Factors affecting the capabilities of family development centre staff regarding promotion of pre-school language learning amongst parents in Thailand

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Abstract

Purpose – The purpose of this paper is to investigate the factors contributing to the competencies and capabilities of Family Development Center (FDC) staff in order to promote pre-school language developmental support amongst parents.

Design/methodology/approach – A cross-sectional study was conducted amongst 260 FDC staff under the supervision of Thai local authorities in the rural province of Suphanburi in Thailand from July to September 2016. Self-administered questionnaires were used. Eligible participants with at least a year's experience on the FDC committee were purposively selected. Analyses were performed by descriptive statistics, Pearson's correlation, Spearman's correlation, χ^2 test and stepwise multiple regression.

Findings – Only 23.5 percent of staff had a high level of capability. The respondents' perceptions of their self-capability were influenced by motivation, attitudes toward promoting language learning amongst parents, self-efficacy, sufficient budget and receiving constructive appraisal support ($r = 0.387$, 0.328, 0.366, 0.106 and 0.104, respectively). Marital status was negatively associated with FDC staff capability ($r = -0.172$). The multivariate analysis showed that 23.9 percent of the variability of FDC staff's self-capability could be explained by their motivation for working, attitude, self-efficacy and marital status ($p < 0.001$).

Originality/value – Research findings could be used to improve motivation for working, positive attitudes and self-efficacy regarding parenting promotion for pre-school language development to achieve standardized quality performance. Results of this study could also form the basis for designing effective training programs for FDC staff in the context of the specific organization and community.

Keywords Family Development Center staff, Parenting promotion, Pre-school language development, Thailand

Paper type Research paper

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Background

The Commitment to Social Determinants of Health, established by the World Health Organization, identified early child development as a priority issue[1]. Language development is especially important during the early years. When children spend their early years in a low stimulating environment, their brain development is affected and delayed. This results in lifelong deficits not only in language function, but also in social, emotional/behavioral, academic and economic wellbeing. Later in life, it also leads to difficulty dealing with complicated circumstances and environments[2, 3].

Statistics on a young child's development are not available for most developing countries, leading to a gap in global data on the topic of early childhood development[4]. Studies supported by UNICEF and published in the Lancet Global Health in 2016 revealed that 250m, or 43 percent, of young children around the world, especially in low- and middle-income countries, were unable to fulfill their developmental potential due to inappropriate parenting and lack of developmental encouragement[5, 6]. Several Thai agency surveys revealed a high prevalence of delayed child language development[7]. In all, 23.7 percent of cases involved delays higher than other developmental aspects and far below the national targets making the situation a cause for concern[8].

The family environment is a child's first point of interaction after birth as well as being the initial source of support, nurturance and stimulation[9]. A child's first language skills are developed at home and parents are usually a child's first teacher. Therefore, families are essential for early childhood language acquisition and in nurturing children's language and literacy development[10]. At home, it is important to encourage family members to relate stories about themselves and their surroundings, play quiz games, sing and read a poem or a picture storybook to children. These practices are also useful for maintaining learning attention spans and enjoying language practices[11]. Although child-rearing practices have a significant influence on early childhood language development, parents are still following inappropriate parenting practices, especially in Thai rural communities[12].

Currently, the Family Development Center (FDC), a community-based sector, increasingly plays a role in supporting families to take good care of their children. The FDC was introduced in 2004 by the Ministry of Social Development and Human Security, Thailand, and aimed at family promotion and development to strengthen warm relationships among family members and expand social immunization for family members in the community. The remit of the FDC consists of three missions including: surveying family problems and making plans to support families suited to their needs; developing, and strengthening the family by providing learning activities to promote and support families; and building collaboration with a partnership in the community. FDC staff represent significant social capital to encourage families because they are central to the family learning experience[13]. However, evidence has revealed that they increasingly require extensive knowledge of a broad range of issues and improved knowledge of the services available to support vulnerable children and their families[14]. Insufficient competency of FDC staff remains a significant problem in performing tasks. Moreover, there is insufficient research on the capability of FDC staff regarding parenting promotion for pre-school language development in Thailand.

Some evidence revealed that many FDC staff rarely received the preparation they needed to offer greater quality of care for families because the government did not require such a program and because they could not access training and educational opportunities. As a result of this problem, most staff did not understand their roles in the developmental learning process for strengthening families, were unable to provide support on family development and were unable to set learning activities[13, 15].

Quality of care and family support is closely tied to staff capabilities. Personal competencies are an important factor influencing individual performance[16]. Factors related to determining the capabilities of working staff include individual attributes, work effort

and organizational support. Individual attributes involve personal characteristics and the individual's potential directly affecting work. In addition, attitude and self-efficacy, are psychological attributes that help an individual to work effectively[17]. The self-efficacy theory has been deemed appropriate as a framework for exploring staff capability predictors because individuals with strong efficacy beliefs are more confident in their ability to execute a prescribed behavior. Perceived self-efficacy also affects how successfully goals are accomplished by influencing the level of effort and persistence an individual will demonstrate in the face of obstacles. That is, the stronger the perceived self-efficacy, the more active the efforts will be[18].

Based on the literature above, although FDC capability has received attention, relatively little is known about the existing competencies of FDC working staff and the factors influencing their capabilities regarding family support services to promote child-rearing practice concerning Thai early childhood language development[8, 19, 20].

This study was conducted in Suphanburi province, a central part of Thailand, selected because the children enrolled in child development centers here were assessed as being amongst the most delayed in their development[21]. Therefore, this research aimed to investigate the factors that could affect this issue as well as predict the rating of self-capability of FDC staff regarding parenting promotion concerning pre-school language development in Thailand. The findings from this study may raise the awareness of stakeholders and policymakers thereby creating a mutual commitment to exploring possible alternative professional development interventions suiting the context of their communities.

Methods

Study design

This research employed a cross-sectional survey design.

Research setting

Based on the developmental surveillance of young children who were enrolled in child development centers in Thailand in 2015, it was noted that the fifth Region Health Center had the highest prevalence of suspected delay (45.75 percent) when compared to other Regional Health Centers. When classified by province, it was indicated that Suphanburi, the province under the supervision of the fifth Region Health Center, presented the highest priority of prevalence (63.43 percent) and needed improvement[21]. Therefore, Suphanburi was selected as the research setting of this cross-sectional study.

Participants, sample size and sampling method

The registered FDC staff formed a representative sample of the 1,890 committee members across 126 FDCs under the supervision of local government authorities throughout ten districts in Suphanburi province. Participants were purposively selected if they had at least one year's experience working in the FDC[22]. The estimated sample size of FDC staff was calculated using the formula of Daniel[23]. The whole population and most factors in this study involved nominal scale data; thus, the related study of Ponanuudomsuk[24] investigating the readiness for the teamwork of the Community FDC Committee could be used to approximate the proportional value of the population. At least 199 staff provided adequate responses for data analysis. All respondents with the same proportion (2–3 staff: 1 FDC) from all 126 FDCs (in total, 334 staff) were purposively selected to include a geographical spread across the province, a mix of city municipalities, the small-town municipalities and the rural sub-district administrative organizations. Staff were selected if they were FDC heads, deputies and ordinary volunteer staff whose work was directly related to promoting and supporting families and if they were willing to participate in this study by signing the informed consent form.

Research instruments

The self-administered questionnaires were developed by the authors comprising six parts as described below:

- Part 1: general data of FDC staff were measured by querying respondents about individual factors (sex, age, marital status, educational level, occupation, family income, family type, work experience in FDC, work experience in parenting promotion for pre-school language development, training received and other roles in the community) and organizational factors (type of local authorities and social support in working). Data were developed based on literature reviews related to roles of FDC staff[13] and factors influencing staff capability[17]. Participants had to complete a 13-item checklist.
- Part 2: motivation for working was measured in terms of work achievement, recognition, the work itself, responsibilities and advancement. This section was developed based on the motivator-hygiene theory proposed by Herzberg *et al.*[25]. In all, 20 items were used with five-rating scales where higher scores indicated a greater motivation to work.
- Part 3: knowledge of pre-school language development promotion was measured using a knowledge test. It was developed based on literature reviews related to the concept of pre-school language development promotion[26]. A total of 23 items were used with a "Yes" or "No" option. A higher positive score indicated having more knowledge.
- Part 4: attitudes toward parenting promotion for pre-school language development promotion were assessed using 20 Likert-scale items with five response categories (strongly agree to strongly disagree). Higher scores indicated having more positive attitudes. Items included a motivation for the working self-efficacy theory, roles of FDC staff, capacity building concept and the empirical data on pre-school language development. It was developed based on literature reviews related to the concept of pre-school language development promotion[26].
- Part 5: self-efficacy on parenting promotion for pre-school language development was measured by assessing the extent to which staff were confident in providing services. It was developed based on a self-efficacy theory developed by Bandura[18]. A total of 20 Likert-scale items with five response categories (unconfident to extremely confident) were used; higher scores indicated having more self-efficacy.
- Part 6: capability on parenting promotion for pre-school language development promotion was measured by the ability to perform project management, participatory learning in family services and partnership collaboration. It was developed based on literature reviews related to roles of FDC staff[13]. A total of 21 Likert-scale items with four response categories (could not practice to could practice immediately without any suggestion) were used; higher scores indicated having greater levels of capability.

Validity and reliability of research instruments

The research instruments were inspected by the dissertation committee and submitted to three experts to assess their accuracy, content validity and language use. Recommendations from experts were collected and used to revise and upgrade the tools accordingly. Item Objective Congruence Index values ranged between 0.74 and 0.95. After that, the revised instruments were used to pilot 30 FDC staff working under local authorities in Ayutthaya Province in a similar context and with typical characteristics of the study sample. Data were verified with internal consistency for the questionnaire on the motivation for working, attitudes, self-efficacy and capability on parenting promotion for early childhood language development promotion, Cronbach's α coefficient was valued at

0.890, 0.788, 0.931 and 0.965, respectively. For the questionnaire on knowledge, the reliability value was calculated using the Kuder–Richardson formula (K-R 20) and the value was 0.783.

Data collection

Data samples were collected using self-administered questionnaires from July to September 2016. Permission letters from Mahidol University were submitted to the Suphanburi Provincial Social Development and Human Security Office, provincial administrative organization and chief executives of all local authorities requesting their collaboration in collecting data. The questionnaires with attached consent forms were distributed by mail to the entire population. A total of 260 completed questionnaires were returned (response rate equaled 77.84 percent).

Data analysis

The data were analyzed using SPSS for Windows version 18. Missing values and relevant assumptions related to selected statistics in this study were checked before initiating the analysis[23]. Frequency distribution, percentage, mean and standard deviation were calculated to explain population characteristics. Pearson's product moment correlation coefficient, Spearman's rank-order correlation and χ^2 test were used to determine the relationship between independent variables and FDC staff capability on parenting promotion for pre-school language development. Stepwise multiple regression analysis was used to analyze variables that could predict the FDC staff capability on parenting promotion for pre-school language development.

Ethical consideration

Prior to collecting data, approval was obtained from the research ethics committees of Mahidol University, Thailand MU-IRB 2016-081, to address concerns of the ethics of human research including freedom, equity and participant protection. The informed consent forms were completed by individuals before they completed any questionnaires.

Results

Demographical data

The participants included 106 males (40.8 percent) and 154 females (59.2 percent) with an average age of 45.57. Most respondents, 37.3 percent, were educated to secondary school level, 46.2 percent were government officials and 67.7 percent were married. Approximately 60 percent of respondents resided in a nuclear family. They had an average family monthly income of 27,877 THB, while 41.2 percent reported having sufficient income and saving money. Most staff, 59.2 percent, served in other roles within the community. Most roles involved community leaders, village health volunteers and village committee members, i.e. 48.1, 40.3 and 37.0 percent, respectively. Nearly three-fourths (65.4 percent) worked under the responsibility of the Sub-district Administrative Organization. The duration of work experience among FDC staff ranged from one to ten years with an average of 4.54 years. Altogether, 71.2 percent had work experience in the area for one to five years. The staff had experience in parenting promotion for pre-school language development at an average of 1.22 years. Overwhelmingly, most respondents (71.9 percent) had no prior experience in parenting promotion for pre-school language development and 63.8 percent had no prior training experience in parenting promotion for pre-school language development (Table I).

The capability of FDC staff regarding parenting promotion for pre-school language development

Motivation for working was divided into three levels: high, moderate and low. It was found that FDC staff (75.4 percent) had a motivation to work score at a moderate level,

Personal characteristics	Number	%
Sex		
Male	106	40.8
Female	154	59.2
Age (years)		
20–34	33	12.7
35–49	135	51.9
50–64	79	30.4
65–79	13	5.0
Min. = 20, Max. = 76, Median = 44, Mean = 45.57, SD = 10.54		
Educational level		
Primary education	6	2.3
Secondary education	97	37.3
Bachelor's degree	80	30.8
Master's degree	77	29.6
Occupation		
Agriculturist	57	21.9
Employee	30	11.6
Private businessman	40	15.4
Government official	120	46.2
Retired government official	10	3.8
Unemployed	3	1.2
Marital status		
Single	62	23.8
Married	176	67.7
Widow/divorced/separated	22	8.4
Type of family		
Nuclear family	151	58.1
Single father	4	1.5
Single mother	19	7.3
Extended family	86	33.1
Family income per month (Baht)		
5,001–15,000	70	26.9
15,001–25,000	84	32.3
25,001–35,000	52	20.0
35,001–45,000	18	6.9
45,001 and over	36	13.8
Min. = 7,000, Max. = 150,000, Median = 20,000, Mean = 27,877, SD = 20,437.57		
Status of income		
Sufficiency, having no saved money	95	36.5
Sufficiency, having saved money	107	41.2
Insufficiency, having no debt	14	5.4
Insufficiency, having debt	44	16.9
Other roles in the community		
Having no other role	106	40.8
Having other roles	154	59.2
Type of local administrative organization		
Sub-district administrative Organization	170	65.4
Sub-district municipality	84	32.3
Town municipality	6	2.3

Table I.
Number and percentage of FDC staff, categorized by personal characteristics

(*continued*)

Personal characteristics	Number	%
Type of other roles (n = 154)		
Village health volunteer	62	40.3
Community leader	74	48.1
Village committee	57	37.0
Community enterprise	16	10.4
Social development volunteer	34	22.1
Other committees	31	20.1
Duration of work experience in the FDC (year)		
1–5	185	71.2
6–10	75	28.8
Min. = 1, Max. = 10, Median = 4, Mean = 4.54, SD = 2.41		
Duration of work experience in parenting promotion for pre-school language development (year)		
No experience	187	71.9
1–5	54	20.8
6–10	19	7.3
Min. = 0, Max. = 10, Median = 0, Mean = 1.22, SD = 2.44		
Previous training experience in parenting promotion for pre-school language development (times)		
No experience	166	63.8
1–5	89	34.2
6–10	5	1.9
Min. = 0, Max. = 10, Median = 0, Mean = 0.96, SD = 1.70		

Note: $n = 260$

Table I.

only 19.2 percent of them were motivated to work at a high level and 5.4 percent of them obtained low-level scores. Knowledge about parenting promotion for pre-school language development was divided into 3 levels: good, moderate, and low. In accordance with the criteria, it was found that 70.4 percent of FDC staff had the knowledge score at a good level, and 27.7 percent and 1.9 percent gained moderate and low levels, respectively. Attitude toward parenting promotion for pre-school language development was divided into three levels: positive, neutral and negative. By referring to the criteria, it was found that 71.9 percent of FDC staff had neutral attitudes toward parenting promotion for pre-school language development, 27.7 percent of them had positive attitudes and only 0.4 percent of them had a negative attitude. Self-efficacy on parenting promotion for pre-school language development was divided into three levels: high, moderate and low. According to the criteria, it was found that 67.7 percent of FDC staff had moderate levels of self-efficacy and only 26.5 percent of them had high self-efficacy scores, while 5.8 percent of them had low self-efficacy levels. For capability in performing tasks regarding parenting promotion for pre-school language development, findings revealed that only 23.5 percent of staff had a high level of capability. The majority, 63.8 and 12.7 percent, had moderate and low levels of capability, respectively, which needed to be improved. When the capability of FDC staff was specifically examined, most activities were scored as moderate or average or indicated that they could practice to a higher level if they received training. These research findings were consistent with data collected from 30 observational field notes across a wide range of different areas (in total, ten districts), different sizes of local authorities (town municipality, sub-district municipality and sub-district administrative organization), and various positions in FDC (head, subhead and committee members). The results showed that approximately 70 percent of FDC staff thought they lacked knowledge and capability in performing tasks to assist parents with parenting promotion for pre-school language development.

Levels of FDC staff capacity in terms of motivating factors in working, knowledge, attitude, self-efficacy and capability on parenting promotion for pre-school language development are presented in Table II.

Analysis of factors that could predict the capability of FDC staff regarding parenting promotion for pre-school language development

Relationships between study variables were examined using a χ^2 test and Pearson and Spearman's correlation coefficient. Most independent variables were significantly associated with overall staff capability. Marital status, request for training and sufficiency of material support ($\chi^2 = 10.551$, 9.242 and 7.778, respectively) were correlated to FDC staff capability. Moreover, the motivation for working, attitudes toward promoting parenting, self-efficacy on encouraging parenting, sufficient budget and received appraisal support ($r = 0.387$, 0.328, 0.366, 0.106 and 0.104, respectively) were positively related to FDC staff capability. Marital status (single/widow/divorced/separated) was negatively associated with FDC staff capability ($r = -0.172$). On the other hand, non-parametric continuous data were analyzed using Spearman's correlation coefficient. It was revealed that age, family income, duration of work experience in FDC, duration of work experience on parenting promotion and training experience ($r_s = 0.097$, 0.156, 0.102, 0.148 and 0.189, respectively) were positively related to FDC staff capability (Table III).

When the association was tested using the Stepwise multiple regression methods of analytical statistics, in which the other variables had already been controlled, 23.9 percent of

Research variables	Range score	Number	%
Motivation for working			
Low level of motivation	0–59	14	5.4
Moderate level of motivation	60–79	196	75.4
High level of motivation	80–100	50	19.2
Min. = 47, Max. = 97, Median = 72, Mean = 72.52, SD = 8.93			
Knowledge about parenting promotion for pre-school language development			
Low level of knowledge	0–13	5	1.9
Moderate level of knowledge	14–18	72	27.7
Good level of knowledge	19–23	183	70.4
Min. = 11, Max. = 23, Median = 20, Mean = 19.34, SD = 2.56			
Attitude toward parenting promotion for pre-school language development			
Negative attitude	0–59	1	0.4
Neutral attitude	60–79	187	71.9
Positive attitude	80–100	72	27.7
Min. = 59, Max. = 94, Median = 76, Mean = 76.18, SD = 7.12			
Self-efficacy on parenting promotion for pre-school language development			
Low self-efficacy	0–59	15	5.8
Moderate self-efficacy	60–79	176	67.7
High self-efficacy	80–100	69	26.5
Min. = 51, Max. = 97, Median = 74.50, Mean = 73.96, SD = 9.40			
Capability on parenting promotion for pre-school language development			
Low level of capability	1.00–2.00	33	12.7
Moderate level of capability	2.01–3.00	166	63.8
High level of capability	3.01–4.00	61	23.5
Min. = 29, Max. = 82, Median = 56, Mean = 56.03, SD = 10.47			

Note: $n = 260$

Table II.
Number and percentage of FDC staff, categorized by level of capability on parenting promotion for pre-school language development

Variables	Capability	Age	Family income	Marital status	Work in FDC	Parenting promotion	Training experience	Budget	Appraisal	Motive	Attitude
Age	0.097*										
Family income	0.156*	−0.186**									
Marital status[a]	−0.172**	−0.400**	−0.028								
Work experience in FDC	0.102**	0.015	0.236**	−0.115*							
Parenting promotion experience	0.148*	0.077	−0.149*	−0.162**	0.122*						
Training experience	0.189**	0.179**	−0.170**	−0.115*	0.179**	0.346**					
Budget support[b]	0.106*	−0.142*	0.018	0.140*	−0.102	0.087	0.193**				
Appraisal support[c]	0.104*	0.190**	−0.063	−0.122*	0.012	0.170**	0.240**	0.099			
Motivation	0.387**	0.189**	0.005	−0.144*	0.126*	0.268**	0.295**	0.122*	0.145**		
Attitude	0.328**	0.077	0.141*	−0.087	0.169**	0.184**	0.100	0.134*	−0.051	0.535**	
Self-efficacy	0.366**	0.019	0.214**	−0.031	0.099	0.171**	0.214*	−0.006	0.060	0.251**	0.326**

Notes: $n = 260$. [a]Reference group: single/widow/divorced/separated; [b]reference group: sufficient budget; [c]reference group: received appraisal support; Marital status, motivation, attitudes, self-efficacy, budget and appraisal support were analyzed using Pearson correlation, while age, family income, work experience in FDC, work experience in parenting promotion and training experience were analyzed using Spearman's correlation. $*p < 0.05$; $**p < 0.01$

Table III.
The co-relation coefficient among personal characteristics, individual potential and psychological attributes, motivation for working, support resources for working and FDC staff capability

the variability of FDC staff capability on parenting promotion for pre-school language development could be explained by combining four considerable variables including motivation for working, attitudes toward parenting promotion for pre-school language development, self-efficacy on parenting promotion and marital status, with statistical significance ($p < 0.001$) as presented in Table IV.

The regression formula that could predict the capability on parenting promotion for pre-school language development of FDC staff in Suphanburi province was described as follows:

$$y = \beta a + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4,$$

$$y = -0.141 + 0.268\, X_1 + 0.314\, X_2 + 0.183\, X_3 - 2.888\, X_4,$$

where y is the capability of parenting promotion for pre-school language development of FDC staff, X_1 is motivation for working, X_2 is attitude toward parenting promotion for pre-school language development, X_3 is self-efficacy on parenting promotion for pre-school language development and X_4 is marital status.

From the regression formula, it could be explained that the capability for parenting promotion for pre-school language development of FDC staff will increase by 0.268 units when the motivation score changes 1 unit after the controlling attitude toward parenting promotion for pre-school language development, self-efficacy on parenting promotion for pre-school language development and marital status. Also, regarding controlling motivation for working, self-efficacy on parenting promotion for pre-school language development and marital status, staff's capability will increase by 0.314 units when the attitude score changes by 1 unit. When controlling the motivation for working, attitudes toward parenting promotion for pre-school language development and marital status, staff's capability will increase by 0.183 units when the self-efficacy score changes by 1 unit. Finally, if controlling motivation for working, attitude and self-efficacy on parenting promotion for pre-school language development, staff's capability will decrease by 2.888 units when the marital status changes to be single.

Discussion

The findings indicated that the capability of FDC staff was insufficient because more than one half (63.8 percent) had only a moderate level of capability. According to the concept of capability[27, 28], an individual's organizational units to perform tasks effectively depends on knowledge, skills and experience. The findings confirmed that individual and organizational factors were significantly associated with the capability of FDC staff.

Personal characteristics including age, family income and marital status were significantly associated with staff capability. There was a difference in levels of skills parenting promotion for pre-school language development between those who were young

Table IV.
Result of stepwise multiple regression analysis among independent factors and the capability on parenting promotion for pre-school language development of FDC staff

Forecast variables	β	SE	Exp. (β)	t	p-value
Motivation for working	0.268	0.077	0.228	3.488	0.001
Attitude toward parenting promotion	0.314	0.085	0.213	3.674	< 0.001
Self-efficacy on parenting promotion	0.183	0.074	0.164	2.471	0.014
Marital status[a]	−2.888	1.355	−0.118	−2.131	0.034
Constant	−0.141	7.112			

$R^2 = 0.239$, R^2 adjusted $= 0.227$, SE $= 9.21$

Notes: $n = 260$. [a]Reference group: single/widow/divorced/separated

and old, those who earned low income and high income or those who were single and couple. An older FDC worker with more experience in child-rearing practice was viewed as more competent than younger workers, while a high-income volunteer seems to be more competent than those who had a lower income. Regarding marital status, most FDC committee members who were both single and married, had competency levels that needed improvement. However, FDC workers with children between the ages of zero to five years old worked with more determination because a higher necessity was seen. These findings were consistent with another study in Thailand that revealed a significant difference in ages correlated with the competency in FDC implementation[24, 29]. Moreover, the study of Chang *et al.*[16] and He *et al.*[30] also found that age and economic status significantly influenced individual performances and competencies.

Regarding the direct effects of working as a committee member of the FDC, experience related to child-rearing promotion as well as training experience influenced staff competency. Furthermore, staff required a broad range of competencies, so when trained, they tended to be more skilled and competent than staff who did not request training. This explained that individual potential, such as knowledge, skills and individual specialization has to be obtained from education, training and experience[17]. This finding was consistent with many studies that length and experience of work influenced the self-evaluation competency[29, 30].

This study showed that attitudes toward parenting support for language development were directly influenced by FDC staff capacity. This corresponds with previous research where the psychological attributes of attitude consist of the person's feelings toward experiences, personalities, institutes or social issues[31, 32]. In this study, attitudes influenced FDC staff capacity. Staff who had a positive attitude toward work were more competent than those who had a negative attitude. Likewise, a survey about readiness for the teamwork of FDC committee members in Thailand found that readiness to work was associated with knowledge and attitudes toward work[24, 33].

When considering the level of work effort, staff capability also depended on the level of motivation for an individual to successfully complete a task, and exert strong effort[25]. For this study, motivation strongly related to staff capacity. Staff with high levels of motivation were more competent than those who had lower motivation levels.

Our finding revealed that self-efficacy was significantly associated with the capability of FDC providers. Individuals with strong efficacy beliefs are more confident in their ability to execute work tasks. That is, the stronger the perceived self-efficacy, the more active our efforts. Higher self-efficacy is also associated with more persistence, a trait that allows us to gain corrective experiences that reinforce our sense of self-efficacy[18]. Likewise, the study of van Hooft *et al.*[34] revealed that a significant association existed between self-efficacy and competency.

Moreover, the research finding revealed organizational factors significantly correlated with staff capability that included sufficiency in both budget and materials, as well as receiving appraisal support. Organizational support regarding continuous budget allocation is an important factor. FDC staff had to earn financial support to run the projects more effectively. Some people had no chance to take part in activities because of insufficient funding[15, 33]. Appraisal support involves providing information that is useful for self-evaluation purposes including feedback construction, affirmation and social comparison provided by colleagues and relevant agencies. Even though an individual was qualified for a task and highly motivated toward it, with high motivation to accomplish it, the work still would not be completed competently without organizational or social support[35]. This finding was consistent with several studies on developmental strategies of the community FDC in Thailand, showing that local authorities had neither played a role in supervising and overseeing nor had it given substantial support to FDC work, regardless of academic or budget support. It comprised of the barriers to accomplishing the FDC's mission[15, 36, 37].

Limitations

Some limitations merit consideration. First, the respondents might have overstated their capability levels in self-reported surveys. Although using an observational checklist instrument to strengthen the validity of data in this study, some FDC staff performance, for example, in developmental screening, was limited to direct observation. Second, some self-assessment questionnaires were returned to the author by mail, leading to some lost data and a consequent reduction in sample size. Furthermore, due to using a cross-sectional survey as a research design, a causal relationship could not be drawn, so the findings were not able to indicate cause and effect.

Conclusion and recommendations

The findings from this study provide new insights into how to develop professional competency. It suggests that training programs should be developed and arranged using the participatory learning approach enabling FDC staff to increase motivation, develop positive attitudes toward work and enhance self-efficacy to increase confidence to perform parenting promotion services appropriately. Moreover, the married staff, who had more experience of child-rearing practice, should form a self-help group to support, encourage and offer childless staff the opportunity to exchange ideas and experiences in terms of providing family services. Consequently, it would be valuable for relevant Thai government organizations to determine human resource development policies and strategies regarding the implementation of a training curriculum for FDC staff. Applying research to practice, FDC staff have the key roles to assist and support families to be good at parenting. To promote family services provided by staff, self-efficacy should be enhanced and further targeted training should be developed to encourage motivated and positive working attitudes.

References

1. World Health Organization [WHO]. The education for all global monitoring report 2007; 2007. [cited 2015 Mar 10]. Available from: www.who.int/maternal_child_adolescent/topics/child/development/en/index.htm
2. Wake M, Levickis P, Tobin S, Zens N, Law J, Gold L. *et al.* Improving outcomes of preschool language delay in the community: protocol for the language for learning randomised controlled trial. BMC Pediatr. 2012; 12: 1-12. doi: 10.1186/1471-2431-12-96
3. World Health Organization [WHO]. 10 facts about early child development as a social determinant of health; 2007. [cited 2017 Oct 27]. Available from: www.who.int/maternal_child_adolescent/topics/child/development/10facts/en/
4. The United Nations International Children's Emergency Fund [UNICEF]. A guide to general comment 7: implementing child rights in early childhood. The Hague: UNICEF, United Nations Committee on the Rights of the Child, and Bernard van Leer Foundation; 2006.
5. Grantham-McGregor S, Cheung YB, Cueto S, Glewwe P, Richter L, Strupp B. Developmental potential in the first 5 years for children in developing countries. Lancet. 2007; 369(9555): 60-70. doi: 10.1016/s0140-6736(07)60032-4
6. Lu C, Black MM, Richter LM. Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level. Lancet Glob Health. 2016; 4(12): e916-22. doi: 10.1016/s2214-109x(16)30266-2
7. Nopmaneejamruslert K. Quality of Thai preschool children. In: Tripathi S, Musikaphan W, editors. Quality of children's life 2013. Nakhon Pathom: The National Institute for Child and Family Development, Mahidol University; 2013. 43-55.

8. Patthanapongthorn J, Boonsuwan C, Thanajaroenwatchara N. Early child development. Nonthaburi: Department of Health, Ministry of Public Health; 2014.
9. World Health Organization [WHO]. A critical link: interventions for physical growth and psychological development: a review. Geneva: World Health Organization; 1999.
10. Llewellyn D. Strengthening families for better early childhood outcomes. Victoria: Plan International Australia; 2012.
11. Khajornchaikul P. Child development and family task in an early childhood period. In: Duangkaew R, editor. Family studies and early childhood development: teaching documents unit 1-7. 1st ed. Nonthaburi: Sukhothai Thammathirat Open University; 2015. 27-34.
12. Moesuwan L, Issaranurak S, Reungdarakanon N, Nanthamongkolchai S, Sa-nga P, Nitireungcharut K. *et al.* How about Thai children today? Bangkok: Libradore printing; 2004.
13. Cheepsumon Y, Boonmak P. Lesson learned: family development center (FDC) in the community: change in Thai family context. 1st ed. Bangkok: Klakao Inspiration; 2014.
14. McDonald M. Building the capacity of professionals through post-qualification development and training. (CAFCA Practice Sheet). Melbourne: Australian Institute of Family Studies; 2010.
15. Maneerat N. Developmental strategies of the community family development center: a case study of Kron Subdistrict administrative organization, Sawee District, Chumporn Province. Khon Kaen: Khon Kaen University; 2008.
16. Chang SH, Chen DF, Wu TC. Developing a competency model for safety professionals: correlations between competency and safety functions. J Safety Res. 2012; 43(5-6): 339-50. doi: 10.1016/j.jsr.2012.10.009
17. Schermerhorn JR, Hunt JC, Osbron RN. Managing organizational behavior. New York, NY: John Wiley & Sons; 1982.
18. Bandura A. Self-efficacy: toward a unifying theory of behavioral change. Psychol Rev. 1977; 84(2): 191-215.
19. Sriwongpahnich N. Guideline manual for the project of development of integration of child development model. 1st ed. Bangkok: Rajanukul Institute, Department of Mental Health; 2014.
20. Boonsuk S, Prasittimet T, Patthanapongthorn J, Jumnongsak J, Jetiyanon S. Public Health strategic plan for health promotion and prevention: pp by age group (5 flagship project) fiscal year 2014. 2nd ed. Nonthaburi: Department of Health; 2014.
21. Thailand, Ministry of Public Health [MOPH]. Early childhood development promotion project of the celebrations on the auspicious occasion of her Royal Highness Princess Maha Chakri Sirindhorn's 5th cycle birthday anniversary 2nd Apr 2015. Nonthaburi: Bureau of Inspection and Evaluation, Ministry of Public Health; 2015. [cited 2017 Jun 2]. Available from: http://thaichilddevelopment.com/index.php
22. Family Health International [FHI]. Module 1: qualitative research methods overview. Qualitative research methods: a data collector's field guide. Los Angeles, CA: FHI; 2000.
23. Daniel WW. Biostatistics: a foundation for analysis in the health sciences. 10th ed. New York, NY: John Wiley & Sons; 2013.
24. Ponanuudomsuk K. Readiness for the teamwork of the community family development center's committee family development center. Bangkok: Thammasat University; 2008.
25. Herzberg F, Mausner B, Synderman BB. The motivation to work. New Brunswick: Transaction; 1993.
26. National Institutes of Health [NIH]. Fact sheet: speech and language developmental milestones. (NIH Pub. No. 00-4781). Maryland, MD: US Department of Health And Human Services, National Institutes of Health; 2014.
27. Rosenzweig JE. Management organization. New York, NY: McGraw Hill; 1985.
28. Brennan K, Major D. Expanding the impact of grantees: how do we build the capacity of nonprofits to evaluate, learn and improve?; 2011. [cited 2017 Sep 15]. Available from: http://scalingwhatworks.org/resources/scaling-what-works-publications/briefing-papers-series

29. Phourai P. Implementation of the community family development centers (FDCs); characteristics and development. Bangkok: Thammasat University; 2010.
30. He Z, Cheng Z, Fu H, Tang S, Fu Q, Fang H. *et al.* Factors associated with the competencies of public health workers in township hospitals: a cross-sectional survey in Chongqing municipality, China. Int J Environ Res Public Health. 2015; 12(11): 14244-59. doi: 10.3390/ijerph121114244
31. Guilford JP. General psychology. New York, NY: D. Van Nostrand; 1952.
32. Newcomb TM. Social psychology. New York, NY: The Dryden Press; 1954.
33. Suwantavakoupt K. The evaluation of the family development center in a community project, Bangprong tambon, Mueang district, Samutprakarn province. Bankok: Dhonburi Rajabhat University; 2009.
34. van Hooft SM, Dwarswaard J, Bal R, Strating MM, van Staa A. What factors influence nurses' behavior in supporting patient self-management? An explorative questionnaire study. Int J Nurs Stud. 2016; 63(2016): 65-72. doi: 10.1016/j.ijnurstu.2016.08.017
35. House JS. Work stress and social support. Boston, MA: Addison-Wesley; 1981.
36. Watthanaprayoon N. Follow up the result of a family development center in the community, exclusively in Ratchaburi province. Bangkok: Thammasat University; 2009.
37. Congboonwasana S. Process of implementing family institute promotion policy: a study of the community family development center Nakhon Nayok province. Bangkok: Thammasat University; 2010.

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