, it is necessary for Thailand to communicate with foreign suppliers to obtain them and so of course communication is important. Hotels and tourism represent a major source of income for Thailand. Consequently, effective communications are significant for sending messages to customers and intermediaries. Some tourism destinations in the country are world famous, including Chiang-Mai, Phuket, Krabi, Samui and Pattaya. Foreign languages are used in promotions, invitations and service provision, as respondents explained. Also, foreign languages are important in making a first-impression with tourists. Often, with backpackers, the offers concerning accommodation are in foreign languages. As a result of a good first impression, international tourists and visitors will probably come back again to visit the country.

Managerial perspectives concerning the roles of foreign language Foreign language skill from the managers' point of view is very important to their business administration, especially for communication with customers, other companies, suppliers and other stakeholders. Informants stated that communication gave the opportunity to expand their businesses from the national level to the international level, which offers further success. All the informants that the researchers interviewed have Thai people as a part of their major customers and many of the materials that are needed in their business are ordered from foreign countries. They import jewelry from India, for example. Knowledge of foreign languages is a must in this case and they have to communicate at least in English to negotiate or to make a contract to get needed materials for their business processes. Communication with customers is as important as communication with suppliers or other organizational networks, because customers both local and foreign are the main factor in determining the profits and benefits available for the business. To achieve the goal in every business, informants indicated that they needed to make customers satisfied and loyal to their businesses or organization so that customers will use products or services again. Customer satisfaction with products or services is important in making customers feel comfortable and secure. The informants also expressed the view that customers might forward their feelings of loyalty to their friends and connections through word of mouth and this is another advantage for the businesses. However, serving customers with the best service may not enough. Managers and all members of the business need to know the arts of communication to deal with different kinds of customers and this includes knowledge of foreign languages. Finally, the informants from the sample indicated that foreign languages are important because they play an important role in competing with competitors. Foreign language competency can enable the company to operate in the international market while serving customers in their own language. In other words, it appears to be a means of achieving localisation and this is very important in many product sectors. 4.3 The problems of foreign language usage in communication with the customers The researchers found that some problems occurred because of differences between customers. Not all foreign customers can communicate in a foreign language, whether or not it is English. Many could speak only their own language, whether it is Russian, Italian, French or Danish. They could not speak English very well and sent in orders in very bad English in terms of grammar and spelling mistakes. This situation often occurred for transportation companies. The issue for the company was to guess the meaning from the context from incorrect sentences and to use clear and easy English that those customers might be able to understand. This opens the possibility of errors in the communication channel that come from senders and receiver who do not understand each other. In such a case, the problem concerns the need for the partners to adapt themselves to understand and respond to the order correctly, as well as other forms of interaction.

5. Conclusion and Recommendations This research has concerned the roles of foreign language in business administration based on managerial perspectives and the views of co-operative education students. This study

showed how foreign language skills are in business administration. As expected, the answers from different managers in different business sectors to the question about the importance of foreign language were similar. They all said that foreign language was very important to everyone in communicating with others and to working out various issues. Foreign language is important in contacting other countries and foreign customers. The importance of foreign language in business administration depends on the field of business and the nature of the stakeholder it is wished to contact. If the company has been running a tourism business, then it needs to use English very fluently, while for a transportation company involved with foreign travellers, foreign languages certainly play an important role. Having foreign language skills is important for the tourism business and the jewelry store business so that they can serve their foreign customers optimally. The administrators or managers need to speak a foreign language such as English well. This will help create a good first impression in customers because they would be reassured that the company they have chosen to use can understand them well. Having foreign language skills is good. It will help administrators or managers and co-operative education students to reduce obstacles in communication at work by speaking, listening, and writing effectively. Communication with others with understanding is important for the business world. Foreign languages are used to serve and to negotiate with customers and with other foreign companies. It would be better to know how to communicate with other foreign customers in languages other than English, such as Japanese, Chinese, German or Russian. Customers expect the company they are going to do business with or whose services they will use to be able to understand their language. Those customers will appreciate the language use and will not feel like they are strangers but close to their business partners as people on whom they can rely. The informants recommended that businesspeople should study Chinese, Japanese, German or Russian as a third language if they wanted to be successful in the business field. Businesspeople should pay more attention to languages for better business administration. The best approach is to identify those countries with which the business is involved and prioritise the relevant language skills. According to the phrase 'language is the bridge to other countries,' then it should be seen that language is a tool for a business to build good relationships with customers in other countries. Negotiation becomes easier if the relationship is good and cultural differences are minimised through communication. Foreign language skill helps business flow more efficiently. It may help the company to expand within the country and internationally. In depth understanding of language roles and more specific business or industry issues should be taken in consideration. It is also an important phenomenon in business administration and should be further investigated scientifically.

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MANAGEMENT OF BEHAVIOUR AND EMOTIONAL DISORDER FOR CHILD INTEGRATION IN SOCIETAL FUNCTIONING: IMPLICATION FOR TEACHING AND LEARNING

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ABSTRACT

There is a general acceptance that children with behaviour and emotional disorder have the challenge in social integration with their peers in societal functioning.   Understanding the nature of these challenges are explained in specific strategies and designed to encourage a better competency in those skills required to achieve effective social integration. Even though there is no clear evidence of how these strategies are successful, there are originators of ways for future analysis and inference by researchers and provision of measures for specialists in measuring learning outcome. Children who are not coping with emotional and behavioural disorder, academic problems and severe disturbances in relationship with their caregivers could not be assimilated in an inclusive educational setting to place children with emotional and behavioural disorder in regular education, facilities must be provided for early and intensive interventions for children at risk for or diagnosed with emotional behaviour disorder to include academic and parental components. It is very cogent that education for children with emotional and behavioural disorder only offers a place for difficult children to learn and aim at promoting a healthy emotional behavioural development. Even though it is not the core responsibility of school, it does have a contributing role in the upbringing of children since children spend majority of their time within the walls of school. To develop strategies used in the educational and behavioural development of children with emotional and behavioural disorder, interventions in schools could therefore include applying principles of the methods used to reduce dysfunctional behaviour in children such as offering a supportive, responsive and consistent environment in which positive behaviour is encouraged and problem behaviour is limited.

Key words: Management of behaviour disorder, child integration, teaching and learning and societal functioning

INTRODUCTION

Children with emotional and behavioural disorders experience difficulties in different developmental spheres like social adaptation and academic achievement.   Children with emotional and behavioural disorder are placed in facilities for special education according to their needs.   Even though the components of special education are handled differently from country to country, the facilities cover quantities ranging from standard education in a normal classroom to education in a special or integrated system.   On the whole, the education policy in most countries is focused at putting the children with disabilities in the least restrictive environment (Newman 2007).   The purpose is to place many children with disabilities into mainstream education as many as possible.   UNESCO (2011) declares that all children with disabilities must be given the opportunity to be educated in regular schools.   In another way, the regular educational facilities must be such that "school is for all".   This implies children's right and make sure their rights are not contravened by segregating children with disabilities from the mainstream educational curriculum and practices.   The same picture is presented when

comparison is made between children with emotional behaivour disorder and children with other forms of disabilities in special education; children with emotional and behaviour are most times placed in separate classrooms De Greef & Van Rijswisk (2006) and Stoutjesdijk (2011).   Despite the efforts of government to offer children with disabilities the privilege to become educated in normal schools, the question then arises, why the inclusion of children with emotional and behaviourial disorders in the regular school setting is relatively limited?

This paper intends to seek help for teachers to understand and work with students impacted by emotional need for greater understanding of students with special needs cannot be over-stated.   It is also paramount that classroom teachers become more equipped in their approach to teaching.   The effective classroom teacher should endeavour to acquire the necessary skills in an effort to maximize the potentials of students with emotional and behavioural disorders.   School aged children spend most of their time away from home in educational institutions.   It is hoped that at the very best, they should experience healthy classroom environment conducive to the ultimate goal of creating the new and brighter generation.   Some children behave contrary to what is expected for their age and stage of development.   These aberrant behaviours are often times referred to as emotional and behavioural disorders.   Despite previous research on this subject, there is still a lack of understanding which dynamic variables determine differences in educational placement.   Such variables are important to identify, because unlike static variables, they can be used for intervention purposes.   With this in mind, the goal of the present write-up is to determine the dynamic variables that can predict educational placement so that interventions in regular schools can be aimed more directly at these special educational needs in order to increase possibilities to provide "need-tailored" education for children with emotional and behavioural disorder.

The Term Emotional and Behavioural Disorders

There are a number of terminologies used with reference to emotional and behavioural disorders such as emotional disturbed, psychotic, socially maladjusted and emotionally handicapped.   For the purpose of this paper, the term emotional and behavioural disorder refers to a disability that is characterized by behavioural and emotional responses in school programmes so different from the cultural or ethnic norms, appropriate age that the responses adversely affect educational performance, including academic, social, vocational or personal skills. People with behavioural and emotional disorders are those whose performance outcomes over a significant time span are grossly affected particularly when such effects are substantial.   Behavioural and emotional disorders are also known as conduct disorders which are common forms of psychology among children and young adults which

makes up repetitive persistent patterns of behaviour that result in significant disruption of other persons (Anderson 2012).

The following are ways people with emotional and behavioural disorders could be displayed and identified:

Attitudes showing tendency to warrant to lord it over others and make them fear you.

Attitudes which demonstrates violent behaviour to others or retaliation in a similar view

Physically abusive of others

Always cursing and wanting to take advantage of others

Having no regard to other people's property

Not caring about others or caring whether they suffer hurt

Indifferent to other people's feelings or not sharing any apathy

An inclination to carry tales about their friends and also to pass off their own blame on others

Possession of a learning challenge which cannot be easily explained

A tendency to appear generally unhappy or out of sorts

Unnatural behaviour and attitudes even under normal circumstances.

The individual is significantly impaired as well with the overall characteristics affecting his or learning process.

Ways of Managing Emotional and Behaviour Disorder

When individuals with emotional and behavioural disorder are included in mainstream classrooms, the following models are in focus for proper integration:

Use of Technology: The use of computers, internet, cellular, audio and video technology is one effective tools in helping children to understand and learn more about behavioural issues and how they can be managed.   the actual use of technology in the classroom enables the learner to be more actively involved in his or her own learning.

The internet has continued to be a powerful tool used to have students at different age group understand research in areas such as social and emotional intelligence, cognitive behavioural management skills and conflict resolution and management. Teachers counselors and parents now have at their disposal several online activities that can be used to help youths understand and overcome their challenges.

Intervention/Treatment Model: Intervention is core in behavioural principles in children with emotional and behaivoural disorders. It is the most effective way of treating emotional disorders. (Lavin, Korte and Davis 2011).

The Behaviour Modification Model: The underlying principles of this model is to identify the maladaptive behaviour that interfers with learning and to aid in the development of more adaptive behaviours by way of positive schedules which requires no additional reinforcements. The class teacher extinguishes an undesirable behaviour by removing the reinforce and replacing it with a desirable one through reinforcement.

The Development of Sequence Model: For learning to take place successfully, the child must pay attention, respond, follow directions, explore the environment freely and conduct themselves appropriately in relation to others. The learning of this behaviour occurs during the normal course of development from infancy to school age, a failure to acquire any or all of these will warrant the preclusion of the child's entry to school (CFEC 2010).

Training Teachers in Behaviour Modification: The training teachers received at the college may not be adequate to cope with new trends in the classroom. On this note, the various ministries of education are required to provide special education teachers in all schools with retraining skills to assist teachers work with students with special needs.

Implication of Management of Emotional and Behavioural Disorder for Teaching and Learning

To begin with, the teacher must be prepared to show more warmth and care towards these children bearing in mind that they are not problem children even though their behaviour at times seems unbearable, they need to believed in them and make their needs of paramount importance. Teacher effectiveness will increase if the teacher learns to attend and understand non-verbal communication with the learner.

The teacher gets to know and understand children with emotional and behavioural disorders need one who can provide modeling and stability in the midst of their chaos.

The teacher's output is increased as each child's case is treated separately through looking at their individual diagnoses carefully, taking note of different types of behaviours keeping in mind their strength and weakness individually.

Teachers should establish classroom regulations at the onset of the school year through specific clear, fair, attainable and practical rules.

Teachers/disciplinary committee members should implement a preventive discipline programme with the following components:

Let students know what is acceptable behaviour

Create situations that have reinforcing essentials

Create a conducive learning environment

Avoid threats issues

Be fair to all concern

Make students have a sense of confidence in themselves

Think positive about students qualities

Use positive reinforcements

Ascribe due recognition of good qualities on deserving students

Use the classroom and curriculum to the teacher's advantage.

The teacher should use a strategy to incorporate the use of technology to students with emotional and behavioural disorders hence it facilitates learning without pressure of being judged.

CONCLUSION

While it must be noted that every nation needs to search for and find solutions for understanding and working with children with special need, recognition to develop a national programme suitable for addressing the

dire needs of children who experience emotional and behavioural disorders is imperative. Besides, teachers'

effort to assist children with emotional and behaivoural disorder in inclusive settings, it is also of great importance

that caregivers take part in children's education and treatment. It is therefore important that education for

children with emotional and behavioural disorder is more than only offering a place for difficult children to learn;

it should also aim at promoting a healthy emotional and behavioural development.   Finally, the challenge is to get

families, educational psychologists, special educators and literacy specialists on board in order that the right

methods can be employed and the confidentiality of the child is maintained. It is the family that will play the

pivotal role in helping to plan intervention programmes including the goals and objectives for the child.   Their

input will be enlisted in terms of follow-up and continuity both at home and school.

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THE ETHNO-PSYCHOLOGICAL PROBLEMS OF MARGINAL PERSON'S ADAPTATION STRATEGIES

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ABSTRACT

Rapid development of civilization, integration of world community, various national relations and other circumstances give rise to a number of ethno-psychological problems which need to be found out, solved and ways out, otherwise these problems can threaten sound health of some social layers, full, life, arising both inter-personal and inner-individual conflicts. Field of our interests is a social-psychological phenomenon that arises from these conditions and called ethnic marginality. It is a boundary status of an individual, of 2 ethnic groups, language systems, cultures, systems of values and so on. The main aim of this research was to study developmental features of the psychology and behavior, and possible behavioral pathologies of ethnic marginals. We have also tried to implement psychological aid and works in mental correction and mental rehabilitation among ethnic marginals, so that the negative symptoms endangering emotional state and possible behavioral pathologies of marginals do not become deeper and endanger the society.

THREE MAJOR STAGES

Although the life course of each marginal person is strictly individual, it's useful to know this general scheme that facilitates the description of the marginal life of different nations. Thus, the marginal person's life is divided into three major stages: development stage, conscious perception stage of conflicts, stable adaptation or disadaptation stage. Let's take a closer look at them.

At the development stage a person is still a child and ethnic and racial conflicts do not have a direct impact on his or her life. This is a protected childhood stage. The child hasn't internal conflicts yet and is not sensitive to ethnic or racial conflicts, even does not fully realize his racial or ethnicity affiliation. In other words he or she hasn't ethnic self-consciousness.

Conscious perception stage of conflicts. At this stage a person acquires a racial and ethnic self-consciousness, which is one of the most important aspects of a person's self-consciousness, one of his personal concepts.

This sub-system of self-consciousness wakes up in a person when he begins to understand that other people perceive him in a particular way, because he belongs to a certain ethnic or racial group (or to both of them). A person's self-consciousness begins to grow stronger and clearer as a result of repeated experiences (Anan'ev 1998).

Taking into account all this, researchers point out, that at this second stage of his life course a marginal person becomes marginal in the real ethno-psychological sense. He begins to have conflicts that sometimes turn

into a crisis. His habits and social attitudes, including ethnic change. At this stage an individual has to rebuild his personality and find his place in a multinational society his new position.

At the third stage the individual reaches either stable adaptability or becomes disadapted. Using different means he tries to get adapted to the created situation.

In the event of successful adaptation he is in a state of tranquility and leaves the marginal group. At this stage many of his actions are self-defensive. But in many cases marginal persons can't get rid of this difficult state, continue to realize their intermediate position and the achieved tranquility becomes partial and unstable (Ensel&Lin 1991; Nadler 1991).. In some cases adaptation is associated with such needs and difficulties that a person is unable to overcome. Such a tricky situation can even lead to mental disorders.

In our research we've sought to explore marginalized people's life course more profoundly and reveal those adaptive mechanisms that they use to get out of their life situations or if there is no way out, simply to remain and get adapted (Hakobyan 2009:59-60).. And in such cases when a person fails to achieve a relatively calm state or, in other words, a state free of interpersonal conflicts, we have found out what kind of mechanisms and forms of behaviour arise and preserve the adaptation state. Let's say that there are also pathological states that have painful manifestations. It sheds a new light on a new field formulated within the frames of ethno-psychology revealing a number of issues of psycho-pathology. One of the issues is the identification of ethnic peculiarities of pathological syndromes and non-adapted states. Currently we carry out a research to investigate marginalized persons with neurosis and psychosis observing them as adaptation diseases that are born in ethnic conflict conditions (Janof-Bulman& Lang-Gunn 1988; Philips 1968; Kobasa&Puccetti 1983). We try to find out how conflicts, neuroses and psychosis of marginalized persons differ from mental disorders of other people living in the same society who do not marginalize. And now let's focus on marginalized people's adaptive mechanisms and strategies and see what means, mechanisms are used by marginalized people in multinational society to resolve their conflicts and achieve adaptive state (Hakobyan 2016: 154-158).. Thanks to studies we have managed to find out some of these, which will be presented below to your attention.

Some authors view the issue of person's behavior in the context of adaptation theory. Adaptation is understood as both the process and the result of a person's behavior vis-à-vis internal changes and new conditions. The adaptive abilities of body represent the criterion for maintaining the natural functioning in inadequate environment. At the individual level, it is important to maintain vital functions of the organism or to switch to another inadequate functions. An important factor in the adaptation process to the environment is mental adaptation. It is dynamic process of maximizing compliance with the individual and the surrounding environment, which enables a person to satisfy his needs and to meet the environment's requirements. Psychological adaptation is divided into allografts and intravenous units, the first of which means the adaptation at the external, behavioral level, and the second, the psychological self-protection mechanisms. In stressful situations, such defensive mechanisms often complicate the self-regulation process of person's personality, distorting perceptions about the individual (Berezin 1988).

From the perspective of adaptation, emergency situations can be short-term and long-term. In the first case, the primary protection mechanisms for personal protection are activated. In case of long-term emergencies, there is

a need for adaptive reconstruction of the whole human functional system. In other words, long-term stress is associated with the cost of adaptive storage, may be hidden, only in the alteration of the adaptation indicators. In this case, adaptation can be successful if a person adapts to the conditions of a long-term emergency, mobilizes his deep, hidden resources (Kalaikov 1984). As examples of such long-term stress may be suggested the high risk areas of natural disasters, prolonged war situations, political and economic crises, and so on. In such stressful situations, the author suggests a special type of stressor that requires specific adaptation mechanisms. On the other hand, long-term stresses form the perception of these situations as an "ordinary" phenomenon; there are adaptive levels that weaken the stress perception and contribute to the normal functioning of a person in such conditions.

Gerry Hiley-Young, in his turn, sets out stress management or adaptation factors such as the degree of readiness for natural disasters, social support immediately after the disaster, the surrounding environment, disaster periodicity, and the urgent help of professionals, psychologists, psychiatrists, rescuers and social workers (Hiley-Young1994).

Let us also note that certain studies (R. Lazarus's spelling behavior (Lasarus&Folkman 1984), J. Lotman's culture theory (Lotman 2001), S. Nartova-Bochaver's coping behavior (Nartova-Bochaver 1997)) point out the dependence of person's adequate stress in stressful situations on the individual's adaptive capabilities, on the peculiarities and appreciation of the situation. The choice of behavior in this or that orientation can be done both at unconscious and conscious levels, and the effectiveness of the strategy chosen depends largely on the extent to which the particular situation is under the control of a person. This conclusion was also made by S. Madde, who pointed out cases when a person, taking responsibility for himself, has managed to control the situation in some way, thus becoming more resistant and resilient (Madde 2002). In modern Russian psychology, the concept of personality appreciation has also been revealed which is responsible for adaptation of a person, such as the concept of personalized adaptation potential of A. Maklakov (Maklakov 2001: 16-24) and D. Leontev (Leontev 2002).

Personality adaptation capabilities are assessed at the level of development of a person's psychological characteristics, which is more remarkable for regulation of a person's mental activity including the higher level of these characteristics, the greater likelihood of person adaptation and the significant external adaptive factors. The psychological peculiarities of a person are his/her personal adaptation potential that includes nervous-psychological stability, self-esteem, social support, personality conflict, and social interoperability. A. Maklakov describes all characteristics of assessment and prediction of the significant adaptation, as well as in the restoring the person's mental balance.

In the summary of different approach analysis, it is possible to identify some of the external, interpersonal relationships and some purely psychological characteristics that increase the person's sustainability on stress and psychological factors. Such psychological characteristics can be defined as psychological resources for adaptation to personal emergency situations. Different types of adaptation are separated from those related to the person's perceptions about the world and his personality, about the importance of his existence. Additionally, as a person's resource, the application of the knowledge and conduct of the person in emergency situations is observed. The often-perceived idea of the research relates to the phenomenon of the control of the person in

emergency situations (Norris& Kaniasty 1996). The person's status internally is expressed in the ability and willingness of the person to overcome the difficulties of life. In contrast to this pole, a certain position of a person's powerlessness appears, characterizing the inability of a person to make decisions and take responsibility. This phenomenon is called " socialized powerlessness" and characterizes person's adaptation mechanism based on the utilization and spending of external resources and, at the same time, on the maximum preservation and conservation of psychological resources. Like the psychological resources, the " freezing" mechanism, being parasitic in its nature, can only provide for person's protection over a certain period of time. This phenomenon can be described as "a social adaptation twist". The person gradually begins to learn about his position of being powerless and the necessity of social support, which, in the case of its periodicity or interruption, has psychological effects. In contrast, those with an international outlook believe that the situation with them is largely driven by their activities, and, accordingly, their sense of responsibility towards their personality and surroundings increases.

Different ways of internal adaptation or defensive behavior can be viewed as a type of overrun, based on other resources and skills. Personal resources in this case have a secondary role, they can even be excluded from the overcoming process. In this case, psychological overcoming is not defined by purely personal qualities, they are presented simultaneously. The predominant use of protection mechanisms can lead to personalized integration, but in emergencies, when it is necessary to directly influence the individual's integration and adaptation skills, such mechanisms are extremely useful and contribute to a person to " assemble by force" and to invest in a mature transformation resources. By saying a psychological mechanism we mean a series of more or less stable inter-psychological activities that ends with a certain result. Such mechanisms can occupy a steady place in the list of a person's activities with the intention of reproducing them again and again. For instance, if we use the extraction mechanism for the purpose of psychological self-defense, then we remove unwanted thoughts and impressions from the field of our consciousness, replacing them with other content (Berezin 1988).. The result of this kind of mechanism is forgetting of some impressions, thoughts and intentions, thanks to which we reach a more relaxed, well-balanced adapted state of mind. However, when solving specific problems or implementing a psychological self-defense, sometimes we need to use more than one mechanisms, that can be combined into a stable complex. For example, together with the exclusion.
We can also use the rationalization mechanism (in the form of self-justification), some types of aggression etc. Such complexes can also be stable and repeatedly used in new situations. And when certain psychological mechanisms are born in a person or a stable tendency to use their complexity, we say that he or she has a behavioral strategy (Hakobyan 2014).

Turning to the factors of person adaptation, R. Lazarus and S. Folkman point out the necessity of recognizing the regularity of the ongoing processes (Lasarus&Folkman 1984). Knowledge of the rules of behavior in emergency situations is a cognitive resource of coping, based on personality knowledge about the patterns of occurrence and the mechanisms of occurrence and overcoming of these phenomena. The importance of understanding the processes taking place in such situations is also mentioned by M. Mamardashvili (Mamardashvili 2000). Understanding allows a person to "fill" the matter with personal meanings. H. Kelly assumes that the impact of the subjective planning of processes on all sides of physiological processes, but also on the individual's life cycle (Kelley 1967). Likewise, L. Antziferova believes that the person's ability to plan

situations and the knowledge of the underlying patterns of these processes are the most important factor in reducing the traumatic effects of sudden emergencies (Antziferova 1994: 3-18). Mental regulation is impossible without the planning of present and possible future coincidences, so it can be seen as the principle of optimal management based on mental adaptation, physiological systems, based on the expected image of future events. Consequently, the ability a person to effectively adapt to an emergency directly depends on his/her ability to plan the future.

For adaptation purposes people use not only inter-psychological and behavioral mechanisms, but they also try to make structural changes in society where they live (Kalaikov 1984). And here the point is about the structural adaptation and structural self-defense. Now let's see what kind of adaptation mechanisms and strategies the marginalized individuals and groups use in order to achieve adaptation state in a multinational society while trying to resolve their internal conflicts (Hakobyan 2014).

UNIFICATION STRATEGY

If there are many people with the same marginal status in society, then they can unite and form their own community. But it is not always possible, because such kind of people usually do not sympathize with each other and are ashamed of being together. But if they succeed in creating such a group, then its members try to provide a higher position for themselves than that of their peers (Nartova-Bochaver 1997). And this is possible only due to the abandonment of tribal qualities and connections by means of detribalization or denationalization to a considerable extent.

There are similar diverse groups in many multinational countries of the world. For example, experts have described marginal people living in the suburbs of the South African Union of Ionnesburg originated from different native tribes that create a new culture (Madde 2002).. This culture is neither an Afra, nor a European one. The majority of these people are mixed type of individuals in whose groups they are not accepted as full-member individuals and they have to create new ethnic groups.

PROFESSIONAL SPECIFIC ORIENTATIONS

The second strategy is that some people with marginal status use this unique position to acquire certain specializations. Knowledge of two languages and cultures helps them to do that. These people become translators, trade mediators and heads of specific work groups. Occasionally positions are created for such people. However, most of these positions are deadlocked. Their chances to go up on the social ladder are strictly limited. Often these people are forced to flatter their superiors by convincing that they can provide useful services to them. Personal interests are becoming priorities in these people's lives. Though they often think that those marginals are leaders in their ethnic groups, but in reality it is not so. People

Often do not like them. Domineering ethnos sometimes skillfully use the services of this class of people (Leontev 2002)..

DESINTEGRATION OF VITAL ACTIVITIES

The next strategy is to divide life and activities into isolated ''parts'' or segments by marginal people. As they become part of various social and ethnic groups, they become different individuals. Generally in societies with a complex ethnic structure, people often benefit from this strategy of organizing behavior as they often

have to change the social role to another one. In different events and environments, they must meet different requirements. Difficulties and conflicts arise when they have to deal with representatives of different social and ethnic worlds simultaneously. But in order to avoid conflicts, they try to stay away from these situations by living two or more lives (Greenfield&Bruner 1969).

The behavior of such people has peculiarities: constraint, cautiousness, etc. They are always worried not to say anything that will be inappropriate in place and time. Behaviour shaping and building relations contributes to avoidance of conflicts, too. As you can see, it is an adaptive complex strategy that includes a set of adaptive mechanisms: isolation, formalization, a number of adaptations etc.

RETREAT STRATEGY

There is a subgroup of people in marginal positions characterized by the following behavioral strategy: after several occasions appearing in unpleasant situations, they retreat from such conflict situations. This strategy can take different forms. Retreating from a big and complex society, they sometimes isolate themselves into a small group performing only one limited role where they are presented only one group of compatible expectations (Norris& Kaniasty 1996).

Another type of this strategy is the behavior of those marginal people who go through purely scientific work or join a religious community. Some of them even go to work where they do not need to communicate with other people.

ADVENTURISM

Some marginal people make up a group of adventurers. These are non-formal groups or circles of writers, musicians, and other intellectuals. They often do not care about ethnic differences. As they are denied by their own civil society, they do not attach much importance to the possible loss of status that can lead to establishing contacts with those who are rejected and to support their affairs.

ANTI-SUBLIMATION (BEHAVIOR HUMILIATION)

One of the isolation strategy forms is the constant drunkenness, drug addiction and psychosis, as well. However, it would be more appropriate to consider all these phenomena as behavior humiliation (anti-sublimation). In fact, it is possible to identify a whole group of anti-sublimation strategies if we also observe evasion of responsibility, crimes and murder. People using these strategies cannot be combined with creators and adventurers, as their behavior motivation is different (Crumbaugh 1968).. Here we also see adaptation pathological strategies, whose composition and complexes require special research both in social and ethno-psychological areas.

INNOVATIVE STRATEGY

The innovation strategy is that some marginalized people become creators and make innovations in different areas of human activities. We can call this a sublimation strategy (or exaltation strategy). Such people are very often artists, writers and etc. living in multinational societies on the border of different ethnic cultures. They set noble and high goals seeking to perfection and pursuing their realization with infinite dedication. These goals may involve establishing a new religion, creation of new areas in art and science. These people have a very high level of ambitions and becoming fanatics of their work, they make tremendous efforts to attain these goals.

According to Eric Hoffer, fanatics are those, who cannot create I-concept to satisfy themselves. They reject values accepted in their group, as a result of which their interpersonal relations have a long history of disorders. They accept certain indisputable values, match themselves to them and then sacrifice everything for the sake of these values. In this way they struggle for the sake of self-respect. It means that such intense activity, which is partly of neurotic aspiration character, is conditioned by the lack of self-satisfaction. The neurotic aspirations of these people are justified by the fact that after attaining success and becoming famous all over the world, they do not stop their energetic activity. Even after being accepted by the domineering group and succeeding, they still look for new areas for achievements. Such people are often unsuccessful and unhappy in their personal lives, though, thanks to their effective activities, they can make the lives of millions of people more meaningful.

This explanation is very interesting. It is necessary to take into account the mental peculiarities of genius and talent, the motivation of the creative work, which cannot be considered as compensatory and defensive (Hakobyan 2014).

It should also be noted that marginal people, indeed, consciously introduce elements of foreign culture into their national one, which is sometimes beneficial and activates the cultural life of the ethnos, but sometimes it can have harmful consequences. According to the nature of their investments, these people can be subdivided into subgroups:

Such individuals, who based on their own cultural heritage, deepen and develop it by raising it to a new level. These are the national geniuses and talents and a lot of things can be learned about the mentality and inner abilities of the given nation by studying them.

Individuals, who creatively combine the national and the borrowed, make new combinations and get creative new results. These people work in the universal fields of science and culture, physics, biology, mathematics, psychology, philosophy etc Nevertheless, the choice of the marginal adaptive strategy is determined by the type of a person and the environment in which it operates.

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EFFECTIVENESS OF AN INTEGRATED PROGRAM ON SELF-EFFICACY FOR INCREASE QUALITY OF LIFE IN ELDERLY

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ABSTRACT

This quasi-experimental research two group pretest posttest design were to compare   knowledge depression, quality of life before and after received a perceived Self-efficacy program .The research aimed at investigating the self-efficacy of an integrated program on Self- Efficacy ,Self-awareness ,Mindfulness on positive psychology approach. The integrated program applied the Self-efficacy and   to help the elderly for increase Quality of Life of Elderly . They had five modules: on Self-efficacy ,Self-awareness , Mindfulness ,emotion regulation   and interpersonal effectiveness,. Research instruments used in this study were Self-efficacy,2Q and 9Q , QOL Questionnaires. Data were analyzed by descriptive statistics were analyzed using the percentage, means, standard deviations and paired t test. The reliability of instruments were reported by using Cronbach's Alpha coefficient as of .88 , 0.84,0.85, and 0 . 8 5 respectively. The sample was selected 60 elders participants, had risk of a depression, screening via the 2Q and 9Q Questionnaires. The sample was selected purposively to participate in the Integrated Program once a week, at least 80% of totally 6 times, each for 3 hours. The results revealed that elders who received the Program had a significantly higher score of Self-efficacy ,quality of life at the .05 level. Additionally, the experimental group had a significantly lower score of depression than that before, at the . 05 level. The Integrated Program on Self-efficacy ,Quality of Life, Depression Reduction can be used to improve elders   quality of life for increase Quality of Life of Elderly. The program should be applied in the development of health care system   among Thai elderly in community and to help the elderly for increase Quality of Life.

Keywords: Quality of Life, Self-efficacy Therapy, Integrated Program

INTRODUCTION

The fast pace of globalization has a big impact to all factors of the society in terms of financial struggle and technology. It puts more engage ageing society. Thailand are population in changing significantly. The number of older people is rapidly increasing which leads several countries to engage ageing society. From 2010 to 2040 the proportion of the older people population (older than 80 years old). The proportion of the older people will go up 12.7% or one-fifth of all elder population. Moreover, it is expected that in 2040 the proportion of the older people will rise up to 32.13% of the total population, especially those who are older than 70 years old will increase from 5.9% to 18.1%. This can cause a social dependency problem. The rate of this problem of dependency of older people is expected to increase from 19.7% in 2010 to 58.3% in 2040. [1] Thailand becomes an aging society, a current population-based survey pointed out that the prevalence of dementia was 12.3%, 8.9% in males and 15% in females. Furthermore, the prevalence of dementia is tripled at 80 years as compared to 60 years. [2]The increase of the older people and the rise of dependent population will have consequences in the aspects of economy, society and health. In the aspect of health, most elder people become chronically-ill and disabled as age is growing. This can lead to severe complicated illnesses such as heart disease, kidney failure, and stroke (paralysis / paresis) and cause death In addition, chronic illness in the older people can lead to disability and risk of a depression. [3]   Depression: A Significant Mental Health Problem of Elderly. Depression [4] In addition, many risk factors for depression and suicide behavior, having psychological distress, and not seeking consultation, were found in the older people   Mindfulness[5] Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us emotion regulation   and interpersonal effectiveness and Jon Kabat-Zinn, creator of the research-backed stress-reduction program Mindfulness-Based Stress Reduction (MBSR), explains how mindfulness lights up parts of our brains that aren't normally activated when we're mindlessly running on autopilot. Self-efficacy based on Bandura [6] [7]. An integrated program [5] Suttichai Jittaphankul[8] have divided this into 4 levels, from a small reliance on the assistance of another person to perform activities of daily living to the level of relying completely. This rise in the number of dependent elderly causes long-term care needs. Thus, this is a big problem coming with an aging society. This does not only affect the older people but equally has effects on society, family and community. It also has an impact on the health care system and the nation as such. It can be obviously seen that family is very important in providing care of the older people. Caring is a culture that has been passed down for centuries. It is important to

live in a stable society and family environment, because caring activities help others, both directly and indirectly. This is expressed in behavioral characteristics such as the feeling of empathy, attention, supportive education and facilitation. These are considered the needs of individuals, especially people who can not support themselves, including children, youths, the patients, the disabled and the older people, who need care in a different way Quality of Life in Elderly [9] Quality of Life in Elderly and mental health among Thai older workers in community enterprises this paper is to explore the influence of The results suggested that the QOL is related to age, income, somatic symptoms, anxiety and insomnia, social dysfunction, severe depression, and mental health problems. [10] Additionally, multiple regression analysis indicated social dysfunction and income were significant predictors for the QOL of older workers with personal 11 .8% the results showing associations between personal factors and work factors relating to QOL, it is important for health professionals to pay attention to older workers' work environments, financial issues, and mental health. This is expressed in behavioral characteristics such as the feeling of empathy, attention, supportive education and facilitation. These are considered the needs of individuals, especially people who can not support themselves, including children, youths, the patients, the disabled and the older people, who need care in a different way [11]. According to studies of older people care in Thailand, it was found that most elder people were taken care by their family. There were some problems such as emotional stress, mental fatigue and lack of knowledge during caring of the older people. It can be observed that many elder people in dependent age and in need of caring by their family are faced with a limit of caregivers, budget and material to assist during the care of caregiver and health personnel. Thus, taking care of the older people in a long term program is crucial to be enhanced in order that the older people's family can take part and play a suitable role in assisting them appropriately .Psychological help-seeking can be a form of advice, consultation, treatment or a general support; it can be seen as an active and adaptive process of coping with problems and a mechanism contributing to psychological well-being. [12] [13]

More people have mental illness are Nonthaburi Thailand 2,552 case [8] From the house visit and survey in koh kret Nonthaburi Thailand[14] [20] , we found out that patients did not know how to look after themselves. The stress level was at moderate rate (58.34%) and high rate (33.33%) [14] . The problems occurring were: 1. not knowing the real symptom (25%) and 2. inconsistency of medicine taking (18.75%).[8] [9] Also, patients, family and public health volunteer of each community do not have knowledge of mental illness. Inconsistency of taking medicine also affected the patients. [15] We also found out patients with mental illness were not accepted in the community. It is very important to support family and community and educate them how to look after patients so patients can be part of community.[16] . In order to decrease stress due to looking after mental patients, some support from the government should be provided. [17] Government can help setting up group support in each community by forming up the community care center and sending professional to the center. There are some centers that set up the mental health care group, such as Nontaburi Hospital Health Care Center and Srithanyai Hospital. Volunteers in each community will be the great support for patients and family. This research's purpose at investigating the self-efficacy of an integrated program on Self- Efficacy ,quality of life[17] . The Integrated Program on Self-efficacy ,Quality of Life, Depression Reduction can be used to improve elders' quality of life for increase Quality of Life of Elderly. [18] Factors significantly predicted quality of life patients were emotional, social support, information, participation at the .01 Predicted quality of life   patients were   43 percent

However, a review of literature related An integrated program on Self- Efficacy ,quality of life is limited. In general,. For this reason, we are interested in The integrated program was developed by applying activities for promoting five   dimensions of quality of life, activities based on positive psychology approach, and activities for the elderly based on：Self-efficacy ,Mindfulness, cognitive behavioral therapy. The integrated program applied the Self-efficacy ; Self-perceived efficiency focused on the concepts of Mastery Experience; self-analysis, The Road Life; Self-Training, the Song for Motivation, games, group, Vicarious Experience Verbal Persuasion, monitoring physiological and affective States and   to help the elderly for increase Quality of Life of Elderly .

OBJECTIVE

The research aimed at investigating the self-efficacy of an integrated program on Self- Efficacy ,quality of life.

METHODOLOGY

Design
This study used a quasi-experimental two group pretest posttest design were to compare knowledge before and after received a perceived self-efficacy program.

Setting and Sample

This study was conducted at a koh kret pak kret Nonthaburi Thailand The sample was selected 60 elders participants .The control and experimental comprised 30 elders.

Ethical consideration

Permission to conduct the study was obtained from the Institutional Ethics Review Boards of the SSRU

Research instruments

The data collected in the research are as follows:

Part 1: personal factors including age, gender, marital status, highest education level, occupation, income, and. Present Illness and Therapies.

Part 2: for 2Q and 9Q Questionnaires is one of the most widely accepted mental health screening instruments available in more than 36 languages ,with Cronbach's α coefficient between 0.84 and 0.85. Examples items of each aspect are: "I felt down-hearted and blue"; "I experienced trembling"; and "I tended to over-react to situations." The items have four response options (from 0 = never to 3 = almost always)

Part 3: Self-efficacy focused on the concepts of Mastery Experience; self-analysis, Motivation, games, a walk rally, Vicarious Experience Verbal Persuasion, monitoring physiological and affective States was based on Motivation, Goal Setting . The overall scores for Self-efficacy if higher scores had indicate good. Cronbach's α coefficient for this study was found to be .88.

Part 4: QOL over the past two weeks is assessed by the World Health Organization Quality of Life Scale (WHOQOL-BREF-Thai). The WHOQOL[10] project was initiated in 1991 with the aim of developing an international cross-culturally comparable QOL assessment instrument. This 26-question, five-level scale is easy to understandand takes minimal time to complete. The overall scores for the QOL range from 26 to 130 points. Overall scores can be compared with the following criteria which has already been validated among Thai people: scores between 26-60 indicate poor QOL; scores between 61-95 indicate moderate QOL; scores between 96-130 indicate good QOL, the WHOQOL-BREF-Thai consisted of 4 domains: Physical domain (7 items) is the perception of the physical condition which affected Cronbach's α coefficient 0.85

Figure 1
The Conceptual framework of the study

Independent Variable
an Integrated Program on Self-Efficacy 6 Activity
-Self-perceived efficiency focused on the concepts of Mastery Experience; self-analysis, The Road Life; Self-Training, the Song for Motivation, games, a walk rally, Vicarious Experience Verbal Persuasion, monitoring physiological and affective States,
-Knowledge about depression

Dependent Variable

Quality of Life in elderly (WHOQOL-BREF-Thai).

Patients' right protection: The research team informed patients before conducting the research, clarifying the purpose and detail in this research. Patients are ensured that they can accept or refuse to participate in the research, and they can leave at any time. Personal information from the patients are kept safely, and it wont' be shared in public. Only information in overall will be used in this research.

RESULTS

The results revealed that elders were female 84.62%. male 7.69% who have depression, and lack of Self-Efficacy The experimental group who received the Program had a significantly higher score of Self-efficacy ,quality of life at the .05 level. Additionally, the experimental group had a significantly lower score of depression than that before, at the . 05 level. The Integrated Program on Self-efficacy ,Quality of Life, Depression Reduction can be used to improve elders quality of life for increase Quality of Life of Elderly.

The program should be applied in the development of health care system   among Thai elderly in community and to help the elderly for increase Quality of Life . The results overall level of Self-efficacy are in table 1.

Table 1
The overall level of Self-efficacy about Groups are in table 1 **(N=60)**

Self-efficacy	pre tests		Post tests		
	$\overline{X}$	SD	$\overline{X}$	SD	(paired-t-test)
The experimental group(N=30)	61.14	10.01	64.19	12.15	3.48*
The Control group (N=30)	51.50	11.50	55.14	15.67	

**P<0.01

DISCUSSION

This research elders who received the Program had a significantly higher score of Self-efficacy ,quality of life at the .05 level. Additionally, the experimental group had a significantly lower score of depression than that before, at the .05 level. The Integrated Program on Self-efficacy ,Quality of Life, Depression Reduction can be used to improve elders   quality of life for increase Quality of Life of Elderly. The program should be applied in the development of health care system   among Thai elderly in community and to help the elderly for increase Quality of Life **.**The integrated self-efficacy development program that is base on Bandura [6] [7] self-efficacy development program which aims at enhancing the quality of life in the elderly. [18]. The principles of self-efficacy development both theoretically and practically are the important principles to help the elderly enhance the quality of life[3] because the elderly have deteriorating health in all aspects. But if they obtain knowledge they will be able to deal with their own thinking and behaviors in five aspects which are the belief in their own abilities, the acceptance of truth, the development of interpersonal relationships, the mental development, the emotional adjustment. The program should be developed to enhance the quality of life in the elderly, create happiness and decrease depression as[3] with other patients. Especially, the patients that have mutual mental and physical issues, such as those with disabilities, groups of elderly people, and etc. Elderly people get to deal with their thinking and behaviors in five aspects which are the belief in their own abilities as [15] [17], the acceptance of truth as to enhance the quality of life [18] the development of interpersonal relationships, the mental development, the emotional adjustment, which enhance the quality of life .

CONCLUSION AND FUTURE WORK

The approach of self-efficacy development should increase self-care behaviors due to such approach will help elderly people recognize their self-efficacy development, enhance self-care behaviors, have strong minds. [3] [19] as Model of community care [20] . However, they should do activities to have a quality of life in other aspects at the same time, emphasizing on proactive services, providing supportive forms that reach out to the elderly and families at home and etc. as the research tailoring of interventions to patients' needs, psychological interventions may improve quality of life as [21] and Predictors of quality of life in older people living at home .[22] Hence, future studies should assess the efficacy of tailored interventions utilizing different formats, durations, and facilitators to improve quality of life, while the development and promotion of services should be promoted to utilize psychological interventions to disabled people in various places. Go to:

All 6 psychological intervention studies significantly improved at least one quality of life outcome immediately post-intervention, with three out of six studies maintaining effects up to 12-months post-intervention. Future studies should seek to assess the efficacy of tailored psychological interventions using different formats, durations and facilitators to supplement healthcare provision and practice.

Keywords: Long-term, Physical, Conditions, Psychological, Intervention, Health, Quality, Life, Mental, Wellbeing

The integrated self-efficacy development program to help the elderly for increase Quality of Life. and should be developed in the communities or groups of disabled people in various places for Long term in community.

ACKNOWLEDGEMENTS

the SSRU, College of Nursing and Health and doctorate candidate Mr. Felicisimo Enriquez Santiago for editing this paper.

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KNOWLEDGE ATTITUDE AND PRACTICE REGARDING TO SAFETY BEHAVIOR AMONG YEAR 1, 2 VOCATIONAL STUDENTS IN GOVERNMENT VOCATIONAL COLLEGES, URBAN, THAILAND

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ABSTRACT

This research aims to study knowledge, attitude and safety behavior among year 1,2 vocational students in government vocational colleges in urban, Thailand and to find relationships and relationships level, knowledge, attitudes, and security behaviors. As well as proposed approach to solving problems and preventing hazards of their job practice in colleges. Welding is an essential procedure of steel manufacture. Despite the fact welder is related with a number of working hazards, there is inadequate evidence of work-related health problems within this professional group.

The samples used in this study were students studying in the 7 vocational colleges for 105 persons. The data were collected by questionnaire and analyzed by using descriptive statistics, frequency, percentage, mean standard deviation. Inferential Statistics consist of Pearson correlation coefficients were statistically significant at 0.05.

The research found that most of the respondents were male, age between 15 - 19 years old, single status and in the grade of vocational education 2. For safety knowledge of metal welding students is positive. The number of people answering the questionnaire was 100%. The study was to study on knowledge, attitude and safety behavior among year 1,2 vocational students in government vocational colleges in urban, Thailand and to find relationships and relationships level among knowledge, attitudes, and security behaviors among welder students' in government vocational colleges, urban, Thailand. Among the 105 welder students in the government vocational colleges, baseline characteristics of 105 participants are shown in Table 1, most of participants were male at 93.3 % were in a relationship 38.1%. Regarding education, all Vocational certificate year 1, Vocational certificate year 2, had almost equally at 50.5 and 49.5 percent. In contrast, Vocational certificate year 3 was on their training period which was out of school that the researcher already excluded. The mean score of knowledge level on safety behavior skills at 12.26 (±1.85), minimum score was 5, and maximum score was 15. Welder students at 57 participants were deliberated as poor knowledge level skills, while 48 person was deliberated as good knowledge level skills. The average of attitude level on safety is at 39.90 (±2.94), minimum score was 29, and maximum was 44 respectively. Besides, 64 welder students were deliberated as positive attitude level, while 41 person were deliberated as negative attitude level. The average of practice level on safety behavior skills at 101.43 (±2.94), minimum score was 70, and maximum was 123 respectively. Besides, 85 welder students were deliberated as poor practice level skills, while 20 person was considered as good practice skills. Besides, the result reported there are significant association on gender and knowledge at p value< 0.05, class level and knowledge at p value< 0.002, knowledge and practice at p value< 0.05. In addition, the significant association in gender and attitude at p value< 0.05, class level and attitude at p value< 0.05, and attitude and knowledge at p value< 0.05.

Keywords: Knowledge, Attitude, Practice, Welder students, Vocational College, Safety behavior

INTRODUCTION

Knowledge on safety behavior is very important as much as positive attitude. Knowledge, attitude and practice is relate to each other regarding to knowledge and attitude can affect the behavior of people accordingly.(1-4) Unfortunately, the growing of requiring on safety knowledge skills as well corresponding item with high professional coincidence and injury cases. (5-7) Welder students who are studying in the vocational school most possible to practice more on their welders skills before going into welders manufacturing specialized. As a result, they have been using the apparatus for their line of business ever since they have been beginning vocational year 1. In accordance with, the number on job-related accident reached 100,392 people in 2014.(8) In addition, unsafe preparation will be undeniably lead to damage at work. From this time, welder students should be considered to receive proper knowledge on their safety understanding regarding to welders work in order to improve their knowledge and improve their practice subsequently. Nonetheless, welder students have never been provided on their welders safety knowledge skills beforehand, thus the researcher would like to study on them and develop their knowledge skills soon after.

OBJECTIVE

The objectives were to: 1) study knowledge, attitude and safety behavior among year 1,2 vocational students in government vocational colleges in urban, Thailand and 2) find relationships and relationships level among knowledge, attitudes, and security behaviors

METHODOLOGY

A cross-sectional study was directed in government vocational colleges in urban, Thailand. Seven government vocational colleges in urban area was cluster selected which Capital of Thailand department organizes, correspondingly. The 105 members from 7 government vocational colleges were carefully chosen by random sampling. The number of 15 welder students per each school were engaged into research. Completely of the welders students who fall upon the inclusion criteria and used welders tools at colleges from 21ᵗʰ August 2017 to 21ᵗʰ August 2018 were placed queries to. Inclusion criteria restricted within welder students age 16-24 years, in cooperation male and female, and had been studied as welders students at least 6 month. The welder students who had transmissible condition, could not communicate Thai language, or did not touch agreement to play a part, were disqualified. Aforementioned to taking part in the research, the research aims and data gathering procedures were wholly clarified to the subjects, who willingness to join the research. A designed questionnaire was used to measure 1) general characteristics, 2) knowledge toward welder behavior and equipment, 3) practice toward safety behavior and equipment. Three experts in occupational health and safety, and an expert in research methodology validated the organized questionnaires. Other 30 welders students who were studying in the dissimilar colleges, but had the same surroundings, and demographic were placed queries to. The Cronbach's Coefficient Alpha were allocated into 2 fragments; knowledge toward welders behavior and equipment 0.70, practice toward safety behavior and equipment 0.89. Regarding to data gathering. At that point, the interrogators conducted by one-on-one interviews using a structured questionnaire at government vocational colleges. Data was analyzed by SPSS statistical package version 24.0. The common characteristics, knowledge, and attitude were independent variables. The dependent variable was practice toward welder students' safety behavior. The entire score of knowledge in the direction of welder behavior and equipment was 15 points. The mean of knowledge toward welder behavior and equipment was used to classify the score into good level and poor level of knowledge. Good level of knowledge was well-defined as the score ≥ mean. Poor level of knowledge was well-defined as the score < mean. Additionally, descriptive statistics comprising frequency distribution, percentage, and mean and standard deviation were used to define characteristics of welders students. A t-test, chi-square, and Spearman test were used to analyze the relationship between influencing factors between independent variables and dependent variables. All evaluates used a 95% confidence interval (CI), and a statistically significant p-value less than 0.05.

RESULTS

Table 1
Baseline characteristics (N=105)

Variables	(n=105)	
	n	(%)
Sex: Male Female	98 7	(93.3) (6.7)
Age: 15-19 21-24	95 10	(90.5) (9.5)
Education: Vocational certificate year 1 Vocational certificate year 2	53 52	(50.5) (49.5)
Status: Single In a relationship	65 40	(61.9) (38.1)

Among the 105 welder students in the government vocational colleges, baseline characteristics of 105 participants are shown in Table 1, most of participants were male at 93.3 % were in a relationship 38.1%. Regarding education, all Vocational certificate year 1, Vocational certificate year 2, had almost equally at 50.5 and 49.5 percent. In contrast, Vocational certificate year 3 was on their training period which was out of school that the researcher already excluded.
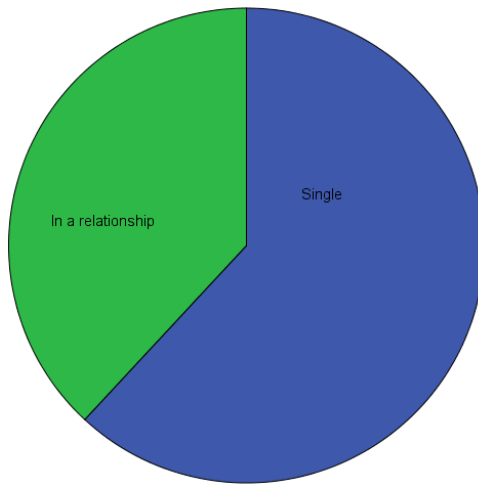
Figure 1
Welders student's status

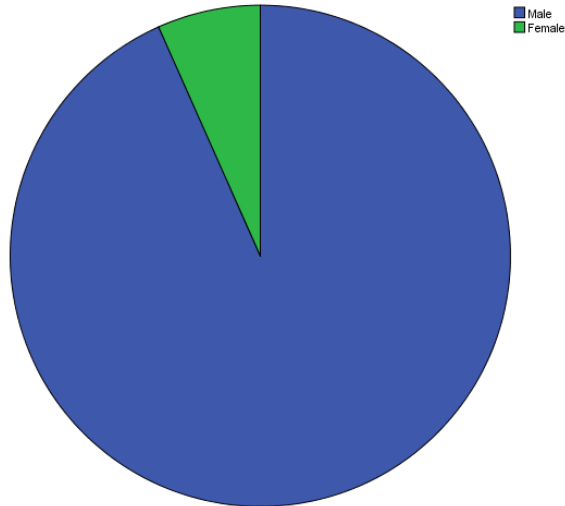**Figure 2**
Welders student's gender
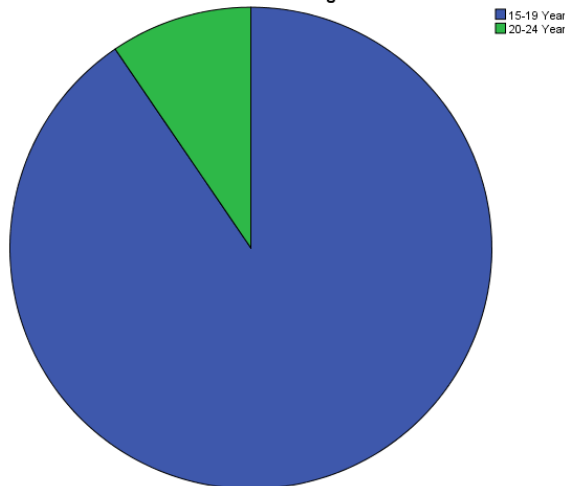

Figure 3
Welders student's age

Figure 4

Welders student's class level
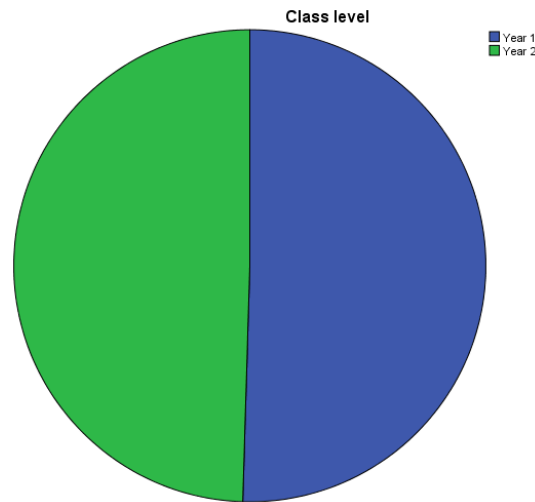
Table 2

Knowledge, Attitude and Practice results (N=105)

Variables	N=105	
	Mean	**(SD)**
Knowledge	12.26	(±1.85)
Attitude	39.90	(±2.94)
Practice	101.43	(±13.10)

In Table 2, the mean score of knowledge level on safety behavior skills at 12.26 (±1.85), minimum score was 5, and maximum score was 15. Welder students at 57 participants were deliberated as poor knowledge level skills, while 48 person was deliberated as good knowledge level skills. The average of attitude level on safety is at 39.90 (±2.94), minimum score was 29, and maximum was 44 respectively. Besides, 64 welder students were deliberated as positive attitude level, while 41 person were deliberated as negative attitude level. The average of practice level on safety behavior skills at 101.43 (±2.94), minimum score was 70, and maximum was 123 respectively. Besides, 85 welder students were deliberated as poor practice level skills, while 20 person was considered as good practice skills.

Table 3

The significant associated between characteristics and independent variables, independent variables and dependent variables (N=105)

Independent variable	Dependent variable	p-value
Gender	Knowledge	0.02*
Class level	Knowledge	0.002*
Knowledge	Practice	0.001*
Attitude	Practice	0.001*
Gender	Attitude	0.018*
Class level	Attitude	0.031*
Knowledge	Attitude	0.000*
*. The mean difference is significant at the .05 level.		

CONCLUSION AND FUTURE WORK

The study was to study on knowledge, attitude and safety behavior among year 1,2 vocational students in government vocational colleges in urban, Thailand and to find relationships and relationships level among knowledge, attitudes, and security behaviors among welder students' in government vocational colleges, urban, Thailand. Among the 105 welder students in the government vocational colleges, baseline characteristics of 105 participants are shown in Table 1, most of participants were male at 93.3 % were in a relationship 38.1%. Regarding education, all Vocational certificate year 1, Vocational certificate year 2, had almost equally at 50.5 and 49.5 percent. In contrast, Vocational certificate year 3 was on their training period which was out of school that the researcher already excluded. The mean score of knowledge level on safety behavior skills at 12.26 (±1.85), minimum score was 5, and maximum score was 15. Welder students at 57 participants were deliberated as poor knowledge level skills, while 48 person was deliberated as good knowledge level skills. The average of attitude level on safety is at 39.90 (±2.94), minimum score was 29, and maximum was 44 respectively. Besides, 64 welder students were deliberated as positive attitude level, while 41 person were deliberated as negative attitude level. The average of practice level on safety behavior skills at 101.43 (±2.94), minimum score was 70, and maximum was 123 respectively. Besides, 85 welder students were deliberated as poor practice level skills, while 20 person was considered as good practice skills. Besides, the result reported there are significant association on gender and knowledge at p value< 0.05, class level and knowledge at p value< 0.002, knowledge and practice at p value< 0.05. In addition, the significant association in gender and attitude at p value< 0.05, class level and attitude at p value< 0.05, and attitude and knowledge at p value< 0.05. The association between gender and knowledge variables also class level and knowledge might have been due to the fact that different gender might have the different level of safety behavior concern(9), so they might concentrate something else more than providing some safety knowledge information for themselves. Welder students who comes from a different class level might have been teaching about safety knowledge more than some class level that a little bit smaller size. Moreover, it might be the consequences from the large proportion between teacher and students that affect the time for teaching.(10) Plus, the significant association between class level, gender and knowledge variable might be the coincidence from the time that students had gained their safety knowledge from their teacher and their own practice.(11) The more they study, the more knowledge and practice they gain. Welder students who study longer they will have a better access to take delivery of knowledge about how to take care for themselves. Most recent, the association between gender, class level and knowledge variables as well as knowledge and attitude variables might be the result from the reason following; such as who are in higher class level tend to take concern about themselves because they have to take a good care for themselves to be graduate.(12) Gender, class level, knowledge had a significant relationship to attitude; it might because when they have different gender they will have the different perspective and that made them have the different attitude. Class level had a significant relationship to attitude; it might because when they study more on their lesson they would gain more experience and that made them have a different attitude. Knowledge and practice had a significant relationship between each other it might because when they have different level of knowledge they will have the different level of practice too. Attitude and practice had a significant relationship between variables it might due to the fact that when they have different level of attitude that will also effect the practice level accordingly.

ACKNOWLEDGEMENTS

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INTEGRATION OF TALENT MANAGEMENT INTO HUMAN RESOURCE PRACTICES IN PUBLIC UNIVERSITIES IN GHANA: AN EXPLORATORY STUDY

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Abstract

This study was set up to explore the value of integrating talent management into the overall human resource activities in public universities in Ghana. Competition for expertise has led to war of talent among universities. Those academics regarded as knowledge workers are highly sought after. Some universities 'poach' expertise and to reduce frequent academic staff turnover talent should be managed. This paper used the qualitative methods of interviews to explore the integration of talent management into the general human resource practices in public universities in Ghana. The study found that talent management has the potential to retain expertise and thereby reducing high turnover of academic staff in public universities.

Key words: Talent management, Human Resource Management, Human Resource Practices, War of Talent, Expertise, University

OPINIONS OF UNDERGRADUATE NURSING STUDENTS ON THEIR EXPERIENCES DURING A COMMUNITY HEALTH NURSING PRACTICUM

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ABSTRACT

Background and objective: All nursing students are introduced to the notion of communities as clients in community health nursing courses. This descriptive study aimed to explore the opinions of undergraduate nursing students on their first-time experiences with a practicum in community health nursing. This time was spent serving urban communities and conducting home visits in the Bangkok Administration Metropolitan of Thailand. *Methods*: One hundred six senior nursing students studying during the 2017 academic year at the College of Nursing and Health of Suan Sunandha Rajabhat University were selected for participation using the purposive sampling technique. The research instruments consisted of three parts: 1) personal information, 2) respondents' opinions of their community nursing practicum experiences, in terms of the urban community health setting and home visits, and 3) open-ended questions on the community health nursing practicum. The questionnaire had a 100% response rate (n=106). Data were analyzed using percentages, means, and standard deviations. *Results*: Most respondents were women (86.8 %), with an average age of 21.4 ± 0.3 years and grade point average (GPA) of 3.06 ± 0.29. This study found a totally agree of the opinion toward nursing practice in the community placements (59.42 ± 6.65: 14 items, max 70, min 36). *Discussion and recommendation*: The results of this study reveal undergraduate nursing students' opinions on the community health nursing practicum. After students completed their clinical practice, the practicum was undertaken in an urban community, per the school's curricular requirements. Further studies should compare these results with those from clinical placements in other communities.

Keywords: Community health nursing practicum, nursing experiences, senior nursing students

INTRODUCTION

It is important for educational programs to identify students' perceptions of different areas of healthcare during their studies [1]. All nursing students are introduced to the notion of communities as clients in community health nursing courses, which emphasize the role of the nurse as a form of ensuring quality nursing education. These clinical courses allow all undergraduate nursing students to gain experience in organizing care, managing time, using nursing processes, and learning through clinical placements [2]. However, many factors also affect the background experiences in these contexts, such as clinical placements, healthcare staff, and supervisors [3, 4]. Furthermore, a community health nursing practicum is often seen as a challenging environment, as it requires students to be creative and innovative in problem solving and relationship building, after having practiced working on a ward to hone their clinical nursing skills [5]. The senior nursing students of the College of Nursing and Health at Suan Sunandha Rajabhat University (SSRU) are enrolled in the final year academic course in community health nursing, a practicum that integrates all of the students' experiences in surgical, medical, pediatric psychiatric, and obstetric nursing skills [6]. In brief, the framework for the community health nursing experience practicum consists of four assignments: 1) Community health diagnosis, which focuses on community assessments, priority setting, a health planning project to develop the community, implementation, and evaluation; 2) Home visits for those whose health is at risk, and/or home health care in the community for disabled people; 3) Health education, which is an integral part of the nurse's role in the community and which requires them to respond effectively to health care demands for promoting health, preventing disease, and maintaining wellness; and 4) School health, wherein nursing students focus on the prevention of disease and the promotion of children's health in primary school settings [7]. In addition, students focus on nursing processes and functions in communities where they provide primary care and serve as educators, nurse leaders, school nurses, and as nurses in home health care and home visits [8]. These roles of making community health diagnoses and home visiting help us, as researchers, to explore the opinions of nursing students regarding the community health nursing practicum after they have completed the community health nursing skills portion of their training. Clarifying their expected experiences and the opinions of their clinical placements is an efficient way of creating a more effective clinical field.

OBJECTIVE

This study aimed to explore the opinions of undergraduate nursing students related to their experiences during a community health nursing practicum. It included working as a part of an urban community and making home visits in the Bangkok Metropolitan Administration (BMA) area of Thailand.

METHODOLOGY

Design and participants:

A descriptive study methodology was applied. All participants were recruited via the purposive sampling technique from a pool of 482 nursing students at the College of Nursing and Health, Suan Sunandha Rajabhat University. The 106 senior nursing students who joined the study were in their fourth academic year during the second semester of 2017 and enrolled the Community Health Nursing Practicum. All practica were completed at Public Health Centers 6, 17, 19, 25, and 38, which are run by the BMA Office of Health.

Instrument:

Academic lecturers from the College of Nursing and Health developed the questionnaire, which was based on the requirements of the community nursing skills practicum [8]. The content validity and reliability were tested (Cronbach's alpha = 0.89). The measurement instrument consisted of three parts. The first part gathered general characteristics information. The second part contained 14 items related to the students' opinions of issues associated with their experiences during the community nursing practicum. These addressed both the group practice in an urban community health center and the individual home visits. Students were asked to rate each item about their community experiences using a 5-point Likert scale, ranging from 5 ("strongly agree") to 1 ("strongly disagree"). The researchers divided the data into two activities. Focused on 1) the experiences during the practicum in a community setting (the maximum possible score was 45, and the minimum possible score was 9) and 2) the activity of individual home visits, with a maximum possible score of 25 and a minimum possible score of 5. Participants' opinions were grouped on one of three levels: low, intermediate, or high, based on average and standard deviation. The second part was present in the overall scores of students' opinions of the community health nursing practicum after completing all procedural assignments in the field. The third part was an open-ended question, which allowed students to add comments about their nursing experiences in a primary care setting.

Ethics approval and recruitment:

After obtaining Ethics Committee approval from Suan Sunandha Rajabhat University (COA.1-020/2018), the team of researchers informed participants via classroom announcements and a mobile application as a means of inviting them to engage in the study. All participants completed a consent form before beginning the questionnaire. All questionnaires were marked and collected during the allocated classroom timetable. Finally, the questionnaires were returned at a response rate of 100% (n = 106). The data collection was completed in March 2018.

Data Analysis:

Frequencies, percentages, means, standard deviations, and maximal and minimal values were used to summarize general characteristics. This was in addition to the 14 items that asked the students' opinions.

RESULTS

The number of participants was 106. Their general characteristics were: women (86.8 %), mean age of 21.4 $\pm$ 0.3 years, and GPA average of 3.06 $\pm$ 0.29. Most of the results for each item related to students' opinions showed similar views after students had completed the Community Health Nursing Practicum course, as shown in Table 1.

Table 1
Opinions of nursing students after completing the Community Health Nursing Practicum (n=106)

Item	Strongly disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly agree n (%)
1. I learned how to approach people in the community, such as community leaders, health volunteers, family members, etc.	1 (0.9)	1 (0.9)	3 (2.8)	63 (59.4)	38 (35.8)
2. I learned how to conduct surveys for health data collection in any community.	0 (0.0)	1 (0.9)	5 (4.7)	57 (53.8)	43 (40.6)
3. I learned how to create a community map.	0 (0.0)	0 (0.0)	9 (8.5)	63(59.4)	34 (32.1)
4. I learned how to conduct a family health survey.	0 (0.0)	1 (0.9)	12 (11.3)	58 (54.7)	35 (33.0)
5. I learned how to find out the health problems and to use priority setting in a community.	0 (0.0)	0 (0.0)	14 (13.2)	55 (51.9)	37 (34.9)
6. I learned how to motivate people to be concerned about environmental health and sanitation.	0 (0.0)	2 (1.9)	12 (11.3)	54 (50.9)	38 (35.8)
7. I learned how to encourage community members to participate in the community-health project which selected by themselves.	0 (0.0)	0 (0.0)	11 (10.4)	59 (55.7)	36 (34.0)
8. I learned how to operate the project in the community with a healthcare team and to serve all people in the community.	0 (0.0)	0 (0.0)	11 (10.4)	59 (55.7)	36 (34.0)
9. I learned how to evaluate the health project along with community members.	0 (0.0)	0 (0.0)	11 (10.4)	53 (50.0)	42 (39.6)
10. I learned how to screen and assess a client's health in the community.	0 (0.0)	0 (0.0)	10 (9.4)	55 (51.9)	41 (38.7)
11. I learned how to take care of the clients who were selected to be my case study.	1 (0.9)	1 (0.9)	10 (9.4)	68 (64.2)	26 (24.5)
12. I learned how to set appointments to follow up on a client's health at home.	0 (0.0)	0 (0.0)	14 (13.2)	57 (53.8)	35 (33.0)
13. I learned how to manage the health services of all people in the community, such as pregnant women, postpartum mothers, and well babies.	0 (0.0)	1 (0.9)	3 (2.80)	56 (52.8)	46 (43.4)
14. I learned how to teach to improve clients' health education.	0 (0.0)	2 (1.9)	19 (17.9)	67 (63.2)	18 (17.0)

In Table 2, we divided the sub-scores in terms of the activity experiences in the urban community and individual home visits. This study found an intermediate to high score for participants' opinions of community health nursing practice; the urban community setting sub-score was 38.29 ± 4.59 (9 items, max 45, min 25), and the individual home visit sub-score was 21.13 ± 2.42 (5 items, max 25, min 11). The overall score for the community health nursing practicum was 59.42 ± 6.65 (14 items, max 70, min 36).

Table 2
Levels of opinion scores related to the community health nursing practicum (n=106)

Category Scores	n	(%)
Urban community practicum (9 items): Intermediate level score $\bar{X}$ = 38.29 S.D = 4.59 Max = 45 Min = 25	66	62.3
Individual home visits (5 items): Intermediate level score $\bar{X}$ = 21.13 S.D = 2.42 Max = 25 Min = 11	81	76.4
The overall score for community health nursing practicum (14 items): Intermediate level score $\bar{X}$ = 59.42 S.D = 6.65 Max = 70 Min = 36	78	73.6

As Table 3 shows, a part of the open-ended section presented to nursing students who worked in the community asked them about demonstrating their nursing skills; learning how to manage nursing skills, both in group and individual care settings; and building their self-confidence while working independently with clients and with colleagues as a part of a healthcare team in a primary care setting.

Table 3
Students' experiences during a community health nursing practicum

Area of practice	Examples of nursing skills & experiences
1. Urban communities administrated by the BMA and the health services of Public Health Centers: - Public Health Center 6 - Public Health Center 17 - Public Health Center 19 - Public Health Center 25 - Public Health Center 38	1. I explored how to approach people who live in the urban community. 2. All community healthcare volunteers are very kind. 3. Although the low income-clients know their health condition, they were not more concerned about their health than with earning. 4. Community mapping is necessary to learn about the people in the community. 5. I disliked the community's environment, such as the hot weather, sanitation status, and living areas. 6. I found a lot of homeless people in the inner-city areas that we call "slums." 7. Some people do not have access to the universal health coverage because of their disability. 8. It is difficult to collect data from working people, because they spend their time earning money. Therefore, it was not easy to collect all health data without an appointment.
2. Individual home visits	1. It is important to consider the complex care needs of clients in the community. 2. I can manage the health services for my case study and set times to follow up with patients. 3. I felt a low level of self-confidence because I lack primary medical care nursing skills for providing individual health services in the community. 4. This is my best opportunity to present "the role of the nurse in the primary care setting."

CONCLUSION AND FUTURE WORK

Discussion

One hundred six nursing students enrolled in the community health nursing practicum during the second semester of 2017 were purposively selected for inclusion in the study and expressed plans to be involved in community assignments. Our findings showed their overall opinion score toward this subject were moderate to high. Also, the sub-scores for the urban community setting and individual home visits were moderate to high. We expected that this part of community health nursing skills required the students to show initiative, to be creative when faced with new situations in the community, and to confront global challenges to their own views and experiences; these expectations are consistent with previous studies [1, 9]. By contrast, we found evidence that their opinions were related to the characteristics of communities, the situations of the health problems they encountered, and the healthcare staff and academic supervisors with whom participants worked [3, 10].

Conclusion and recommendation

The results of this study demonstrate that undergraduate nursing students agree with the learning experiences after completing their clinical practice in an urban community setting and individual home visits, as required by their curriculum. However, further studies should be conducted to compare students' perceptions of different placements.

ACKNOWLEDGEMENTS

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