

## **CHAPTER V**

### **CONCLUSION, DISCUSSION AND RECOMMENDATIONS**

#### **5.1 Conclusion**

This project was developed to build capacity of staff members working at health centers which would be upgraded to become the PCU under the supervision of Chonburi hospital. The staff members were trained to understand theories of client centered counseling and have positive attitudes and appropriate skills in providing client centered counseling as they must organize counseling services at PCU which is one of mandatory standard services of PCU. Results of this capacity building project for PCU staff can be concluded as follows;

##### **5.1.1 General information of PCU staff participating in this project**

The researcher recruited, in this project, 2 PCU staff from each of the eleven health centers which would be upgraded to become PCU under the supervision of Chonburi hospital, so the total number of the staff members recruited in this project was 22 persons. All of them were female and almost all of them were aged below 40 (77.3%). The majority of these PCU staff graduated with a Bachelor's degree (19 persons = 86.36%) and 14 persons used to work at Chonbui hospital and volunteered to be transferred to PCU (63.60%) while the other 8 persons had already worked at PCU (36.40%). Their employment durations in the public sector were varied; 8 persons worked for the public sector for less than 10 years (36.40%), 5 persons for

15-20 years (22.70%), 8 persons for 16-20 years (36.40%) and 1 person for more than 20 years (4.50%). All of these 22 PCU staff members attended a 3-day intensive training workshop on client centered counseling (100%) and they went through some tests to assess their knowledge before and after the training (100%). In addition, all of the PCU staff members had undertaken an attitude test before they started the on-the-job training program (100%) and then they went back to work as a client centered counseling provider at PCU for 2 and 7 months. They were invited to join a workshop in the fourth and seventh months during the on-the-job training program to assess their attitudes after the first and second periods. There were 19 persons attending the first workshop (86.63%) and 11 persons in the second one (50%). The number of PCU staff submitting tape cassettes which recorded their counseling sessions was 8 for the first assignment (36.36%) and 6 for the second one (27.27%). There were 3 persons who submitted their tapes for both assignments (13.64%).

#### **5.1.2 Comparison of the staff's knowledge about client centered counseling before and after an intensive training program**

According to the comparison of the PCU staff's knowledge of client centered counseling before and after the 3-day intensive training workshop which applied participatory learning approaches, results show that after the training, they had a higher level of knowledge of the client centered counseling at a statistical significance ( $p$ -value = .031) and the number of the staff with "good" and "very good" levels increased from 68.10% to 77.30%. The mean after the 3-day training was higher than before the training at 0.95%.

Results of the focus group discussion with PCU staff reveal that they had learned a great deal of client centered counseling from the 3-day intensive training program, understood differences between giving health information and counseling, felt more self-confident and strongly believed that they could use their acquired knowledge to organize and provide counseling services for their clients.

### **5.1.3 Comparison of the staff's attitudes before an on-the-job training program and 2 months after the on-the-job training**

Regarding the comparison of the PCU staff's attitudes before an on-the-job training program and 2 months after the on-the-job training, it was found that they had more positive attitudes towards counseling and it showed a statistical significance ( $p$ -value  $< .001$ ). The number of staff with "good level" of attitudes increased considerably from 22.7% to 78.9% and the mean of the attitude score after the on-the-job training increased by 7.79%.

Data from the focus group discussion with the PCU staff indicated that almost all of them agreed that this project was useful for general populations and for themselves because they could use the knowledge which they had learned from this project to help clients and also could apply some techniques in their daily lives.

However, some PCU staff failed to undertake the on-the-job training program and did not submit audio recordings of their cases after 2 and 7 months of the on-the-job training. There were only 11 tapes submitted (50%) for the first assignment and 6 for the second one (27.27%). Only 8 tapes were of good quality to be used in the first workshop (36.36%) and 3 tapes in the second one (13.64%). Many PCU staff said although they did not have their own cases, they could learn from others' through participatory learning approaches.

#### 5.1.4 Comparison of client centered counseling skills after the first and second periods of the on-the-job training program (2 and 7 months)

The researcher cannot make any conclusion in terms of quantity on PCU staff's client centered counseling skills at the fourth and seventh months after the on-the-job training program due to insufficient quantitative data for statistical analysis.

But data from the focus group discussion with PCU staff indicate that PCU staff were more confident in providing client centered counseling after taking the training program. They said the organization and methods used in the training program were very good. Monitoring and evaluation of this program at every 1 month, 3 months and 6 months was quite useful as it allowed PCU staff to learn continuously from resource persons and made them feel more confident in providing counseling services. However, as they were used to giving health information, they sometimes forgot and gave health information instead of counseling services.

The researcher interviewed resource persons and asked their opinions towards the client centered counseling skill development of PCU staff. Based on their assignments, the resource persons thought that all 3 persons who submitted both assignments (13.64%) considerably improved their client centered counseling skills, especially on the followings; listening, silence, restatement and questioning, but there were some skills which they had to improve; such as, reflection of feelings, reflection of content and clarifying. In addition, it was good that all of these three staff tried to build a relationship with clients before giving counseling. For those who did not submit any assignment, the resource persons thought they improved some skills; such

as, listening, silence and questioning but compared to those who submitted the assignments, they still needed to practice more on restatement,. Overall, the resource persons strongly believed that all of these PCU staff had potential to improve their counseling skills if they kept learning and practicing.

### **5.1.5 Opinions of PCU staff towards this project**

#### **▪ Benefits from this training program**

In the focus group discussion, PCU staff said that they learned a great deal about client centered counseling theories and understood differences between giving health information and counseling. They also had opportunities to practice and improve their counseling skills which could not only benefit their clients but also to themselves. Lastly, they felt more self-confident in giving counseling to clients at PCU.

#### **▪ Opinions towards curriculum of this training program**

Almost all of the PCU staff in the focus group discussion agreed that the organization of the training program was very good and appropriate. They learned about client centered counseling theories from the intensive training workshop. In addition, they had opportunities to practice their counseling skills with clients in the real setting during the on-the-job training program at PCU and they could attend workshops during the on-the-job training at the fourth and seventh months. This program was very useful for clients and themselves as they could check with resource persons if they provided appropriate counseling services or not and they could learn continuously from the resource persons in each period during the on-the-

job training program. Additionally, learned more about counseling skills in each situation from real cases submitted by their colleagues.

Some PCU staff members suggested the intensive training program should have included a session for them to practice giving counseling to actual clients, so they could practice some skills and immediately obtain recommendations from resource persons. This would give them feel more confident when they returned to work at PCU.

While some PCU staff recommended that the on-the-job training program should take place at Chonburi hospital because it would be easier for them to finish assignments as required, some staff proposed they should be granted some privileges to concentrate on counseling or they should be able to set some of their working days only for giving counseling and not have to do other work. However, other PCU staff disagreed as they might have been in trouble if they did not have any client for counseling on those days. In addition, some PCU staff proposed that resource persons should provide VDO tapes of their counseling sessions as an example for them to study.

- **Opinions towards counseling services at PCU**

All of the PCU staff in the focus group discussion agreed that it was crucial to have counseling services according to a minimum service standard of PCU and there were some issues which needed to be considered as follows;

- 1. Directors/executives**

Directors/executives should formulate clear policies about counseling services at PCU and inform heads of all units, so that they could support and facilitate training programs. In addition, they should set up more effective

management systems and appropriately define roles and responsibilities of all staff to support counseling services at PCU as according to the standard required for PCU.

## **2. PCU staff as a client centered counseling provider**

The fact that PCU staff members in this project were not local staff in the PCU location caused some negative effects on counseling services because they had to quickly adapt themselves with a new work environment, management systems and colleagues in the PCU. In addition, they were not familiar with clients and as a result, it was difficult to gain trust from the clients. The PCU staff had to, at first, build relationships with the clients when they started giving counseling; otherwise, the clients would not tell them about their personal matters as they feared the PCU staff would try to learn about their secrets.

When the PCU staff started working in the on-the-job training program at PCU, they were sometimes confused with their role and provided health information to clients instead of giving client centered counseling services. This sometimes occurred because they had always given health information to clients in their previous job at PCU and Chonburi hospital.

## **3. Colleagues at PCU**

It is known that counseling is a mandatory service at PCU but because of lack of clear policies from directors and heads of all levels and ineffective management system to support the implementation of counseling services. PCU staff should be assigned to substitute one another when one of them has to provide counseling. Without clear policies and effective management, those who are in charge of giving counseling may feel they have high workload and they cannot manage time to serve clients appropriately.

#### **4. Clients**

Clients usually prefer to speak about their personal matters with people who they are acquainted rather than strangers. So, it would be easier if PCU staff members who give counseling are local people residing in the PCU area because they can immediately build a relationship and gain trust from the clients.

#### **5. Counseling rooms**

Counseling services should be given in a quiet private setting, so clients feel more comfortable to talk about their problems but settings at PCU which used to be the health center were improper and not private enough.

### **5.2 Discussion**

#### **5.2.1 General information of PCU staff who participated in this project**

Populations of this study were 22 staff members of eleven health centers under the supervision of Chonburi hospital; 2 from each PCU. All of these eleven health centers were going to be upgraded to become PCUs, so they were purposively selected for this project. These 22 staff members were all female and most of them were aged below 40. They graduated with a Bachelor's degree and most of them used to work at Chonburi hospital but they volunteered to work at PCU. There were some who had already worked at PCU and they were also recruited in this project. The majority of them had worked in the public sector for 5-20 years.

All of these PCU staff members attended a 3-day intensive training workshop on client centered counseling and they went through some tests to assess their knowledge before and after the training. In addition, all of the PCU staff members had been assessed on their attitudes before they started the on-the-job



training program and then they went back to work as a client centered counseling provider at PCU for 2 and 7 months. They were invited to join a workshop in the second and seventh months of the on-the-job training program to assess their attitudes after the first and second periods. There were 19 persons attending the first workshop and 11 persons in the second one. The number of PCU staff submitting tape cassettes which recorded their counseling sessions with clients was 8 for the first assignment and 6 for the second one. There were 3 persons who submitted tapes for both assignments.

#### **5.2.2 Knowledge before and after the intensive training program on client centered counseling**

Results show that after the 3-day intensive training program on client centered counseling, PCU staff had more knowledge about the client centered counseling at a statistical significance ( $p$ -value = .031). This is consistent with a study by Pensri Punyatansakul et al. (1998) which evaluates a training program for provincial tuberculosis coordinators to support a new tuberculosis program of Thailand. They report that after the training, the coordinators have more knowledge about tuberculosis and there are significant differences between pre-test and post-test scores at the  $p$  value  $< 001$  and the number of the staff with "good" and "very good" levels increased from 68.10% to 77.30%.

In addition, the mean of the PCU staff's knowledge score after the 3-day intensive training was higher than the pre-training score at 0.95% and this can be interpreted that the training program contributed to improvement of knowledge levels. This is consistent with a concept proposed by Uthai Hirunto (1977) that knowledge

and capacity of staff in organizations can be improved through training and the training would allow them to learn and understand principles and methods which are accurate, updated and appropriate. What's more, training opportunities can strengthen their maturity and efficiency of work performance

After the intensive training program, PCU staff felt more self-confident and believed that they could apply knowledge acquired from the training to provide counseling services for clients. They thought the acquired knowledge was very useful as not only was it beneficial in helping clients, it could also be used in their daily lives. Based on this, it can be said that the 3-day training program on client centered counseling positively improved attitudes of PCU staff towards client centered counseling and it is consistent with results of a study by Panus Phreksunun et al. which suggest that interactive learning can significantly affect knowledge, attitudes and practical skills ( $p < .000$ ).

### **5.2.3 PCU staff's attitudes before and after the on-the-job training program at PCU (2 months)**

Results of the PCU staff's attitudes after undertaking the on-the-job training for 2 months show that they had more positive attitudes towards counseling with a statistical significance ( $p\text{-value} = .000$ ). The number of staff with "good level" of attitudes increased considerably from 22.7% to 78.9% and the mean of the attitude score after the on-the-job training increased by 7.79%.

This is consistent with a study by Paiboon Aiumin which explores knowledge, attitude and practice on Dots strategy of national tuberculosis program among health providers in Chonburi Province. Results of this study show significant

differences between health providers who were trained on new approaches of Malaria control and those who did not as the first group had more positive attitudes ( $p, < 0.001$ ). Likewise, for this study, PCU staff who participated in the intensive training program felt they learned a great deal. Not only were they equipped with knowledge to help clients but also they could apply some techniques in their daily lives. This means that the 3-day intensive training program on client centered counseling helped PCU positively improve their attitudes towards this type of counseling. It is consistent with results of Ratchanee Veerasuksawat's study on registered nurse's attitudes and counseling techniques to AIDS patients in Sappasitthiprasong hospital of Ubonratchathani province which suggests that its 3-day training program providing knowledge and techniques of HIV counseling for patients and families could sensitize and improve attitudes of the nurses.

In addition, the fact that PCU staff in Chonburi had an opportunity to undergo the on-the-job training program at PCUs also contributed to more positive attitudes towards client centered counseling services. This is consistent with results of a study conducted by Metee Punyarat on knowledge, attitudes and practices of local public health and local para-medical personnel on post mortem examination in Sakolnakorn province which concludes that differences in the number of years for autopsy practices could contribute to different level of attitudes. Likewise, Tyler who explores effects of client-centered counseling on thoughts and attitudes of clients reports that clients tend to be more positive in assessing their own behaviors

#### 5.2.4 Client centered counseling skills of PCU staff

Although the researcher could not make a conclusion by assessing client centered counseling skills of PCU staff after they took the on-the-job training program for 7 months as planned, data from the focus group discussion indicate that all PCU staff was more confident that they could provide counseling services after undertaking the on-the-job training program. This is consistent with opinions of the resource persons who assessed skills of the PCU staff who submitted their two assignments and those who did not send their cases but participated in the workshops organized at the fourth and the seventh months during the on-the-job training. The resource persons thought that all of the PCU staff had considerably improved their skills in listening, using silence, questioning and building a relationship with clients and all of these must be a result from the fact that PCU staff had knowledge and attitude towards client centered counseling in the "good" level. This is in line with results of Pornsawan Wasant's study on approaches, counseling and care of down syndrome children at Siriraj Hospital which suggests that doctors with good knowledge and attitude can effectively apply their knowledge in their counseling for families which take care of the down syndrome children. In addition, Bunjong Deemak et al. who investigate the relationship between knowledge, attitudes and practices and Dengue fever prevention and control of populations in Chonburi province. This study indicates that there is a positively significant correlation between knowledge and preventive and control practices of the populations at 0.001. Additionally, their attitudes are positively correlated with practices of Dengue fever prevention and control at 0.001.

Regarding two workshops organized during the on-the-job training program which applied participatory learning approaches, although some PCU staff failed to submit their counseling cases, they still could learn and improve their counseling skills with those who submitted the cases. This is consistent with results of Nirachara Gareesan's study on effects of workshop intervention of behavioral changes in using pesticide among farmers in Rong Kwang District, Phrae Province which shows that the learning process in the workshop can result in some behavior changes. Interactive process which stimulates exchanges of opinions, practices, and participatory decision making of all participants with an involvement of resource persons as advisers can successfully and effectively change unfavorable behaviors.

For those who submitted their counseling cases for both assignments, the resource persons said that they had more improvement in restatement skills than those who did not submit the cases. It was probably because they had more practices and learned from their experiences in giving counseling to clients. This is consistent with Ratchanee Veerasuksawat's study on registered nurse's attitude and counseling techniques to AIDS patients in Sappasitthiprasong hospital of Ubonratchathani province which suggests that skills and confidence of the nurses could be improved through repeated and continuous practices.

### **5.3 Problems and Recommendations**

#### **5.3.1 Problems of the implementation of capacity building for health personnel in providing counseling services at PCU**

The fact that many PCU staff participating in this project did not submit their counseling cases at due course as planned was a serious problem which

hindered the implementation of this capacity building project to enable health personnel to provide counseling services at PCU in accordance with the Ministry of Public Health's standard. Not all of the PCU staff submitted their cases and the number of those who submitted their assignment continuously decreased in each period during the on-the-job training program. There were only 3 persons who submitted their cases for both assignments and their tapes could be transcribed (13.64%), so the number was too small that the researcher could not apply the statistics to measure their learning achievements. However, those who did not submit their cases could still learn and continue to improve their skills in the first workshop organized at the fourth month with others through participatory learning approaches. This might indirectly cause a decrease of the number of tapes for the second assignment after 7 months of the on-the-job training to 6 (only 3 could be used as cases in the workshop), compared to the first assignment which 11 staff submitted their cases (8 tapes were used).

The setting for counseling service was also a problem because all of health centers which would be upgraded to become PCU still had the same facilities and structures. There was no space re-arrangement to accommodate some privacy for counseling services.

Almost all of the staff participating in this project had previously worked for Chonburi hospital but they volunteered to transfer to work at PCU which was in accordance with a policy which encouraged health personnel to work for PCU. It was their first time to work at PCU after undertaking the 3-day intensive training program on client-centered counseling theories and they had never worked at PCY before. So, they had to adapt to a new environment and colleagues at PCU. In

addition, it was found that clients did not fully trust them and they refused to attend a counseling session as planned. As a result, these volunteers requested to move back to work at Chonburi hospital after working at PCU for just 7 months.

### **5.3.2 Recommendations for capacity building of health personnel in providing counseling services at PCU in accordance with the Ministry of Public Health standard**

The capacity building program to train health personnel to be able to provide counseling services in accordance with the Ministry of Public Health standard is a long-termed program. The success of this project depends on the curriculum which was already developed in this project and also other relevant issues which should be prepared beforehand; such as,

#### **Curriculum development**

Most of PCU staff thought that this client centered counseling curriculum for the capacity building of health personnel was good and appropriate. They agreed that it should be designed as a training program with 2 phases but there are some issues which need to be improved as follows;

1. Regarding the 3-day intensive training workshop on client centered counseling, although the PCU staff said that it was very helpful and made them feel more confident to give counseling to clients, they thought it would be good if some learning materials could be provided; such as, VDO tapes on how to give counseling, so that they can learn and observe characteristics and gestures of the counselor while giving

counseling which would be helpful when they have to provide counseling with actual clients. In addition, they can learn to use appropriate skills in various situations when they have cases. The PCU staff also suggested that a practice session with actual clients should be included after they did a role play and practiced giving counseling to each other. This would allow them to have an opportunity to practice with real cases with supervision of resource persons before they return to their PCU and provide counseling to client on their own. The session with actual clients would help them learn how to appropriately apply counseling skills when giving counseling and at the same time it would be a good opportunity to assess their skills before they undertake the on-the-job training program.

2. Concerning the on-the-job training program at PCU, the PCU staff thought that two workshops organized during the on-the-job training program gave them an opportunity to meet counseling experts and they could assess their counseling skills. Additionally, they could learn more from the experts and improve their counseling skills through participatory learning approaches with other staff. This is consistent with results Prayong Kesorn' study on the Counseling Service among the high prevalence of HIV/AIDS Patients area which shows that the counselors' problems are low self confidence. They would like to get the suggestion, help to solve problem and encouragement from expert after training. However, some ground rules about the submission of counseling cases should be made using participatory approaches with



all PCU staff. They should propose and discuss how they would punish those who did not submit their case. This would prevent problems that some PCU staff might think they could learn from other's cases, so they did not need to practice giving counseling. So, they wouldn't submit their case and it would result in a decrease in number of staff who practices giving counseling. Although those who did not submit their case could still learn through participatory learning approaches, they did not have direct experience giving counseling with actual clients and the researcher would not know whether they were capable of applying skills that they had learned from others in their counseling sessions with client or not. In addition, the more they practice giving counseling, the more skillful they become and they would be able to apply their counseling skills in various situations. Then, it would be easier for them to play a role of counseling provider and not giving health education or telling clients what they should do in the counseling session.

### **Preparations**

1. Clear policies should be formulated and agreed by all staff at executive levels; such as, Director of Chonburi hospital, head of outreach health services who is assigned to coordinate in terms of policies between Chonburi hospital and PCUs under the supervision of Chonburi hospital, Muang District Health officer who is the direct supervisor and oversees health services of PCUs and chiefs of health centers which

will be upgraded to become PCU. The policies then should be distributed to all relevant divisions and staff members, so they are informed and give it their priority to support PCU staff who participated in this project in each stage of the project and help balancing time for them to practice giving counseling to clients and for their regular work as appropriate. As a result, the PCU staff will not have a high workload and supervisors in each level will be involved in monitoring performances of the PCU staff during the on-the-job training program and their participations in the training and workshops.

2. PCU staff participating in this project should be previously based at PCU because they are more familiar with clients in the area and already have a good relationship with them as a health care provider. So, it will be easier for the clients to trust them as a counseling provider and this is consistent with Bung-on Siroj et al. which is referred in Jukkrit Pinyapong (1997). Bung-on Siroj et al. study female sex workers who were infected with HIV and came to receive counseling services at a community hospital. Results show that when they were in trouble, they would immediately seek for counseling and no matter how far they lived, they could travel to the hospital when they had some personal or health problems. This was because they felt they could trust health personnel at the hospital. The most important was they did not want to reveal that they had HIV to other people. It is similar to Thana Nilchaikowit (1993) who studies HIV counseling techniques. He said that good relationships between the client, their

family and the counselor would smoothen the counseling process. So, PCU staff who participated in this project should practice giving counseling in their workplace which they were previously based. In case of some staff from Chonburi hospital or other hospitals would like to join this project, they should return to practice their counseling skills in their location where they are working. Or they should move to a place where they have to undertake the on-the-job training program earlier, so they have plenty of time to adapt to a new workplace and become familiar with people in the new area.

3. Settings for counseling should be improved or re-arranged to be more private and less crowded, so clients will be more comfortable to talk about their personal problems or secrets. This is consistent with a research study of the implementation of HIV/AIDS prevention and control by health personnel under Ministry of Public Health, Chiang Mai province (1994) which includes an interview with a supervisor of a mental health institute and this study reveals that one of important factors which can affect the institute's counseling services is an appropriate and private setting to serve clients, so they feel comfortable to talk about their problems.