

OPPORTUNITIES AND CHALLENGES FOR THAI LONG-TERM CARE INSTITUTIONS



Presented to

Asst.Prof Pornthep Benyaapikul

By

Bhusana Punyakunasin

6004641509

EE 489: Seminar in Industrial Economics

Semester 2/2020

Bachelor of Economics International Program

Faculty of Economics, Thammasat University Bangkok Thailand

Contents

	Page
Abstract	3
1. Introduction	4
1.1 Industry Background	
1.1.1 What is Long-Term Care?	6
1.1.2 Classifications of Long-Term Care	7
2. Literature Reviews	
2.1 Current Situation in Thailand	9
2.2 Level of Dependency and Demand for Care	11
2.3 Theoretical Frameworks	
2.3.1 PESTEL Analysis	15
2.3.2 Porter's Five Forces Analysis	16
3. Methodology	
3.1 Research Methods	17
3.2 Data Collection	17
3.3 Interviewees	18
3.3 Analysis Methods	18
4. Results	
4.1 Demand for Care	19
4.1.1 Care Financing	21
4.2 Supply of Care	23
4.3 Quality and Management of Care	26
4.4 Policy and Regulatory Structure	27
4.5 Human Capital	29
5. Conclusion	32
6. Limitation	33
7. Suggestion	33
8. Reference	35
9. Appendix	39

Opportunities and Challenges for Thai Long-Term Care Institutions

Abstract

Thailand has merely entered into an aged-society in 2021, with over 20% of the population aged over 60; By 2040, Thailand will rightfully be earned the status of super-aged society, a drastic and unprecedented demographic shift. With such inevitability, society will experience the ever-increasing complex medical needs with the obscure and tantalising outcome, If the government remains idle and incompetent. Accumulating the demand for care, Thailand's human resource in medical personnel for elderly people is still unmatched by the needs. Consequently, Thailand's Long-Term Care industry has tremendous opportunities in supporting the growing populations but there are elephants in the room that need addressing.

This seminar paper's objective is to understand the overall situation of Thailand's Long-Term Care Industry as well as providing a comprehensive perspective of opportunities and challenges facing Thai's Long-Term Care industry. In-depth interviews were conducted to interpret each stakeholders' views on the industry itself. The analysis is based on the results collected from the interviews in combination with existing literature reviews on the Long-Term Care industry.

1. Introduction

In Thailand, 75 years old individuals have 4.5 living children while persons aged 50-54 currently have only 2.1 living children (Knodel, 2013); the trend of having fewer children is likely to continue in the future. Thailand is one of many countries in Asia where family members provide Long-Term Care (LTC) informally for their elderly family members and filial support is expected to be carried out by family members. Thailand has already faced tremendous difficulties when children of older persons are incrementally relocating away from their parents' household to seek better economic opportunities in metropolitan areas or developed provinces where salary is considerably higher than their initial placement. Moreover, LTC by family members often lacks the necessary knowledge and competence in assisting the elderly especially when the elderly possess complex medical needs, while also facing opportunity loss in participating in the productive workforce. Such problems pose a concern over the sustainability of the traditional LTC in and by family. Hence, the rising need for LTC is inevitable due to demographic and situational context alteration.

The private LTC institutions in Thailand are expected to increase in response to the rising needs (ADB, 2020). However, these facilities charged substantial fees in the perception of lower to lower-middle-income families.

In Thailand, the availability of public nursing homes and intensive care facilities or lack thereof could be detrimental to many lower-income families whose medical needs are equally vital to those with economic privilege. Many of these existing facilities ranging from residential homes for poor and elderly people supported by charitable organisations to private nursing homes are facing a similar predicament, high turnover rate, and staff shortages. Many institutions are

starting to hire foreign workers from neighbouring countries to combat such shortages. Despite the occupational fulfillment of foreign workers, the current health staff, whether Thais or foreigners, have neither sufficient training nor an integrated approach in responding to those with intensive care needs. Thus, this raised concerns over the quality of care in LTC institutions in Thailand.

Since the beginning of the century, the Thai government recognised the growing need for the care of its citizens. They have implemented a National Plan for Older Persons which grants a framework for improving the welfare of Thai's elderly. Despite that, many efforts taken by the government have seen little benefit to society as a whole.

In this seminar, we will navigate all the necessary aspects of LTC institution's in Thailand, namely Demand for Care, Supply of Care, Quality and Management, Policy and Regulatory Structure, and Human Resources. All of the tenets mentioned will be thoroughly analysed to provide a comprehensive understanding of opportunities and challenges facing Thai's LTC institutions in Thailand based on existing literature reviews of the industry as well as extensive interpretation of the in-depth interviews of the industry's stakeholders.

1.1 Industry Background

1.1.1 What is Long-Term Care?

In Thailand, as the number of care-dependent populations grows, the number of private care institutions has risen dramatically over the last decades. From the Department of Business Development, It has been estimated that there are over 6,000 Long-Term Care (LTC) institutions in Thailand, the majority of which are located in Bangkok and other developed provinces (Prachachart, 2019.) The LTC institutions placement seemed to be ill-distributed and primarily based on density and affordability of its patients in different provinces. The residents in these facilities range from moderately dependent to totally dependent; Almost one-third of the residents reported possessing depression. Moreover, one-third of the patients had one or more chronic diseases, needing over 20 and 27 hours of care provision weekly (Sasat et al, 2013.)

The long-Term Care objective is to curtailing and atoning the loss of independence of physical or mental activities. In its intrinsic definition, Long-Term Care (LTC) encompasses a variety of services from medical and social services to support those with functional deficiency or chronic illnesses to galvanise their active daily living (Srithamrongsawat et al., 2008.) Although LTC facilities are to support the old-aged with functional incompetent, they do not provide sickness prevention, chronic diseases management, rehabilitation nor generic acute care service; In spite of that, It is of essence that these facilities offer easy access of acute care to their patients in the case of emerging acute illnesses. Despite that, LTC facilities These services may include Either short- or long-term, these services are provided in an aged-persons' homes, in their community or LTC facilities; Different types of facilities are designed to support different illnesses or distinctive levels of dependency.

1.1.2 Classifications of LTC facilities

The classifications institutional LTC in Thailand can be classified into five primary categories—each facility providing differing levels of care and services. First and foremost, Residential Homes are funded by government or not-for-profit organisations which serves as a place for assisting older people with physical independence. One of the notable names is Ban Bangkae where persons who are underprivileged, have no relatives or cannot live with their own family relied upon once old-aged arrived. Second, Assisted Living Care is primarily runned for profit. These facilities offered fairly little medical assistance as its residents were those who wanted to live independently but possessed minor disabilities or dependency whose conditions required supervision from its caregivers.

Third, Nursing Home is a facility that dispenses care for the elderly with chronic diseases; More specifically, Noncommunicable diseases (NCDS) such as heart disease, stroke, cancer, diabetes, chronic lung disease. In general, these institutions offered medical aid by nurses or caregivers as well as rehabilitation, cognitive and physical exercises. These facilities represent the majority of LTC institutions and runned for profit.

Fourth, LTC Hospital provides necessary nursing support to those with specific medical needs or rehabilitation. Patients usually reside in these facilities longer than three months.

Lastly, Hospice Care is an end-of-life care providing institution that aims to mitigate the pain while providing comfort care for end-of-life patients. The facility objective is to promote peaceful death for their patients and relatives (Sasat, 2013.)

Though, It is inevitable that patients residing in these LTC institutions will eventually develop complex illnesses, but It is equally vital that they do not have to remobilise once their conditions

become severe. Developed countries, such as England and Scotland, had established a regulation that clearly distinguished acute care from LTC. Not only that, but also introducing a term called “Care Home” where personal care as well as nursing care will encompass and offer the similar social services of residential facilities while providing twenty-four-seven nursing assistance (Kerrison & Pollock, 2007.) This is to alleviate the unnecessary cumbersome incentives to relocate the aged population to new environments or facilities once the need for care and support rises with advancing years.

All private LTC institutions held a similar pricing strategy with a flat rate for routine services, depending on the institutions and the complexity of the services provided, and an additional charge for extra services. The monthly fees charged varies from 15,000 to 26,000 Thai Baht; The higher the fee the higher the level of dependency demanded by each resident.

However, the significant increment of the number of LTC institutions might be unprecedented, the number of public LTC facilities is fairly limited. People admitted to these facilities are already ill-equipped with monetary resources, but still have to pay a certain amount of monthly fee for their stay (Srithamrongsawat et al, 2008.) As per Ban Bangkae residential home, the monthly charge started at 1,500 Thai Baht per month with minimal medical assistants.

Although, the heterogeneity of price charges from different LTC institutions, the lack of medical staff, care classification, and care standards were prominent in nearly all of the LTC facilities (Sasat et al, 2013.)

2. Literature Reviews

2.1 Current Situation in Thailand

The Thai's population is marginally increasing at a decreasing rate, from 3.2% yearly population growth in 1960 to merely 0.8% in 2008. Such a vast decline was the product of lowering fertility and mortality rate in Thailand over the past five decades. While the percentage of Thai's elderly has increased significantly, the proportion of the younger population to its counterpart has steadily declined. As the productive workforce shranked, the younger generation bore greater monetary responsibility in supporting the aged-population. Furthermore, It is a traditional and cultural norm that children, especially daughters, have to perform filial support for their parents. The lack of such duty could be viewed as ultimate abrogation. Currently, not only children are migrating away from their parents to seek economic prosperity in developed provinces (Knodel, 2013), but also, workforce participation for women has steadily increased from 65.4% in 2000 to 66% in 2006 (UN, 2006.)

The number of Thai people over 80 years old will triple from that of the year 2000, from 600,000 to 1.8 million people in 2030 (NESDB, 2007.) Aging oftentimes is associated with falling in health condition and rising frailty; People aged 70-80 years old are most susceptible to non-communicable diseases, namely heart disease, stroke, cancer, diabetes, and chronic lung disease (Khongboon & Pongpanich, 2018.) Such conditions are responsible for nearly 70% of unfortunate deaths globally; 82% of 16 million people who faced premature death before age 70 years old attributed it to those in low and middle income countries (WHO, 2000.)

Despite World Banks having registered Thailand as a upper-middle income country in 2010, Thailand's previous stellar economic performance could not have been more contradictory to the

present. Labour shortages, inadequate education relative to global competency, depletion of natural resources, poor distribution of wealth, intransparency of the government, abysmal governing directions and dualistic urban and rural economic structure to name a few of reasons contributing to Thailand's poor economic performance (Jitsuchon, 2012.)

In spite of that, the government had recognised the contemporary demographic shift and had drafted and implemented many plans in order to satisfy the unmet needs of its aging population. Primarily aiming at community-based LTC, the plans include the promotion of volunteer caregivers, accommodations adapted to the needs of older persons, mortgage options for seniors and encouragement for the older population to participate in the workforce (ADB, 2020).

Many plans have failed to recognise or address the underlying situation of the scarcity of public LTC, the promotion of healthcare workers or the necessary standards in providing care in private LTC facilities. Not only that but also the current elderly's monthly monetary support from the government of five-hundred to one-thousand Thai baht is derogatory to the Thai senior citizens. Further aggravating the situation, dualistic urban-rural economic structure, the population whose residents located in rural areas receive different access to public health care. The lack of health care provision in the rural area worsen the already-existing substandard welfare of the rural population. Expenditure on health care is significantly higher in the urban area; Receiving higher income than the rural counterpart, the urbaners can afford better health care and medical aid, while the rural population could not access adequate health care, let alone low-cost health care.

2.2 Level of Dependency and Demand for Care

Aging is highly correlated to higher levels of dependency. With advancing years, the limitation of daily functional activities rises with it. In the Table :1. The data classified the level of dependency by age group and dependency level.

Table 1 : Number of People in Thailand Living with Dependency 2010 and 2020

Level of Dependency	Age	2010	2020
Severe (male)	60–69	17,066	26,507
	70–79	40,223	54,706
	80+	27,859	42,536
	Total male	85,148	123,750
Severe (female)	60–69	19,755	31,202
	70–79	31,728	43,014
	80+	83,101	134,040
	Total female	134,585	208,255
Moderate (male)	60–69	11,449	17,783
	70–79	22,016	29,942
	80+	15,932	24,325
	Total male	49,397	72,051
Moderate (female)	60–69	11,853	18,721
	70–79	19,128	25,932
	80+	17,329	27,951
	Total female	48,310	72,604
Mild (male)	60–69	34,132	53,015
	70–79	25,586	34,798
	80+	7,966	12,163
	Total male	67,683	99,975
Mild (female)	60–69	43,462	68,644
	70–79	76,208	103,315
	80+	76,208	122,922
	Total female	195,878	294,881

Note : The numbers for the year 2020 are estimate

Source : Asean Development Bank, 2020. Country Diagnostic Study On Long-Term Care In Thailand

From Table :1, the prevalence of the dependency level of the old age population has drastically risen over the past decade. In general, dependency level and the need for support is found to be higher in women rather than men. The dependency level is measured by the level of Active Daily Living (ADL) and Instrumental Active Daily Living (IADL.) The estimation is used to project the number of elderly individuals who are concurrently having difficulties in their daily living activities, gauging by age groups, genders, and area of residence.

Table 2 : Percentages of the Older Population with Functional or Daily Living Difficulties, by Age, Gender, and Area of Residence, 2017

Type of Difficulty	Total	Age			Gender		Type of Area	
		60-69	70-79	80+	Men	Women	Urban	Rural
Functional Difficulties								
Lifting 5 kilograms	28.6	15.9	38.6	67.2	20.0	36.0	29.1	28.2
Squatting	19.1	10.0	25.0	46.8	14.0	23.4	20.0	18.6
Walking 200-300 meters	15.7	6.6	20.3	46.4	11.2	19.5	14.7	16.4
Climbing two or three stairs	14.3	6.0	17.9	43.4	10.3	17.5	13.7	14.7
Any functional difficulty	33.4	19.8	45.5	73.9	24.4	41.3	34.1	33.0
Difficulties with ADL								
Getting up from lying down	5.4	2.3	5.8	17.3	4.4	6.2	5.8	5.1
Using toilet	4.0	1.5	3.7	15.5	3.2	4.7	4.2	3.9
Bathing	3.8	1.5	3.3	15.0	3.1	4.4	4.2	3.6
Dressing	3.4	1.4	2.9	12.7	2.8	3.8	3.7	3.1
Washing face and brushing teeth	2.7	1.1	2.4	9.9	2.1	3.1	2.7	2.6
Putting on shoes	3.2	1.4	2.8	11.9	2.8	3.6	3.4	3.1
Grooming self	2.9	1.3	2.6	10.4	2.7	3.1	3.0	2.8
Eating	2.8	1.1	2.7	10.0	2.3	3.2	2.9	2.8
Any ADL difficulty	7.6	3.4	7.9	24.5	6.3	8.6	7.8	7.4
Difficulties with IADL								
Taking bus or boat on own	23.4	9.9	33.0	67.9	16.7	29.2	21.6	24.7
Counting change	7.2	2.5	8.3	25.5	5.7	8.4	6.2	7.9
Taking medicines	8.7	2.9	9.8	31.2	6.9	10.2	7.9	9.3
Any IADL difficulty	24.6	10.9	35.0	69.3	17.8	30.4	22.4	26.2
Any functional, ADL or IADL difficulty listed above	36.8	22.4	51.4	79.8	27.6	45.0	36.0	37.4

ADL : activities of daily living, IADL : instrumental activities of daily living.

Source : Asean Development Bank, 2020. Country Diagnostic Study On Long-Term Care In Thailand

This measurement listed the usual active daily activities, ranging from using the toilet, dressing, bathing to taking the bus and counting change. From Table : 2, the generality level of disability by severity is varied from different age groups. However, it is found that the severity of disability is found to be higher in those in the age over 80 years old rather than 70-79 and 60-69 years old respectively. In addition, on aggregate the level of functional limitation is found to be higher in urban old age population rather than rural one. It is found that 25 percent of the elderly people in Thailand possessed some form of disability (Jitapunkul & Suriyawongphaisal, 1999.)

Table 3 : People Over 60 Needing Assistance with Daily Living Activities and Percentage Receiving It, by Age, Gender, and Area of Residence, 2017

Category	Among All		Among Those Reporting a Need/Desire for Assistance		Among Those Reporting No Need/Desire for Assistance	
	Reporting Need or Desire for Assistance	Reporting Receiving Assistance	Receiving Assistance	Not Receiving Assistance	Receiving Assistance	Not Receiving Assistance
By Age						
60–64	3.9	7.6	43.3	56.7	6.2	93.8
65–69	4.9	8.8	46.0	54.0	6.9	93.1
70–74	7.7	14.3	61.8	38.2	10.3	89.7
75–79	8.9	16.0	60.5	39.5	11.6	88.4
80+	25.5	36.5	84.8	15.2	20.1	79.9
By Gender						
Men	7.0	12.6	63.3	36.7	8.8	91.2
Women	9.4	15.2	67.8	32.2	9.7	90.3
By Area						
Urban	8.1	14.7	72.5	27.5	9.7	90.3
Rural	8.5	13.5	61.8	38.2	9.0	91.0
Total	8.3	14.0	66.1	33.9	9.3	90.7

Source : Asean Development Bank, 2020. Country Diagnostic Study On Long-Term Care In Thailand

Furthermore, from Table 3, there exists a discrepancy between people who need care and the care providers. In accordance with Table 2, as the dependency level is higher in the older age population, the desire for care, likewise, is higher in the older age population. Among those who reported needing assistance for their ADL, more than 15 percent of the population over the age of 80 did not receive assistance. Yet, the demand for care is significantly higher in both females and the population in urban areas. For the latter, It could be ascribed to the fact that many LTC facilities are made available in Bangkok and certain developed provinces.

The absence of LTC facilities from the public which puts the burden on the family; The situation is even more devastating when the family size has significantly decreased. Currently, only private nursing homes are available in Thailand and all of them are run by profit and non-profit sectors; Only assisted living facilities are made available by the government.

The Thai government has benefited from the traditional family role in assisting older individuals informally within the family, which saves the public expenditure on health and social welfare for an extensive period of time (Khongboon & Pongpanich, 2018.) However, due to the prevalence demographic shift and rising needs for care , the establishment of public Long-Term Care institutions as well as the distribution of health care is in dire need.

Although there has been an establishment of residential Long-Term Care facilities for the underprivileged , supported by the government and charitable organisations, the quality provided and the lack of skilled medical staff seemed concerning— once individuals' conditions became poorer with rising age.

2.3 Theoretical Frameworks and

2.3.1 PESTEL Analysis

In order to synthesise the underlying opportunities and challenges of the LTC industry, two theoretical frameworks are applied. First and foremost, PESTEL Analysis is used for the purpose of understanding the external factors that influenced the industry opportunities and challenges as a whole. PESTEL analysis paints the picture of the business environment that the industry is currently facing. This framework includes political factors, economic factors, sociocultural factors, technological factors, environmental factors, and legal factors. To illustrate, political factors referred to the stability and political situation that might have an impact on the industry as a whole. Economic factors indicate the financial situation of the country that could essentially affect the industry, individual income per capita for example. Social factors can be defined as normative understanding and beliefs of the society in that country, specifically demographic situation, and cultural belief. Technology factors can be understood as the technological innovation and environment that could have an impact on the industry, namely the existence of technology and its adoption. Ecological factors referred to as the natural resources that could possibly be related to the industry's conduct. Lastly, the legal factors pertain to the enforcement of the rule of laws towards the industry (Matovic, 2020). All of which would grant a comprehensive view of the industry, in which ultimately could be a useful tool for LTC institutions to assess its development or avoidant strategies in alignment with the industry competitive environment (Shtal et al., 2018.) Certain factors can be applied when investigating the opportunities and challenges of the Thai LTC industry.

2.3.2 Porter's Five Forces Model

Secondly, Porter's Five Forces Model is utilised to provide a comprehensive interpretation of the internal environment of the LTC industry. The model paints the competitive structure in the industry. By analysing the industry overview, this framework could confer the opportunities and challenges internally by analysing all the forces in the model; The model consisted of five forces which are threat of new entrants, threat of substitute products or services, rivalry among existing firms, bargaining power of buyers, and bargaining power of suppliers. Altogether, these forces would indicate the contemporary profit potential of the industry itself (Pawar et al., 2019.), the weaker the force the higher profit potential to be realised. To illustrate, the threat of new entrants referred to the barrier of entry and its deterrent factors that newcomers could enter the market. The threat of substitute products could be referred to as the possibility of other products or services to replace the existing products available in the market. Rivalry among existing firms could be interpreted as the competitive nature within the market. Last, the bargaining power of suppliers and buyers refers to the ability to bargain or direct the direction of the industry by said suppliers and buyers (Porter, 2020.) As a result the LTC facilities could grasp the essential information on the industry as well as improving its competencies accordingly. By utilising the aforementioned theoretical frameworks in combination, the opportunities and challenges could be drawn from internal and external perspectives of the industry.

3. Methodology

3.1 Research Methods

The research methods conducted in this paper includes, gathering secondary datas from various sources. Specifically, prior research papers done on the industry, journals, statistical data, and government's regulations regarding the industry and-so-forth. Moreover, to estimate the opportunities and challenges facing the LTC industry, in-depth interviews were conducted by interviewing the relevant stakeholders involved in the industry— ranging from business owners, consumers, and the employees of the LTC institutions to extend the understanding of the industry.

3.2 Data Collection

The interview questionnaires were designed based on six tenets, namely demand for care, supply of care, quality and management, policy and regulatory structure, and human resource. Each question was engineered to reflect each pillar mentioned for all the stakeholders. The list of questions is provided in Appendix (1). To further extend the scope of each pillar, first demand for care includes topics such as number of care demands, care financing and situational demand. Second, the supply of care topics consisted of the types of care provided, and the availability of care, be it informal or formal care. Third, quality and management comprises the registration of care for the business owners, quality of care reflected by both care workers, consumers, and the business owners themselves. Fourth, policy and regulatory structure topics cover the legislation of care providers, and government support for the consumers. Lastly, the human resource subject encompasses the caregivers categorisations and the qualification of caregivers.

3.3 Interviewees

The total number of interviewees were six business owners, specifically nursing home business owners, five consumers, and two employees in one of the nursing homes. The criteria for interviewee selection are as follows. The interviewees shall participate in the industry over two years, speak Thai, and have the understanding regarding the environment of the industry.

The list of LTC institution's owners interviewed were Kantita Nursing Home, Akkara Care, Navasri Nursing Home, Baan Porjai Nursing Home, Livingwell Nursing Home, Doo Lae Ruk Nursing Home. The Kantita Nursing Home owner was once the founder of Thai Elderly Promotion and Health Care Association, and currently the vice president of the association. While Livingwell Nursing Home and Navasri Nursing Home owners currently are the association directors, Doo Lae Ruk Nursing Home owner is one of the association consultants. All of the institutions stated are based in Bangkok and neighbouring provinces. The consumers interviewed are the consumers of Kantita Nursing Home, likewise the employees.

3.4 Analysis Methods

Thereafter, a comprehensive data evaluation would be applied by analysing each interviewee's answers based on the foundation laid in theoretical frameworks. The descriptive analysis is applied for interpreting the data gathered from the interview. Thenceforth, the inferential analysis is utilised in combination with prior literature reviews and academic papers to provide the objective opportunities and challenges facing the industry.

4. Results

4.1 Demand For Care

As previously mentioned in the prior section, demographic shift, increasing life expectancy, and lowering fertility rate have all played parts in raising the demand for care in Thailand.

By 2024, there will be roughly 0.8 and 1.16 million Thai male and female, respectively, aged over 60 years old with severe and profound disabilities. From one estimate, they have carefully drafted the model predicting the cost of admission to LTC institutions for those with severe and profound dependency— assuming that the rate of dependency increased with advancing age. The model assumes two scenarios; One being 2 percent of those with severe and profound dependency had admitted to LTC institutions, and 25 percent of the elderly individuals had admitted to institutional care. On one hand, for the first scenario of 2 percent, the cost of staying in LTC would be 7.9 billion baht for men and 11.5 billion baht for women. On the other hand, If one-fourth of those with profound and severe dependency stay in institution LTC, the cost predicted is 9.9 trillion baht for men and 14 trillion baht for women (Srithamrongsawat et al., 2008.)

The cost of estimation is shown in Table 4. The cost is calculated by taking into consideration the average cost of admission to LTC facilities with flat rate plus additional fees for variable cost of daily-usage products and additional activities. The monthly cost of stay is primarily dependent on the level of care needed. Moreover, the data of cost gathered is mainly collected from private facilities, due to the absence of public LTC facilities. The cost of which is calculated using the baseline inflation of 3.5 percent as of 2008.

Table 4 : Cost per month of services provided by level of dependency

Level of dependent	Cost in private nursing homes (Baht per month)
Able	24,143
Mild disability	24,593
Moderate	25,643
Severe	26,168
profound	26,693

It is undeniable that the demand for care is immensely large, likewise the cost of care. In the country where the average household income per capita is around 14,000 baht per month (World Bank, 2019.); As the family size shrunked, the reliance on monetary support from their children will be increasing while the employed-adult-children can barely support oneself. The question of affordability and accessibility to care are truly concerning.

From the interview conducted, all of the consumers either have to dedicate their savings or a massive portion of their income to support their loved ones, when admitted to LTC facilities. Moreover, not only the monetary support from the children will not be adequate, but also the cultural belief that personal care shall be provided by children or relatives of the elderly.

Over three-fourth of the the survey done in 2011 about family support for Thai elderly, the respondents expect to depend on their children once independent living departs (Knodel et al., 2013.) Filial support is said to be a form of repayment for having given birth and raised their children. This belief is deeply entrenched in Thai society, and unlikely to change if the normative understanding of the situational context of the society remained unchanged.

In terms of business owners' perspective on demand for care, all of whom have suggested there was a mass adoption and cultural acceptance towards LTC institutions, or perhaps due to the lack of time to provide care for their loved ones. All six owners disclosed that since their opening, the number of patients has increased drastically, some even have to open new branches to serve the existing demand. There were also a handful of owners who indicated that the competition, especially in the current age of social media disruption, is fierce. In some areas, you could find more than a dozen LTC institutions within five kilometres of the vicinity.

Furthermore, due to the prevalence rise in the old-age population and ASEAN Economic Community, medical tourism will provide tremendous opportunities for the existing players to grasp. The outstanding medical infrastructure, namely the number of private LTC institutions, could be beneficial in attracting foreign medical tourists in the future (Roman, 2015.)

4.1.1 Care Financing

Over 85 percent of the Thai population aged over 60 are either fully uneducated or only received primary school education (Asian Development Bank, 2020.) — let alone financial literacy.

About 79 percent of older people receive a certain amount of income from their children (HelpAge, 2017.) In which seemed in accordance to the interview where both business owners as well as consumers denoted that the primary payer for the monthly fees were children. Only one-third of the consumers pointed out that they received monetary support from their pension scheme. There are only two pension schemes available for the public which are the civil servant pensions scheme for those who participated in the public workforce and the social security scheme for those in the private firms. (Asian Development Bank, 2020.)

In spite of that, Thailand is one of the countries dominated by the informal economy; Over 45 percent of the population is employed in the informal sector. Informal sector can be defined as economic activities and transactions that are not explicitly observed by the authorities (Buddhari & Rugpenthum, 2019.)

Hence, there is an enormous proportion of the Thai citizens who are left un-insured and unable to access public resources. There exists the implementation of universal old-age coverage that provided a monthly income for the elderly of 600 to 1000 baht depending on which age range the elderly fitted in; The provision of old-age allowance could minimally alleviate the burden bare by the children, when paying for the monthly fee of institutional care, expressed by one of the interviewees.

The optimistic attitude towards assuming that 25 percent of Thai citizens could potentially access institutional LTC is improbable. The economic obstacle deters many elderly the opportunity to stay in one of these institutions, likewise the inability to market their service to these elderly populations by many LTC facilities. Low-cost LTC facilities could be a viable option for many low-income earners, but the quality provided could be a colossal challenge.

Ban Bangkhae for example represents low-cost LTC facilities equipped with the absence of medical personnels, limited capacity, and inefficiency in support those with frailty and severe dependency.

Overall, in terms of economics factors in PESTEL analysis, It can be seen that the overall financial situation is somewhat inadequate to the existing price charged by these facilities. The

income per capita is relatively low and quite frankly could not serve the prevalent needs of LTC institutions by the masses. However, as per the arrival of ASEAN economics community, the higher disposable income of foreigners who seek medical needs could be a viable option for the industry to seize the opportunity. In contrast, in terms of social factors stated in PESTEL analysis, the current belief of filial support could hinder the development of the industry as a whole.

4.2 Supply of Care

Concurrently, the Thai senior citizens unwillingly relinquished their expectation of filial support from their children once their functional dependency arises, despite having a choice of admitting to LTC. The Thai aged-population favour remaining at home and receiving informal care from their children or grandchildren. Presently, the majority of elderly care by family is exceeding other types of care, with 90 percent of individuals needing care procuring it from their families (Asian Development Bank, 2020.) Many developed countries are readily preparing their grey generation with formal care for their elderly citizens to receive the necessary medical care support. On the contrary, low-and-middle income countries, perhaps, lack the imperative fund, incentive, and imperative database— especially people participating in informal economies— to implement well-sustained formal care support and accessibility for their senior citizens; Thereby, the responsibility of caring for the senior is predominantly supported by the families (Khongboon & Pongpanich, 2017.)

Inferring from the interview, one-third of the customers had provided care for their elderly and had hired caregivers to assist their loved ones at home. Once their condition had not improved,

they seeked the assistance of institutional care. The remaining two-third suggested that they had employed caregivers recommended by friends and relatives. Despite the good-intention of keeping the aged individuals at home, the insufficient knowledge to care for those with profound or severe dependency could worsen the conditions. In the perspective of business owners, one has noted that the severity of a certain condition, stroke for example, could be alleviated at the early stage. Prevention and rehabilitation is crucial for those with profound dependency. However, there are approximately over 6,000 LTC institutions in Thailand (Prachachart, 2019.).

Furthermore, thanks to modern technology, assistive technology in the elderly home has been slowly introduced into the Thai society. There are two distinctive assistive technology equipment, passive interventions monitor and active intervention devices. First, a passive intervention monitor acts as an observatory device which monitors an elderly individual's conditions and safety without interfering with their activities. For example, video monitoring and smartwatches play a role in tracking the condition and safety of the aged individual. For the latter, as the name suggests, play a more active role in an elder's daily activities. For instance, fall detection devices, shade and climate control, and automatic door entry systems are the crucial players in facilitating the elderly individual to maintain their daily activities in their own home (Daoudi et al., 2017.) These devices could prolong and encourage the aged people to situate in their own home for a lengthy amount of time. It is certain that these devices could not replace the care provided in those within institutional care facilities, but it certainly mitigated the risk of injuries for those with mild to moderate dependency as well as preventing severe illnesses from occurring.

Additionally, there has been a community-based volunteer program implemented by the government, where volunteer caregivers visit functional dependent senior citizens to provide care on a weekly basis; Though, the program seems genuine and suitable to the Thai senior citizen's normative belief of caring at home, the program has never come to fruition (Asian Development Bank, 2020.) However, if there has been the establishment of public LTC institutions, the majority of the underprivileged citizens will opt for the public rather than private ones.

Consequently, from cultural norms of preferring to situate and care for at home, and assistive devices, these could be major obstacles to the opportunities for the institutional care facilities to grasp the potential market. Especially the latter, assistive technology could delay the level of functional dependency of the individuals. However, such devices can be seen as the essential threat of substitute product in the Porter's Five Forces model, likewise informal care from caregivers and family members, the aforementioned demographic shift, out-migration of families, could potentially shift the attitude of many families to accept the situational change in years to come.

On aggregate, the threat of substitutes could be increasing due to the adoption of assistive technology by the elderly in the future. However, It can only prolong the duration of functional dependency, and eventually these citizens would adopt LTC institutions in their later life. Moreover, the rivalry among existing firms is immense due to the economic opportunities in the industry. The barriers of entry are still relatively low, hence it incentivised the players internally and externally. Once the government has established its own LTC facilities, the competitive environment in the industry will be drastically high in the mere future.

4.3 Quality and Management of Care

Presently, the Ministry of Social Development and Human Security, Ministry of Public Health and the Thai Elderly Promotion and Health Care Association have collaborated in an attempt to implement LTC registration and standards for quality management in institution LTC facilities. Indeed, the registration regarding the care and related quality and management registration has been implemented in the year 2020. The ministry regulations have provided necessary standard frameworks for LTC institutions to follow; Namely, standard for location, for security and for care. To illustrate, the standard for care is compatible with the international standard where assessment of the patients conditions has to be reevaluated every three months (Ministry of Public Health, 2020)— the lack of clarity on who shall examine the functional dependency assessment remained seen; In Singapore, the Ministry of Health assessment uses a tool called Resident Assessment Form where it determines the patient's functional abilities. In England, the evaluation of patients' functional dependency assessment is performed by nurses (Srithamrongsawat et al., 2008.) Despite its many flaws, the regulations regarding the standard of LTC facilities are an essential step in improving standards implemented in LTC facilities

However, there is still no boundary or distinctive definition that classified different types of LTC institutions and their functional capability.

From interviewing the LTC institutions' owners, in spite of the recent care standard regulation implementation, all of the six owners suggested that they had the standards of their own over the years prior to the care standard provision from the Ministry of Public Health. One of whom has adopted the care management system from the hospital.

Furthermore, previously many LTC facilities have registered their business conduct with several regulating bodies, namely the Medical Registration Division which had no specific criteria for admission and boundary of services provided (Sasat et al., 2013.) The recent provision of care standards by the Ministry of Health required all of the players in institution care to be registered with the Ministry in order to enforce the same standard across the board.

The quality management of many LTC facilities has been up to standard stated by the Ministry of Public Health, However, as the regulations became more strict, the cost of implementing more care standards could inflict economic wounds for many low-on-capital entrepreneurs.

On aggregate, the standards provided will definitely uplift the well-being of those interested in residing and already residing in these LTC institution facilities.

4.4 Policy and Regulatory Structure

As previously mentioned, the policy regarding the care standard has only been enforced for only a year, hence there are numerous loose ends. First and foremost, the registration of care enlisted in the legislation has only enlisted three types of LTC institutions, day-care facility, residential homes, and nursing homes. Though the distinction between each care home is a crucial step in helping consumers to identify which type of services they need, the scope of care is largely unidentified in the legislation. From the interview, one consumer has experienced similar melancholy; When researching for the LTC facilities, the consumer pointed out that all LTC institutions are characterised by the name of nursing home which raised confusion.

It should be mandatory that different facilities should be classified by the type of service they provided, noted the consumer. Moreover, the legislation did not identify the ratio of nurses,

caregivers, physiotherapists, or physicians to patients in each type of the LTC facilities. For instance, residential homes had the highest number of residents while having the least number of medical personnels. Of course, the level of dependency that of residential homes is the lowest, but when the functional dependency rises, the lack of adequacy of medical personnels could be problematic (Sasat et al., 2013.)

Additionally, due to the prevalence of economic difficulty of many Thai senior citizens, relocating oneself to more advanced LTC facilities seemed improbable. Hence, the need of LTC insurance has to be one of the priorities in tackling the future need of LTC. In Japan, the country has clearly distinguished LTC insurance from their traditional health insurance; Whereby, the LTC insurance is designed to alleviate the economic burden of caring for the elderly with functional dependency. With the LTC insurance, the senior citizens have to only pay 10 percent of their incurred expenses (Pholchan, 2018.) In contrast, the only government support LTC monetary support was the old age allowances that provision 600 to 1,000 per month per individual depending on the age range (Asian Development Bank, 2020.) The Thai government previously had announced the 2nd National Plan for The Elderly which has been in effect from the year 2002 to the year 2021; The plan encourages self-help, care from family, support from the community, and society and state support to provide security from the elderly (Wongpun & Guha, 2019.); Unfortunately, the plan did not quite reflect the demographic situation and economic burden facing many families.

From one interview held with the consumer, five out of six indicated that they received old age allowances monthly from the government; But, still found it to be insufficient to support the monthly charge at LTC facilities.

It is undeniable that the LTC industry is still in its infancy and massive adjustment and rolling-out of new regulations on the industry itself are needed. Nevertheless, the new National Plan for The Elderly (NEP) needed to be adjusted to the reality facing Thai society. The NEP will provide a guideline in which the associated governing department to develop their policies and regulations in accordance with it. From PESTEL analysis, the legal factors in the industry are relatively weak, due to the infancy of the industry. There are numerous opportunities that can be advantageous. For example, private LTC insurance implementation by the Thai Elderly Promotion and Health Care Association in collaboration with the financial sector could introduce the future old-age population to enroll in such a scheme and encourage the masses to reside in LTC facilities once the old age arrives; In which the scheme seemed reflective of the current situation of the Thai demographic shift.

4.5 Human Capital

Human capital referred to the caregivers, nurses, physicians, physiotherapists, and healthcare volunteers who participated in the industry. Caregivers contribute to the largest proportion of workers in LTC institutions. They are the people who have trained in the caregiver training courses for over 420 hours (Wongboonsin et al., 2020) Despite being the crucial engine for the proceeding of the industry, caregiver shortage seems to be the recurring theme for all LTC institutions.

From the interview, all of the LTC institution' owners have shed some light on the issue.

They suggested that the turnover rate of the industry is exponential, in which they all agreed upon. One of the owners noted that the majority of Thai caregivers have the tendency to quit prematurely due to workloads, and better pay opportunities elsewhere. One of the institution's owners has established their very own caregiver school to train caregivers to offset the labour shortage problem. Regardless, the issue of staff turnover remained.

In the perspective of the workers interviewed, one indicated that workload was certainly a problem but perseverance is a crucial attitude when working in the industry.

Fifth-six of the LTC institution' owners have hired foreign workers to perform caregiver roles—contradicting the regulation prohibiting foreign workers to act as caregiver (Wongboonsin et al., 2020.) In combating the staff shortage, one LTC institution' owner interviewed, a member of Thai Elderly Promotion and Health Care Association, has consulted with the Ministry of Public Health and the Ministry of Social Development and Human Security to permit foreign workers to perform caregiver role; But the consultation reached a cul-de-sac. Furthermore, many Thai workers could not speak English language, which could limit the opportunity to serve the foreign medical tourists once the ASEAN Economic Community arrives (Wongboonsi et al, 2020.)

In the view of consumers, over 60 percent of the consumers had no issues regarding communication or the ability to perform daily care for their loved ones residing in these facilities. As long as the foreign workers had been trained properly and supervised by the nurses, they are capable of performing care— suggested one consumer.

As per Thai worker interviews, two of the workers implied that they have only been trained by the institution they worked for, not the curriculum established in a proper setting.

Hence, the concern regarding the care provided is seriously questioned.

Nevertheless, the training courses for caregivers are numerous. Ranging from 18 hours to 420 hours curriculums. It remains obscure which or how many training courses one shall take (Wongboonsin et al., 2020.)

The worker shortage seems to be a lingering problem that needs to be solved. Without these workers, the future of the industry looks dreadful. In the aforementioned regarding the loose-ends on regulation implemented, there need to be a close inspection on the medical workers landscape and the curriculums provided. The governing body shall promote employment in this sector by providing grants as incentive for many to be incentivised to work in this sector. At the same time, ensuring the working environment and the well-being of these workers in institution care facilities as well. Not only that, but also granting the permit to the foreign workers by ascertaining that they are properly trained and capable of providing care, in combating the staff shortages as well as to meet the future demand from foreigners.

5. Conclusion

To summarise, the market for LTC in Thailand is immensely large. Demographic shift will definitely result in the increasing demand for care in the future. As mortality rate and fertility rate decline, the traditional family support will highly be unsustainable. Coupled with the prevalence complexity of illnesses, the morbidity level of chronic diseases will need much needed treatment from LTC institutions; It is highly unlikely that there will soon be substitute services to replace LTC completely anytime in the mere future. Furthermore, situational alteration of the society also plays a major role in contributing to the future growth of the industry. As out-migration increases, the availability of filial support will be disrupted, and the demand for care from care-providers will see its uptrend. Eventually, these senior citizens will experience further conditional degradation with advancing age. The opportunity for LTC facilities to seize this market is within its grasp. Furthermore, the ASEAN Economic Community could pave the way for medical tourism for the existing LTC institutions. The higher-income-senior foreigners could be a substantial opportunity for many LTC institutions to seize. Lastly, as the industry is still very in its infancy; The market is fairly fragmented with no market leaders. Thus, there are rooms to grow— whether it be care specialisation, branches expansion, or external sector collaboration.

On the contrary, admitting to LTC comes with a massive economic burden. Thailand is not an economically endowed country, and neither are its citizens. The demand for care is looming large, but affordability issues could effectively suppress the significant growth of the industry. Furthermore, due to its infancy, many regulations implemented could potentially be troubled with less economic privilege to provide the necessary preparation and care standards in

accordance with the regulation. In addition, fragmented markets often induced deep pocket players externally to participate in the market. By doing so, the competition will be more competitive than the already fiercely competed market condition currently.

In closing, the labour shortage is a recurring issue that could hinder the prosperity of the industry. High in turnover rate, the industry' competing players are facing a similar dilemma.

6. Limitation

The data collected is gathered from only nursing home facilities. The different establishments could produce different results. The insight provided is fairly similar, especially in the perspective of nursing home's business owners and consumers. Moreover, there were only two workers who participated in the interview process, which could ultimately limit the insight into the well-being and the nature of caregivers in the field. Lastly, all the interviews are held through online platforms and reaching a far higher number of stakeholders in the industry was improbable.

7. Suggestions

First and foremost, the governing body should provide a necessary guideline in the upcoming National Plan for The Elderly in the year 2022. The plan should be reflective of the current situation facing the Thai society. For instance, recognising the need of LTC for its senior citizens and implementing public LTC facilities correspondingly.

Secondly, the governing body should thoroughly investigate their legislation enforced on the industry. There are numerous losses in care standards, care assessment, and caregiver' curriculums.

Third, the establishment of universal LTC insurance shall be implemented. Increasing the welfare of the people, the government should allot a certain amount of funds to provide extensive medical security to all of its senior citizens, once old age arrives. The universal old-age allowance should be revised to alleviate the economic burden facing all Thai senior citizens but especially the underprivileged. The government could collectively and collaboratively work with governments in developed countries to implement such a plan sustainably with proven outcomes. Lastly, in combating staff shortages, the government should provide necessary incentives whether it be in the form of government's grants, the establishment of caregiver's schools, or the promotion of employment in this industry of some sorts. In addition, permitting foreign workers to perform the caregiving role by preparing them before entering into the workforce by enforced caregiver training. By doing so, the supply of caregivers should be sufficient enough for the sustainable growth of the industry.

Reference :

Home-based long-term care : Report of a WHO study group. (1970, January 01). Retrieved from

<https://apps.who.int/iris/handle/10665/42343>

Jitsuchon, S. (2012). Thailand in a Middle-income Trap. TDRI. Retrieved From

[:https://tdri.or.th/wp-content/uploads/2012/12/t5j2012-somchai.pdf](https://tdri.or.th/wp-content/uploads/2012/12/t5j2012-somchai.pdf)

United Nation, U. N. (Ed.). (2010). *World Population Prospects The 2006 Revision*. United

Nation. World Health Organisation. Retrieved from :

[https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/docu](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2006_world_population_prospects-2006_revision_volume-i.pdf)

[ments/2020/Jan/un_2006_world_population_prospects-2006_revision_volume-i.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2006_world_population_prospects-2006_revision_volume-i.pdf)

Kaset. (2018, August 17). *ออกกฎหมายคุ้มครองเน็ตซึ่งโหมม สบ.ต่อน7พันแห่งขึ้นทะเบียน*. ประชาชาติธุรกิจ.

<https://www.prachachat.net/marketing/news-205997>.

Shtal, T.V., Buriak, M.M., Amirbekuly, Y., Ukubassova, G.S., Kaskin, T.T., Toiboldinova, Z.G.

2018. "Methods of analysis of the external environment of business activities." *Revista Espacios*

39(12): 1-22.

Adjusted net national income per capita (constant 2010 US\$) - Thailand. Data. (n.d.).

<https://data.worldbank.org/indicator/NY.ADJ.NNTY.PC.KD?locations=TH>.

Anotai, B., & Rugpentum, P. (2019). *A Better Understanding of Thailand's Informal Sector*.

bot. https://www.bot.or.th/Thai/MonetaryPolicy/ArticleAndResearch/FAQ/FAQ_156.pdf.

HelpAge, H. A. (2017). *Old age income security in Thailand*. Refworld.

<https://www.refworld.org/pdfid/5a8a8aea7.pdf>.

กระทรวงสาธารณสุข กระทรวงสาธารณสุข. (2019). *กำหนดให้กิจการการดูแลผู้สูงอายุหรือผู้มีภาวะพึ่งพิง เป็น กิจการอื่นในสถานประกอบการเพื่อสุขภาพ*. download.asa.

<https://download.asa.or.th/03media/04law/swfa/mr63.pdf>

กระทรวงสาธารณสุข. (2019). *กำหนดมาตรฐานด้านสถานที่ความปลอดภัยและการให้บริการ ในสถานประกอบการ เพื่อสุขภาพประเภทกิจการการดูแลผู้สูงอายุหรือผู้มีภาวะพึ่งพิง*. download.asa.

<https://download.asa.or.th/03media/04law/swfa/mr63-02.pdf>.

Pholchan, N. (2018). *ระบบประกันการดูแลระยะยาว : ระบบที่เหมาะสมกับประเทศไทย*. TDRI.

<https://tdri.or.th/wp-content/uploads/2018/07/wb138.pdf>.

Wongpun, S., & Guha, S. (2019). *Caregivers for the elderly in Thailand: development and evaluation of an online support system*. Sagepub.

<https://journals.sagepub.com/doi/pdf/10.1177/0266666918821715>.

Matovic, I. M. (2020). *PESTEL Analysis of External Environment as a Success Factor of Startup Business*. society.education. <http://society.education/wp-content/uploads/2020/10/015IM.pdf>.

Porter, M. (2020, March 4). *How Competitive Forces Shape Strategy*. Harvard Business Review.

<https://hbr.org/1979/03/how-competitive-forces-shape-strategy>.

Visutsak, P., & Daoudi , M. (2017). *The smart home for the elderly: Perceptions, technologies and psychological accessibilities: The requirements analysis for the elderly in Thailand*.

researchgate.

https://www.researchgate.net/publication/321792010_The_smart_home_for_the_elderly_Perceptions_technologies_and_psychological_accessibilities_The_requirements_analysis_for_the_elderly_in_Thailand.

Nishiura, H., Barua, S., Lawpoolsri, S., Kittittrakul, C., Leman, M. M., Maha, M. S., & Muangnoicharoen, S. (2004). Health inequalities in Thailand: geographic distribution of medical supplies in the provinces. *The Southeast Asian journal of tropical medicine and public health*, 35(3), 735–740.

Wongboonsin, P., Aunguroch, Y., & Hatsukano, N. (2020). *The Ageing Society and Human Resources to Care for the Elderly in Thailand*. IDE.

https://www.ide.go.jp/library/English/Publish/Download/Ec/pdf/202011_ch04.pdf.

Knodel, J., Kespichayawattana, J., Wivatvanit, S., & Saengtienchai, C. (1). The Future of Family Support for Thai Elderly: Views of the Populace. *Journal of Population and Social Studies [JPSS]*, 21(2), 110-132. Retrieved from

<https://so03.tci-thaijo.org/index.php/jpss/article/view/71987>

Wongsawang, N., Lagampan, S., Lapvongwattana, P., & Bowers, B. J. (2013). Family caregiving for dependent older adults in Thai families. *Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing*, 45(4), 336–343.

<https://doi.org/10.1111/jnu.12035>

Sasat, S., Choowattanapakorn, T., Pukdeeprom, T., Lertrat, P., & Aroonsang, P. (1). Long-Term Care Institutions in Thailand. *Journal of Health Research*, 27(6), 413-418. Retrieved from

<https://he01.tci-thaijo.org/index.php/jhealthres/article/view/88736>

Khongboon, P., & Pongpanich, S. (2018, January 17). *Estimating Long-Term Care Costs among Thai Elderly: A Phichit Province Case Study*. *Journal of Aging Research*.

<https://www.hindawi.com/journals/jar/2018/4180565/>.

Asian Development Bank. (2021, March 30). *Country Diagnostic Study on Long-Term Care in Thailand*. Asian Development Bank.

<https://www.adb.org/publications/thailand-country-diagnostic-study-long-term-care>.

Sasat, S. (2013). *Projection of demand and expenditure for institutional long term care in Thailand*. hisro.or.th.

https://www.academia.edu/1351987/Projection_of_demand_and_expenditure_for_institutional_long_term_care_in_Thailand.

Kerrison, S. H., & Pollock, A. M. (2001, September 8). *Regulating nursing homes: Caring for older people in the private sector in England*. *BMJ (Clinical research ed.)*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1121139/>.

Appendix :

Appendix 1

(Consumers)

1. What caused you to admit your parents to LTCs facility? and Why?
2. Have you admitted your parents/ relatives to any previous LTCs before? Is this your parent's first establishment that they were admitted to? If not so, why did you have to remobilise your parents?
3. Have you hired a caregiver to assist you parents/relatives at home? What caused you not to continue with that option of care? If so, is the caregiver someone you knew? Are they Thai or foreign workers? How easy is it to source these workers?
4. Is it easy for you to source different LTCs, how do you usually find LTCs facilities?
5. What are the determining factors in choosing different LTCs?
6. How do you assess the quality of care of different establishments? I
7. What are the factors in choosing a nursing home instead of other care facilities?
8. Are the availability or presence of nurses or physicians impacts your decisions in deciding which nursing homes you are to admit your parents/relatives?
9. Does the surroundings of nursing homes influence your decision in choosing a different nursing home? How big of a factor is it from the scale of 1-10.
10. Are there any other services provided in the admitted LTCs? Whether it be exercises, physiotherapy, or any mentally-improving-activities.

11. (In case of not totally dependent patients) If you parents/relatives are to be recovered from their illnesses, are you planning to take care of them at home or will you continue to admit your parents/relatives in the LTCs?

12. How do you finance the expenditure of staying in LTCs? Is your parents' incomes or government support? Or do you fully support these expenses?

13. Has the government supported the financing of LTCs in any shape or form?

(Owners)

1. Why are you interested in participating in this industry in the first place?

2. How long have you participated in the business?

3. Is the number of patients rising over the years?

4. Approximately how many patients do you have?

5. What is the typical length of stay of each patient?

6. What are the criteria for admission to your facilities?

7. How do you usually promote your business? What platforms do you use if it is social media?

8. If you have patients of different dependency levels, do you separate the different patients you have?

9. What types of accommodation do you offer? Are there any rehabilitation services, physiotherapy, or mentally-improving-exercises?

10. What factors influence you to situate your establishment at where it stands? Does the proximity of your establishment to hospitals impact such a decision?
11. How do you charge each patient?
12. How do different patients pay for their expenses? Has there ever been late payment?
13. Do you feel that there is competition among nursing homes?
14. How many nurses or caregivers do you have?
15. Do you face high-rate of staff turnover? Is staff shortage one of the recurring issues that you are facing, in terms of administration?
16. Who are your employees? Are they foreign workers or Thais? Is it easy to employ/ persuade them to join?
17. In the case of employing foreign workers (Laos, Burma, Taiyai), are there any issue regarding oral communication both between you and your workers as well as your workers and patients? How have you overcome such an issue?
18. In the case of employing foreign workers, how long have they had been trained before actually providing care?
19. What are the criteria in employing different types of employees? Nurses, physicians, physiotherapists? Do they have to be trained for 420 hours according to the government's guidelines?
20. Do you build and maintain connection with any hospitals? And how often do they refer their patients to you?

21. Have you implemented any care standards? Have there been any updates on the standards or services over the years?

22 How has the government played a role in supporting this industry? Does It has any visible impact?

23. Are the regulations implemented by the government regarding the employment of foreign workers impacted the operation of your establishment in any ways?

(Workers)

1. Have you had any experiences in LTC or nursing in general before joining LTC facility? And so, What's your background?

2. How long do you see yourself working here?

3. How many training hours have you had that are provided by the company?

4. Have you had any proper training before providing care to a patient?

5. What factors in deciding to join this establishment ?

6. In the case of a caregiver, have you worked as an independent caregiver before?

7. How many hours of work do you work daily? What are your tasks?

8. How many patients do you care for each day?

9. Do you find your job demanding? and has it impacted you in any way?

10. Do you wish to be trained for more hours?

