

**A TRAINING PROJECT FOR FAMILY HEALTHCARE LEADERS ON
SOCIAL SUPPORT PROVISION FOR NON-INSULIN DEPENDENT
DIABETIC PATIENT CARE IN KHAONOI SUB-DISTRICT,
PHUWIANG DISTRICT, KHON KAEN PROVINCE**

Prakongluke Jaklang

A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health
Health Systems Development Programme
College of Public Health, Chulalongkorn University

Academic Year 2001

ISBN: 974-03-1366-3

© College of Public Health, Chulalongkorn University
Bangkok, Thailand

I20695184


Thesis Title : A training project for family healthcare leaders on social Support provision for non-insulin dependent diabetic patient care in Khaonoi sub-district, Phuwiang district, Khon Kaen province.

By : Prakongluke Jaklang


Program : Master of Public Health (Health Systems Development)
College of Public Health

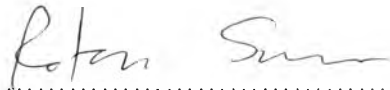
Thesis Advisor : Ratana Somrongthong, M.A.

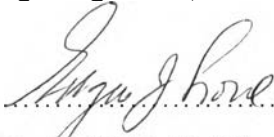
Accepted by the College of Public Health, Chulalongkorn University, Bangkok Thailand in Partial Fulfillment of the Requirements for the Master's Degree

 Dean of the College of Public Health
(Samlee Plianbangchang, M.D., Dr. P.H.)

THESIS COMMITTEE


....., Chairperson
(Mr. Marc Van der Putten, M.P.H.)


....., Thesis Advisor
(Ratana Somrongthong, M.A.)


....., Member
(Prof. Edgar J. Love, M.D., Ph.D.)

ABSTRACT

This training project aimed to increase knowledge, attitudes and skills on diabetes and diabetic patient care for control of the disease to the 36 family healthcare leaders who functioned as diabetic patient caretakers were purposive selected within the area of Khaonoi sub-district, Phuwiang district, Khon Kaen province. The program involved knowledge and skill training of the family healthcare leaders on diabetes, the disease control practices, how to use a record form, and social support provision. It employed a combined training technique, which comprised of lecture sessions, group meetings, demonstration, and practical activities with aid of learning media.

After the training, the participants provided social support for diabetic patients in 3 aspects including emotional, information, and instrumental supports with emphasis on 6 aspects of diabetic patient care practices which were dietary control, exercise, medicinal intake, skin and foot care, medical examination, and observation of secondary disease and primary care. The total duration for the project operation was 6 months. Instruments including questionnaires, a record form for social support provision, a check list, and observation were employed in the pre- and post-evaluation process. The data were statistically analysed using percentages, means, standard deviation, Interquartile Range (IQR), and a paired t-test.

The study results indicated that after the training the family healthcare leaders' mean scores of knowledge, attitudes, and social support provision were significantly

improved ($P < 0.001$) with a difference of 6 mean knowledge scores, 2.75 mean attitude scores, 4.53 mean social support provision scores, and 11.21 mean social support reception scores.

These training will provide specific problem solving methods that would be extremely valuable to the participants themselves and to improvement of the diabetic patients' quality of life in the long run.

ACKNOWLEDGEMENTS

I would like to express my profound gratitude to the following people whom without their generous supports this thesis would have not been completed.

- To Ajarn Ratana Somrongthong, Dr. Aree Prommo, and Dr. Nantavarn Vichit-Vadakan for their valuable guidance and advice, their kind supports, and proof-reading of this thesis.
- To all academic staff at the Public Health College for providing background knowledge on a research study and thesis writing; to Prof. Edgar Love and Ajarn Marc Van der Putten for kindly being a test referee; and to Dr. Witsanu Nuntaikuekul and Pharmacist Somsong Rachaniyom for their assistance with the instrument testing and for their valuable comments on how to improve the instruments.
- To Dr. Tuen Saibuathong, the Director of Phuwiang Hospital, Khun Pradit Poomwiangsri, the Public Health Officer of Phuwiang District, Khun Rattanaporn Satrapai, the Head of the Nursing Union for their supports with operation of this project; to Khun Wirun Yama, the Head Officer of Khaonoi Sub-district Public Health Center and all the public health staff for their assistance with data collection; and importantly to the participant family healthcare leaders for their well cooperation in this project.

- Finally to my husband, Khun Thanat Ja-klang, and all my relatives for their endlessly physical and mental supports and encouragement and to all my friends and colleagues for their inspiration and supports throughout the course of this project.

Prakongluke Jaklang

List of Contents

	Page
Abstract	iii
Acknowledgements	v
List of Contents	vi
List of Tables	x
List of Figures	xii
Chapter1: Introduction	1
1.1 Overview	1
1.2 Problems with diabetes in Phuwiang district	2
1.3 Social supports	4
1.4 Family healthcare leaders (FHLs)	6
1.4.1 FHLs roles in providing social support for diabetic patients in the family	6
1.4.2 FHLs development for diabetic patient care in Phuwiang district	7
Chapter 2: Project Description	10
2.1 Rationale	10
2.2 Objective	11
2.3 Approaches	13
2.3.1 Preparation phase	13

2.3.2	Training process.....	18
2.3.3	Follow-up and continual training sessions.....	28
2.4	Action plan with timetable.....	30
2.5	Problems, conflicts, and possible means for resolution.....	31
Chapter 3:	Project Evaluation.....	32
3.1	Introduction.....	32
3.2	Objectives.....	33
3.3	Evaluation question and indicators.....	33
3.3.1	Evaluation questions.....	33
3.3.2	Evaluation indicators.....	34
3.4	Evaluation design.....	38
3.5	Data collection.....	39
3.5.1	Data collection method.....	39
3.5.2	Data sources.....	39
3.5.3	Instrument used in data collection.....	39
3.6	Data analysis and results.....	44
3.6.1	Data analysis.....	44
3.6.2	Evaluation results.....	45
3.6.3	Problems, obstacles, and means for resolution.....	60
Chapter 4:	Discussion and Conclusion.....	62
4.1	Conclusion of the study outcomes.....	63
4.1.1	Knowledge of the family healthcare leaders.....	63

4.1.2	Attitudes of the family healthcare leaders.....	63
4.1.3	Social support provision for diabetic patients of the family healthcare leaders.....	63
4.1.4	Social support diabetic patients received from the family healthcare leaders.....	64
4.2	Discussion.....	64
4.2.1	Knowledge of the family healthcare leaders on diabetes and diabetic patient care for the disease control.....	64
4.2.2	Attitudes of the family healthcare leaders towards being social support provides for diabetic patients.....	65
4.2.3	Social support provision for diabetic patients of the family healthcare leaders.....	66
4.2.4	Social support reception of the diabetic patients from family healthcare leaders.....	67
Chapter 5:	Recommendation	68
5.1	Recommendations for application of the study.....	68
5.2	Recommendation for further studies.....	70
References	71
Appendices	75
Appendix A :	Instrument employed in the training process of the family healthcare leader training project.....	76

Appendix B : Instrument employed in the evaluation process of the family healthcare leader training project	98
Curriculum Vitae	125

List of Tables

	Page
Table 2.1: Pattern of the operational activities of the family healthcare-leaders training project.....	13
Table 2.2: Activity plan with timetable.....	30
Table 3.1: Evaluation indicators for the family health leader training program	35
Table 3.2: Comparison of the budget plan and the actual expenses	46
Table 3.3: Comparison between the actual time periods spent in running the activities and the planned schedule.....	47
Table 3.4: Comparison between the training plan and the actual training process.....	48
Table 3.5: Comparison between the imposed and the actual qualifications of the participants.....	49
Table 3.6: Number and percentage of the participant family healthcare leaders classified by demographic variables.....	51
Table 3.7: Comparison between the planned and the actual training content, trainers, methodology, and teaching media.....	52
Table 3.8: Comparison of the participants' knowledge mean score about diabetes and diabetic patient care for the disease control before and after the training.....	54

Table 3.9:	Mean knowledge scores of the participants about diabetes and different aspects of diabetic patient care before and after the training.....	55
Table 3.10:	Comparison of the scores for the participants' attitudes towards diabetes and towards being social support providers for diabetic patients before and after the training.....	56
Table 3.11:	Mean scores of the participants' attitudes towards diabetes and towards being social support providers for diabetic patients before and after the training.....	56
Table 3.12:	Comparison of social support provision scores of the participants before and after the training.....	57
Table 3.13:	Mean scores of the participants' social provision for diabetic patients before the training.....	58
Table 3.14:	Comparison of the mean scores for the diabetic patients' social support reception from the participants before and after the training.....	59

List of Figures

	Page
Figure 2.1 : The conceptual framework of the family healthcare leader-training program	12
Figure 3.1 : Evaluation concepts for the family healthcare leader-training project	38