

CHAPTER 4

DISCUSSION AND CONCLUSION



Discussion

To achieve the minimum standard for primary care service management or primary health care units in aspects of infrastructure, environments, and conveniences for customers and service providers, the Five S program should be executed as a strategy to improve the image of the health service provider to become more pleasant and standardized to work. The evaluation of the Five S implementation of health centers in Phachi district was conducted to encourage the primary care units to improve its quality in physical environments and infrastructures as well as to comply with the Five S principle so that the health centers are organized, clean and pleasant and the customers are satisfied with the infrastructure operation which is arranged for prompt services. This study also explores problems in the Five S implementation.

The results found that there were two health centers; A and B, which exceeded 80%. The health center A was able to implement 92.8% and the health center B 80.9% of the Five S. Two units that received the lowest score were health center E and health center F which can implement only 59.5% of the Five S program. It is obvious that the health center A can comply with the Five S with very high percentage than the others. This is probably because it had continually improved its quality as shown by the fact that it was one of good pilot programs for primary care units, it had often been praised as one of the national visiting sites for field study in public health, it had number of health staff more than the other and it had first start implementing the Five S program. For the case of the health center B, which scores more than 80%, it mainly came from its chief's responsibility and dedication to

assigned work and mandates. This can be seen from the past success of its several projects. Other health centers might be in the initial stage for improvements and needed more time to be familiar with the concept of Five S philosophy.

However, there were 12 standards that all health centers can implement. Most of them are related to medical facilities and supplies for providing services and service system organization for treatments. This result probably comes from that the service quality improvement team of Phachi district had conducted a training regarding treatments provided, setting up systems and sterilization techniques. So, all units had knowledge and were ready to arrange facilities in order for providing services.

But none of the six health centers were able to pass two standards; (1) the availability of stock cards to check the quantity and expiry date of medicines and (2) labeling of fragile items or risk items which can cause danger if out of order. The reason they did not have the stock cards is probably because they have to assess the need to use the medicine every year to make requests from the medicine storage at Phachi hospital or whenever the medicine is running out. In addition, pharmacists of the hospital usually monitor the use of medicine annually, so they might think the availability of the stock cards was unnecessary because there would not be the case of expired medicine left in the health centers. However, in practice, some types of medicine which are hardly used and not used at all are left in the stock and without the stock cards, there is no way to check the expiry date of the medicine and when they need to use the medicine, it would cause harm to patients or the health centers have to discard the expired medicine which is such a waste of budget.

Another reason for the unavailability of the stock cards is that it would be easier to embezzle the medicine for personal use. For the standard about the

labeling of the out of order and dangerous items, they did not implement this because they did not think that such items could cause danger; such as, electric plug, electric facilities, balustrade, handrail, doors, windows, ladder. These items which were broken and had not been labeled as ineffective items can become harmful if brought to use and this was found in all health centers.

For neatness, cleanness and pleasantness of the health center, it was found that health center A and health center B were rated in good level, health center C, health center D and health center E were in fair level, leaving F scoring the lowest in need improvement level. This is in line with the compliance of the Five S philosophy as it shows that health center A and health center B that achieved more than 80% in implementation of the Five S were more neat, organized, pleasant to work. The others did not succeed in the 80% level in compliance with the Five S and as a result they were rated in fair level except for the F which had to improve its cleanliness. If considering in details, the respondents agreed the most that most of the primary care units can provide enough lights in the building and good flow of ventilation. This may be because most health centers are tall buildings and have several glass windows which are visible and make the air circulate freely. What the health centers must improve the most was the organization of stationery on desks (pencils, pens, erasers, rulers) which should be in order and handy to use. The staff might be not used to the act of returning items to assigned places or they might think these were items regularly used and they usually could find them easily. In addition, unneeded items, such as, irrelevant documents, were present on desks which made the desks look messy. If looking at each health center, health center 'F' unit was the one that needed special attentions because it has several aspects to be improved; most are related to area arrangements, neatness in terms of treatments and services provided which matter the most because it is relevant to the convenience and safety of the customers.

The Five S program implementation of most primary care staff began with sorting and separating needed items, materials or tools out of unneeded items. Next was to classify those needed items in categories, cleaning and allocating areas on the Big Cleaning Day. Some health centers asked for cooperation from community groups, volunteers and students from nearby schools. Some undertook this activity by their own and they realized problems that most staff viewed lack of appropriate equipment and tools as problem of the Five S implementation. Certain types of equipment were outdated and defected; some exist in too large numbers and some were in need for more. Other problems in their viewpoints which obstructed the implementation were limited number of staff, time and financial constraints and their old, unattractive, small office buildings. These resemble concerns of the primary care staff which had been stated after they attended the Five S training that the Five S program required a lot of time and energy for clearing up and cleaning, thus it was hard working and the implementation would run effectively if the health centers had few number of staff.

In addition, they felt that the Five S program implementation needed to invest money to purchase new equipment and tools; such as, floor cleaning and polishing machinery, mopping, floor waxing cream, etc. or office stationery like paper, pencils, pens and glue, etc. They also misunderstood that old, small, deteriorated buildings needed to be renovated and redecorated with new furniture. The old buildings and furniture were not suitable for the Five S program implementation. These problems reflect that they still lack of understanding about the basic perception of the Five S philosophy because the Five S emphasizes on what to do and how to make use of the existing items to the most of its cost effectiveness.

However, most staff thought the Five S program had provided benefits for the health center, themselves and for the customers. They proposed that to become successful in the Five S program implementation, attention must be stressed on primary care staff who must be coordinative and management teams have to put priorities on the Five S program. Requests for financial supports were hardly raised which shows that real needs or problems do not root from the budget constraints but came from the primary care staff. Problems of the Five S implementation would probably stem from that the staff did not aware of the importance of the Five S as much as it should be, lack of motivation to practice and not enough support from the supervisor or lack of right understanding about goals or objectives of the Five S implementation which says the Five S does not emphasize at tools or facilities but focuses at neatness, organization, utility, economical and safety.

Regarding the satisfaction of the customers toward organization of physical environment and infrastructure, it showed that four health centers . A, D, B and C were rated in 'good' level while two units, E and F, were in 'fair' level. In the customers' opinion, no health center was in 'need for improvement' level which is possibly because the primary care staff themselves collected the data for this study. Thai culture can also be another cause as Thais usually are considerate and try to avoid saying anything to hurt others' feeling and/or intimacy between the customers and the staff could also caused the biased answer because the customers might not dare to speak their real feelings.

The customers satisfied the most with the sufficient number of seats to sit while waiting for services possibly because small number of customers come to the health centers and they come at different time, so the seats are usually available for them. What needs to be improved the most was that stairs should be clean, not slippery and must not put anything on the stairway. Such problem probably occurred

because most health centers are two-storey buildings. Some are wooden built and have defected stairs and broken staircase rails which cause difficulties for the elderly to walk up the stairs to receive treatments at the health center. In addition, the customers did not take off their shoes before taking on the stairs, so their shoes which were filled with dirt, soil and mud made the stair dirty and the staff could not look after all areas in their workplace. Generally, each health center in Phachi district employs a person for the housekeeping. This person can be a villager or a volunteer who lives nearby and earns a salary ranging from 500-800 baht. His/her responsibilities include to open and close the health center and to clean the unit only in the morning. This would be a pitfall which makes the floor and stairway dirty. Among those complaining about the dirty stairway were customers of the health center which scored the lowest. This shows relations between the health center which gained the lowest satisfaction level from the customers and the one which was the least in compliance with the standard of the Five S philosophy.

Adopting the Five S philosophy as a strategy to improve the quality of physical environment and infrastructure of the health centers can be perceived successful in certain aspects as shown in some correlative changes. The health centers, which were in compliance with most of the Five S standards, were neat, clean and had pleasant work environment and this was in line with the 'good' or 'fair' levels rated by the customers. Conversely, the health centers, which could meet only some of the Five S standards, were unorganized, not clean and had less degree of work environment pleasantness than the others or were rated in 'need for improvement', resulting from 'fair' satisfaction level of the customers and scored the lowest in means. This result needs to be taken seriously and seek for means or ways for improvements.

Conclusion

The Five S implementation is adopted to improve the primary service provider or health center concerning physical environment and infrastructure. It does not only make the health center or primary care units organized, clean and pleasant to work, it also contributes to high satisfaction from the customers. The implementation of the Five S program presented some complicated problems and obstacles as reflected from opinions of the staff undertaking the Five S program which viewed lack of financial support and insufficient number of staff as the causes of the problems. They, however, proposed to focus at the staff and solve problems occurred from the staff to achieve the success in the implementation and to continually run the program, not providing funds. The management team or relevant staff must be clear and have accurate understanding of problems and obstacles which should be used to correct and improve the Five S activities and continue its implementation in the health centers.

So, to elevate the quality of the health centers to become the first service point in Phachi district which is close to people's accommodations, it should start with the quality improvement of physical environment and infrastructure, neatness, cleanliness and pleasantness of the health service provider by adopting the Five S philosophy as a strategy for implementation. The Five S program can improve and prepare the health centers to serve people and communities appropriately in compliance with the minimum standard of the Ministry of Public Health as the first service point. It is also a mechanism to train the staff to become more responsible to their duties but this would take some time for the staff or practitioner to learn and familiarize themselves with the condition of each health center. The staff must have strong determinations to improve themselves and quality of their work by starting from their own self and undertake the Five S program so that it becomes their habit.

This way is a sustainable way for organizational development. Budgeting is also an important issue but it played a minor role in this program because the Five S program concentrates at improving, maintaining the quality and making use of the existing facilities to their most values. But visible improvements in physical environment and infrastructure of the health centers cannot guarantee the quality of the health centers. So, the health centers must improve their capacity in other aspects as well; such as, ESB, Health Care Accreditation (HCA) or upgrading performances in their main activities relating to health promotion, treatments, disease prevention and rehabilitation to reach the standard level. The health centers should also improve their community work by establishing good relationships with communities to gain trusts from people and customers and finally to be accredited from external organizations as one of standardized health centers.