



Research Article

DEVELOPING RESPONSIVE CAREGIVING SKILLS AMONG EARLY CHILDHOOD EDUCATION STUDENTS THROUGH AN OBSERVATION-REFLECTION CYCLE: QUASI-EXPERIMENTAL RESULTS

Bui Thi Xuan Lua^{1*}, Huynh Van Son²

¹Saigon University, Vietnam

²Ho Chi Minh City University of Education, Vietnam

*Corresponding author: Bui Thi Xuan Lua – Email: btlua@sgu.edu.vn

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ABSTRACT

Responsive caregiving requires early childhood teachers to identify children's signals and needs and provide appropriate responses. This study examined the effectiveness of a structured five-stage training cycle: observation, needs identification, responsive feedback, reflection, and activity adjustment. A pretest–posttest quasi-experimental design with a control group was conducted over eight weeks with 84 third-year early childhood education students at Saigon University during their practicum in three kindergartens. Findings showed that the experimental group had a significantly greater improvement in responsive caregiving skills toward individual children than the control group ($p < .001$; $d = 0.825$). Observed professional practice also showed a significant improvement ($p < .001$; $d = 1.169$), while reflective practice improved significantly ($p = .014$; $d = 0.562$). No significant between-group difference was found in group-level responsive caregiving skills ($p = .450$). The findings indicate that the training cycle is effective in developing specific aspects of responsive caregiving skills, while longer and more integrated training may be needed to strengthen responsiveness at the group level.

Keywords: responsive caregiving; early childhood education; quasi-experiment pre-service; reflection

1. Introduction

Responsive caregiving is a key approach to the care and education of young children. It emphasizes caregivers' ability to recognize children's cues, needs, and states, provide timely and appropriate responses, and continuously monitor children's reactions to adjust the support they provide. The Nurturing Care Framework identifies responsive caregiving as an essential component of a nurturing environment that enables children to develop and reach

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their full potential (World Health Organization et al., 2018). In early childhood education settings, responsiveness extends beyond physical care routines; it is embedded throughout interactions with children, activity planning and organization, emotional support, play, learning, and the handling of social situations. Research on teacher–child interactions has shown that the quality of early education is closely associated with observable features of these interactions, including teacher sensitivity, regard for children’s perspectives, classroom organization, and the quality of instructional support (Hamre et al., 2013; Pianta & Hofkens, 2023). In Vietnam, the current professional standards for preschool teachers continue to require the development of competencies in appropriate care, nurturing, and educational activities for children in early childhood settings (Ministry of Education and Training, 2026). Therefore, preschool teacher education should provide opportunities for student teachers not only to “follow procedures correctly” but also to interpret children’s cues, select context-appropriate responses, and adjust their professional actions based on evidence derived from children’s own responses.

In this study, responsive caregiving skills among early childhood education students are conceptualized as professional skills reflected in their ability to draw on knowledge, experience, and modes of professional action to identify children’s needs, select and implement appropriate responses, and evaluate and adjust caregiving and educational activities on the basis of children’s characteristics, observable behaviors, and actual responses. These skills are examined at two closely related levels: responsive caregiving toward individual children and responsive caregiving at the group level. This approach builds on previous research identifying responsive caregiving as an area that requires purposeful training in early childhood teacher preparation (Bui, 2025). It is also consistent with a child-centered perspective, in which the organization of activities is grounded in children’s abilities, needs, interests, and individual differences (Nguyen & Hoang, 2022).

Research on preservice teacher education indicates that practical experiences lead to meaningful professional development when students engage in structured tasks, receive feedback, and have opportunities to critically examine their own actions. Fukkink et al. (2019) found that training in interaction skills for students preparing to work in early childhood education and care could improve such dimensions as sensitive responsiveness, respect for children’s autonomy, organization, and communication. From a reflective perspective, Foong et al. (2018) highlight the role of both individual and collaborative reflection in helping preservice early childhood teachers connect theoretical knowledge with practical experience. More recently, Osman et al. (2026) identify a continuing gap between students’ understanding of reflection and the ways in which they actually engage in reflective practice, underscoring the need for structured reflective frameworks and guidance from supervisors. In the Vietnamese context, stronger partnerships between teacher education institutions and kindergartens, together with the organization of practicum experiences

around learning outcomes, have been identified as important conditions for developing students' professional competence (Duong & Le, 2023; Hoang et al., 2024). Nevertheless, direct empirical evidence is still needed regarding a structured training process that is repeatedly implemented in authentic professional contexts and evaluated through both students' self-assessments and observations of their actual practice.

Against this backdrop, the present study implemented a five-stage cycle: observing children, identifying their needs, providing responsive care, engaging in professional reflection, and adjusting activities. The cycle was designed to transform practice from the implementation of predetermined plans into a process of professional learning grounded in children's cues and evidence emerging from practice. The study addressed two research questions:

(1) Do students trained through the five-stage cycle demonstrate greater changes in responsive caregiving skills toward individual children, at the group level, and in indicators of professional reflection than students who participate in practicum through conventional approaches?

(2) Does the experimental group demonstrate greater improvement in observed professional practice behaviors than the control group?

The contribution of this study lies in its empirical examination of the intervention using a pretest–posttest quasi-experimental design with a control group, with the between-group difference in change scores serving as the primary basis for evaluating effectiveness. The study further triangulates evidence from two relatively independent sources: students' self-assessments and direct observations of professional practice.

2. Method

2.1. Research design and participants

This study employed a quasi-experimental pretest–posttest design with an experimental group and a control group. Students in the experimental group were evaluated prior to the intervention (O1), underwent training based on the five-stage cycle (X), and were evaluated again after the intervention (O2). Students in the control group were evaluated at the same two time points but continued their teaching practicum and field-based training through the usual content and procedures of the teacher education program (C). The design can therefore be represented as follows: experimental group O1–X–O2; control group O1–C–O2. This design makes it possible to examine changes within each group while, more importantly, directly comparing the magnitude of change between the two groups over the same period.

The participants were third-year students majoring in early childhood education at Saigon University who were undertaking teaching practicum and field-based professional training. Initially, 85 students participated in data collection; one student who did not complete both the pretest and posttest assessments was excluded from the analysis. The final

sample included 84 students, with 42 assigned to the experimental group and 42 to the control group. Students constituted the unit of analysis. Kindergarten children served as the students' professional interaction partners during skills practice but were not units of analysis in this study.

The intervention was implemented at three kindergartens that hosted students from Saigon University: Hoa Mi 2 Kindergarten, Nam Sai Gon Kindergarten, and Ben Thanh Kindergarten. The intervention was conducted continuously over eight weeks, from February to April of the second semester, and was integrated directly into the students' scheduled practicum and field-based professional training.

2.2. *Experimental intervention*

The intervention was developed around a structured cycle of observation, needs identification, responsive action, reflection, and adjustment, embedded within students' teaching practicum and field-based professional training. Over the eight-week period, students in the experimental group repeatedly applied the five stages to authentic caregiving and educational situations in kindergarten settings.

Stage 1 – Observing children. Students purposefully observed children's emotional states, behaviors, levels of engagement, interests, interaction patterns, difficulties, and cues indicating a need for support. Observations were recorded together with relevant contextual information to minimize premature interpretation unsupported by evidence.

Stage 2 – Identifying needs. Drawing on observational evidence, students analyzed children's states, needs, difficulties, and levels of support required, while also considering relevant situational and environmental factors.

Stage 3 – Providing responsive care. Students selected and implemented forms of support appropriate to the child and the situation. These responses could involve verbal or nonverbal communication, encouragement, prompting, scaffolding, modification of task demands, or adjustments to the organization of activities or the learning environment. Following each response, students continued to observe the child's reactions to determine whether the response was appropriate and effective.

Stage 4 – Professional reflection. Following an activity, students revisited the cues they had observed, the way they had identified the child's needs, the response they had selected, and the child's subsequent reactions, considering both what had worked well and what could have been improved. Reflection drew on students' own experiences as well as feedback from university lecturers and supervising early childhood teachers.

Stage 5 – Adjusting activities. Based on their observations, responses, and reflections, students identified aspects requiring modification in subsequent practice, ranging from observation and communication strategies to the support provided to children, task demands, activity organization, and the caregiving and educational environment.

The intervention was supported by five corresponding tools: the Child Observation Form, the Child Needs Identification and Analysis Form, the Responsive Response Planning Form, the Professional Reflection Journal, and the Caregiving and Educational Activity Adjustment Form. These tools served to guide students' actions and document their learning and professional development; they were not treated as independent outcome variables.

University lecturers and supervising early childhood teachers facilitated appropriate practice situations, observed students' implementation of the cycle, and provided feedback based on their actual performance. Students in the control group continued their practicum and field-based professional training according to the regular program, without systematic implementation of the five-stage cycle or the use of the accompanying set of tools as an intervention component.

2.3. *Assessment instruments and data collection procedures*

The outcomes of the intervention were assessed using two primary instruments administered to both groups at the same two time points.

Instrument 1: Student Self-Assessment of Responsive Caregiving Skills. This instrument focused on two primary outcome variables: responsive caregiving skills toward individual children and responsive caregiving skills at the group level. Skill-related items were rated on a five-point scale ranging from 1 (very low) to 5 (very high), with higher scores indicating more positive self-assessments of competence.

In addition to the two primary outcomes, the instrument included an indicator of professional reflection to examine students' ability to reconsider their own actions, evaluate the appropriateness of their responses, analyze children's reactions, and identify aspects requiring adjustment. Professional reflection was included solely as a supplementary indicator of the reflection–adjustment mechanism and was not treated as a third dimension of responsive caregiving skills.

Instrument 2: Observation Checklist of Responsive Caregiving Behaviors in Professional Practice. This instrument included 12 criteria designed to capture directly observable behaviors displayed by students while engaging in caregiving and educational activities with children in their practicum settings. Assessments were conducted by university lecturers or supervising early childhood teachers using a standardized set of criteria and scoring procedures.

Scores across the 12 criteria were aggregated into a composite index of observed professional practice behaviors. This index was used to examine pretest-to-posttest changes and to compare changes between the two groups. It was not treated as comprising two subscales that correspond directly to the two skill levels assessed by Instrument 1.

The combination of self-assessment and direct observation was intended to reduce reliance on a single data source and to examine the degree of convergence between students' perceptions of their own competence and their observed professional behaviors.

2.4. Instruments and scales

Responsive caregiving skills were assessed using a five-point Likert scale, ranging from 1 (very low) to 5 (very high). The student self-assessment tool comprised 52 indicators: 33 assessing responsive caregiving skills directed at individual children and 19 assessing those directed at groups of children. These indicators reflect fundamental aspects of responsive caregiving—ranging from recognizing a child's needs, emotions, and state, providing appropriate responses, and organizing the environment and activities, to supporting the child's participation, autonomy, and interaction. At the group level, the scale focuses on the planning, organization, implementation, evaluation, and adjustment of care and educational activities. Scores from these indicators were used to calculate the mean score for each skill category; higher scores indicate a higher level of proficiency. Self-assessment results were compared with observations of professional practice based on a 12-criterion checklist, evaluated by lecturers or internship supervisors using a five-level rubric ranging from 1 (very low) to 5 (very good).

2.5. Data analysis

Data analysis followed three consistent steps for all outcome variables.

First, pre-intervention scores for the experimental and control groups were summarized using means (*M*) and standard deviations (*SD*), followed by independent-samples *t* tests. Levene's test was used to assess the assumption of homogeneity of variance; when this assumption was not met, Welch's *t* test was reported. A *p* value > .05 was interpreted only as indicating that no significant baseline difference was detected; it was not taken as evidence that the two groups were completely equivalent at baseline.

Second, pretest-to-posttest changes within each group were examined using paired-samples *t* tests. These analyses provided information about the direction and magnitude of change over time but were not used independently to draw conclusions about intervention effectiveness, because students in the control group also participated in practicum and field-based professional training and could therefore improve through the regular program.

Third, for each student, the change score was calculated as $\Delta = \text{post-intervention score} - \text{pre-intervention score}$. This constituted the primary analysis. The mean Δ score of the experimental group was compared with that of the control group using an independent-samples *t* test, with Welch's *t* test used when the assumption of equal variances was violated. The intervention effect was assessed simultaneously based on the between-group difference in Δ , the *p* value, the 95% confidence interval (CI), and Cohen's *d*. A threshold of $p < .05$ was used to determine statistical significance; $d \approx 0.20$, 0.50 , and ≥ 0.80 were interpreted as small, medium, and large effect sizes, respectively. Results from the two instruments were analyzed independently before being compared to determine the extent to which the evidence converged.

3. Results

3.1. Baseline status of the two groups

Prior to the intervention, no statistically significant differences were observed between the experimental and control groups on any of the self-assessment indicators. For responsive caregiving skills toward individual children, the mean scores were 4.41 ($SD = 0.78$) for the experimental group and 4.16 ($SD = 0.91$) for the control group, $t(82) = 1.354$, $p = .179$. For responsive caregiving skills at the group level, the corresponding mean scores were 4.39 ($SD = 0.78$) and 4.08 ($SD = 0.85$), respectively, $t(82) = 1.722$, $p = .089$. For professional reflection, the mean scores were 4.44 ($SD = 0.67$) in the experimental group and 4.28 ($SD = 0.61$) in the control group, $t(82) = 1.181$, $p = .241$.

The observed professional practice scores were also descriptively similar at baseline: 3.667 ($SD = 1.002$) for the experimental group and 3.671 ($SD = 0.869$) for the control group. Because Levene's test indicated unequal variances ($p = .022$), Welch's t test was used. The results showed no significant difference between the groups, $t(80.410) = -0.019$, $p = .985$, Cohen's $d = -0.004$.

Table 1. Comparison of pre-intervention scores between the experimental and control groups

Indicator	Experimental group M (SD)	Control group M (SD)	t (df)	p
Responsive caregiving skills toward individual children	4.41 (0.78)	4.16 (0.91)	1.354 (82)	.179
Responsive caregiving skills at the group level	4.39 (0.78)	4.08 (0.85)	1.722 (82)	.089
Professional reflection	4.44 (0.67)	4.28 (0.61)	1.181 (82)	.241
Composite observed professional practice behaviors	3.667 (1.002)	3.671 (0.869)	-0.019 (80.410) ^a	.985

Note. M = mean; SD = standard deviation. ^aWelch's t test was used

All p values were greater than .05, indicating that there was no statistical evidence of between-group differences at baseline. However, because the experimental group had descriptively higher self-assessment scores on all three indicators, the study did not rely solely on post-intervention scores to determine intervention effectiveness. Instead, the analysis focused on the change score for each student and the between-group difference in change scores.

3.2. Changes based on students' self-assessment

In the experimental group, students' responsive caregiving skills toward individual children increased from 4.405 ($SD = 0.782$) to 4.759 ($SD = 0.341$), with a mean change of $\Delta = 0.354$, $t(41) = 4.267$, $p < .001$, and Cohen's $d = 0.658$. The control group also showed an increase, from 4.155 ($SD = 0.908$) to 4.193 ($SD = 0.875$), with $\Delta = 0.037$, $t(41) = 3.277$,

$p = .002$, and $d = 0.506$. The significant within-group changes observed in both groups indicate that the p values from the paired-samples tests alone are insufficient to attribute the observed improvement to the intervention. A direct comparison of the changes (Δ) between the two groups is therefore necessary.

As shown in Table 2, for responsive caregiving skills toward individual children, the experimental group demonstrated a mean increase of 0.354 points ($SD = 0.537$), compared with an increase of 0.037 points ($SD = 0.074$) in the control group. The between-group difference in change was 0.316 points; Welch's $t(42.554) = 3.780$, $p < .001$, 95% CI [0.148, 0.485], Cohen's $d = 0.825$. The large effect size indicates that the advantage of the experimental group was not only statistically significant but also substantial in practical terms under the experimental conditions.

Table 2. Comparison of changes in self-assessment outcomes between the two groups

Indicators	Δ Experimental M (SD)	Δ Control M (SD)	Difference in Δ	t (df)	p	95% CI	Cohen's d
Responsive caregiving with individual children	0.354 (0.537)	0.037 (0.074)	0.316	3.780 (42.554) ^a	<.001	[0.148, 0.485]	0.825
Responsive caregiving with groups of children	0.198 (0.442)	0.133 (0.339)	0.065	0.759 (82)	.450	[-0.106, 0.236]	0.166
Professional reflection	0.115 (0.290)	0.000 (0.000)	0.115	2.573 (41.000) ^a	.014	[0.025, 0.205]	0.562

Note. Δ = posttest score – pretest score; ^aWelch's test was used because the assumption of homogeneity of variance was violated.

Responsive caregiving skills with groups of children increased in both groups. In the experimental group, scores increased from 4.387 ($SD = 0.781$) to 4.585 ($SD = 0.558$), with $\Delta = 0.198$, $t(41) = 2.906$, $p = .006$, and $d = 0.448$. In the control group, scores increased from 4.080 ($SD = 0.852$) to 4.213 ($SD = 0.774$), with $\Delta = 0.133$, $t(41) = 2.543$, $p = .015$, and $d = 0.392$. However, the direct comparison of changes between the two groups revealed that the difference of 0.065 points was not statistically significant, $t(82) = 0.759$, $p = .450$, 95% CI [-0.106, 0.236], Cohen's $d = 0.166$. Thus, the data do not provide sufficient evidence to conclude that the five-stage cycle produces greater improvement than routine practicum and field-based professional training in terms of students' responsive caregiving skills with groups of children.

Regarding professional reflection, the experimental group's mean score increased from 4.443 ($SD = 0.668$) to 4.558 ($SD = 0.527$), with $\Delta = 0.115$, $t(41) = 2.573$, $p = .014$, $d = 0.397$. In contrast, the control group showed no change, with the mean score remaining at

4.278 ($SD = 0.609$) at both the pretest and posttest. The between-group difference in Δ was statistically significant, Welch's $t(41) = 2.573$, $p = .014$, 95% CI [0.025, 0.205], $d = 0.562$. This result is interpreted as supporting evidence for a reflection–adjustment mechanism underlying the intervention effect, rather than evidence of a third “skill domain.”

3.3. Changes in observed practicum behaviors

The second source of evidence focused on observable behavioral manifestations in authentic professional practice settings. In the experimental group, observational scores increased from 3.667 ($SD = 1.002$) at baseline to 4.595 ($SD = 0.374$) after the intervention, corresponding to a mean change of $\Delta = 0.929$ points; $t(41) = 6.940$, $p < .001$, 95% CI [0.658, 1.199], Cohen's $d = 1.071$. The control group also demonstrated an increase, from 3.671 ($SD = 0.869$) to 3.806 ($SD = 0.688$), with $\Delta = 0.135$; $t(41) = 2.123$, $p = .040$, 95% CI [0.007, 0.263], $d = 0.328$. This pattern is consistent with the fact that students in both groups continued to participate in practicum and field-based professional practice activities throughout the study period.

Table 3. Pre–post observational results for practicum behaviors and comparison of changes

Group	N	Pretest (SD)	Posttest (SD)	Δ Mean (SD)
Experimental	42	3.667 (1.002)	4.595 (0.374)	0.929 (0.867)
Control	42	3.671 (0.869)	3.806 (0.688)	0.135 (0.412)

Comparison of Δ between the two groups: Difference = 0.794; Welch's $t(58.610) = 5.358$; $p < .001$; 95% CI [0.497, 1.090]; Cohen's $d = 1.169$ (95% CI [0.703, 1.630]).

The comparison of change scores (Δ) shows that the experimental group improved by 0.794 points more than the control group. This between-group difference was statistically significant, Welch's $t(58.610) = 5.358$, $p < .001$, 95% CI [0.497, 1.090], with a large effect size (Cohen's $d = 1.169$). This represents a significant intervention effect and provides the strongest evidence at the behavioral level. The observational findings therefore strengthen the self-assessment results regarding the advantage of the experimental group, while also indicating that the intervention's effects extend beyond students' perceptions of their own skills and were manifested in their observed professional practice, as assessed by supervisors.

3.4. Cross-validation of the two sources of evidence

The two sources of evidence showed partial convergence regarding the effectiveness of the intervention. The experimental group showed significantly greater improvement in responsive caregiving with individual children based on self-assessment ($p < .001$; $d = 0.825$), while the composite observational measure also indicated a strong advantage ($p < .001$; $d = 1.169$). Professional reflection improved significantly ($p = .014$; $d = 0.562$), whereas responsive caregiving at the group level showed no significant between-group difference ($p = .450$; $d = 0.166$). Because the two measures capture different dimensions of

development, the composite observational result should not be interpreted as evidence that all skill components improved to the same extent.

The stronger effect at the individual level is consistent with the cycle's mechanism of observing children's cues, identifying needs, providing responses, and adjusting actions for individual children. This finding is consistent with research on structured training, feedback-informed practice, and guided reflection in developing prospective teachers' interaction skills (Foong et al., 2018; Fukkink et al., 2019; Osman et al., 2026). In contrast, group-level responsiveness requires coordinating multiple children while addressing individual differences and may therefore require a longer training period and stronger integration of practice, feedback, and teacher education components (Duong & Le, 2023; Hoang et al., 2024).

4. Conclusions

The findings provide partial support for the experimental hypothesis regarding the effectiveness of the cycle of child observation, needs identification, responsive feedback, professional reflection, and activity adjustment. After eight weeks, the experimental group showed significantly greater improvement in responsive caregiving skills toward individual children than the control group (between-group difference in change = 0.316; $p < .001$; $d = 0.825$). Observational evidence of professional practice also indicated a strong effect ($\Delta = 0.794$; $p < .001$; $d = 1.169$), while professional reflection improved significantly ($p = .014$; $d = 0.562$).

However, the effects were not uniform across skill domains. No significant between-group difference was found in responsive caregiving at the group level ($p = .450$; $d = 0.166$). These findings suggest that the cycle was more effective in developing skills related to observing, identifying, and responding to individual children, whereas group-level responsiveness may require a longer training period and more integrated support. In teacher education, practicum and field-based practice should therefore provide repeated opportunities for students to engage in the cycle of observation, response, reflection, and adjustment, thereby connecting professional learning with real-world teacher-child interactions.

The study was conducted with students from a single teacher education institution in three early childhood education settings over eight weeks, which limits the generalizability of the findings. Future research should include larger samples, longer training periods, and more intensive practice tasks involving groups of children.

❖ **Conflict of Interest:** Authors have no conflict of interest to declare.

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**RÈN LUYỆN KỸ NĂNG CHĂM SÓC
ĐÁP ỨNG VỚI TRẺ EM CHO SINH VIÊN NGÀNH GIÁO DỤC MẦM NON
THEO CHU TRÌNH QUAN SÁT – PHẢN TƯ: KẾT QUẢ THỰC NGHIỆM**

Bùi Thị Xuân Lua^{1*}, Huỳnh Văn Sơn²

¹Trường Đại học Sài Gòn, Việt Nam

²Trường Đại học Sư phạm Thành phố Hồ Chí Minh, Việt Nam

*Tác giả liên hệ: Bùi Thị Xuân Lua – Email: btxlua@sgu.edu.vn

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TÓM TẮT

Chăm sóc đáp ứng đòi hỏi giáo viên mầm non có khả năng nhận diện tín hiệu, nhu cầu của trẻ và điều chỉnh phản hồi phù hợp. Nghiên cứu đánh giá hiệu quả của chu trình rèn luyện gồm năm giai đoạn: quan sát, nhận diện nhu cầu, phản hồi, phản tư và điều chỉnh hoạt động. Thiết kế bán thực nghiệm có nhóm đối chứng, đo trước – sau được thực hiện trong 8 tuần với 84 sinh viên năm thứ ba ngành Giáo dục mầm non, Trường Đại học Sài Gòn, trong quá trình thực hành, thực tập tại ba trường mầm non. Kết quả cho thấy nhóm thực nghiệm có mức cải thiện kỹ năng chăm sóc đáp ứng đối với cá nhân trẻ cao hơn có ý nghĩa thống kê so với nhóm đối chứng ($p < 0,001$; $d = 0,825$), đồng thời kết quả quan sát thực hành nghề nghiệp cũng cho thấy mức cải thiện rõ rệt ($p < 0,001$; $d = 1,169$). Phản tư nghề nghiệp được cải thiện có ý nghĩa thống kê ($p = 0,014$; $d = 0,562$), trong khi kỹ năng chăm sóc đáp ứng ở cấp độ nhóm trẻ chưa có sự khác biệt có ý nghĩa ($p = 0,450$). Kết quả cho thấy chu trình rèn luyện có hiệu quả đối với một số phương diện của kỹ năng chăm sóc đáp ứng, đồng thời gợi mở nhu cầu kéo dài thời gian và tăng cường tích hợp rèn luyện để phát triển kỹ năng ở cấp độ nhóm trẻ.

Từ khóa: chăm sóc đáp ứng; giáo dục mầm non; bán thực nghiệm; phản tư