CHAPTER V

CONCLUSION, DISCUSSION AND RECCOMENDATIONS

5.1 Conclusion

A cross-sectional descriptive study to explore health promotion capacity of health centers in Tambon level was performed at Nakhonsawan Province. The "capacities" are divided into three domains; individual capacities, organizational capacities and environmental capacities, and also respondents' characteristics were added in checklist questionnaire for field survey.

The self-administrator checklist questionnaire was applied from "HEALTH PROMOTION CAPACITY CHECKLIST" of Prairie Region Health Promotion Research Centre, University of Saskatchewan, Saskatoon, Saskatchewan, Canada. Tested and revised checklist questionnaires were distributed from Nakhonsawan provincial health office to all district health offices, then checklist questionnaires were directly submitted, and also collected from the health centers in each district area by district health official staff. All completed questionnaires were returned to provincial health office which was then referred to researcher. Completed questionnaires data were entered into SPSS for window version 11.5. Completeness such as range checked and logical checked was checked and then the verified data was run for analysis.

5.1.1 Respondents' characteristics

88.9% respondents (168 out of 189) are mostly from health centers (75.6 %), 21.4 % are from primary care units (PCU) and 3% are from community medical care units (CMU). Health centers are 7.9 villages in average of responsibly areas. Those are almost all (96.4%) located in Tambon Administrative Office's area and minorities (3.6 %) are in municipal areas. An average of all kind health workers are 3.0 persons per health center.

Health workers, who responded are representative health centers and working for health promotion as their direct responsibility. Majority o the respondents are female (63.7 %). They serve 761.8 visitors per month in average. The highest education of majority is graduated level (87.5 %), 76.2 % for bachelor degree and 11.3 % higher than bachelor. Nearly half of respondents (40.5 %) are working as public health administrative officers, technical officers of public health are 22.6 %, professional nurses (registered nurse) are 18.5 %, community health officers are 16.1 %, technical nurses are 1.8 % and midwifery are 0.6%. More than 4 over 5 (88.7%) had worked for ten years or more.

5.1.2 Individual capacities

The individual capacities showed mean score for health workers in Nakhonsawan province are mostly in appropriated knowledge, skills, commitment and resources for implementing health promotion. The following are the summary of each sub-domain.

Knowledge; respondents indicated similar mean score in holistic understanding of health and its determinants, fundamental principle, variety of strategies, difference effective strategies and communities' density as 3.9, 3.8, 3.6, 3.6, and 3.9 respectively.

Skills; similar to knowledge, respondents indicated mean score higher than 3.0 for all criterions meaning that they had appropriate skills for promoting health.

Commitment; commitment is also similar and tend to be higher than two previous sub-domains because half of the criterions are greater than 4.0 and others are greater than 3.0. This higher trend of mean score might be showing their exertions and willingness.

Finally, *resources*; two out of five seem to be problematic criterions where they can't indicated mean score more than 3.0. First, the 2.9 mean score of enough of tools for aid health promotion practices. Second, the 3.0 mean score of health workers can access adequate financial resources for health promotion practice. In conclusion, the individual capacities for promoting health of health workers in Nakhonsawan province are by majority appropriate capacity, while tools and financial resources tend to be the only problems.

5.1.3 Organizational capacities

Health centers in Nakhonsawan province which include PCU and CMU stated mean score higher than 3.0 for appropriate commitment, culture and structure. But of the resources organizational capacity and dedicate adequate human resources to health promotion activities, respondents stated lowest mean score of 2.7. The following are the summary of each sub-domain.

Commitment; mean score of all criterions in this sub-domain are higher than 3.0. The highest mean score of 4.0 is for the organizations have partnerships with diverse organizations and communities. This result shows that there are Tambon level alliances for implementing health promotion.

Culture; organizational cultures are also higher than 3.0 mean scores of all criterions. The most dominate issue is leaders and managers are enable to practice health promotion scoring a 3.9 mean score.

Structure; organizational structures indicated mean values between 3.5 – 3.9. Shared responsibility and use of health promotion process as accountability and success monitoring are the two highest mean score criterions.

Resources; this might be problematic sub-domain even though 4 out of 5 criterions' mean score are higher than 3.0 (3.3 – 3.7). But "dedicate adequate human resources to health promotion activities" had a mean score of 2.7.

This findings show inadequate and/or inequity of human resources management among completeness of other organizational capacities. However, organization commitments and cultures are highest mean score in this domain with same summated mean value of 3.8. These results indicate health centers can properly provide their employees unless some tools and health workforces that they can't suitably allocated.

5.1.4 Environmental capacities

Supportive factors for implementing health promotion in Nakhonsawan province looked similar to other capacities. The results stated appropriate support where mean scores are higher than 3.0. But the problem of this domain is inappropriate capacity of public opinion which was a core capacity for promoting

health, especially community-based health promotion program. The following are summary of each sub-domain.

Political will; all criterions' mean scores are higher than 3.0. Value and supported of local governing is score at 3.1 mean score and three others are between 3.2 -3.4.

Public opinion; more than half (4 out of 6) of public opinion's criterions can not indicated mean score more than 3.0. These are people's holistic understanding of health and its determinants, health is shared responsibility, ownership of health and well-being and public and media attention to health promotion with 3.0, 2.8, 2.8 and 2.7 respectively. While, surprisingly, mean score of the other two criterions, people take collective action to foster community well-being and people believe the health system has a mandate for health promotion, are greater than 3.0.

Supportive organization; this sub-domain look like political will that indicated a slight higher than 3.0 mean scores, highest being 3.3 and lowest is 3.1.

Ideas and other resources; this sub-domain looked similar like others with mean scores slightly higher than 3 but the core issues had the mean scores with 3.5 which are evidence for the effectiveness of health promotion and materials and tools are available for wide range of health promotion strategies.

5.1.5 Relationship between Capacities among domains and sub-domains

Non-parametric statistics, Spearman's rank correlation coefficient, was used to identify relationship among domains and sub-domains that focus on relationship of individual skills with others. The results showed that both the organizational capacities and environmental capacities had relationship with individual skills significantly and individual skill of planning and evaluation was

highly significantly related with environmental support and especially with political wills. Mostly related bivalents had high statistical significant values of nearly .001 and smaller. However, all correlation coefficient values were less than 0.5 showing light relations.

Main point of this part is emphasized on relationship between individual skills and public opinions that was interesting issue as its represents success of implementing health promotion. Appropriate skills of health workers who work in health centers can lead to success of promoting health. The results found that more than half of bivalents are related at p-value < .05 and most of them are < .001. The most interesting result was skill of following strategic implementation which was related with all criterions of public opinion with p-value < .001, one another was equal to 0.001. The relationship showed the strategic practitioners can serve people knowledge and concern which means they applied locally strategic. While skill of planning and evaluation has insignificant relationship with people believe and people concern but they led to organization support from outside. In other hand, the result showed significant relationship that strategic following characteristic can not contribute community health promotion success, just understanding.

In conclusion, individual skills for implementing health promotion can influence others and might be able to deliver health centers' capacities. High individual capacity means higher success of organization.

5.2 Discussion

As the study found health centers in Nakhonsawan province had a majority of appropriate capacities for implementing health promotion. This is shown the mean score of each domains, individual, organizational and environmental higher at 3. However, there are some difficulties with health workers who are supported by the health centers which is the lack of resources support. First, according to health workers' human resources are not enough. Second, they cannot access and the budget to support activities is not enough. Third, needed tools and infrastructure are inappropriate and not enough in Tambon health centers. These three difficulties are the core health resources management problems and seem to be a nationwide problems. Even though the health centers are faced with problems they are still working promoting health in rural areas.

Capacity for health promotion means having the knowledge, skills, commitment, and resources at individual and organizational levels and in the wider environment to conduct effective health promotion (Woodard et. al, 2004). Effective health promotion means balancing and process launching of all those issues. Completeness of knowledge, skills and commitment will be disadvantage capacities if without implementation. Resource is one of the critical factors which can run applying those three capacities and its environmental contexts. Moreover, effective health promotion means having enough and appropriate resources for implementing. This study found critical factors of implementing health promotion which are inappropriate and lack health promotion resources.

Human resources, not only quality but quantity of health promotion workers should be considered otherwise skill health workers can not run their empower people process. Data analyzing found the imbalanced amount of health workers. An average is 3 person per one health center, should not be problem but look into highest and lowest, we will see so different number that is 7 for highest and 1 for lowest, while health workers in rural area are service providers who work everything they can do about health and its related activities, both formal and informal. Furthermore, this study found health centers provided internal office curative treatments for visitors 760 times a month, highest is more than 2000. This is only a part of health centers responsibility that was excluded preventive, control diseases and other health activities in community even health information system, those means that dedicate adequate health workers in Tambon level is needed. This problem needs good management and restructuring of health promotion human resources.

However, norms and standards in health promotion can not be about how many health promotion staff is needed per health center or for the amount of populations (Victorian government, 2003). Even though in Thailand clarified amount of population per health worker in each kind, medicine ad non-medicine health workers, but that is for all duties of health centers and, furthermore, still can not done in the real world. Anyways, training for effective health promotion or health promotion capacities rising is still needed and go together with increasing of health workforce under umbrella of health personal policy.

Other necessary resources are financial resources, tools, materials and infrastructures for implementing health promotion. Accessing and appropriate amount of money support are a big health problem in Thailand, especially in Tambon level.

Now a day, Thai health system is allocating lump sum money (Bureau of policy and strategy, 2007) directly to district health office and district hospital by per head of population and patients' number reference, area is looked over. Even though central government indicated using of money rate for health promotion but, however, both the all kinds and health promotion budgeting expense are not appropriate sharing and the biggest sums of money are coming from communities and private sector sponsorship (Coulson, 2007). One of alternative ways of budgeting system is area-based management that health promotion budgeting support is need political considerations to balance number of population, patients and responsibility areas allocation.

Materials, tools and infrastructures act as facilitators of health promotion proceeding. Shortage and inappropriate of them can obstructed implementing health promotion. Many people who work as health promoters lack of research skills and there fore formative and evaluative studies are rarely done. There is no incentive or culture of writing up health promotion projects so a lot of what has been achieved or learnt goes undocumented. Qualitative and participatory research skills essential to good health promotion practice are in undervalued in the health service and subsequently are not effectively introduced to health workers during their basic training. Health promotion manuals and facilitate materials are need for executing communities well-being of health center.

Indeed, those critical problems need holistic thinking and integrated implementation of health management that look beyond individual behaviors to the wider environments that create conditions for health. And don't forget to remind

ourselves that the environment of political, public, social and economic factors has an impact on effective health promotion practice.

To provide the study's objectives, we derived discussion part from each objective as follow;

5.2.1 Health promotion capacities status of health centers

Health promotion capacities of health centers in Nakhonsawan province are mostly greater than 3.0 average score those are all within organizational capacities, individual and organizational levels. Environmental capacity is the lowest mean score of three domains. Resources, both within and outside support, seem to be problems of implementing health promotion in Nakhonsawan province showed the mean score of some criterions are less than 3.0. (e.g. organizational resources with 2.7, individual resources with 2.9 and also public opinion with 2.7) The most dominate capacity of health center is capacities in individual level, especially individual skills those are influenced health centers' capacities in several levels. The skill of strategic following implementation is good capacity for contributing communities' understanding, while the skill of planning and evaluation trend to conduct more communities' health promotion success. Nowadays, Tambon health centers are promoting health among shortage and imbalance of resources but individually, health workers have enough knowledge, skills and commitment.

5.2.2 Strength and Weakness

Tambon health centers are stated strongly implementing health promotion in terms of technical services; saw the mean score of individual and organizational capacities. While health centers can not provide community

participatory building; saw the lowest mean score of sub-domain public opinion. So, anyways, they should be improved implementing community health promotion.

Individual capacity, commitment, was highest mean score of all sub-domains with 4.0. This might deliver the speech that currently, the most appropriate capacity of health center is individual capacities or, in other words, strength of health centers for implementing health promotion is having of quality (commitment: there is intention of working) workers. While improving is needed for an environmental capacity (public opinion) that is the lowest mean score sub-domain with 2.7, as a weakness (people participation and concern health promotion proceeding) of health centers. This result showed the main capacity of promoting health promotion weakness that they can not enabling people to increase control over, and to improve their health.

5.2.3 Key potential of health centers

Perhaps the study investigation can't execute community health promotion success, health promotion impact, directly; these are assumption of health centers' potentials from mean score. Test of relationship among domains and sub-domains of this study found that individual skill is sub-domain that has highest relationship with others. Individual planning and evaluation skill is the key potential of health centers. Because of its relationship with almost others, stated that planning and evaluation skills can influence organizational and environmental support. It can be said that, better planning and evaluation skill conduct more effective health promotion. In terms of correlation coefficient valued focused, While inferior to this skill, strategic following and selective practitioner was the most highest (nearly 0.5)

value in each sub-domain related of individual skill, and provide effectively health promotion understanding in community level.

5.3 Recommendations

5.3.1 Recommendations for health promotion capacity study

Learnt from this study found some difficulties and also benefits of health promotion capacity study such as;

1. Capacity assessment is need qualitative study to explore some main causes of results and to improve data completeness. So, the better design of health promotion capacity assessment is qualitative research or participatory research.
2. This study was designed to explore basic health promotion capacities practice by used self-checklist questionnaire, may be caused of bias responds. And also checklist was applied from western that might be not responded harmoniously. The better way should be locally and community-based approached both of tools and study design. Participatory Action Research (PAR) or Operating research (OR) might be suggested for more appropriate study.
3. The study faced to difficulties of documental searching and reference. Because of rarely done and undocumented of health promotion in Thailand, especially health promotion capacity research. Academic knowledge and skills should be documented and publicized by gaining research skills and also sufficient support among health workers.

Furthermore, researching and publication might be added into routine working.

5.3.2 Recommendation for health promotion capacity development

1. Lesson learned from this study showed that community health promotion was lack of reference information. According to the results, Tambon health centers were insufficient and ineffective supported of health promotion resources, and also other health promotion capacities. From now on, Thailand must looks forward to launch effective community health promotion development, especially resources support and management system.
2. Human resources development is also critical point of health system improvement, saw the individual capacities can representative the Tambon health centers means individual capacities lead to organizational success but still not extensively served. Not only the effectiveness, individual capacities can adopt cooperation. According to significant relationship of individual skills and environmental capacities in this study, we assume that political will and supportive organizations are critical factors of organizational success. Among the shortage of health workforce at present time, we should conduct and develop effective training curriculums and role effective support system to press and sustain effective health promotion practices.
3. The results of this study might be usefully applied in specific areas and anywhere those are similar context. Because of the complexity of health promotion factors, success should be depended on its relevant

environment. In different areas, effectiveness of health promotion practice must be studied, what are critical factors and how to dawn appropriate strategy? In order to tailor the appropriate way of success, capacities assessment might be adopted locally, especially in district and Tambon levels.