CHAPTER I

INTRODUCTIONS

Background and Rationale

In 1997, Thai government developed and introduced one of important health policies entitled "The Universal Health Care Coverage Project or the 30-baht health care program" which aims to promote equal and universal access to public health services for all Thai populations. As a result, it is crucial to improve the quality and standard of health services at all levels, especially the primary health care services and community health service systems because they are most easily accessible by patients.

The goal of improving the primary service systems is to integrate public health services with basic health services; such as, care and treatments, disease preventions, health promotions, rehabilitation and home visits. The Ministry of Public Health has developed a set of standard to improve the capacity of health centers to become the Primary Care Unit (PCU) and counseling is one of services which must be arranged to serve patients in the PCU (Ministry of Public Health's standard of community health service centers)

Chonburi Hospital has a status as a Contracting Unit for Primary Care (CUP) and is responsible for supervising 17 health centers located in Muang district of Chonburi province. The hospital has planned to strengthen and upgrade 11 health centers under its supervision to become the PCU (see annex). However, almost all of staff members in these PCUs are still lacking of knowledge and skills in counseling.

So, it is essential to improve their knowledge and skills which will enable them to provide counseling services at the PCUs. The counseling at the PCUs will primarily focus at chronic disease patients because it is statistically found that hypertension and diabetes have always been ranked as ones of major illnesses of all patients in Chonburi provinces and also among those residing in Muang district of Chonburi province who received care and treatments at Chonburi Hospital from 2000-2006 at the ranking no. 1, 2 and 4, 5 respectively. Additionally, results show that the number of patients suffering from these two diseases tends to increase every year as shown in table 1 and 2.

Table 1: Five major illnesses and number of outpatients who received care and treatments at Chonburi Hospital from 2000-2006

Disease	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
Essential (primary) Hypertension	14,292	16,930	22,478	25,977	30,838	35,545	39,371
Unspecified Diabetes Mellitus	14,192	17,056	20,859	22,561	24,350	25,931	29,293
Periapical abscess without sinus	4,295	5,262	6,561	5,212	13,046	15,823	18,149
HIV disease	4,181	6,210	11,154	11,156	13,470	15,347	16,708
Caries of Dentin	8,225	8,007	8,384	6,794	11,863	13,969	11,960

Source: Annual report of Chonburi Hospital from 2000-2006

Table 2: Five major illnesses and number of outpatients in Muang district of Chonburi province who received care and treatments at Chonburi Hospital from 2004-2006

Disease	**2004**	**2005**	**2006**
Essential (primary) Hypertension	21,949	24,694	26,909
Unspecified Diabetes Mellitus	18,970	20,574	20,454
Periapical abscess without sinus	10,053	12,385	13,251
Caries of Dentin	9,335	11,005	8,801
HIV disease	4,349	5,575	6,321

Source: Annual report of Chonburi Hospital from 2004-2006

Hypertension and diabetes are non-communicable diseases which are caused by improper health behaviors. As hypertension and diabetes are chronic incurable illnesses, patients have to suffer and live with these diseases for lifelong. In addition, some of the patients may become a burden of their family and relatives as they usually have to provide care to the patients (Martin, 1995). A large number of these patients have to cope with stress and if they are not well taken care of or the patients do not follow recommendations given by doctors, nurses or public health personnel in looking after themselves, they may be at risk of experiencing certain disease complications which can be fatal (Manokulayanan, 1992). Appropriate care delivery for the patients can help them reduce illness-related stress (Rogers, 1942). Patients are encouraged to participate in designing and planning their own behavior change and look after themselves to prevent certain risks caused by the disease complications (Lim-aree, 1990), not just following doctor's recommendations or learning about health education from public health personnel.

This is consistent with the Client-Centered Counseling theory which believes that every human being is dignified, valuable, honorable, and intelligent and has a natural potentiality for improving their capacities (Rogers, 1942). Individuals can make decisions about their own life and are capable of solving their personal problems if they learn and realize the truth about themselves (Pongsopha, 2000; Rogers, 1951). The client-centered counseling allows the counselor to build capacity of the client by drawing out the client's inner resources and empowering them to become a mature, responsible person (Gilliam, 2000). Clients should feel comfortable and free to express their feelings and thoughts and they are entitled to gain acceptance from counselors, so they can understand their own self and make their own decisions.

However, to make PCU staff members become familiar and skillful in providing efficient counseling services and retaining their learning knowledge, the PCU staff must be trained or have to continuously gain learning experiences which need to be constantly reviewed (Chaiyaporn Vicchawut, 1977: 118, as referred in Kalaya Thongtos, 1996: 69). Training in the real setting yields a higher level of achievements and the Participatory Learning (PL) is an effective technique applied in training courses or workshops which can help learners accomplish the highest level of success in learning (Teaching and Learning Method Development center, National Education Committee Bureau, 1998).

1.1 Objective of the Research

1.1.1 General objective

To build the capacity of PCU staff members in Muang district of Chonburi province in providing client-centered counseling services.

1.1.2 Specific objectives

- To improve and strengthen the knowledge of the PCU staff on the client-centered counseling.
- To improve and sensitize attitudes of PCU staff towards their role as the client-centered counseling provider.
- To improve skills of PCU staff in providing the client-centered counseling.
- To learn about achievements of the project and seek possibilities to further develop the project in the future.

1.2 Research Population

Twenty two public health staff members working in 11 PCUs which are under the supervision of Chonburi Hospital (2 staff per each PCU).

1.3 Research Hypothesis

1.3.1 PCU staff members have more knowledge about the client-centered counseling after attending a 3-day workshop.

1.3.2 PCU staff members have more positive attitudes after having on-the-job training at PCU for 2 months and 7 months.

1.3.3 PCU staff members have skills in the client-centered counseling at the higher level after undertaking on-the-job training at PCU for 2 months and 7 months.

1.4 Limitation of the Research

1.4.1 Health centers usually employ 2-5 staff members and the average number of staff in most health centers is 3. Based on these data, the researcher plans to invite 2 staff per health center for this study and it is not possible to recruit more staff in this study because if the researcher invites all of them to attend a workshop as planned in the research project, there will be no staff working at the health center. In addition, due to the limited number of the staff, some recruited staff members cannot attend all of sessions in the workshop which aims to assess attitudes and skills in providing client-centered counseling after they have completed the on-the-job training. As a result, the number of the subjects are too small for statistical analysis.

1.4.2 The best way to evaluate counseling skills is to have a professional counselor make an observation in the real setting while a counselor provides counseling to a client. However, because all of the 22 PCU staff members work at eleven different PCUs, it is hardly possible to know when they will have a client and also there are some difficulties in scheduling appointments with the professional counselor to come to the PCUs to make the observation.

1.5 Ethical Limitations

The best way to evaluate skills of counselors is to make an observation of their performances in providing counseling to clients. Two options are available for the evaluation; first, to make a direct observation while a counselor is on a duty and second, to watch their recorded counseling sessions with clients and the professional counselor can see the whole process as in a real situation.

However, the researcher could not conduct both options due to the following reasons:

1.5.1 Direct observation

A client may feel uncomfortable to talk or express their feelings to the counselor with the presence of the third person. Also, both the counselor and the client would feel that the counseling is not naturally conducted.

1.5.2 Visual recording (VDO)

The researcher asked 5 chronic disease patients who came for care and treatments at Chonburi hospital on which option they would prefer; either visual or audio recording. All of these patients chose the audio recording. They said they felt more comfortable with the audio recording because only their voice would be recorded and they would not be recognized.

Therefore, the researcher consulted with a professional counseling expert and decided to use the audiotape recording for this study. Then, the expert will evaluate the counselors from tape cassettes instead of the visual recording (VDO) or direct observations.

1.6 Definitions

1.6.1 Capacity building is an approach to development that builds the ability of person, is the process of equipping individuals with the understanding, skill and access to information, knowledge and training that enables them to perform effectively.

1.6.2 Primary Care Unit (PCU) refers to the area rearrangement in the health center and consists of public health personnel, materials, items and work systems. The PCU focuses on a delivery of primary health care services including curative care or treatments, health promotions, disease prevention and rehabilitation.

1.6.3 Contracting Unit for Primary Care (CUP) refers to a health service provider which is contracted to provide primary care services and it can also be called as "Main Contractor". In Thailand's Universal Health Care Coverage Project, purchasers have to buy a health service contract with primary health care service providers. However, some primary health care centers; such as, health centers, do not have the capacity to offer service contracts to purchasers, so the purchasers have to make the contract with other units; such as, hospitals. As a result, the hospitals are considered as the primary health unit or the main contractor and the health centers are the secondary health care center or sub-contractor. Some primary health centers are, though, capable of making contracts with the purchasers; such as, Community Medical Units (CMU) or PCUs of hospitals, so one CUP may have one or several PCUs.

1.6.4 Client-center Counseling is the counseling approach emphasizes the personal relationship between client and therapist. Clients are encouraged to use this relationship to unleash their growth potential and become more of the person they

choose to become. They are confronted with the opportunity to decide for themselves and come to terms with their own personal power.

1.6.5 Participatory Learning (PL) is the learning approach which primarily focuses on learners and is based on the learners' experiences to further explore new learning opportunities. The PL approach encourages interactions among learners and also between the learners and the instructor/facilitator through the group process. The instructor/facilitator will organize activities, enabling the learners to make some expressions, exchange their opinions and thoroughly learn from one another. The learners will use their previous experiences as a base to develop a new body of knowledge and then will apply the newly acquired knowledge in some aspects or situations until they master and are capable of creating their own course of actions.

1.7 Expected Benefits

Client-centered counseling services will be made available at all PCUs in Muang district of Chonburi province.

1.8 Research Methodologies

This study has 2 phases as follows;

Phase 1 - Preparation: this phase starts from August-September (2 months) and covers the following tasks; literatures review, planning, coordination with stakeholders, identifying a curriculum for the training and preparation of documents for this research project.

Phase 2 - Implementation: this phase starts from October- May (7 months) and involves a capacity building program to improve knowledge, attitudes and skills

of PCU staff members in providing counseling services at PCUs as planned in the curriculum. This phase consists of 2 programs as follows;

- A three-day workshop to provide knowledge about client-centered health counseling
- A seven-month on-the-job training program in providing counseling for hypertension patients at the PCU. During this program, after 4 and 7 months on duty, a workshop will be organized to evaluate attitudes and skills of the staff who have undergone the on-the-job training program. This workshop also aims to continuously improve counseling skills of the PCU staff.

Unfortunately, because several PCU staff members dropped off from the attitude and skill evaluation, the researcher decided to conduct a focus group discussion with the PCU staff to evaluate achievements of this project and seek other possibilities to further develop the project in the future.

1.9 Procedures of the Research Implementation

This project "Capacity Building in Counseling Services for Staff in Primary Care Unit" is developed to improve knowledge, attitudes and skills of staff members working in community health centers which are under supervision of Chonburi hospital in providing counseling for chronic disease patients through participatory learning process. The training is divided into two phases; 1) 3-day intensive training program and 2) 6-month on the job training.

Chapter 2 is the literature review about client-centered counseling theories, participatory learning and other relevant documents and research studies.

Chapter 3 includes detailed information about methodologies used in this research.

Chapter 4 presents the analysis of the data.

Chapter 5 covers the research conclusion, discussion and recommendations.