A Competency Model of Local Government Personnel for Elderly Care

Aittichord Chordkunpan[a], Sirirat Choonhaklai[b], [a,b]Faculty of Social Sciences and Humanities Mahidol University, 999 Phuttamonthon 4 Road, Salaya, Nakhon Pathom, 73170, Email address: [a]aittichord@gmail.com, [b]sirirat.cho@mahidol.ac.th

This study aims to construct a competency model of local government personnel for elderly care. Employing mixed-methodology, this study conducts in-depth interviews, non-participant observation and questionnaires for data collection. Results show that a competency model of local government personnel for elderly care consists of knowledge, skill and attribute. Knowledge includes two components, namely: (1) knowledge in elderly care; and (2) knowledge related to organisation and management. Skill contains two elements, namely: (1) skill in working with other people and communities; and (2) skill in dealing with the problems efficiently. Attribute includes two components, namely: (1) commitment to excellent service; and (2) adherence to morality.

Key words: *Competency model, local government personnel, elderly care.*

Introduction

An increasing elderly population in many countries and Thailand has become a changing situation in people, which is closely monitored. This enlargement leads to planning and investment arrangements in many dimensions. Data shows the aging of the population in society and countries can be considered by the proportion of the elderly population per total population in the country. The United Nations definition of aging states that any country with a population aged 60 years and over in the proportion of more than 10 percent is considered as an aging society. The country will be an aged society when the ratio of a 60-year-old population increases to 20 percent (Prasartkul, 2012 cited in Ritthirong, J. et al., 2013).

According to a survey of the aging population in Thailand by the National Statistical Office, Thailand has entered the aging society since 2007. The proportion of the population aged 60

years and over to the total population in the country is 10.7 percent, which is likely to enter the aged society shortly (National Statistical Office, 2014). A doubling of the elderly population of Thailand takes about 20 years. This amount is a relatively short period compared to many developed countries, most of which take about 70 to 100 years (Siribun, S. & Milindangthangkun, C. 2008).

The changing situation of the elderly population has caused the government to formulate a policy and a practical approach of operation that corresponds to the rapidly aging society and supports the development of the quality of life in the elderly population. The government has implemented one method to encourage communities and localities to participate in elderly care. Notably, local government has been promoted to play an essential role in enforcing elderly work. Local government is responsible for promoting, developing potential and protecting the elder in the community systematically under the laws, regulations and announcements that define authorities and duties of local government related to elderly care.

Besides, elderly operations of local government under government guidelines and policies throughout the past have given precedence to the role in promoting and supporting national elderly work progressively. As a result, the elders receive raised health care services and society. However, previous operations still face significant problems in many areas. Personnel responsible for elderly work confront the whole issue and the ability or competency of work in the assigned mission. Staff should be promoted and supported by continuous development. Based on data from the National Assessment Report of the Elderly Plan 2 (2002-2021), Phase 1 (2002-2006) and Phase 2 (2007-2011), the working group of the College of Population Studies, Chulalongkorn University (2017) reflected the problems in mobilising elderly work in each strategy of the responsible agencies defined in the National Elderly Plan. It showed that local government had conducted a reliable approach that confronts the problems in the workforce of the elder. This problem has become one of the essential issues in most local governments who lack personnel with knowledge of the elder to continue the work. Moreover, the staff still has insufficient knowledge and understanding of promotion and improvement for raising the quality of life of the elder suitable for the assigned mission. This idea leads to a suggestion for the development of professional personnel with knowledge, understanding, skill and intention in elderly care. This view is consistent with the report on the elderly implementation in Thailand according to the Madrid International Plan of Action on Ageing (MIPAA) 2002 – 2016. The plan stated the capacity building of local government in elderly care operation required it to strengthen the capacity of personnel by providing supporting resources, knowledge or training for staff in local government to develop competency in the elderly care profession (Department of Older Persons, 2016).

The reason, as mentioned earlier, challenges the government to develop the competency of local government personnel. They are responsible for elderly care to gain the right knowledge, skills and attributes. As for elderly care, the local government personnel are a vital force driving elderly care policy to achieve concrete results. The workers in the area are very close to the people. They have a better understanding of the local context as well as the problem conditions and are able to meet the elderly needs. Consequently, local government personnel who develop competency in elderly care operations and perform professionally will result with elderly care procedures as standard. These progressive staff can lead to the best results that enable the elderly to live happily with a good quality of life in society.

One practical approach to developing the competency of local government personnel in elderly care to gain the appropriate knowledge, skills and attributes is to develop training courses and activities that meet the specified competencies. In doing so, Dubois, D. D. & Rothwell, W. J. (2004: p. 135-137) proposed a competency model to identify competency, competency levels and behavioural indicators that reflect efficiency and outstanding performance of employees as the organisation expectation. After that, a competency model could analyse or compare the existing competency of the employees. This step will show a clear gap in the competency level that leads to the determination of training courses and appropriate development activities for each employee. A defined competency model mobilises training and development. Moreover, a model contributes to many human resource management activities, such as recruitment and selection, talent management and career path determination. These reasons and guidelines are examined in this research.

Literature Review

The Concept of Competence

David C. McClelland (1973) presentation, Testing for Competence Rather Than Intelligence, was a critical starting point for the idea of competency, which is widely regarded as one of the management tools and personnel development that will increase the organisation's competitiveness. Competency is regarded as a feature and foundation of the behaviour of people in both action and ideas in various situations (Spencer & Spencer, 1993). Competency enables people to work more efficiently and to perform outstanding tasks (Richard Boyatzis, 1982).

The critical elements of competency, based on Spencer & Spencer, including:
1. Knowledge
2. Skill
3. Self-concept or attitudes values and opinions about one's image (or what people believe they are)

4. Traits
5. Motives

Knowledge and skill can be seen clearly from the external characteristics of a person, which are quite easily developed. Training is the most effective method to develop a person's ability. However, motives and traits are deep within the person who is measured or evaluated and developed more strongly than other characteristics. Selection is the best method to obtain the desired characteristics. Finally, the role of self-concept is a group of attitudes, values and opinions about one's self-image. This is in the middle between the deeper characteristics of a person (traits and motives) and the more visible characteristics (knowledge and skill), which can be changed by training, mentalisation or development through positive experiences. Nonetheless, it may take time and effort to achieve progress.

Methods and Procedures for Determining Competency

Spencer & Spencer explained how to specify or obtain competency in their book Competency at Work in three approaches. Firstly the competency determinations approach. This is achieved by finding critical characteristics from a sample of people who have effective performance or outstanding work. This concept is traditional competency based on McClelland's theories, which became the prototype of competency studies of academics and future competency research. It is often called the Classic Competency Study Design. To acquire competency, this approach conducts six significant steps. Step 1 is defining criteria that indicate effective performance or outstanding work. Step 2 is to determine or search for a sample whose performance meets the established standards. Step 3 is data collection. Step 4 is data analysis and the development of a competency model. Step 5 is to check the accuracy of a competency model before implementation. Step 6 is to implement a competency model for human resource management in various processes.

Secondly, a short study design process, using expert panels, determines the competency with 3 to 4 crucial steps. This starts with group collaboration to find relevant information indicating the operative characteristics. After that, in-depth interviews with groups of people who have functional or outstanding performance confirm or provide essential details in addition to the information provided by the expert panel. Then the data obtained from the panel and interviews will be analysed and developed into a competency model before the examination of correctness of the developed model for further utilisation. Finally, the competency determination for a job in the future or a particular situation produces the study of competency in a workgroup that may have limitations in obtaining information about the job. On the other hand, the study of the desired job characteristics is very limited or has not happened yet. To gain a competency model of local government personnel for elderly care, the researcher applied all three collaborative methods of competency study.

Methodology

This research employed the mixed-method approach which combined an instrument and two ideas of qualitative and quantitative research to investigate at the specified stages as follows.

Stage 1 is the study of necessary competency for elderly care of local government personnel conducted by qualitative research consisting of document analysis, in-depth interviews and non-participatory observation. The key informants were composed of four groups. The first group were executives or heads of elderly care and local government personnel in elderly care from six local governments with good management awards for the promotion and development of the quality of elderly life (budget year 2014) from the decentralisation committee to the local government organisation. This was a total of twelve people. The second group were elders or elderly caregivers in the six local government areas, a total of eighteen people, consisting of the three groups of elders, namely: social addiction, home addiction and bed addiction (Department of Health, 2009). The third group was the directors or operators of the twelve aging society welfare development centres nationwide, a total of 12 people. The last group was experts in the elderly field from the Office of the Elderly Ministry of Public Health, a total of two people. The four key informants were chosen by purposive sampling and the data was analysed by content analysis.

Stage 2 is an exploratory factor analysis of competency of local government personnel in elderly care. The researcher employed quantitative research by taking the competency issues obtained from the initial study and formulating them into a questionnaire. A sample of 1,458 people was asked about the necessary competencies of local government personnel to perform elderly care. The purposive sampling selected all samples from the executives or heads of elderly care of 1,458 local governments throughout the country. These local governments have a Local Performance Assessment (LPA) in elderly promotion at an excellent level (Department of Local Administration, 2015). The researcher examined the data by an exploratory factor analysis to categorise and define a competency model of local government personnel for elderly care.

Stage 3 is the verification or confirmation of a competency model, performed by two methods. The first method is considering the consistency between competency data obtained from in-depth interviews with a new sample group and competency data in stages 1 and 2. The in-depth interviews operated with heads of elderly care from seven local governments that are outstanding in the development of quality of life and promotion of senior careers, at grade A and as a pilot area (Department of Older Persons, 2018). If the information obtained from in-depth interviews with a new sample group appeared that the competencies consistent with the competencies obtained from the research objectives 1 and 2, it indicated that the constructed competencies could truly predict the characteristics of remarkable people who

have effective performance. Thus, the competencies showed accuracy and appropriateness to determine as a competency model of local government personnel for elderly care. The second method required scholars with expertise in human resource management and elderly care to give their opinions and recommendations about the constructed competencies to investigate and confirm the authentication of the competencies obtained from this study.

Results and Discussion

The necessary competencies of local government personnel to perform elderly care consist of knowledge, skills and attributes as follows.

Essential knowledge of local government personnel to perform the elderly care has nine dimensions. These are: (1) knowledge about the operational guidelines and government policy regarding the elder; (2) knowledge about the rights of elders to be protected and promoted by the state and other departments; (3) knowledge of other fields within the responsibility of the local government; (4) knowledge of project management; (5) knowledge of techniques and tools for new organisation administration; (6) knowledge and understanding of necessary information about elders in the area; (7) knowledge of health and primary care for the elderly; (8) knowledge about society, culture and community contexts; and (9) knowledge about roles and duties of local government in their work with the elderly. Knowledge in all nine areas produces the necessary information that local government personnel must have to perform their duties in elderly care. For example, learning about government guidelines and policies regarding the elderly is needed for local government personnel to perform elderly care. Consequently, knowledge in this matter will make executives and practitioners in local government elderly care aware of the direction and the framework for the elderly in Thailand, which is clearly defined in each area. As a result, the information determines the programs, projects and activities for the elderly in diverse regions, including local government elderly care tasks as specified by the government. This result leads to the overall image of mobilising a consistency of elderly care work of various departments in the same direction. The achievement is following the indicators and goals set in each strategy of the National Elderly Plan. The finding conforms to Snoddon, J. (2010). He found that the staff responsible for managing long-term elderly care, including health and social care, required knowledge and understanding about policy and state guidelines for the long-term elderly care to promote the ability to coordinate with agencies that have a mission about the elderly care.

Necessary skills of local government personnel to perform the elderly care include sixteen dimensions: (1) coordination; (2) communication and persuasion; (3) human relations and the creation of network partners in the workplace; (4) teamwork; (5) presentation and information transfer; (6) planning and management; (7) exploration, collection and analysis

for data; (8) counselling; (9) negotiation; (10) analytical thinking; (11) flexible and lenient work; (12) computer and modern technology; (13) the promotion of community participation; (14) synthetic thinking or an overall systematic visualisation; (15) problem solving and decision making; and (16) assignment. Skills in all 16 areas will encourage local government personnel to work in elderly care with an active and outstanding performance. For instance, human relations and the creation of network partners in the workplace will promote local government personnel to build and maintain good relations with others at all levels, both formal and personal relationships. These provide excellent results for elderly care work in general. For example, a suitable relationship with the elders and relatives, including people in the community, will provide in-depth information applicable for work plans, resulting in the correct care and assistance for the elder. Also, a work network leads to collaboration through the exchange of knowledge, experience and supportive resources. This idea is consistent with You, E. et al., (2015). They discovered that people responsible for managing elderly care in the community should play a role in establishing good relationships with the elder and their families, including the need to create a useful network for the elder. This notion significantly assisted the elder and family, resulting in successful and immediate work in various fields. This result conforms with Kiljunen et al., (2017), who found that necessary competency of elderly care workers at home required the ability to: build personal relationships with the elder and their family; create connections to work with various departments; create humour to suit different situations; and to exchange ideas with the elder in life and participation or promotion of multiple activities in the community.

Necessary attributes of local government personnel to perform elderly care include eighteen dimensions as follows.
1. Determination and intention to work
2. Understanding and sympathising other people
3. Originality or proactive work
4. Leadership
5. Good service
6. Tolerance or emotional stability
7. Confidence or trustworthiness in their own ability
8. Continuous learning and self-improvement
9. Prudence or procedure validation
10. Being observant
11. Caring and developing others
12. Sacrifice and public interest
13. Responsibility to oneself and the public
14. Faithfulness and trustworthiness
15. Safety and caution oriented
16. Respecting and accepting of various cultures and traditions

17. Adherence to moral standards and professional ethics
18. Honesty for oneself and others

The eighteen dimensions of attributes needed by the local government personnel reflect that people who can work in elderly care must be capable and outstanding with these characteristics. For instance, determination and intention to work is an essential attribute of local government personnel in elderly care operations. This idea signifies successfully care under the role of local government needs an intentional worker who has a passion for this field as a foundation to work and achieve the goals. The individual with this characteristic tends to have a clear set of goals for elderly responsibility and a commitment. This type of staff member attempts to achieve the stated purpose, although facing problems and obstacles. This idea conforms to Dijkman, B., Roodbol, P., Aho, J. et al., (2016). They found in Europe that the expression of commitment and professionalism in elderly care by wishing the elder to receive the best care had become the core competency to encourage the elderly care staff to perform their work efficiently and outstandingly in elderly care.

The results of the composition analysis of competency of knowledge contributed a total of two factors, which can explain 70.99 percent of necessary knowledge for elderly care operations of the local government officers. The first component is knowledge in the elderly care, which can be explained by the six points. The elements are prioritised from the highest value to the lowest importance, namely:
1. Knowledge about the rights of elder to be protected and promoted by the state and other departments
2. Knowledge about the operational guidelines and government policy regarding the elder
3. Knowledge of health and primary care for elder
4. Knowledge about the roles and duties of local government in the work of an elder
5. Knowledge of necessary information about the elder in the area
6. Knowledge about society, culture and community contexts

The second component is knowledge about the organisation and management, which can be explained by three points, prioritised from the highest value to the lowest importance, namely:
1. Knowledge of modern management techniques and tools
2. Knowledge of other fields within the responsibility of the local government
3. Knowledge of project management

The results of the analysis of the knowledge ability mentioned above reflect that local government personnel who perform well in their duties of elderly care need both types of knowledge about the organisation and management concurrently. As for knowledge of all six areas, the first element is knowledge related to the elderly care that local government

personnel need to have to perform their duties. For the knowledge of elderly rights, with the highest weight of the variables in the composition, it shows that local government personnel can convey the eligible correct understanding of benefits to the elderly and relatives in addition to the allowances for the elder by encouraging complete access to that right. This view conforms to Kiljunen et al., (2017). They found that one of the essential competencies needed for working in elderly care was to promote and support the elder to access social welfare according to their rights. Meanwhile, knowledge in the second element involves organisation and management, which consists of three critical dimensions related to modern management techniques and tools. This knowledge area promotes and supports local government personnel to manage the elderly operation more efficiently. This viewpoint is consistent with Boyle, R., & O'Riordan, J. (2013). They discovered that the ability to manage budgets and other resources worthily in a shortage, risk management and human resource management capabilities in various fields had become a vital competency for local government personnel in a changed era. This concept also conforms to You, E. et al., (2015) who stated that people responsible for managing the elderly in the community should play a role in managing budget worthily in relation to the elderly's needs and related parties.

The results of the composition analysis of skill contribute was a total of two factors. The two components can explain 68.34 percent of the necessary skills for the elderly care operations of the local government officers. The first component is skill for working with other people and community, which can be explained by the nine points that are prioritised from the highest value to the lowest importance, namely:
1. Coordination
2. Human relations and the creation of network partners in the workplace
3. Communication and persuasion
4. Presentation and information transfer
5. Teamwork
6. Planning and management
7. Exploration, collection, and analysis for data
8. The promotion of community participation
9. Counselling

The second component is efficient problem solving, which can be explained by seven points. All elements are prioritised from the highest value to the lowest value, namely: (1) assignment; (2) decision making and problem resolution; (3) analytical thinking; (4) negotiation; (5) synthetic thinking or an overall systematic visualisation; (6) computer and modern technology; and (7) flexible and lenient work. The result of the analysis of the skill component above disclosed that local government is responsible for policy implementation on elderly care as the primary liable unit and network agency relevant to individuals and departments at all levels. Moreover, during the operation, the staff may encounter various

problems and obstacles that affect the success of the action. Thus, the complete function requires officers who can work with others and the community and deal with various problems efficiently. The results reflect that skills in each component are essential and necessary for elderly care operations. For example, coordination skills, with the highest variable weight in the first element, can promote local government personnel who work well with other people and communities to receive and transfer the correct data and matters wholly based on the objectives. The operation enables all parties to work together seamlessly. This viewpoint is consistent with You, E. et al., (2015). They found that people responsible for managing elderly care in the community should play an essential role as a liaison, such as through coordination with various agencies related to providing services to the elderly in the city and informing the elder about their appointments to ensure and prevent errors in receiving services. Similarly, Dijkman, B., Roodbol, P., Aho, J. et al., (2016) showed that core competencies related to elderly care required the ability to coordinate with agencies and involve parties to provide services to the elders and their families with efficiency and effectiveness. Furthermore, the job assignment skill, which has the highest variable weight in element 2, assists local government personnel in dealing with problems more efficiently. This skill considers and assigns tasks to each worker responsible for elderly care in a consistent and suitable means for knowledge and ability to meet the determined goals. This point conforms to Dijkman, B., Roodbol, P., Aho, J. et al., (2016), who found that people acting in efficient, outstanding elderly care played an essential role in management, which involved the ability to assign tasks as well.

The results of competency analysis of attributes had two factors. The two components can explain 72.88 percent of necessary attributes for the elderly care operations of the local government officers. The first component is commitment to excellent service, which can be explained by the twelve points. All elements are prioritised from the highest value to the lowest value, namely:
1. Understanding and empathy for others
2. Determination and intention of work
3. The initiative idea and proactive work
4. Leadership
5. Tolerance or emotional stability
6. Continuous learning and self-improvement
7. Good service
8. Prudence or procedure validation
9. Being observant
10. Sacrifice and public interest
11. Confidence or trustworthiness in the own ability
12. Caring and developing others

The second component is adhering to morality, which can be explained by six points. All elements are prioritised from the highest value to the lowest value, namely: (1) security and precautions; (2) adherence to moral standards and ethics in one's profession; (3) aiming for safety and precautions; (4) honesty for oneself and others; (5) respecting and accepting of various cultures and traditions; and (6) responsibility to oneself and the public. The attribute analysis reflects how elderly care functions are useful and outstandingly recognized by various individuals and organisations. There must be multiple attributes that promote the operator to provide quality and excellent service. Also, to encourage local government personnel to perform their duties well, the staff must significantly contain the fundamental idea and be mindful of morality and ethics, showing the desire to help others sincerely without expectation of any benefits in return. For example, understanding and sympathising with other people indicates an attribute for the operator to understand the ideas and the feelings of the elder, leading to access and providing care that can meet their needs. Physical and mental changes affect the elderly daily life in many areas. This point has resulted in the expression of different needs of the individual elder, listening and understanding the thoughts, needs and feelings of the elder, which become an essential attribute for workers and people close to the elderly. This viewpoint is consistent with Spencer & Spencer (1993), who proposed that understanding and sympathising with other people contributed a vital competency and a baseline for helping and serving general people. People who have competency in this field can listen to problems and understand emotions, including body language expression, and pay attention to the fundamental differences of people and the needs of other people. This viewpoint conforms to Dijkman, B., Roodbol, P., Aho, J. et al., (2016). They discovered that sympathy and understanding the needs of the elderly and their families, showed professionalism in elderly care and had become the core competency to encourage outstandingly and efficient staff's performance in the elderly care.

The in-depth interviews (with a new sample group of heads of the elderly care of seven outstanding local governments) revealed that local government elderly care personnel are consistent with the results of the research objectives 1 and 2 in all aspects. The comments and suggestions from scholars with expertise in human resource management and elderly care are also supportive and show that the competencies obtained in this study are consistent with the local government roles and missions for the elderly care. Therefore, the competencies are suitable to be defined as a competency model of local government staff in elderly care. Method and results are under the competency model validation of Spencer & Spencer (1993) by the concurrent cross-validation. This method refers to the validation of a competency model by considering the ability to predict the performance of people in the new group with the same characteristics at present. The operation conducts Behavioural Event Interviews (BEI) or in-depth interviews with new sample groups to find various features of people with powerful and outstanding performance. Then the results will be compared with the first developed competency model to explain whether or not the findings can tell from the new

sample group. If the information from the interviews with a new sample shows the competencies conforming to the competencies based on the model. It indicates that a competency model can predict the characteristics of people with active and outstanding performance and people with average return. Consequently, a competency model can be utilised to manage human resources in various processes.

Conclusion and Recommendation

A competency model of local government personnel for elderly care, which is the result of this study, consists of 2 components of knowledge, which are knowledge in elderly care and expertise related to organisation and management. Skill consists of two parts, including skill in working with other people and communities and skill in dealing with the problems efficiently. Attribute consists of two components, including a commitment to excellent service and adherence to morality. These concepts are presented in Figure 1a, 1b and 1c.

Figure 1: A competency model of local government personnel for elderly care (cont.)
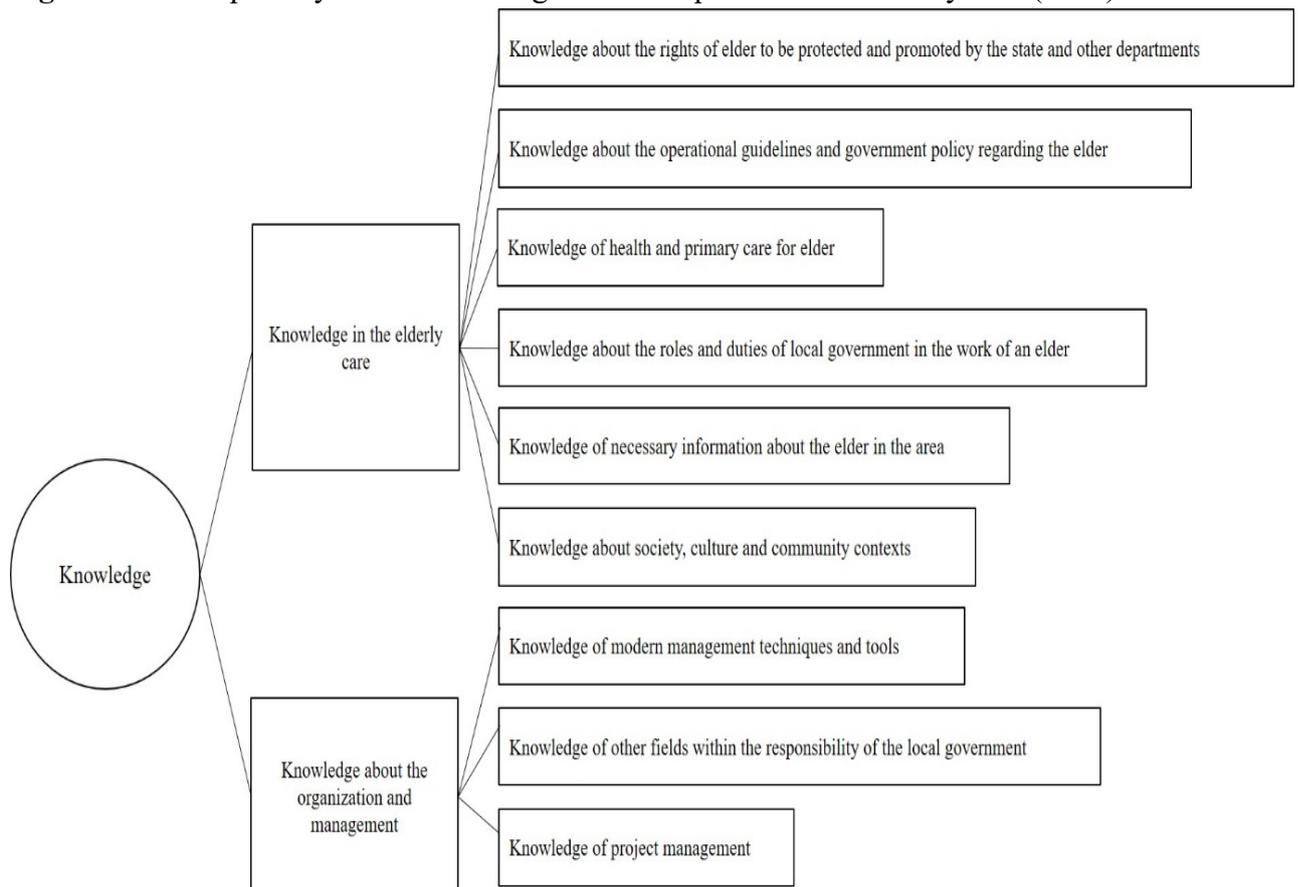
Figure 1b: A competency model of local government personnel for elderly care (cont.)
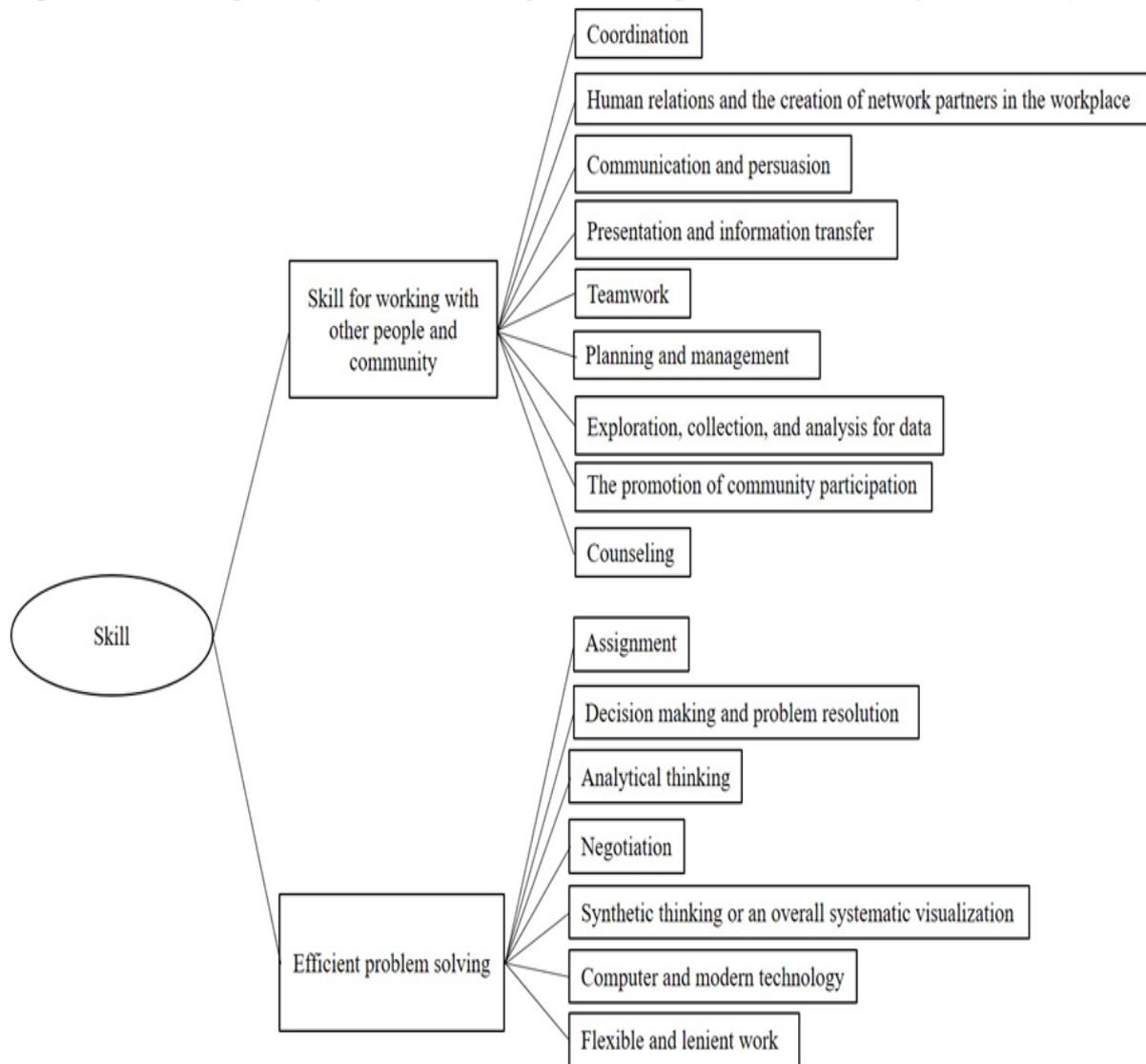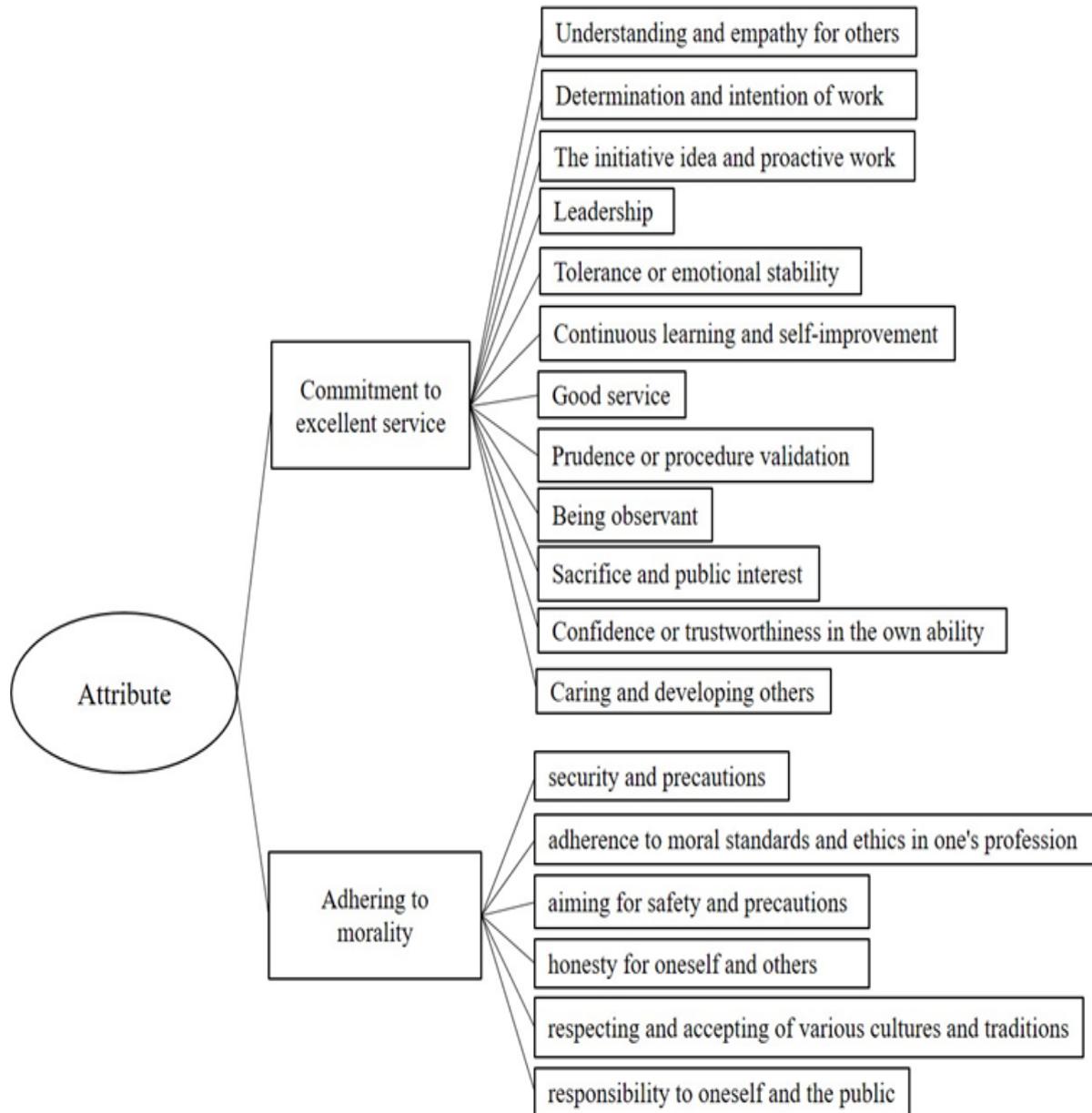
Figure 1c: A competency model of local government personnel for elderly care (cont.)

Recommendations

(1) Local government can apply a competency model as a guideline for human resource management and development in elderly care in various fields, including competency-based recruitment and selection and competency-based training and development.

(2) The implementation of a competency model in the management and development of local government personnel in elderly care should determine the expected competency level and the weight or significance of each competency to suit the context of the local government.

REFERENCES

Boyatzis, R. E. (1982). The Competent Manager. New York: John Wiley & Sons.

Boyle, R. & O'Riordan, J. (2013). Capacity and competency requirements in local government. Local Government Research Series, *2013 (5)*.

College of Population Studies, Chulalongkorn University (2017). The Study Report of the National Monitoring and Evaluation Plan for Older Persons No. **2 (2002 - 2021)** Phase **3 (2012 - 2016)**. Bangkok: College of Population Studies. Chulalongkorn University.

Department of Health, Ministry of Interior. (2009). Annual Report of Bureau of Health Promotion Department of Health, Bangkok: Printing House, The War Veterans Organisation of Thailand Officer of Printing Mill.

Department of Local Administration Ministry of Interior (2015). Report of the Evaluation of the Efficiency of Local Administrative Organisations for the Year **2014**, Bangkok: Printing House, Agricultural Cooperative Assembly of Thailand Limited.

Department of Older Persons. (2016). Implementation of the elder in Thailand in accordance with the Madrid International Plan of Action on Ageing (MIPAA) 2002 - 2016. Bangkok: Amarin Printing and Publishing Public Company Limited.

Department of Older Persons. (2018). The establishment of the school of the elderly, July 18, 2018. Retrieved from http://www.dop.go.th/download/knowledge/knowledge_th_20171608140136_2.pdf

Dijkman, B., Roodbol, P., Aho, J., Achtschin-Stieger, S., Andruszkiewicz, A., Coffey, A., Felsmann, M., Klein, R., Mikkonen, I., Oleksiw, K., Schoofs, G., Soares, C. & Sourtzi, P. (2016). European Core Competences Framework for Health and Social Care Professionals Working with Older People, accessed September 15, 2017. http://ellan.savonia.fi/.

Dubois, D. D. & Rothwell W. J. (2004). Competency-Base Human Resource Management. Palo Alto, CA, Davies-Black Publishing.

Kiljunen, O., Välimäki, T., Partanen, P., & Kankkunen, P. (2017). Multifaceted competence requirements in care homes: Ethical and interactional competence emphasized. Nordic Journal of Nursing Research, 205715851771208. doi:10.1177/2057158517712084.

McClelland, D.C. (1973). Testing for competence rather than for intelligence, American Psychologist, 28(1), 1-14.

National Statistical Office. (2014). The **2014** Survey of the Older Person in Thailand. Bangkok: Tex and Journal Publication.

Ritthirong, J. et al (2013). Population and society 2013: Population and society in ASEAN. Challenges and opportunities. Bangkok: Tula Printing House.

Spencer, L.M., & Spencer, S.M. (1993). Competence at Work: Models for Superior Performance. New York: John Wiley & Sons.

Siriwan Siribun, S. & Milinthangkun, C. (2008). Changes in the size and proportion of "elder", 17 May 2015.Retrieved from http:// www.cps.chula.ac.th/cps/research_ division/ article aging/aging_ 001.html

Snoddon, J. (2010). Competencies for Managing Long-Term Conditions, in Case Management of Long-Term Conditions: Principles and Practice for Nurses, Wiley-Blackwell, Oxford, UK. doi: 10.1002/9781444319866.ch3.

You, E. C., Dunt, D., & Doyle, C. (2015). What is the role of a case manager in community aged care? A qualitative study in Australia. Health & Social Care in the Community, 24(4), 495–506. doi:10.1111/hsc.12238.