

POST-ACTIVITY REPORT

“Caring for Work/ Working for Care:

Thai and Migrant Workers in Long-Term Care”

Testing the Manual for Migrant and Thai Careworkers

Training in Basic Elderly Care

10,17,24 May 2026 | Mahidol University, Salaya



Table of Contents

1. Background and Rationale	3
2. Overview.....	4
3. Participants' Profile	5
4. Learning Outcome and Overall Improvement	6
4.1. Pre- and Post-Test Results Comparison	6
5. Post-Test Item-Level Analysis (n = 17).....	7
5.1. Top Three Most Frequently Correct Questions.....	7
5.2. Top Three Most Frequently Incorrect Questions	8
5.3. Summary of Item-Level Analysis	10
6. Interpretation of Findings.....	11
7. Participants' Feedback and suggestions for improvement	11
8. Conclusion	12
9. Annexes.....	13
9.1. Annex 1 : Agenda	13
9.2. Annex 2 : Training Activity Photos	19

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1. Background and Rationale

Thailand is experiencing rapid population ageing and is expected to become one of the fastest-ageing societies in the world. According to the United Nations, the population aged 65 years and older is projected to increase from 7.5 million in 2016 to 17 million by 2040, accounting for more than one-quarter of the country's population. At the same time, the working-age population is expected to decline significantly, creating growing demand for long-term care services.

Migrant workers, particularly those from Myanmar, play an increasingly important role in addressing labor shortages in Thailand's care sector and supporting elderly care within Thai households. However, many migrant caregivers work informally and face challenges such as limited access to training, certification, labor protections, language support, and cultural competency development. These challenges can affect both the quality of care provided and the well-being of caregivers.

Despite the growing demand for care workers, there remains a lack of standardized training that integrates essential caregiving skills, occupational safety and health (OSH), labor rights and social protection, language and cultural competencies, physical therapy knowledge, and basic nursing care. Existing care systems have largely relied on short-term training and volunteer-based models, which are insufficient to address the increasing complexity of elderly care needs.

In response to these challenges, there is a need for structured and integrated testing programmes for both migrant and Thai care workers to strengthen their competencies, improve the quality of elderly care services, and promote decent work standards within the care sector.

2. Overview

Project: Caring for Work/ Working for Care: Thai and Migrant Workers in Elderly Care

Dates: 10,17,24 May 2026

Location: 10 May: Institute for Population and Social Research (IPSR) Building,
Mahidol University, Salaya Campus
17 May: Physical Therapy Skills for Elderly Care at the faculty of Physical
Therapy Building, Mahidol Salaya
24 May: Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi
Hospital, Mahidol University, Salaya

Funders: Mahidol University Division of Academic Research (Rising Fund; SSHA) and
the Mahidol University International Relations Grant for the Mahidol Migration
Center- Joint Research Unit

Organizers:

- Mahidol Migration Center-Joint Research Unit (MMC-JRU), Institute for Population and Social Research (IPSR), Mahidol University
- Faculty of Physical Therapy Building, Mahidol Salaya
- Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Salaya
- Research Institute for Languages and Culture, Mahidol University

Number of Participants:

Participants	Female	Male	Total
Myanmar migrant workers	9	2	11
Thai migrant workers	7	0	7
All Participants	16	2	18

Objectives:

This event aims to test the co-authored basic manual designed to equip eldercare workers with practical, hands-on skills that can be directly applied in their daily caregiving work. At the end of the event through use of the manual, participants who are migrant careworkers and Thai careworkers will have:

- enhanced technical caregiving skills through collaboration with Nursing, RILCA, and Physical Therapy experts
- strengthened knowledge on Physical Therapy Knowledge & Practice skills, worker rights, and care standards
- enhanced knowledge on labor rights in order to reduce the burden on caregivers
- improved language and cross-cultural competencies in caregiving

3. Participants' Profile

● Demographic Characteristics

A total of 18 participants joined the program , involving 16 women (89%) and 2 men (11%). Participants ranged in age from 33 to 65 years. Of the 18 participants, 11 were Myanmar migrant workers and 7 were Thai. The Myanmar participants came from different parts of the country, and the majority were from ethnic communities. Participants were recruited from several districts in and around Bangkok.

● Caregiving Experience and Employment

Participants represented diverse levels of caregiving experience, ranging from newly employed caregivers with less than one year of experience to experienced caregivers with more than ten years in the field. The majority are employed as full-time caregivers, while a smaller proportion are working part-time.

● Caregiving Responsibilities

Participants cared for elderly persons with a wide range of physical and cognitive conditions. The largest groups (27.8% each) cared for older persons who were completely mobile or able to walk with a walker. Meanwhile, 16.7% cared for bed-bound older persons, another 16.7% cared for older persons with memory loss or cognitive impairment, and 11.1% cared for wheelchair users. This diversity reflects the broad range of caregiving responsibilities undertaken by participants and highlights the relevance of the training across different elderly care settings.

4. Learning Outcome and Overall Improvement

All participants (100%, $n = 17$) showed improvement in their post-test scores. No participants remained at the same level or experienced a decline in score. This improvement across all participants indicates that the content was effective in improving general understanding. It also suggests that participants were able to absorb and apply the knowledge delivered during the training sessions.

4.1. Pre- and Post-Test Results Comparison

In the pre-test, participants' scores ranged from 8 to 16 out of 20 points, indicating a mixed level of baseline knowledge prior to the program. Some participants demonstrated relatively strong prior understanding of caregiving practices, while others showed limited knowledge of key procedures. In contrast, the post-test results showed a clear improvement in knowledge, with scores ranging from 14 to 19 out of 20 points. All participants showed an increase in their scores compared to the pre-test results, indicating a positive learning outcome across the group.

The pre- and post-test score comparison showed positive learning outcomes across both participant groups. All Myanmar participants ($n = 10$, 100%) and all Thai participants ($n = 7$,

100%) achieved higher post-test scores than their pre-test scores. The results suggest that the event successfully improved participants' knowledge and competencies in elderly caregiving.

5. Post-Test Item-Level Analysis (n = 17)

An item-level analysis was conducted using the post-test responses of 17 participants to examine patterns of correct and incorrect answers across all assessment items. This analysis aimed to identify the knowledge areas that participants had mastered as well as the topics that continued to present challenges after the event. The findings provide valuable evidence of the event's effectiveness and offer guidance for strengthening future curriculum design, instructional approaches, and practical learning activities.

5.1. Top Three Most Frequently Correct Questions

Question 1: Hand Hygiene with Alcohol Gel (Physical Therapy)

Question 1 was answered correctly by all 17 participants (100%), making it one of the highest-scoring questions in the assessment. This question assessed participants' knowledge of proper hand hygiene, specifically the recommended duration for rubbing hands with alcohol-based hand gel. The result indicates that participants have a strong understanding of infection prevention and control practices, which are fundamental to safe elderly caregiving. The high level of correct responses suggests that the event effectively reinforced basic hygiene practices that can help prevent the transmission of infections in care settings.

Question 2: Appropriate Removal of Gloves (Vital Signs)

Question 2 was also answered correctly by all 17 participants (100%). This question examined participants' understanding of the appropriate time to remove disposable gloves during caregiving. The findings highlighted that participants have a solid understanding of

standard infection prevention procedures and personal protective practices. Correct use and timely removal of gloves are essential for protecting both caregivers and elderly individuals from cross-contamination, indicating that this key competency was successfully achieved through the event

Questions 4, 14, 17, and 19: High Levels of Knowledge Across Multiple Contents

Questions 4, 14, 17, and 19 were each answered correctly by 16 out of 17 participants (94.1%), reflecting a consistently high level of knowledge across several training contents. Question 4 assessed participants' understanding of the purpose of a bed-based exercise in promoting physical function among the elderly, while Question 14 focused on the correct management of pressure sores. Question 17 evaluated participants' knowledge of appropriate language use when communicating with elderly individuals with hearing difficulties, and Question 19 assessed strategies for balancing caregiving responsibilities while maintaining caregivers' own well-being. The high proportion of correct responses suggests that participants successfully understood key concepts related to physical therapy, wound care, language and cultural competency, and caregiver self-care. These findings indicate that the event effectively strengthened participants' knowledge across both technical caregiving skills and person-centred care practices.

5.2. Top Three Most Frequently Incorrect Questions

Question 7: Wheelchair Use and Safe Patient Transfer

Question 7 recorded the highest number of incorrect responses, with 14 out of 17 participants (82.4%) answering incorrectly. This question assessed participants' understanding of safe wheelchair use and proper procedures for transferring elderly patients. The findings indicate a significant gap in knowledge and practical understanding of safe transfer techniques and wheelchair handling. Given the high risk of falls and injury associated with improper practice, this area represents a critical training need. Future

program should therefore emphasize hands-on practice, demonstration-based instruction, and simulation exercises to strengthen participants' competency and confidence in safe patient transfer.

Question 11: Nasogastric Tube Feeding Management

Question 11 also recorded 14 incorrect responses (82.4%), making it one of the most frequently missed questions. This item focused on nasogastric tube feeding management, particularly the interpretation of gastric residual volume prior to feeding. The results suggest that participants continue to experience difficulties in applying clinical judgment and decision-making in tube feeding procedures. Since nasogastric feeding is a common and essential caregiving procedure, this finding highlights the need for additional practical demonstrations, repeated practice, and case-based learning to improve understanding and clinical competence.

Question 12: Knowledge of safe tube feeding and response to choking/aspiration risk

Question 12 recorded 8 incorrect responses (47.1%), indicating that nearly half of the participants answered this question incorrectly. This suggests a moderate level of difficulty in the knowledge or skill area assessed by this item. Although not as severe as Questions 7 and 11, the results indicate that participants still require further clarification and reinforcement in this topic area to ensure better understanding and application of the relevant knowledge.

Question 18: Knowledge of appropriate communication and emotional support for elderly persons

Question 18 also recorded 8 incorrect responses (47.1%), showing a similar level of difficulty as Question 12. The results indicate that a substantial proportion of participants experienced challenges in this area. This finding suggests that additional instructional support and reinforcement may be needed to improve understanding and ensure consistent application of the knowledge assessed.

5.3. Summary of Item-Level Analysis

Overall, the post-test item-level analysis indicates that participants experienced the greatest difficulty in three key areas. The most frequently incorrect questions were Question 7 and Question 11, both with the highest error rate of 82.4%, followed by Question 12 and Question 18, which both recorded 47.1% incorrect responses.

These findings suggest that the most significant gaps remain in practical caregiving skills, particularly in wheelchair safety and nasogastric tube feeding management, while moderate difficulties were also observed in additional knowledge areas represented by Questions 12 and 18. Although overall post-program performance indicates some level of knowledge retention, the results highlight persistent challenges in applied clinical skills.

Therefore, future programs should place greater emphasis on experiential and skills-based learning approaches, including demonstrations, simulation-based training, repeated practice, and supervised hands-on activities, to strengthen competency and improve patient safety outcomes.

6. Interpretation of Findings

The findings indicate that the testing event was effective in improving participants' knowledge, as reflected in the overall increase in post-test scores. The item-level analysis also showed that participants demonstrated a strong understanding of key topics such as infection prevention and control, physical therapy, pressure sore management, communication with older persons, and caregiver self-care. These results suggest that the training successfully strengthened participants' knowledge in these core areas.

However, some technical caregiving skills remained challenging. Participants had more difficulty with topics such as safe wheelchair use and patient transfer, tube feeding management, patient positioning, and mobility assistance. These findings suggest that while participants understood many of the theoretical concepts, some practical caregiving procedures require additional practice. Future programs should therefore include more hands-on exercises, demonstrations, and simulation-based activities to further strengthen participants' skills and confidence in providing safe and quality elderly care.

7. Participants' Feedback and suggestions for improvement

Overall, participants expressed positive feedback regarding the content, facilitation, and practical learning activities. Many participants highlighted that the physical therapy demonstrations and hands-on practice were particularly useful and helped improve their confidence in applying caregiving skills in their daily work. Participants also appreciated the Burmese interpretation, which enabled Myanmar caregivers to better understand the training content and actively engage in discussions.

Participants provided several constructive suggestions for improving future program and the caregiver manual. Many recommended using simple and easy language, particularly for technical medical terms, to make the manual easier to understand for caregivers with

different educational backgrounds. They also suggested including more colourful illustrations, diagrams, and animations to improve readability and support practical learning. In addition, participants expressed interest in longer practical sessions, more simulation-based activities, and refresher training to reinforce their knowledge and skills over time. Several participants also recommended providing printed copies of the caregiver manual and distributing them to elderly care agencies, NGOs, and local health clinics so that the materials could be more widely used by caregivers and organizations supporting older persons.

8. Conclusion

The three-day testing manual event successfully strengthened the knowledge and practical understanding of Thai and Myanmar caregivers in elderly care sector. Participants demonstrated substantial improvement in post-test performance, indicating that the event effectively enhanced caregiving competencies. Continued investment in practical, skills-based learning will further improve the quality of long-term care services for older persons in Thailand.

9. Annexes

9.1. Annex 1 : Agenda

10 May 2026:

Time	Topic	Note
08:30 – 08:40	Registration	Benjamas Rodpai
08:45 – 09:00	Conducting a pre-assessment of knowledge on self-introduction and elderly care	Pongsak Muensakda, Yamin Theint, Phonkanok Ngankoh
9:00-10:30	Rights of care workers and the elderly, and sharing about yourself	Assoc.Dr Sudarat Musikawong
10:30-12:30	Communication Methods and Practical Training	Ajarn Pattama Patpong and Ajarn Sunida Siwapathomchai
12:30-13:30	Lunch time	
13:30-14:15	Caregiving Burden and Psychological Stress	Asst. Prof Dr. Supalak Khemthong
14:15-14:30	Break	
14:30-15:45	Joyful Participation in Social Activities	Ajarn Sunida, Ajarn Pattama, and Ajarn Supalak
15:45-16:00	Post-training knowledge assessment on elderly care (Chapters 4–6) after Day 1 of the training	Yamin Theint, Phonkanok Ngankoh
16:00-16:30	Day 1 Training Knowledge Focus Group Discussion (4 Groups)	
16:30-16:45	Day 2 Training Homework Explained (17 May)	

17 May 2026:

Activity	Time	Speaker	Materials	Location
Introduction to the Lesson	8:30-9:00	-Asst. Prof. Dr. Pakaratee Chaiyawat -Asst. Prof. Dr. Ruttana Phetsitong -Lect. Dr. Sasithorn Saengruangrop	Please kindly prepare the following materials for the project: 10–15 sets of test papers, 10–15 pens, Envelopes for collecting the test papers	Room 500
Personal Hygiene Care for Infection Prevention in Elderly Care	9:00-10:15	-Asst. Prof. Dr. Ruttana Phetsitong -Asst. Prof. Dr. Pakaratee Chaiyawat -Lect. Dr. Sasithorn Saengruangrop	Please kindly arrange the purchase of the following items for the project: -2 large bottles of alcohol gel -1 box of face masks -1 box of gloves -Black garbage bags -A sterile waste bin	Room 500
Break	10:15-10:30			In front of Room 503

Positioning for Basic Activities of Daily Living	10:30-12:00	-Asst. Prof. Dr. Pakaratee Chaiyawat -Asst. Prof. Dr. Ruttana Phetsitong -Lect. Dr. Sasithorn Saengruangrop	The Faculty of Physical Therapy will prepare the following items: -1 set of shirt and pants per participant -1 urinal per pair -1 low bed per station -2 pillows per participant -2 bolster pillows per participant -1 blanket per participant -1 hair-washing basin per pair -Props and demonstration materials, including towels, plates, spoons, toothbrushes, drinking glasses, remote controls, playing cards, and radios.	Room 500
Lunch Break	12:00-13:00		Please kindly arrange lunch for the project.	In front of Room 503
Safe Wheelchair Transfer Techniques I - Wheelchair Selection and Proper Use - Transferring from Bed to Wheelchair - Proper Wheelchair Sitting Positioning	13.00-14:15	-Lect. Dr.Sasithorn Saengruangrop -Asst. Prof. Dr. Ruttana Phetsitong -Asst. Prof. Dr. Pakaratee Chaiyawat	The Faculty of Physical Therapy will prepare the following: -10 wheelchairs -1 transfer belt per pair -2 pillows per participant	Room 500
Bk	14:15-14.30		Please kindly arrange refreshments for the break.	In front of Room 503

Safe Wheelchair Transfer Techniques II - Pushing a Wheelchair on Level Surfaces -Assisting a Wheelchair Up and Down Ramps -Moving a Wheelchair Across Uneven Surfaces	14:30-15:00	-Lect.Dr. Sasithorn Saengruangrop -Asst. Prof. Dr. Ruttana Phetsitong -Asst. Prof. Dr. Pakaratee Chaiyawat	The Faculty of Physical Therapy will prepare 10 wheelchairs.	In front of the faculty building
Lesson Summary and Post-Training Knowledge Test	15:00-15:30	-Asst. Prof. Dr. Ruttana Phetsitong -Asst. Prof. Dr. Pakaratee Chaiyawat -Lect. Dr. Sasithorn Saengruangrop	Please kindly prepare the following: -Test paper sets -Pens -Envelopes for collecting the test papers	Room 500
Post-Test	15:30-16:00			
Focus Group Discussion on the Training Manual	16:00-16:45	-Asst. Prof. Dr. Pakaratee Chaiyawat -Asst. Prof. Dr. Ruttana Phetsitong -Lect. Dr.Sasithorn Saengruangrop		

Preparation for Next Week with the Department of Nursing Science	16:45-17:00			
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24 May 2026:

Time	Activity	Lecturer/Trainer	Room
9:00-9:10 น.	Open Training, PDPA and Consent Forms, Animation VDO (3mins)	Assoc. Dr. Sudarat Musikawong	512
9:10-10:00 น.	Introduce yourself and introduce the lesson. Basic medical knowledge and practices.	Asst. Prof. Dr. Suphanna Krongthaeo	512
10:00-10:30 น.	Demonstrate and then practice the initial assessment of vital signs.	-Dr. Phatcharaphon Whaikid -Prof.Dr. Noppawan Piaseu -Asst.Prof.Dr. Suphanna Krongthaeo	512
10:30-10:45 น.	Break	Prepare participants to be divided into 3 groups, with 6–7 people in each group.	
10:45-12:00 น.	Base 1: Wound Treatment Base 2: Emergency Assistance Station 3: Medication and Tube Feeding	-Dr. Phatcharaphon Whaikid -Prof.Dr. Noppawan Piaseu -Asst.Prof.Dr. Suphanna Krongthaeo	301 401 306

12:00-13:00 น.	Lunch Time		
13:00-13:45 น.	Base 1: Wound Treatment Base 2: Emergency Assistance Base 3: Medications and Enteral Feeding	-Dr. Phatcharaphon Whaikid -Prof.Dr. Noppawan Piaseu -Asst.Prof.Dr. Suphanna Krongthaeo	
13:45-14:30 น.	Base 1: Wound Treatment Base 2: Emergency Assistance Station 3: Medication and Tube Feeding		
14:30-14:45 น.	Post-test and Q&A Session	Yamin Theint Phonkanok Ngankoh	512
14:45-15:45 น.	Focus group discussion about the training manual.	-Assoc Prof. Dr. Sudarat Musikawong -Phongsak Muensakda -Prof.Dr. Noppawan Piaseu -Asst.Prof.Dr. Suphanna Krongthaeo	512
15:45-16:00 น.	Certificate of Participation		

9.2. Annex 2 : Training Activity Photos



Figure 1Day-1 Role-Play Exercise (10 May 2026)



Figure 2 Day-1 FGD Discussion (10 May 2026)



Figure 3 Day-1 Completion (10 May 2026)



Figure 4 Practical Exercise of Wearing Gloves Properly (17 May 2026)



Figure 5 Practical Session on Wheelchair Usage (17 May 2026)



Figure 6 Post-Test Evaluation Collection (24 May 2026)



Figure 7 Practical Session (24 May 2026)



Figure 8 Practical Session (24 May 2026)



Figure 9 Group Photo