



CHAPTER I

INTRODUCTION

BACKGROUND AND RATIONALE:

Generally, organizational resources have been divided into three categories, human, financial and physical. While human resources have always been critical to the success of any organization, they have assumed an increasingly greater importance, that is being recognized inside and outside work organizations.

Nowadays, the government realizes the importance of good health, as clearly defined in The National Socioeconomic Development Policy to achieve the goal of health for all by the year 2000. Having good health is defined as both physical and mental health and can be stated as a "good quality of life", which depends on the efficiency of the health care system. The required qualified personnel for this purpose includes: doctors, nurses, dentists, pharmacists, medical technologist, etc.

Nurses are among the key personnel in providing health services directly to people. They are responsible for health promotion, disease prevention, treatment and rehabilitation. Having sufficient nurses both in quality and quantity is important for effective health development. However, at

present the public health care system in Thailand is suffering from the movement of nurses from the public health care sector to the private health care sector, which can be categorized as a "Brain Drain"

According to the studies carried out by the planning department of the Ministry of Public Health in Thailand (Sanguan, N. et al., 1992). Private hospitals have been increasing rapidly for the past 20 years, which can be called "the private hospital boom". Most of them are located in Bangkok and nearby provinces, and have also been developed in many major cities. The growth of private health sector during the current economic development period is mainly due to The Sixth National Socioeconomic Development Policy (1987-1991). The Board of Investment (BOI) encourages investment in the private health sector to pay partly for the government health care system. The culture in people's health care has been slowly changing from self treatment to institutional caring. This may be because of the growth of of economy, improvement of technology, and better education. Competition in the private health sector is increasing. Most of the private health sector has improved their quality of service and also the quality of health care, by using new technology as soon as it becomes available. (Patcharee 1992)

The number of nurses to patients has a ratio of nurse per citizen divided into regions as listed below.

REGIONS	1988	1989	1990
Bangkok	1:409	1:384	1:380
Central	1:1090	1:902	1:845
Northern	1:984	1:964	1:1069
South	1:1117	1:1046	1:930
Eastern North	1:1982	1:1877	1:1724

Source : Ministry of Public Health, 1993

Although the number of nurses has rapidly increased, the shortage of nurses is a continuing problem in the public health sector, as shown from the records of 1978 the rate of resignations was approximately 8-10% per annum (Nurse Organization of Thailand, 1979), in 1980 the rate was 3-4% per annum (Ministry of Public Health, 1980), in 1981-1989 the rate was 5.80% per annum (Siriraj Hospital) and in 1992 the rate was 9.02% per annum (Chulalongkorn Hospital).

The table below shows the comparison of the number of nurses between public and private sector in 1968-1989

NURSES	1988	1972	1977	1981	1986	1989
Public	5,528	7,954	12,050	14,896	17,825	37,515
Private	492	907	1,532	2,498	2,850	3,140

Source : Ministry of Public Health, 1993

The reason for nurses transferring from public health sector to private health sector may be that they are getting more rewarding, fringe benefits from privately owned hospitals than public hospitals, and the prospects for career

advancement is also excellent in the private sector. Low salary may not be the only crucial reason for resignation, but it could also be lack of job satisfaction. March & Simon stated that "individuals with a high level of satisfaction will not make job changes, people only make job change when there are many job opportunities available". The government must increase spending on producing additional nurses to meet the demands of the organization. Such expenditures must include organizing sessions and training. It takes 4 years for nurses to be fully competent under this nursing course.

Brain Drain is a problem of which the management of public hospitals are still unable to solve. Thus, it is important that the subject of Brain Drain must be carefully analyzed in order to overcome the problem.

RESEARCH OBJECTIVES

The study has the following objectives:

1. To determine the factors influencing "Brain Drain" among professional nurses from public to private sector in Bangkok Metropolitan Area.
2. To identify the limitation and the degree of all the factors influencing Brain Drain.
3. To analyse the predictive factors of Brain Drain.
4. To give appropriate recommendations to hospital administration regarding the prevention of the turnover of nurses from public to private sector.

RESEARCH QUESTION

The study purposes to answer the following questions:

Primary research question

What are the factors influencing "Brain Drain" among professional nurses from public to private sector Bangkok Metropolitan Area?

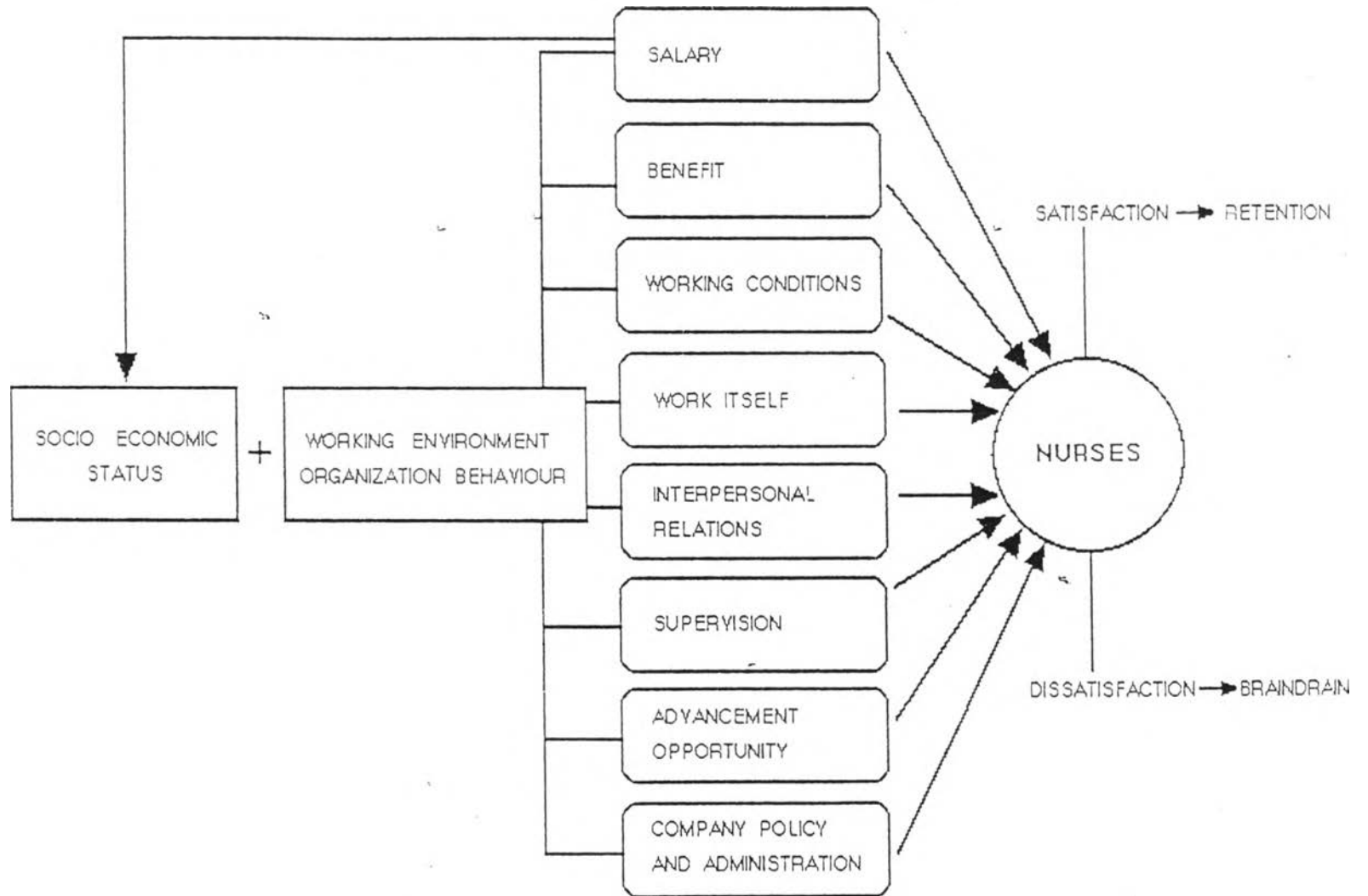
Secondary research question

How can we prevent "Brain Drain" among professional nurse in the public sector?

HYPOTHESES

1. Demographic data is associated with Brain Drain eg. marital status, family income, spouse's occupation, number of dependents, convenience of travelling to work.
2. Salary and compensation are associated with Brain Drain.
3. Fringe benefit is associated with Brain Drain.
4. Working condition is associated with Brain Drain.
5. Work itself is associated with Brain Drain.
6. Interpersonal relation is associated with Brain Drain.
7. Supervision is associated with Brain Drain.
8. Advancement opportunity is associated with Brain Drain.
9. Policy and administration is associated with Brain Drain.

CONCEPTUAL FRAMEWORK



OPERATIONAL DEFINITION

- Professional Nurse : A licensed registered nurse with a bachelor degree in nursing who works full time in a patient care unit within a hospital.
- Brain Drain : The professional nurse who has resigned from the public health sector to work at the private health sector.
- Salary : The amount of financial remuneration that is received regularly and the degree to which this is viewed as equitable vis-a-vis others in the organization.
- Compensation : This term also includes additional pay for overtime work, shift allowances or, cost of living.
- Fringe benefit : Financial or other assistance given to staff in need. For example provision of dormitory, food and medical expenses etc.
- Working condition : The presence of staff nurse during working hours, availability of

adequate and up to date equipment, adequate staffing for the necessary objectives, including nurses, auxiliary staff and workers and, adequate supply of necessary medicine and health care items.

Interpersonal relation: Refers to the working relationship between the nursing staff and other members of the hospital. This includes the relationship with nursing supervisors physicians, colleagues, subordinates, nursing campus teachers, other levels of workers and patients.

Supervision : The abilities of the supervisors to provide technical assistance and behavioral support.

Work itself : The extent to which the job provides the individual with interesting tasks, and the chance to accept responsibility.

Advancement opportunity: The degree to which nurses perceive advancement opportunities in their organization. Include opportunities for promotion, further education or

any in service education offered to the staff nurses during their service period.

Policy and administration : A predetermined guide established to provide direction to the decision making management of the affairs of an organization. A plan of action adopted or pursued by an individual government etc.

ASSUMPTIONS

- Responses from the nurses are accurate.
- Nurses' perception of the factors are a reality to the nurses.
- "Brain Drain" is a phenomenon that hospital organizations desire to minimize.

LIMITATION OF THE RESEARCH

1. Time and budget are limited, therefore the study is confined to hospitals which have over 150 beds.
2. It is difficult to select comparable groups which have the same external variables as the study group.
3. The accurate retrospective information is limited.

EXPECTED BENEFITS OF THE STUDY

1. Analysis of these problems is essential, as the hospital

administration may take corrective managerial action in order to effectively solve the problem of nurses Brain Drain.

2. The results of this research can be useful for other organizations which are suffering from "Brain Drain".
3. This study can be used as basic information for the further study of this problem.