



## CHAPTER II

### REVIEW OF THE LITERATURE

The theoretical study and literature review are divided into 3 categories which included:

1. Primary Care Unit (PCU) and the health insurance policy. (The 30 Baht universal coverage scheme)
2. The theory about 'satisfaction' and literature review.
3. The research studies related to this study.

#### **2.1 Primary Care Unit (PCU) and The Health Insurance Policy (The 30 Baht universal coverage scheme)**

##### **PCU and The Universal Health Insurance System**

Under the governmental policy arranged by the Ministry of Public Health, the 30 Baht universal coverage scheme was initiated and established for all Thai people by the year 2001. In accordance to the objective of the constitution of Thailand, 1997, section 52 which states that...

“All Thai persons have the right to acquire public health service which is standardized, in addition to poor people who have their own rights to obtain free

remedial treatment from public health service section under the governmental support, following the legislation”

The national health insurance system aimed to establish the expedience and the utilization of the Primary Care Unit. PCU as the principal section is designed to provide health care service. The health care service brought together the proceeding of remedial treatment, health promotion, disease control and health recovering program. The health-recovering program, in this case, is limited to the patients with defended condition only. In worst cases, patients will be sent to pertinent health service unit if there was no progress of the recovering. The corporation of the PCU accompanied by other health service units in the upper level or governmental/private hospitals is another reliability of PCU. This is followed the networking of health service system which aimed to provide and decentralize the health service’s quality to every group of people.

From this reason, PCU was previously a part of the health service, must be predetermined of its role and must prepare to be transformed in details. PCU is aimed to contribute the benefits to the patients and advance the health insurance system itself.

### **PCU and its Relation to the Declared Equivalency of Health Insurance System**

Nowadays, the government and Ministry of Public Health uphold the policy to install PCUs as one of the three equal value groups in health service. It is clearly cited that,

“Primary Care Unit or PCU is the section that provides general health services including remedial treatment, health promotion, disease prevention, and essential health recovering program, designated for outside patients as well as home service and community services aside from specific services”.

The PCU is authorized to perform the service through one unit/hospital or arranged as the unity of the cooperative network from all single health service units.

In case that the service is contributed succeeding to the standard discipline, this can be equivalent to the service unit at once. The service is called, ‘the principal service unit’. This service unit can only provide some health care services. The service unit is not sanctioned by the basis of the principal committee’s declaration, named, ‘ the secondary chief of primary network’. This service unit is not registered as comparable to, but can be united as the fully service network of which provide full services and retained the credentials following the regulation.

## **The Standard of PCU under the Overall Health Insurance System**

### **1. The Service’s Arrangement**

To arrange the health service unit to serve the target population, the coordinated units must arrange PCU for the community and assist populations not over 10,000 people per one service unit. The location of PCU should be resided in handiness for patients’ transportation, or either not over 30 minutes travel time to the PCU.

In case of aggrandized number of people, the PCU can be primarily established inside a hospital for populations not over 30,000 people. For PCUs founding outside the hospital, in a community must be settled at least one unit for the locality which obtained none health unit. The entirety must serve patients not over 10,000 people per one service unit. The PCU's development must be planned to completely cover all people in the reliability in the future.

In the circumstance that PCU is located inside the hospital, the service area must be divided into clear section from the outside patients division. The routine aiding people must provide expeditious and convenient service.

## **2. The Limitation of Service Unit's Capacity**

- 1) The health service must be coordinated according to remedial treatment, health promotion, and disease control/prevention and health-recovering program. The health information must be provided to the service's users/consumers more than 56 hours per week subsequent to the people's auspicious time.
- 2) Dental services are available in the unit, and linking system to hospital is accessible. This is intended to provide the obtainment for all people with treatment and prevention of dental diseases. The dental service should be offered more than 40 hours per week.
- 3) The health information is offered to all people who come to utilize the service.

- 4) The health promotion and disease control inside the service unit must include the health service for pregnant women, before and after giving birth. Family planning must be included, offered at least 1-2 days per week.
- 5) Health services for children must be provided 1-8 days per month.
- 6) The house's visitation by the health service workers must be provided in order to serve the patients and their families. This service can also evaluate patients' family situation. Health promotion for families must be provided at least 10-15 hours per week.
- 7) The medication's service must be arranged beginning with the assortment of medicine, the prescription and the pharmaceutical information following the basic regimen.
- 8) The simple identification of people must be embodied and organized with the information delivery system to other located unit with prompt action.

### **3. Personnel**

PCU must have the personnel to provide appropriate service, including doctors and nurses or public health workers are concluded. The personnel must have the ability to contribute as teamwork. Secondly, the adequacy of the ratio regarding the personnel per the population in the charged community is listed as the following description.

- 1) There should be a nurse or a public health worker (the lowest qualification accepted with a diploma in public health studies) as a team to attend patients constantly in the ratio not less than 1: 1,250

people. In this case, the skilled nurse must be 1 in 4 and the personnel must work continuously at least 75 % of work burden.

- 2) There must be a doctor inside of the responsible network in order to response for the people's health, in the ratio as 1: 10,000 people. The duty is contained with the consultative work, the inspection of work's quality and the development of the teamwork's outcome to promote and to perform the public health's outgrowth efficiently. The role of the public health service worker can be determined by the condition from the actual numbers of doctors. The participation of doctors can be aimed by PCU's necessity to produce the quality of service in the long run. The indirect expectation is that the service must be available to any units that public health workers cannot be contributed.
- 3) In the unfavorable location, such doctors cannot be supposed to serve adequately. The skilled nurse or experienced attendant must be able to inform the health information. Thus, the extra appropriate capable health worker following the basic discipline as the nurse/ public health worker must be valid at least 2 persons with 1 medical doctor supplying. The doctor is proposed as not less than 1 doctor per 30,000 people.
- 4) The dentist and the dental service worker must be available in the ratio of 1:20,000 people in any locality where there are not enough dentists. The dental service worker should be provided in the ratio as 1 dentist: 20,000 people under the dentist's supervision. The ratio of dentist must be in maximum for 1 dentist: 40,000 people.

- 5) The services provided by a pharmacist, as well as the culpability for pharmacy's work and the protection of consumers must be functional in the ratio of 1 pharmacist: 15,000 people. In the location that there is not enough pharmacologist, the other duty staff and pharmacy's trainees who have been well-grounded about pharmaceutical studies must be provided in the ratio of 2 staffs and one pharmaceutical expert. A pharmacist must control the place for more than 1 staff: 30,000 people.

#### **4. Facility, Building and Place**

- 1) The facility, which is laid out for medical treatment, health promotion, disease control and health recovering program, must be standardized.
- 2) The location to situate the medical treatment/information must be orderly, clean and adequate in service areas.
- 3) The communication system can be checked promptly inside the service unit and in the interchanging network.
- 4) Transportation arrangement to deliver patients to neighbor hospitals must be provided without delay, especially in case of emergency.

#### **5. The appropriate management is designed for these following reasons.**

- 1) The sufficient purveying of the trustworthy system for all people who provided by the duty team, with the knowledge of registered patients such information as name and addresses is the basis.

- 2) The succession of the service, such as the organizing of doctor appointments, the follow-up and the information systematized.
- 3) Convenience.
- 4) The quality of the service by giving service information to user/consumer and to urge health promotion and disease control.
- 5) The guiding and improving restraint of the service's quality led to the instant development of the quality of service on the bottom of healthcare.
- 6) The standard of the medicine and proper prescription.

**6. The connecting system and delivery system of PCU to the hospital must be constant, apropos by the service, academic and information system.**

**Notes:**

- In case of the service is below standard, the provincial health insurance committee and the concerned units, accompanied by the quality assurance assemblage, will consider the appropriateness of the service in connection with location's demand and linked with the primary service management.
- In the beginning, if the service is not standardized as determined, the development'plan must be provided clearly, under the time limit which agreed by the provincial health insurance committee. The certified reviewing plan must be repeated altogether.<sup>(5)</sup>

## 2.2. The Theory about ‘Satisfaction’ and Literature Review

The Thai Royal Institute Dictionary<sup>(6)</sup> define the word ‘satisfaction’ as satisfied to one’s heart content, pleasure and suitability.

Wimolsitdh Thayangkul<sup>(7)</sup> gives the definition of the ‘satisfaction’ as the value of the people’s feeling and integrity toward their vision system which related to the term of environment. This included the person’s feeling toward the circumstance which is different, for example, good and bad feelings, pleased and unhappy moods, concentration and inattention.

For most service profession, the service is in response a person/consumer’s demand. This cannot be calculated assuredly by omitting to anticipate the possibility of the demand. Thus, the service providers must prepare themselves in order to respond to the consumer’s needs promptly and continuously. We can assume that the service is abstract, but the service’s outcome will underline the satisfaction and the worthiness of the service. So, the quality of the service is very important. The general combination of the service that points out the quality are;<sup>(8)</sup>

1. **Accessibility;** The consumers can use the service conveniently and the process is not too complicated. The waiting time is short and the service time is convenient and easy to obtain essential information.
2. **Communication;** The communication is combined with the boundary and the characteristics of service, with information given about the service provisional steps.

3. **Competence;** The ability in providing service, the communicating skill and the academic knowledge for giving service.
4. **Courtesy;** The courtesy giving to the consumers, the proper reception and the good personality of the service provider is a must. The expectation of most consumers is the first acquaintance with cheerful and friendly staff along with good attention.<sup>(9)</sup>
5. **Credibility;** The quality of the service must be precise and certified.
6. **Reliability;** This reliability must be combined with the consistency and dependability of the service provider.
7. **Responsive;** The willfulness of the service provider is combined with the good preparation of the service and the sacrificial for recurring service process.
8. **Security;** The physical security is the well of all the equipment's for the service.
9. **Tangibility;** The equipment's' preparation for service in order to provide convenience to the consumers, is needed. The magnificence and cleanliness of the place is also a requirement.
10. **Understanding/Knowing the customer;** The education of the service provider, the suggestion and the attention for consumers is compelled.

According to the report research of the health care service system by Praves Wasri<sup>(10)</sup>, it is stated about the cost-effectiveness of the health service system, which combined with the equity, quality and efficiency. The efficiency is the necessity in human resource management for the best outcome and to fulfill the objective of the

resource spent. The process and factors in the production must be designed at the bottom ratio next to the highest outcome of the quality. The speculation and quality of the service must be highlighted by the people's needs. The holistic care, continuous and integrated are the theme of the health care service.

John<sup>(11)</sup> asserted that consumer's satisfaction is the attitude in consequence of the emotional reaction. This has an effect on individual behavior on the affirmation or non-affirmation of consumer's expectation and the existent provision of the service. If the expectation is fulfilled, the consumer will gain satisfaction. By contrast, if the expectation is not realized or performed at the below of one's expectation, the dissatisfaction will come to one's mind.

In this way, the complete level of consumer's satisfaction for the service system through the location of health care service is one of the indications. Since the return of consumers to use up the service plus health care can calculate the future possibility.<sup>(12)</sup>

Morse<sup>(13)</sup> explained that satisfaction is an individual feeling for everything. And that satisfaction reduces human being's stress from their demands. The reaction of a person with various needs will be urged to answer one's demand. And when the demand is satisfied, the stress is reduced or vanished as well as the satisfaction is increased.

Davis<sup>(14)</sup> stated that a person's satisfaction would happen when all basic needs are fulfilled physically and mentally.

Aday and Anderson<sup>(15)</sup> studied about people's satisfaction toward the medical treatment's service in the USA, in 1970, by interviewed 4,966 people of their opinions toward the health care service unit. The study came across that the most dissatisfaction of people toward the health service is the inconvenience of the ease of access and the service's expenses. In addition, Aday and Anderson's study illustrated the six categories related to consumers' satisfaction toward the health care and the patients' sentiment for the service. These factors are the backings of the evaluation of the medical service's system about people's access. The satisfaction is divided into 6 kinds, which are as follows.

1. Satisfaction with the service's convenience, this combined of;
  - 1.1 Waiting time,
  - 1.2 Availability of health care service through patients' needs,
  - 1.3 Assistance of health care.
2. Satisfaction with the service's organization which is divided into:
  - 2.1 The service's needs are congregated at one's area, and patients can apply for all service's types which are depended upon patients' needs.
  - 2.2 The attention is given to patients with overall health concerns such as physical and mental health by the medical doctors.
  - 2.3 Doctors provide follow up care.
3. Satisfaction with the courtesy of the staff such as the respects, friendly personality and the attention given to patients.
4. Satisfaction with medical information getting, which is divided into the two databases as the following;
  - 4.1 The information about the ill's causes.

- 4.2 The information about the treatment provisions, such as the patients' essential self-discipline and medical uses.
5. Satisfaction with the quality of care through the hospital's service, such as the quality of overall health care for patients.
6. Satisfaction with the out-of pocket costs such as the patient's expenditures for the illness treatment.

Penchansky & Thomas<sup>(16)</sup> assert the idea about access to the medical service, which is divided into 5 categories including :

1. The availability of the service or the availability of the service for patients' needs.
2. The accessibility as the capability of people to proceed for the service's utilization conveniently, hence the service's location and transport's access to the service's place are taken into account.
3. The convenience and the facilitation of the service's accommodation, such as the service area provided for convenience and facilitation.
4. The affordability of the patients for the service's expenses or the present of health insurance coverage.
5. The adequacy of the service, including the characteristics of the service providers.

The stages of satisfaction's occurrence can be analyzed by the behavioral model of human mental emotion. The following explanation of stages illustrated the specific details.<sup>(17)</sup>

**Stage 1** The *receiving or attending* of service given to customers/consumers.

This is the first stage that a person is stimulated to perceive about the event's account. When a person is pleased, when emotional state is prepared or is giving of attention to receive the inducement, the stage of initial satisfaction is occurred. The details of this process are described below.

- 1.1 Awareness means that a person is thinking or feeling about a thing or an incident.
- 1.2 Willingness to get the incentives, such as the satisfaction is ensued when a person grasps the stimulus emotionally.
- 1.3 The selection or control of one's attention. Before people realize or gratifies with the incentives, they will select of the fondness or content entity and afterward maintain it. Plus there is a tendency that an individual will not be intrigued by things or events that are disliked.

### **Stage 2** *Responding*

At this stage, a person's interest will truly occur since one is emotionally involved with a thing or an event. The person will react to some extent or gain satisfaction from the participation or the involvement in the activity. The details are described as the followings.

- 2.1 The acquiescence in response is the stage of the attention paying or the enjoyment to act upon the directives.
- 2.2 The willingness to respond, is happened when people are presented themselves to act upon their preference.

2.3 The satisfaction appearing as the reaction is an individual's disposed behavior that responds freely. When a person makes an action, one's satisfaction is occurred. Subsequently, this united of all emotional conditions in one's self.

### **Stage 3 *Valuing***

It is explained that a person's belief or attitude shows intriguing behavior or perception to an inducement that valued one's sensitivity. This process illustrated a person's value toward one thing. Thus, the behavior occurred in this stage is an individual's exigency to develop the efficiency in one thing. Accordingly, the attempt in persuading one person to follow and believe in the benefit of one thing is also a person's value.

### **Stage 4 *The value's organization***

This is the stage that different values in a person take place. This must be organized by considering the connection between a person's nature and the value.

### **Stage 5 *The characterization by a value***

At this stage, a person will organize the value from the most excellent to the inadequate. The value is also the behavioral control of one's person.

The satisfaction's assessment of the achievement of the service profession can be completed by several methods. The in-depth interviews or group discussion and questionnaire forms to customers/consumers are choices of procedures. The satisfaction's assessment of the health care service is the aptitude to contemplate the

satisfaction of the health service by the consumers. This can be examined by these characterizations of the health care service, which included of following particulars.<sup>(18)</sup>

1. Equitable service is the fair, unbiased service that no matters who is consumer.
2. Opportune service is the service implicated with the distinctiveness of the basics needs of consumers.
3. Ample service is the sufficient stipulation of the location, personnel and facilities/equipment.
4. Continuous service is given until a patient is cured completely.
5. Progressive service is the development of the quantity and quality of service for improved usage.

### **2.3 The Research Studies Related to This Study**

In lieu of research papers about consumer satisfaction toward PCU service , from the exploration, there was a little indicator of the original study. However, the studies about satisfaction of the health offices' service are reviewed as follows.

Samlee Plianbangchang, et al<sup>(19)</sup> carried out the psychological social research of the public health service by the government in central rural at Banglen District, Nakhonpathom Province, from November 1978- April 1979. The studies used interview and observation method. The 3,377 homes are sampling collected. The survey study detected that people would draw on the health station that is convenient to pass through along with the arrangement of qualified and competent doctors with correct treatment. The relationship between doctors toward patients must be friendly.

Moreover, the satisfaction of service toward staffs' ability and sociability were the important factors to specify people's utilization of health service from government.

Orathai Ruaiarjin, et al<sup>(20)</sup> released another psychological society's study regarding the utilization of governmental public health service in the Northeast of Thailand. The study discovered that people preferred to use the service at the health station by the reason of the ability of professional staff that can contribute knowledge and suggestions for patients with friendliness. The study concurred with the study of Samlee Plianbangchang, et al (1978) that people preferred the service at health station because of the professional competence of staffs approaching treatment and pleasant relationship arranged for people.

Gregory L. Weiss<sup>(21)</sup> studied patient satisfaction toward the basic treatment by means of social and population's factors such as age, sex, race, education and income. Consequently other psychological factors of patients, including the satisfaction of life, confidence for the staffs' treatment, value toward the treatment resources and feelings of health status are also deliberated. The data collection survey method select 400 heads of families. The variations of psychological factors could seamlessly determined of people's satisfaction toward the remedial treatment, better than the societal and population factors.

Zipkin, et al<sup>(22)</sup> presented a report about people satisfaction of public health service in the rural area of Israel by using the population model of 110 mothers of children 14 years old or younger, in two agricultural villages. The study's result

demonstrated that mothers are satisfied with public health service if doctors spend moment in time at the treatment's occurrence and consult with patients in extensive time.

Surang Pilaskul<sup>(23)</sup> studied about people's opinion toward the Ministry of Public Health's regulation regarding the 1993's social security card. The research outcome illustrated that people are satisfied with the service from staff at health station as 90% from the entire factors.

Supachai Kunaratanapluk, et al<sup>(24)</sup> studied about the satisfaction of the users of medical service in general hospitals, regional hospital areas, by using questionnaires through consumers' opinions. The study illustrated that participants who used the service had high educational and income levels. Therefore, their satisfaction of the utilization is lower than the private corporations' employees/ wage earners/private business's owners. Furthermore, the types of the patients who came to use the treatment service are people who experienced the treatment from other public health service sites. Additionally the distance from patients' home location is linked with the level of satisfaction.

Amphorn Jareonchai<sup>(25)</sup> studied about patients' level of satisfaction toward the hospital service in Khon Kaen province in 1978 by collecting data from 206 patients operated in the Khon Kaen hospital. The study discovered that the common contemplation's of the factors that caused patients to satisfy of the service in high level and low level, are in the similar numbers. Although when considering other factors

such as education, origins, duration of admittance at hospital, types of patients, former experiences in hospital and types of illness, the level of patient satisfaction toward the hospital service relied mostly upon these supposed conditions or variations.

Somchai Pinyopompanich and Benjamaporn Pinyopompanich<sup>(26)</sup> contributed the study about the satisfaction of outside patients toward the service of Kampangeth Hospital in 1993. The research selected the sampling groups of participants from systematized demography by 400 outside patients who were approached at the department of medicine pathology, children medicine, surgical operation and obstetrical medicine. From the research results, it was found that the level of satisfaction of most patients in medicine procedure are quite low in the sphere of the convenient issues. Since the area is limited and the waiting time is over-consuming even as the patients' registered and history's scrutiny process. In place of the diseases' examination, most patients gained low level of satisfaction toward the convenience and information given. In the medicine department, patients have low level of satisfaction toward the information given.

Kronghathai Niyomyat and Mariyam Chaikul<sup>(27)</sup> studied about the satisfaction of outside patients toward the pharmaceutical service of Songkranakar hospital in 1999, by collecting data from 819 patients who utilized service at the OPD pharmacy at Songkranakar hospital. The analysis verified that most patients have average satisfaction toward the OPD pharmaceutical service in Songkranakar hospital. Thus, the difference of sex, age, career, income and educational level among patients has no effect on the level of satisfaction toward the pharmaceutical service.

Kosint Intavises<sup>(28)</sup> studied about the satisfaction of people toward the service of health station in Pachalui subdivision of Tachang District in Suratthani province in 1995. The research used questionnaires, selecting 236 consumers at the health station in Pachalui. The conclusion explained that consumers have satisfaction toward the health station at the regular level. Also, the research illustrated that factors such as sex, age, family income and travel time from the patient's home to the health station, related to the satisfaction of service from health station. Nevertheless, the level of education has no connection with the satisfaction toward the service from health station with 95% of research data.

Ratchada Tantisarasas, et al<sup>(29)</sup> examined the satisfaction of consumers toward the development of teaching pattern in assorted clinic of dental surgery, Sonkranakarin University in 1999. The data collection employed 181 complete questionnaires. The study uncovered the fact that consumers are greatly and commendably satisfied with the relationship with dental surgery students. Moreover the excellence of dental surgery students and lecturers, plus the bond with patients as well as the service management system, satisfied consumers fairly well without regard to the influence of the different factors such as sex, age, educational level and the times of service use. But there is the dissimilarity of career and experiences in utilizing service. According to Selliek, et al<sup>(30)</sup> which studied about the satisfaction of patients toward the nursing care by using comparative study of care given in the function of patient's controller system and original system as the prearranged task studied in 1983. The attribute of the questionnaire is the fraction to fill out the answers as yes or no. The research consequences proved that the original system as prearranged of specific responsibilities

made patients contented as patients could have more conversation with nurses. However, the satisfaction was less on the subject of suggestion or information given of different degrees of illness which divided into one grouping under the hospital's control and another for self-reliance after patients return home.

Health Education, Phatthalung Provincial Public Health Office <sup>(31)</sup> reported about consumer satisfaction toward primary care service of PCU, Phatthalung Province in 2002. The instrument in this study was a questionnaire. The subjects were 478 consumers at 36 PCUs. The data was collected in August 2002. The results found that the majority of samples were fairly satisfied with holistic health care were 50.4 %. They were satisfied with accessibility (68.8%), ongoing-care (53.6%), community involvement (46.7%), and the health insurance project (46.4%).

Praneet Sopanapis, et al <sup>(32)</sup> studied about quality service assessment according to clients' experience of care services at the outpatient care unit of Central Chest Hospital in the midst of transition of universal coverage scheme. It was a survey study. The subjects consisted of 275 consumers at the outpatient care unit of Central Chest Hospital. They collected the data from 3-21 September 2001. The finding show that the waiting time spent before meeting a physician is average. Similarly, the opinion towards duration taken before receiving medicine appears moderate. In the aspect of client perceptions towards universal coverage policy, about half of the clients have a moderate level of perception. The overall quality of service at the Central Chest Hospital was good level.

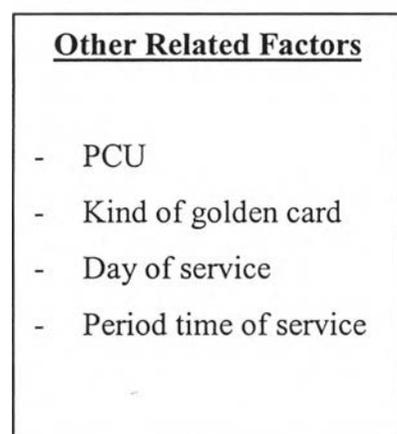
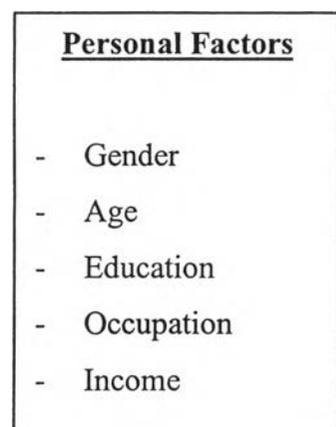
Eadyoungone Yongyuan, et al<sup>(33)</sup> studied about out patients satisfaction toward quality of service at the primary care unit, Uttaradit Province. The subject was 17 PCU, 510 consumers and relative were selected by purposive sampling. Data was collected in October 2001. The results show that overall PCU consumer satisfaction was high. Time, age and distance of PCU to predict overall satisfaction on outpatient was 11.1%. Factor affecting satisfaction toward quality of service was information, abide for services, nursing service, human relation, convenience of treatment and treatment accessories. Overall outpatient satisfaction was 98.9%.

In conclusion, by reviewing of the research's results above, this study assumed that people are satisfied with treatment service from different types of service providers and the causes of several factors as stated. As a consequence, the reason that PCU is newly established as one support unit under the 30 Baht universal coverage scheme inspired the fascination in this study on the subject of patients' satisfaction of PCU health care service in Muang District, Patthalung Province. In conclusion this study is aimed at implementing the results of this study to improve PCU health services in the future.

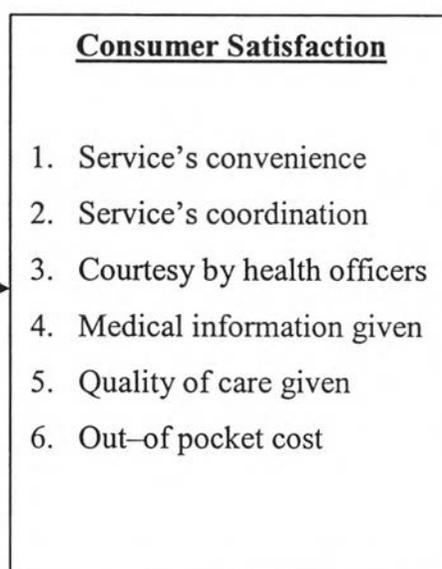
The researcher reviewed the literature about consumer satisfaction, with services of health office, then bring it to guide for research about consumer satisfaction with services of PCU. The conceptual framework adjusts from concept of Aday and Anderson that they studied about accessibility and the selection for service. The result from service system, the social of population, and consumer satisfaction, it means that the consumer return to use the service or not. It can write the conceptual framework, this below.

**Diagram 1: Conceptual Framework of Consumer Satisfaction with Services of PCU**

**INDEPENDENT VARIABLES**



**DEPENDENT VARIABLES**



**Remark** This conceptual framework is adjusted from the concept of Aday and Anderson