CHAPTER II

LITERATURE REVIEW

Concepts and Theories

The researcher has reviewed related literature, concepts, theories and related researches and used them as the guidelines for planning the research conceptual framework, which are presented as follows:

1. Assessment

1.1 Meaning of assessment

According to Anderson & Murpry (cited in Yoawadee Rangchiyakul, 2001)[5] assessment is the process of collecting data in the form that the judgement can be made in order to use as the foundation for decision making in the next evaluation step.

For Page & Marshall (cited in Yoawadee Rangchiyakul, 2001)[5], assessment is the preliminary process that try to measure the quality and quantity of teaching and learning by using a variety of evaluation techniques, for example, work assignment, teaching and learning program evaluation, the use of tests, and the use of standardized test, etc.

Brown (cited in Yoawadee Rangchiyakul, 2001) [5] indicates that assessment is the processes of synthesizing the information regarding an individual which will lead to judge the worth or value of that individual.

Thus, for this study, assessment is the process of data collection and making the data in the form that interpretation can be form of health services provided by the primary care units whereby this information can be used as the basis for decision making in the next evaluation step.

2. Opinion

2.1 Meaning of opinion

According to Kolasa (1969) [6] opinion is the expression of an individual toward any facts/information or evaluation of circumstance.

New Webster's Century Dictionary (1974) [7] defines the opinion as the decision, criticism, though, or appraisal formed in the mind about the information received ; it is the belief of an individual regarding the situation or information which depends on the individual's experience and observation ; the expression of view, interest and feeling of a high qualified person about a particular matter or event.

According to Prapapen Suwan (1977) [8] opinion is the expression of though or beliefs of on individual whereby emotional component is one part of it and it will lead the individual to be ready to respond to a particular external situation.

In the Dictionary of Sociology, Thai-English, (1989) [9], opinion is defined as " the process of intellectual consideration about something although sometimes empirical data are not available ; view or expectation about a problem or an issue."

For this study, opinion is defined as the expression of thoughts, feelings or evaluation by considering from experience of the health service providers in regard with their perceived significance and actual practices of health service activities provided.

2.2 The Measurement of Opinion [10,11]

The method mostly used and well-known in measuring opinions are as follows :

1.) Thurston Method. This method involves the development of numerous statements that describe a variety of possible beliefs about a specific object. The category scaling produces weights at an interval scale level, which is called "equal appearing interval" procedure.

2.) Guttman Scale. Also known as scalogram analysis, this method of measurement the beliefs or opinions that lie in a hierarchical order that agreeing to an item at one end of the scale implies a positive answer to all other items on the scale.

3.) Semantic Differential Scale. (S-D Scale) This type of scale consisted of a pair of bipolar adjective, e.g. good-bad, lazy-diligent, etc.

4.) Likert's Method. This type of scale is well-known one. Also known as "summative scale" or " summative rating scale". The respondent can express in term of " like" or "dislike" or "agree" or "disagree". A statement of this type of instrument is accompanied by a scale from one to three (or five or seven) representing the range from high agreement to high disagreement with the statement, but one to 5 scaling system is mostly used. The scale were composed of positive

and negative statements and not less than 20 statements is recommended. The scoring system depends on whether or not the statement is positive or negative. For the negative statement, the scoring system is reversed.

For this study, Likert's method was employed in developing the instrument for measuring the respondent's opinions, since the scales are somewhat more simple to construct and economy. One to five scales were used as strongly agree, agree, uncertain, disagree, strongly disagree. This type of scaling system was found in the studies of Sutthiluck Buanong (2002) [12], Preecha Suwantong (2002) [13], Nutthawadee Srisong(2002)[14], Rungsri Chareonwongsrayub(2000)[15], Tussanee Sorajthummakul(2002) [16], and Somporn Chumchuay et al. (2002) [17].

3. Primary Care Service and Universal health Insurance Policy[4].

From the government policy through the Ministry of Public Health that aimed to establish the universal health insurance for all Thai citizens by starting with the 30 bath scheme since 2001, accordance with the goal of the Royal Thai Government Constitution B.E. 2540, Section 52, which was emphasized that "All Thai citizens have an equal right to get the standard health service and the pours have the right to receive free health services from the government health service organizations in accordance with that Act".

The National Universal health Insurance system will emphasis on "having" and "using" the primary care unit which is front-line service that responsible for providing a

comprehensive services regarding medical care, health promotion, disease control and prevention, and rehabilitation, excepi for severe cases that the primary care can not handle, they will be referred to other health service units. The primary care unit has also been promoted to coordinate with the primary cares of other health service levels within its network, or between government and non-government organizations. According to the principle of health service network system that the high quality service should cover all part of the country and be accessed to all groups of the people, therefore all primary care unit, fermally were the parts of all levels of health services, need to identify their roles including to change or to add more detailed job procedures which aimed to make the service be beneficial to both the health service users and system it self.

3.1 Standards of the Contracting Unit for Primary Care[18]: CUP

The organization that serves as the contracting unit for primary care (CUP) must organize and be responsible for establishing the standard primary care units including organizing the health service system accordingly with the following standards :

3.1.1 Establishing the primary care units (PCUs) that fully cover all population.

(1). Establishing the primary care units that fully cover all population that responsible for, whereby one unit will cover no more than 10,000 people (1 CUP may establish more than 1 PCU). For the small primary care unit, it may responsible for less than 10,000 population.

(2). In the area that a hospital is located, but without any health post, the establishment of a primary care unit must be done by:

- In case of there are less than 10,000 people, one primary care unit can be established in the area of that hospital, but the system must be convenient.
- In case of the number of population is more than 10,000 , one primary care unit can be established in the hospital and another primary care unit can be established outside the hospital.
- The primary care unit that was in the hospital, the service area must be separated clearly, separated from the Out-patient Department, with a special team of health service providers and the service must be convenient and quickly.

(3). Every primary care unit must be located at the area that it is convenient for the people to get there, within 30 minutes by car.

3.1.2 Organizing the standard primary care units (PCUs)

The Contracting Units for Primary Care (CUP) is responsible for organizing and supporting the primary care unit be standardized in accordance with the following criteria:

(1). Capacity

- The opportunity should be provided for all types of health services including primary rehabilitation and organizing a health education program for health service users everyday. Every primary care unit must provide services at least 56

hours per week by being able to connect with other services within its network, including providing emergency care both in-and out-office hour.

- Providing the services of dental health prevention, curation and rehabilitation, both inside and outside the unit or providing the connection system that people in the responsible area can get the service, at least 40 hour per week.
- Health education activities must be organized for the people getting the services at the unit, every official day.
- Providing services regarding health promotion and disease preventing, for example, prenatal care, post-natal care, family planning, the services must be organized at least 1-2 days per week.
- Providing home health care service and following-up for enhancing family providing services for the family member who have health problem.
- Organizing a proactive services in the community in order to assess health status of family and factors affecting health of the community people that will be useful for planning and implementing activities to promote the health and preventing diseases among the people in the responsible area. The primary care unit must perform home-visit

activities and proactive services in the community at least 10-15 hours per week.

- Providing primary rehabilitation services.
- Providing services for the simple cross-examination that could be able to do and setting the referral system that can provide convenient and quick services.
- Providing pharmaceutical services relating allocation, providing, storage, distribution, quality and standard control.

(2). Personal

The personnel who are responsible for primary care service or in case that they are responsible for many duties, their responsibilities on secondary care service or higher ones should be separated and then computing the man-day for only services that provided for primary care. The ratio of various types of personnel and the member of population responsible for can be computed as follow :

- The ratio of the nurses or public health workers (the lowest education level should be Certificate in Public Health) who provide ongoing activities. Should be at least 1:1,250 population and among these personnel, one fourth should be the professional nurse.
- At least three fourth of the nurses and public health personnel must be the permanent staff of the primary care unit.

- The number of physician in the PCU or in the network of PCU who is responsible with the health team should be 1:10,000 population in the remote area and /or if can not get the physician, 2 professional nurses can replace 1 physician but not less than 1 : 30,000 (The physician is responsible for providing health services with other than member, monitoring and controlling the quality of services, providing counseling. But for the direct medical service should depend on the number of the physicians available and should be modified in accordance with the capacity of the available health service center in the area.)
- The ratio of dentist in PCU or in the network of PCU should be 1:20,000 population. In case that the dentist is not available, there should be 2 dental hygienists to replace 2 dentists. But, at least 1 dentist should supervise these dental hygienists not less than 1:40,000 population.
- The ratio of pharmacalogist in PCU or in the network of PCU to Provide health service regarding pharmaceutical activities and consumer protection should be 1:15,000 population. In the area that the pharmacologist is not available, 2 pharmacological staff or other staff that have been trained in basic pharmacology should replace 1 phamacologist, but there should be at least 1: 30,000 responsible for supervising the service of these staff.

(3). The management of PCU. Each PCU must have appropriate management system as follow :

- The system that takes responsibility for the population, it should be clear that who are the people who have to be taken care and where are they.
- The system that creates the ongoing services, for example, the Appointment, following-up, and information system .
- The system that provides convenient services.
- Establishing patients, information system in order to provide the quality services and to support health promotion and disease prevention programs.
- Establishing a monitoring system and developing the quality of the services continuously including developing the plan to take care of the health problems oftenly occurred.
- Establish the appropriate drugs management system in accordance with the standard criteria.

(4). Materials and Buildings

- Materials and equipments for medical care, health promotion, disease prevention and control, and rehabilitation services must be organized in accordance with the standard criteria including disinfection system.

- Having a special room for medical care /counseling, and the room must be clean and suitable for the health services provided.
- Establishing the communication system that can make it easy to get counseling from the other health service centers within the same network.
- Availability of the rapid transportation that can take the patient to a hospital, in case of emergency.

(5). Referal system and Supporting System of the Health Service Network. The following system must be established:

- Availability of a referal system, back and forth, within the network.
- Availability of a referal system that can refer the patient to the secondary and tertiary health service centers.
- Availability of a referal system for various types of cross-examination.
- Availability of a referal system for dental health.
- Availability of a referal system of the information of the service receivers, both inside and outside the network.
- Establishing a supportive system for the health service centers within the network to have adequate drugs, materials, equipments for providing services in accordance with the standard criteria.

- Establishing the rapid transportation that can take the patient to the hospital, in case of emergency.
- Establish the communication system that can make it easy to get counseling from the other health service centers within the same network.

(6). Quality Control System

- Establishing the plan to take care of the health problems oftenly occurred, in accordance with the criteria.
- Establishing of an information system that can be used for providing services.
- Establishing a quality control system in every health service centers within the network.
- Establishing a training program for developing knowledge and skills of staff of the health service centers within the network, in accordance with the standard criteria.
- Establishing a development system for all service centers within the network.

3.2 Organization of Primary Network[18]

The organization of the primary care units of the Contracting Unit for Primary Care (CUP) can be made in different models as follow :

3.2.1 One-Stop Service. A single primary care unit that provides complete services in accordance with the standard criteria.

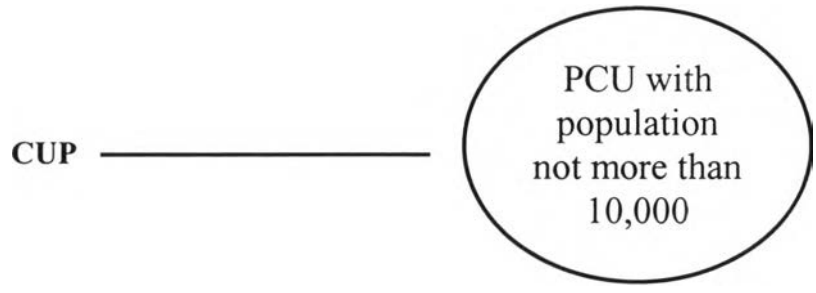

Figure 2 : A single unit that provider complete services in accordance with the standard criteria

3.2.2 The network that the contracting unit for primary care (CUP) is responsible for the general services whereby some services are assigned to other units within the network.

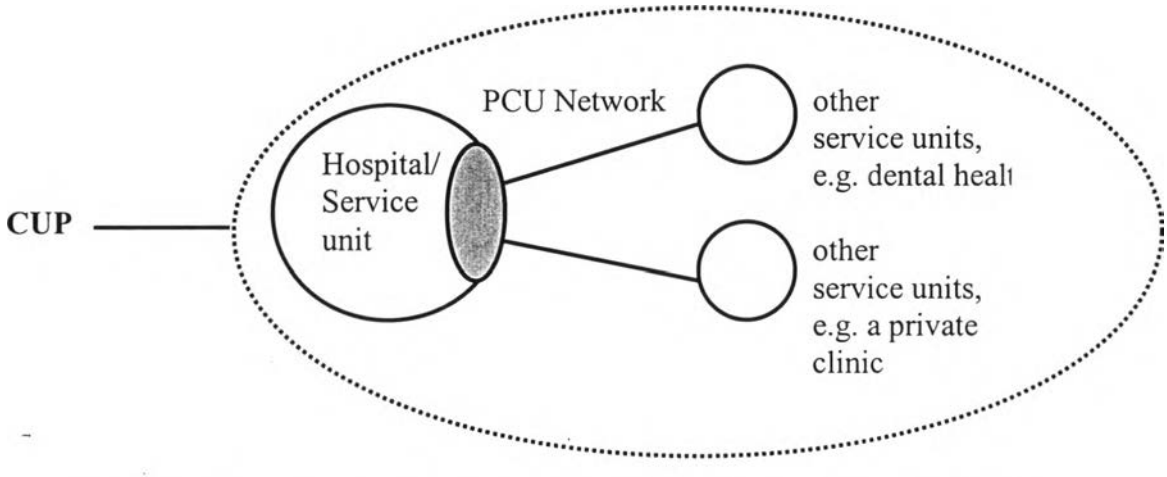

Figure 3 : Some service are assigned to other units within the network

3.2.3 The organization model that composed of network of primary care units (PCU) which may act as the main contractor and subcontractor. This unit locates at the area that provides complete services, in accordance with the standard criteria, for the population of the whole district.

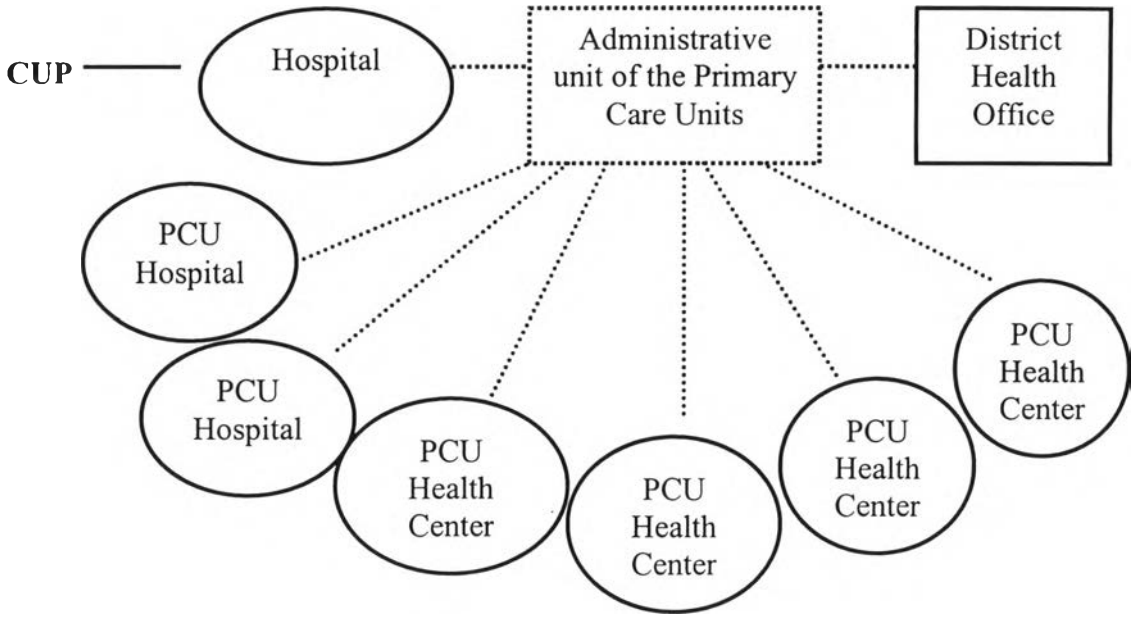

Figure 4: The model that community hospitals and all health centers of a district are in the network

3.3 Missions of the Primary Health Service System [19]

3.3.1 It is the front line care that the people of every age-group and every disease group have equal access to quality health services and it also provides health counseling for people before getting special cares.

3.3.2 It provides the services that will be responsible for ongoing/longitudinal care of the people, starting from before and during illness and rehabilitation period, from birth until death.

3.3.3 It provides the comprehensive care for the people, with consideration of physical, mental, social, and economic factor, in accordance with the needs of the people.

3.3.4 It is the unit that responsible for referring and coordinating with other services, both medical and social, including providing information for the co-ordinate care. All of the 10 principle procedures of the primary health services were organized to be the work procedures as follows : 1) community and family survey ; 2) registration and screening ; 3) main services; 4) counseling ; 5) exit care ; 6) refering and home-visit ; 7) planning on-going activities ; 8) community activities ; 9) PCU management ; and 10) supervision, follow –up, and evaluation.

3.3.5 Providers. The providers refer to public health personnel working in the primary care unit related to the primary health service unit. For this study this unit is the government primary health service unit with composed of all personnel of the primary care unit : physician, dentist or dental hygienist, professional nurse, technician nurse, public health officers, public health administrative staff, community health staff, and other public health personnel.

Related Researches

Suwit Wibulphonprasert (1992). [20] carried out the survey of 531 community hospitals with the aim to study the ability to provide various health services (except the services regarding health promotion, sanitation, and disease prevention) , by comparing with the standard criteria. It was found that every community hospitals got variety of abilities whereby the big hospitals could provide more service than the small ones.

Wacharee Tuykampee (1993). [21] studied health providers' opinions toward home health care provided, the following results were found among physicians and professional nurses : most if the respondents strongly agreed (the mean score of 4.15 and 4.17 respectively) with the objectives and the home-health care services that covered medical care, disease prevention, health promotion, and rehabilitation.

Suraporn Loyha (1996). [22] carried out a qualitative research regarding the images of community hospital in the next 2 decades, by using formal and informal in-depth interviews with the experts. It was found that :

1. Regarding the relationship between community hospital and health centers, the community hospitals should provide academic support and assistance including consultation for the health centers that are responsible for primary health care and basic medical care including community welfare.
2. The model of health services in the next 20 years (2017) will be emphasized on proactive services for the community regarding health promotion, prevention, and rehabilitation rather than curation through social network system. This new system will play the major role in promoting self-care by disseminating through the networks or social organization, representative of the local administration organization, in the form of local plan and public policy.
3. The important factor that will push the changing role of the community hospital is the health center which will be the organization that can

screen about 70 percent of the care receivers at the primary care for the community hospitals, thus, capacity building must be made for the health centers.

The images of the community hospitals in the next 2 decades (2017) should be " the management of the hospitals is emphasized on independence and self-reliance" and the services should be " relevant to the needs and problems of the community".

Umpol Jandawattana (1998). [23] carried out a qualitative study of job characteristics of physicians and health team members of 4 community hospitals. The result of the study were found as follow :

1. leadership is very important for the high level of the work accomplishment.
2. Good management was based on : the up-to-date though by not strict only on the official conceptual framework; the clean management system; emphasis is put on teamwork; establishing mechanism and motivation that promote creativity and cooperation in order to utilize fully capacity for work.
3. The community hospital can be used of the inter-linked part of the modern medicine and thai traditional medicine.
4. The deeplicated health services (Competition services) between the community hospitals and the health centers were found, including problems of skipping the procedures and ineffective referral system.
5. Home health care has been used to expand the chronic patient case at the hospital to the community.

6. The community hospitals and the health centers can be the focal point for developing people's quality of life and their quality in accordance with primary health care principle including supporting people to work together to develop their community sustain ably and concretely by applying the model of "thinking, acting and learning together with the people" and working cooperatively with other alliance teams, inside and outside the community.

Preeda Taerugs et al. (1999). [24] studied the image and the development strategies of the community hospitals in the next 2 decades, as perceived by the experts by analysis of the secondary data and intervening 22 experts in different fields. It was found that the image of the community hospitals in the future should be as follow :

1. It is the community service organization that connects with other organizations in the network, with the health centers and other health service centers and also works cooperately with the community in developing the health of the community people comprehensively, with the propose combination of proactive and reactive services.
2. The health service organization that possessed partially by the people and managed in the form of public organization or local administrative organization.
3. It connects with the higher level of health services, both academic and resource supports.

One strategy that will help establish the fore mentioned images is by management structure reform which many models could be made, for example, public organization, local administration organization, or even the same management of the District health services was made (hospitals, District Health office, and health centers) in the same network with the units of the cooperative management systems.

Rungsi Chareonwograyub (2000). [15] studied the hospital staff's opinions regarding the activities provided by the community hospitals as regard to perceived significance ad actual situation and compared with the 5 factors affecting the perceived significance and the actual situation as : management ; resource and resource management ; quality development process ; providing services, professional standard assurance and patients' right ; and performance outcomes and satisfaction.

The results of the study showed that the difference of the perceived significance of the activities performed was varied with the different size of the hospitals. It was also found that the perceived significance related with the quality development process and the actual conditions were different accordingly with the size of the hospitals. When the specific variable was analyzed the difference was found as related to management, resource and resource management, providing services, professional standard assurance and patients' right, and quality development process.

Tussnee Sorujthammakul (2000). [16] studied the factors affecting opinions of District Health Office staff toward coordination with community hospitals. The study was concerned with perceived significance and actual condition regarding management,

service, academic, and cooperation. It was found that there was a significant difference between perceived significance and actual condition

($p < 0.001$). the significant difference of the samples perceived significance was found both in general and specific aspects ($p < 0.05$),as related to age, educational level, position, information system, and efficiency of team work in community hospitals and health centers. Regarding the opinions toward actual conditions, significance difference of actual conditions, both general and specific aspects ($p < 0.05$), as related to age, education level, relationship of the administrators, information system, and efficacy of the teamwork.

Pasit Panmoen (2000). [25] assessed people of Bangbo, Smutprakarn regarding their perception about the 30 Bath Universal Health Care Scheme. It was found that most of the respondents received the information about 30 Bath Universal Health Care Scheme from television and also perceived that Smutprakarn Province has started this program since October 1, 2001. In general, the level of perception of information was at the moderate level with some were at the high and highest level, except for information regarding rights & benefits, the perception was at the low level. Most of the respondents mentioned that the public relations activities should the checked and correct before distributing; set the health service unit nearby their residents and the people should have the right to selecting the referred health service units, adequate numbers of health center' staff should be available, and organizing the mobile health services in the Community. Most of the samples agreed with the policy of 30 Bath Universal Health Care even though it was time consuming, and paid more transportation fare but its advantage was low medical treatment cost.

Preecha Suwanthong (2002). [13] studied the opinnions of the service providers and the service receivers regarding the implementation of PCUs of the government organizations under the Health Insurance Coverage Policy, in Samutprakarn Province. The opinions studied were concerned with significance of the activities and satisfaction toward management, service, academic development, and involvement on services system development. The results of the study showed that there was a significant difference between the perceived significance and satisfaction of the health services providers ($p < 0.001$) whereby the mean score of perceived significance of every aspect/activity was higher than the mean score of satisfaction. More than 50.0 percent of the service providers perceived high level of significance of all activities except the activity on " providing telephone consultation for 24 hours"