CHAPTER II

PROJECT DESCRIPTION

2.1 Rationale

The policy of the Eighth National Health Development Plan (1997 – 2001) specifically declared that health development is based on the principle of providing health services for healthy people without limitation due to gender, age, occupation, religion, citizenship, education or socio- economic status. The strategies for achievement the good health are;

1. increasing efficiency and accessibility,
2. developing health behavior,
3. supporting community involvement, and
4. supporting home health care in the community, specifically in health promotion, prevention and rehabilitation.

The Health Center is the first-line health service in the community, which serves the Ministry of Public Health's policy and population's need. It integrates five health care services; health promotion, disease prevention, treatment, rehabilitation, and community development. In principle, health care services;

1. should ensure quality of service, cover the appropriate number of people, continuity, holistic, integration and community involvement
2. should not overlap, in terms of administration and services
3. have an appropriate referral system

The role of the health center is to provide 5 integrated health services regarding health promotion, prevention, treatment, rehabilitation and community development; of these, health promotion and prevention are major duties.

The objectives of community development are development of villagers' potential to be able to take care of their health by themselves. The health staff attempt to expand the primary health care in every village and also support community carry out primary health by supporting resource, supervising, as well as providing needed knowledge and skill. In this area all villages are recognized as health for all since 1999. In conclusion people are able to take care of their health in term of primary health care Thus, the major responsibilities of health staff are supervision and technical supporting to sustainability development. Therefore, the health staff should develop the potential to be able to provide health service in the health center in term of quality, coverage and sustainment.

The results of services, recorded between 1986 and 1990, showed that the ratio of clients in health promotion was the same as prevention and treatment. However, the number of clients in treatment has been sharply increasing and the number of others has been slightly decreasing since 1995-1999 (Table 2.1)

Table 2.1 : Clients in Meunghong Health Center between 1995 – 1999

Services	Clients (number of visits)				
	1995	1996	1997	1998	1999
Treatment	8,324	8,856	8,992	9,889	9,433
Health Promotion	1,800	1,323	1,112	1,018	989
Prevention	1,332	1,020	965	923	884

Source: general clients record

; Family planning record

; M.C H. record, E.P.I. record

The previous National Health Development Plans (1-7) and the policy of MOPH described health promotion and prevention as the main responsibility. But they do not serve people's need, For example, treatment is the need of most people. especially that related to health insurance, which is now provided in the Eighth National Health Development Plan, especially people who lack opportunity.

The health insurance covers integrated health service and contributed to the sharply increased expectations in health service. Although the expectations in health service increased, the resources remain limited, especially in Meunghong Health Center, which has 3 health personnel who are not professional responsible for17 villages, 1,530 households and 7,951 population. Thus, they cannot respond to the needs of the people.

384 clients were interviewed on September 1999 to measure their attitude and satisfaction with health service in terms of the quality of the nursing care control project in Meunghong Health Center. The result summarized that most clients had satisfaction at a fair level. However, 55.4 % of the clients had a low satisfaction level with the information of the steps of provided services. And 33.9 % of them had low satisfaction with involvement in selection the services and treatment; in addition. 23.9 % of clients had a low satisfaction level with examination room privacy and safety. To sum up the result, the clients were not satisfied with health service, so that the quality of health services needed to be developed or improved (table.2).

Table 2.2 : The attitudes and satisfaction of clients receiving health services at Meunghong Health Center in 1999

No	Item	Level of satisfaction (%)			
		High	Fair	Low	Not Satisfied
1	Management of environment outside building are perfectly	10.9	69.7	14.5	4.9
2	Building is clean, well organized, with fresh air and enough light	4.6	54.6	3.6	7.2
3	Health personnel are polite and welcome clients	55.4	31.2	13.4	-
4	Health personnel are clean and nicely dressed	82.2	17.8	-	-
5	Health personnel had informed clients of steps of provided services	20.3	21.3	55.4	3.0
6	Clients received services by order	55.2	26.3	16.7	1.8
7	Clients received comfortable and safe services, in appropriate time	58.3	21.0	20.3	0.4
8	Examination rooms are private and safe	34.6	38.5	23.9	3.0
9	Medical tools are clean and system	60.9	24.5	14.6	-
10	Health staff is interested client's problem and responds with willingness	51.1	47.6	0.8	0.6
11	Health staff provides information about cause, symptom, treatment and prevention of the problem	50.5	42.1	5.2	2.2
12	Clients involved in selection of the services and treatment	37.5	27.6	33.9	1.0
13	Client received services with warmness and politeness	55.7	28.1	15.1	1.1

Source: The quality of nursing care control project report

The results of the conference of health personnel who work at Meunghong Health Center can be summarized. Two of three health personnel lack of confidence to apply their knowledge to work and two of them have had low satisfaction levels in carrying out the duty that might affect the quality of health services.

So the researcher, who worked at this Health Center, is interested in studying and gaining the results to develop the organization and to improve the performance of the health personnel as well as the satisfaction of the clients, which can serve the community need and respond to the MOPH policy.

2.2 Goal and Objectives

GOAL

To develop quality of health services

THE OBJECTIVES

General objectives

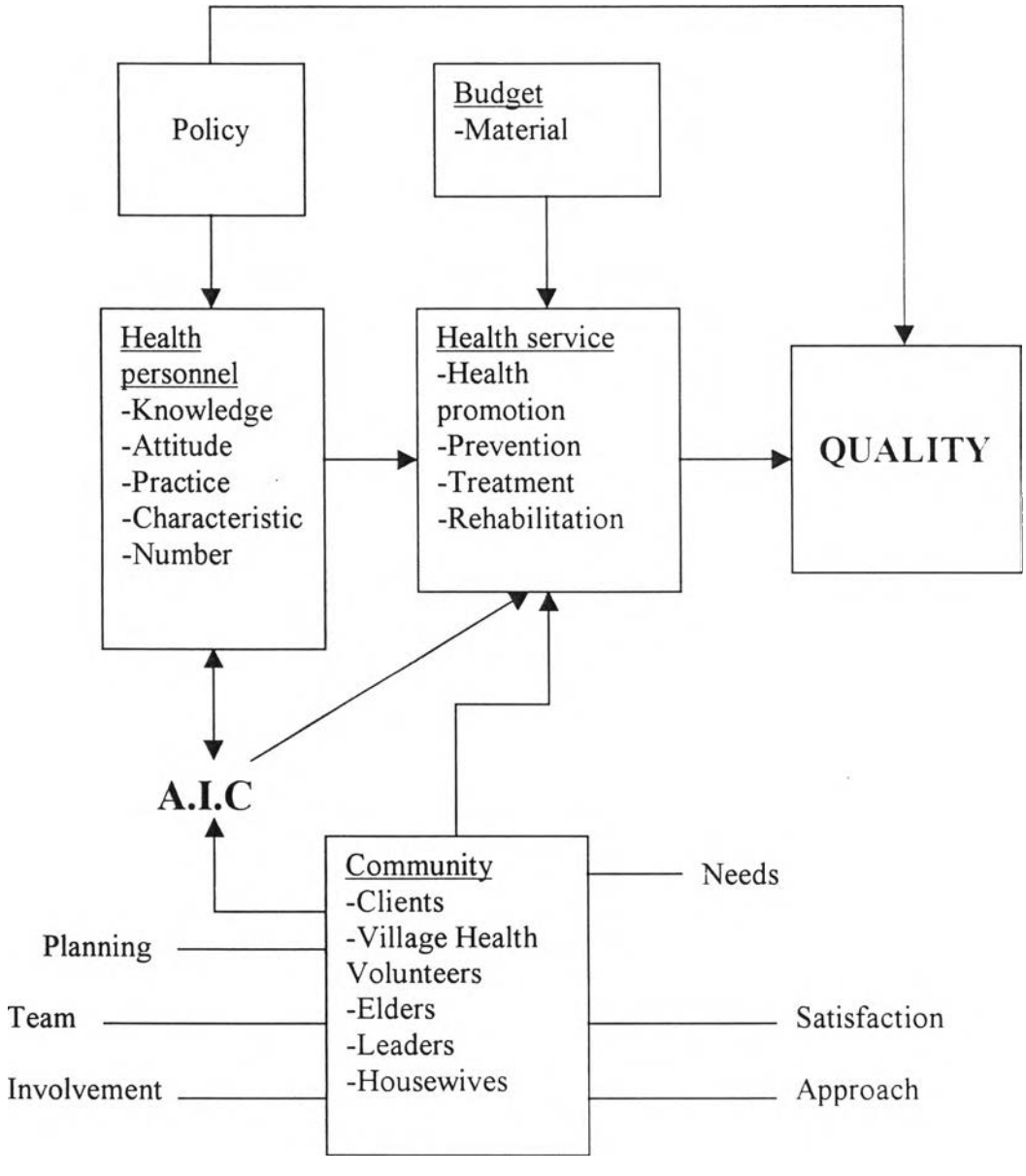
To improve quality health services development in the Health Center

Specific objectives

1. To study situation analysis of health services provided in the Health Center
2. To study the satisfaction of clients with health services
3. To study the attitudes of health personnel regarding health services

4. To study the health personnel/clients needs regarding health services development
5. To study the strategies for health services development

Figure 2.1: Conceptual Framework



2.3 Approaches, Methods and Techniques

Study design

The study design was project descriptive

The study site

The study population was Meunghong Health Center; Chaturapkukphiman District of Roi et Province.

Sample and sampling

Sample

The sample was divided into 3 groups;

1. Health personnel who work at Meunghong Health Center
2. Leader groups; community, volunteer, elderly and housewives
3. Clients group who visited Meunghong Health Center

Sampling technique

Purposive selection and systematic sampling were employed for obtaining the subjects.

Purposive selection was used for selection leader groups and health personnel. The inclusive criteria is;

- leader of groups
- had the concept of development
- people had faith in them

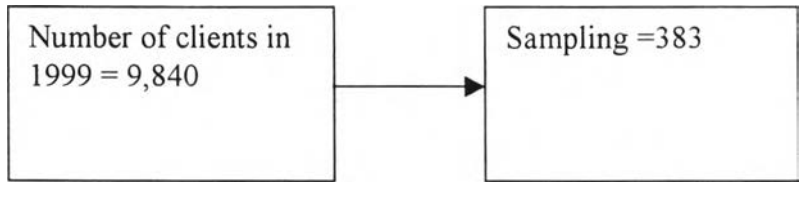
The sample that was selected consisted of three health personnel, seven leaders of community, eight of village health volunteers, eight of housewives leader and seven leaders of elderly

The systematic random sampling was used for sampling the clients who live in the study site using client registration form.

Steps of selecting clients

1. count the number of clients last year to estimate number of clients who visited the health center
2. calculate the sample size by using the Taro Yamane table which is 95 % reliable

Figure 2.2: Steps of selection of clients



3. calculate the sampling Interval using formula as below;

(I) = N/S

I = Interval

N = population

S = Sampling

I = 9,846/38 = 25

2.4 Project Procedure

Phase 1. conduct situation analysis to provide the guidelines for improving the quality of health services in the Health Center; this phase was divided into 3 steps; as follows;

1.1 health personnel preparation by organizing a meeting to explain the objectives and set teamwork.

1.2 health services situation, study of client's satisfaction, attitudes of health personnel and problems of provided health services

1.3 community preparation; to create understanding and the concept of health services

Phase 2. The creation of a learning process to promote a new concept of management of provided health services was divided into 3 activities as follows;

2.1 tour study visit of health personnel at the Health Center to achieve health services development.

2.2 Training of community leaders, housewives, elders, village health volunteers and staff by A.I.C. technique to; create learning, create vision and provide a strategic and activities plan

2.3 collecting the guidelines to produce master plan, strategic plan, activities plan.

Phase 3. Problem solving

3.1 planning presentation and co operation with the community, the Sub-district Administration Organization and the District Health Coordinating Committee (DHCC)

3.2 problem solving process

Phase 4. Evaluation

The evaluation of the project comprising four categories, context, input, process and outcome evaluations.

Instruments

1. in depth interview form created by the researcher, which corresponded with the objectives
2. Focus group discussion form created by the researcher which corresponded with the objectives
3. Interview questionnaire form for identifying attitudes and satisfaction of clients with provided health service, which was adapted from the community measurement and quality nursing control of the Health Center, Nursing Division, Ministry of Public Health.
4. Self-assessment form for identifying knowledge, competence and satisfaction of health personnel who work at the health center (Nursing Division, Ministry of Public Health)

2.5 Data collection

1. Quantitative data was applied to collect the client attitudes and satisfaction toward provided health services. The 383 clients were interviewed before and after the project. In addition, it was also applied to obtain knowledge, competence and satisfaction of health personnel using a checklist of assessment.
2. Qualitative data was collected using focus group discussion, in depth interviews; the details are as follow:
    2.1 In-depth interview was applied among three health personnel and main issues are health services and the attitudes of health personnel
    2.2 Focus group discussion was conducted in four groups as follow:
        2.2.1 Seven community leaders
        2.2.2 Eight village health volunteers
        2.2.3 Eight leaders of housewives
        2.2.4 Seven leaders of the elderly

    The objective was to examine the needs of health services development.

After completing focus group discussions and in–depth interviews of all groups, the results of each group were presented to all groups using AIC technique to get information for developing the strategic plan and action plan to develop the quality of health services, which is the main objective of this project.

The Principle of Appreciate Influence Control

"Appreciate Influence Control" (AIC) is both a philosophy and a model for action. The philosophy, anchored by the principle that power relationships are central to the process of organizing, was translated into a model for organizing development work by William E, Smith in the late 1970s and early 1980s, AIC is a workshop-based technique that encourages stakeholders to consider social, political, and cultural factors along with technical and economic aspects that influence a given project or policy. AIC (a) helps workshop participants identify a common purpose, (b) encourages participants to recognize the range of stakeholders relevant to that purpose, and (c) creates an enabling forum for stakeholders relevant to that purpose collaboratively. Activities focus on building appreciation through listening, influence through dialogue, and control through action.

AIC is a process that recognizes the centrality of power relationships in development projects and policies. Conferences that are part of the AIC process encourage stakeholders to consider social, political, and cultural factors in addition to technical and economic factors that influence the project or policy with which they are concerned. In other words, AIC facilitates recognition of "the big picture." This process has been implemented in a variety of sectors and settings, including local, regional, and national.

The AIC process

In the development context, AIC proceeds along the following course: identifying the purpose to be served by a particular plan or intervention, recognizing the range of stakeholders whose needs are addressed by that purpose, and, through the AIC process, facilitating creation of a forum that empowers stakeholders to pursue that purpose collaboratively.

Through the AIC process of meetings, workshops, and activities (collectively referred to as the "conference" in AIC terms), stakeholders are encouraged to do the following:

- Appreciate through listening. Appreciate the realities and possibilities of the situation by taking a step back to gain perspective on the stakeholders and situation.
- Influence through dialogue. Explore the logical and strategic options for action as well as the subjective feelings and values that influence selection of strategies.
- Control through action. Enable the stakeholders to take responsibility for choosing a course of action freely, based on information brought to light in workshops, meetings, and activities.

AIC Philosophy in Practice

AIC was designed to break the patterns of "top-down" planning by stressing the following:

- The value of small heterogeneous groups. Initially, when stakeholders are meeting, perhaps for the first time, heterogeneous, small groups allow for interaction and learning among people who tend not to interact in daily life. The objectives of these small groups are to interrupt the normal mood, thus opening participants to new ideas and different perspectives.
- The value of homogeneous groups. Later on, when a strategy is generated for realizing the vision created during the appreciation phase, the power of homogeneous groups of stakeholders, who share a common language, is harnessed for action. The objectives of these groups is to consolidate the expertise of like stakeholders, each of whom has recently learned the perspective of other stakeholders at the conference.
- The value of symbols. Language and literacy differences can be stumbling blocks, particularly at the beginning of a conference when participants are becoming familiar with each other's objectives. Participants often begin by creating nonverbal representations of their experience and understanding-drawings and pictures-to ease communication and to elicit creative thinking.
- The value of the written word. Agreements reached during sessions are promptly written up after the first workshops to clarify and create a process in writing that helps participants to understand their individual responsibilities in context and to move forward on their commitments.

- The importance of a strong facilitator. The type of listening encouraged by AIC can be stressful for people who are used to taking immediate, decisive action, Similarly, certain stakeholders might not be accustomed to voicing their opinions. A skilled facilitator is trained in navigating around tough spots, guiding the entire group through new experience, and stimulating open discussions and negotiation. The facilitator is a critical catalyst for setting the AIC conference in motion and for steering participants toward a conference closure that leads to action (Smith, William E. 1991)

Schedule of the Appreciation Influence Control Training Course

Date 25,28 June 2000 (08.00 – 16.00)

Day 1

08.00- 09.00	Introduction of facilitators, objectives and ice breaking
09.00-10.00	Concept of management of provided health services in health center
10.00-10.30	Section break
10.30-12.00	Group work on situation analysis of management of provided health services of health center (A1)
	Group 1 community leaders
	Group 2 housewives
	Group 3 village health volunteers
	Group 4 elderly
	Group 5 health staff
12.00-13.00	Lunch

13.00-14.00 Group work on Expected Health Center (A2)

Group 1 community leaders

Group 2 housewives

Group 3 village health volunteers

Group 4 elderly

Group 5 health staff

14.0.-14.30 Section break

14.30-16.00 Conclusion: Expected health services from Health Center as whole group (A2)

Days 2-3

Focus group discussion for needs assessment of health service development

Group 1 community leaders

Group 2 housewives

Group 3 village health volunteers

Group 4 elderly

Group 5 health staff

Day 4

08.00- 09.00 Revisit learning of previous day.

09.00-10.00 Group work on strategies for development of quality of health services (I1)

10.00-10.30 Section break

10.30-11.00 Group work on strategies grouping and priority setting (I2)

11.00-12.00 Setting responsible person (C1)

12.00-13.00 Lunch

14.0.-14.30 Section break

14.30-16.00 Planning of quality health services development

2.6 Data Analysis

The frequency of percentage was applied for analyzing quantitative data that were collected from the interview questionnaire, and content analysis was applied for analyzing qualitative data, which were collected by focus group discussions and in – depth interviews.

2.7 Activity Plan with Timetable

Table 2.3: Activities plan with timetable

Activities	Period
1. Review literature and consult with the advisor	▲ Oct. – Nov.1999
2. Write the proposal and improve it	▲ Dec.1999 – Jan.2000
3. Present the proposal	▲ Feb.2000
4. Improve the proposal	▲ Mar – Apr.2000
5. Implement the proposal	▲ May – Oct.2000
- first collected data from questionnaire	▲ May 2000
- situation analysis	▲ May – Jun.2000
- study tour	▲ May 2000
- training of participants by using AIC technique	▲ June 2000
- focus group discussions	▲ June 2000
- in- depth interviews	▲ July 2000
- second collected data from questionnaire	▲ Aug – Sept 2000
6. Data analysis	▲ Sept – Oct 2000
7. Project evaluation	▲ Nov 2000 - Apr 2001
8. Conclusion	▲ May 2001
9. Thesis writing	▲ June – Aug 2001
10.Final examination	▲ Dec 2001

Expected outcomes

Health personnel are able to plan quality of health service development by community involvement.

The Result of study

In this study, community participation was used to study improving of quality of health services of the health center. Previous information of health services and related factors were analyzed as the basic information for planning management of health services. The study was divided into 4 phases; health services situation analysis, learning process creation to promote a new concept of management of provided health services, problem solving, and evaluation preparation and situation analysis.

Phase I Health services situation analysis

Primary data and secondary data were collected to analyze the health service situation. Primary data such as attitude and satisfaction of patients that related to provided services were collected and analyzed. In addition, attitude and satisfaction of health personnel that related to services were also identified. Secondary data such as general data, job descriptions, resources, and health statistics of the health center were used for supporting the real situation.

1. General Information

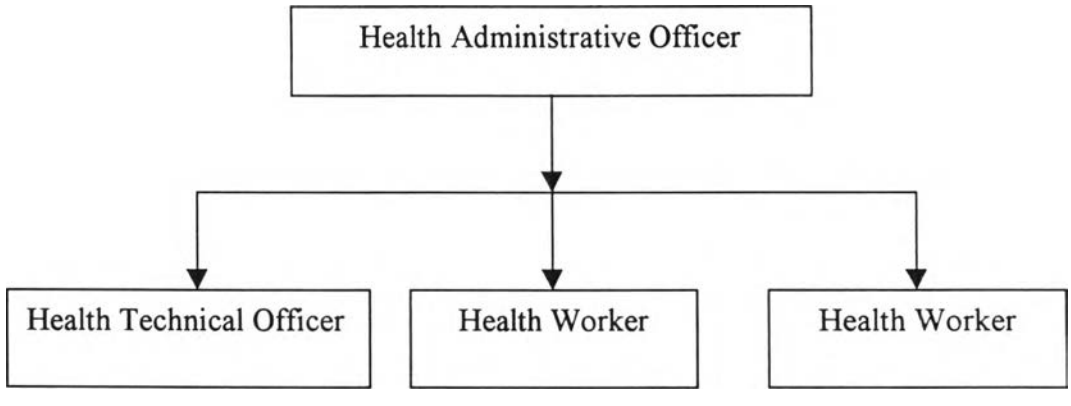
1.1. Background

Meunghong Health Center is located at village number 15 Meunghong sub-district, Chaturapakpiman district of Roi-et province, 6.8 kilometers from Chaturapakpiman district and 33 kilometers from Roi-et province. Begun in 1966, it was a midwife station. At that period, its main services were health promotion; maternal and child care, family planning and immunization, and treatment services were identified as additional services. In 1971, it was promoted to be a health center. Several health services have been added and

rearranged. This health service is called integrated health services, which integrates four services; health promotion, prevention and control diseases, treatment, re-habitation and community development. At the present, it provides service for 17 villages, 1,530 houses, and 7,591 population. There are three health personnel in the health center.

Administrative Chart of Meunghong Health Center

Figure 2.3 : Administrative Chart



Job Description of Health Personnel

Table 2.4 : Job description of health personnel

Jobs	Health Personnel			
	Health Administrative Officer	Health Technical Officer	Health Worker	Health Worker
1. Building maintenance	/			
2. Co-ordination	/			
3. Supporting Community	/			
4. Basic minimum requirement	/			
5. Administration		/		
6. Finance		/		
7. Inventories		/		
8. Epidemiology		/		
9. Planning and evaluating		/		
10. Health insurance		/		
11. Health statistic and analysis		/		
12. Health information		/		
13. Training		/		
14. Primary Health Care		/		
15. Treatment		/		
16. Maternal and child health			/	
17. Nutrition			/	
18. Family planning			/	
19. Non-communicable disease control			/	
20. Immunization			/	
21. Dental health			/	
22. Mental health			/	
23. Pharmacy				/
24. Consumer Protection				/
25. School health				/
26. Communicable disease control				/

1.2 Provided Health Services

Muenghong Health Center provides service every day, the official time is 08.30-16.30. However, there is a health staff person standing by for emergency cases during unofficial times (16.30-08.30) and holiday.

Table 2.5 : Schedule of Provided Health Services of Muenghong Health Center

Day	Health Services	
Monday	Treatment	
Tuesday	Treatment	Maternal and Child Care
Wednesday	Treatment	Family Planning
Thursday	Treatment	Immunization (monthly)
Friday	Treatment	School Health
Saturday	Emergency Cases	
Sunday	Emergency Cases	

Muenghong Health Center provides four health services; treatment, maternal and child health, family planning and immunization. The clients have to follow 6 steps to receive the services.

Step 1 Present client identification card

Step 2 Registration by health staff while clients are waiting.

Step 3 Investigation, examination and diagnosis

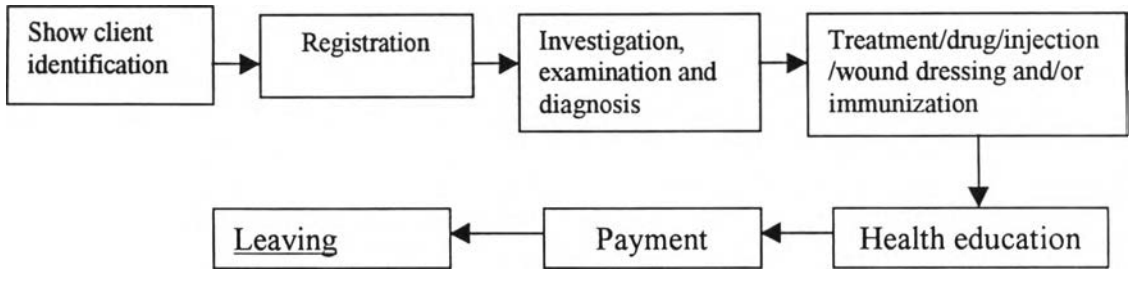
Step 4 Provide appropriate treatment / drug / injection / wound dressing and / or immunization

Step 5 Information, education and information (health education)

Step 6 Payment if client does not hold health insurance/receive receipt and leaving

Diagram of Six Steps of Health Services

Figure 2.4 : Diagram of Steps of Health Services



Three health staff will rotate themselves for providing the services. But, there is only one health staff to carry out the six steps health services each day. In case it has special clinics such as maternal and child health, family planning and immunization, they will add one more staff to do these activities separately, while one staff carries out documentation work.

Table 2.6 : Number of Client Visiting to Muenghong Health Center, May-November 2000

Month	Clients (persons)					
	Treatment	Maternal and child health	Immunization	Family planning	Total	Person /day
May	832	20	20	99	971	31
June	855	27	27	79	988	33
July	936	27	35	67	1065	35
August	910	27	23	86	1046	34
September	1084	21	30	88	1223	41
October	1020	30	60	104	1214	39
November	811	27	87	68	933	33
Total	6448	179	282	591	7500	35

Note: General service registration form

Family planning registration form

Immunization registration form

Maternal and child health registration form

During study period, there were 7,500 clients who visited Muenghong Health Center, at an average of 35 persons/day. They performed visiting between 08.30-11.00 am. Thus, service time is 4.2 minutes /service. There were few clients visiting between 11.00 -08.30. Although clients per day are at a low rate, it is very crowded during

special clinics. In addition, the health center building was decorated in an old style so that space is not enough for clients and their relatives.

Resources

There are three health staff in Muenghong Health Center; a health technical officer and two health workers. In terms of financial status, the health center currently has 79,602.04Baht. There is one building divided into two floors with a total area of 110 square meters. This includes a treatment room size (25.6 m^2), a maternal and child health and family planning room (12.2 m^2), a drug store (9.0 m^2), common and information room (41.2 m^2), store room (11.4 m^2), three rest rooms (2.4 m^2), and waiting area (3.4 m^2).

2. Attitude and satisfaction of clients receiving health services

383 Clients were interviewed using the structured interviewing form during their visit to Muenghong Health Center between May-September 2000. The result is indicated as follow:

General data of clients; age, gender, marital status, educational background, occupation, size of family, social status and kind of client using health insurance criteria were investigated, the details are below.

Table 2.7 : General data of clients

General data of clients	Number	%
Sex		
Male	163	42.6
Female	220	57.4
Total	383	100
Age Group		
10-14	3	0.8
15-19	10	2.6
20-24	14	3.7
25-29	32	8.4
30-34	47	12.3
35-39	53	13.8
40-44	52	13.6
45-49	51	13.3
50-54	50	13.1
55-59	34	8.8
60+	37	9.6
Total	383	100
Marital status		
Single	40	10.4
Married	307	80.2
Widow	29	7.6
Separated	4	1.0
Divorced	3	0.8
Total	383	100
Educational Background		
Non-educated	5	1.3
Primary school	313	81.7
Secondary School	55	14.4

Table 2.7 : (Count)

General data of clients	Number	%
Technical School	7	1.8
University or higher	3	0.8
Total	383	100
Occupation		
Agricultural	380	99.2
Government service	2	0.5
Labor	1	0.3
Total	383	100
Family member		
1-4 person	219	57.2
5-9 person	163	42.6
10 + person	1	0.2
Total	383	100
Social status		
Villager	305	79.6
Health Volunteer	59	15.5
Community Leader	15	3.5
other	4	1.0
Total	383	100
Kind of client using health insurance criteria		
Pay for services	60	15.7
Pay for services but can refund	20	5.2
I.D. Card for lower income person	67	17.5
Hold Health Insurance	193	50.4
I.D. Card for elderly	37	9.6
Other cards	6	1.6
Total	383	100

The study indicated that clients who visited Meunghong health Center during May – September were women 57.4 %, male 42.6 %, age groups between 35-39, 40-44 and 45-49 had similar proportions deferent 13.8, 13.6 and 13.3 % respectively. Most of the clients are married 80.2 % and single 10.4 %. Regarding educational background, they finished primary school 81.7 % and secondary school 14.4 %. Most of the clients are Buddhist and 99.6 % are working in agriculture. 57.2 % out of total were members of a family with 1-4 persons. Villagers are 79.6 % and health volunteers 15.5 %. According to health insurance, 52.7 % hold health insurance, 17.5 % have identification cards for low-income person and 15.7 %. do not have any health insurance.

Table 2.8 : Attitude and satisfaction of clients with provided health services

Items	Level of Satisfaction							
	High		Fair		Low		Not Satisfied	
	Num.	%	Num.	%	Num.	%	Num.	%
1. Management of Environment outside building is perfect	123	32.1	249	65.0	11	2.9	0	0
2. Building is clean, well organized, with fresh air and enough light.	204	53.3	170	44.3	8	2.1	1	0.3
3. Health personnel are polite and welcome clients.	203	53.0	150	39.2	26	6.8	4	1.0
4. Health personnel are clean and nicely dressed.	282	73.6	96	25.1	4	1.0	1	0.3

Table 2.8 : (Count)

Items	Level of Satisfaction							
	High		Fair		Low		Not Satisfied	
	Num.	%	Num.	%	Num.	%	Num.	%
5. Health personnel had informed clients of steps of provided services.	158	41.3	187	48.8	35	9.1	3	0.8
6. Clients received service by order.	187	48.8	172	44.9	19	4.9	5	1.4
7. Clients received comfortable, and safe services, at an appropriate time	161	42.0	188	49.1	29	7.5	5	1.4
8. Examination rooms are private and safe.	213	55.7	153	39.9	15	3.9	2	0.5
9. Medical tools are clean and system.	207	54.0	167	43.6	6	1.5	3	0.9
10. Health staff is interested in client's problem and respond with willingness.	179	46.7	174	45.4	25	6.5	4	1.4
11. Health staff provides information about cause, symptom, treatment and prevention of the problem.	177	46.2	182	47.5	23	6.0	1	0.3
12. Clients involved in selection of the services and treatment.	134	35.0	195	51.0	50	13.	4	1.0
13. Clients received services with warmness and politeness	171	44.7	177	46.2	25	6.5	10	2.6

The most satisfaction of clients was nice dressing of health personnel who are clean, privacy and cleanliness of examination room, and medical tools are clean and well organized (73.6, 55.7 and 54.0 % respectively). Items where clients were satisfied at a fair level are management of environment, involvement in selection of the services, receiving services with comfort, safely and at an appropriate time (65.0, 51.0, 49.1 % respectively).The topics which consumers showed low satisfaction are system where health personnel had informed them, clients received comfort and health staff are polite (9.1,7.6 and 6.8 % respectively)

The services where clients were unsatisfied are polite services, ordering system and services in an appropriate time and safely (2.6, 1.4 and 1.4 % respectively)

However, 221 clients gave the advice for improving quality of services such as health staff should be present at work on time, should arrange health staff by 24 hours and health staff should pay more attention to clients (22.6, 16.3 and 15.8 % respectively).

Table 2.9 : Advice of clients

Advice	Amount	%
Should be working on time	50	22.6
Good take care of clients	36	16.3
Should have staff to provide service 24 hours	36	16.3
Should pay attention to clients	35	15.8
Now working at moderate level	15	6.8
Should provide more polite services	9	4.1
	221	100

3. Attitude and satisfaction of health personnel with health services

-Three health personnel of Meunghong Health Center were interviewed in -depth. The result showed that the health personnel did select this job at the beginning. Two of them wanted to be a teacher while another attempted to be the agricultural technical officer. They chose this occupation because it was guaranteed that they would have a job after they graduated. However, they did expect to work at the health center.

Regarding their educational background, they said that all subjects that they learnt from college-health technique were useful to their jobs. However, they found that they had no knowledge and experience about administrative work; finance, accounting, and inventory. They have been learning by doing, so that sometimes they lack confidence. Factors improving their confidence are background knowledge from the college, duration of work in the health center, having good peers and good team work, sufficient resources, and a capable and knowledgeable leader respectively.

Regarding attitude and satisfaction of health personnel with health services, the result indicated that one of the staff had a poor attitude about her job as she discovered an increase of work both in the office and community. Moreover, she realizes that she has low experience and work load, which cause low quality of the service. Two staff of the health center has a fair attitude about their jobs. They have to work and follow the policy although it increases their work. They sometime happy are with their jobs; however, they are discouraged when there are too many rush jobs, when they might be blamed if they do not finish the jobs on time.

Phase 2 Learning process creation to promote a new concept of management of provided health services

The researcher introduced three activities to create a learning process to promote a new concept of management of provided health services: an arranged tour study for two health personnel; training for community leaders, housewives, village health volunteers, the elderly and health staff; and a needs assessment of health service development using focus group discussion and in- depth interviews. The result were as follow.

Tour Study of Health Staff

The researcher arranged the study tour for two health personnel. On 22 of May, 2000, visited two health centers with good health service management. They were Bang Meung Mai and Bang Meung health centers of Meung district, Samutprakarn province. The issue on which they concentrated was strategies of successful of health services management. The two health centers have the same type of building as Meunghong health center and are located in a large community in the city. The service of both health centers are one- stop services. The Bang Meung health center uses a computer to support the services system that is reliably and rapid. While Bang Meung Mai health center does not use a computer to support the services, it can serve a large number of clients each day with reliably and rapidly. It divided the treatment room into two rooms and managed the maternal and child health room to be the general examination room on non-ANC day. Medical tools and drugs are systematically provided in each room. There is a health staff person in each room, who stand by until all clients leave. After that they will carry out the documentation work. In addition, the steps of provided

health service of Bang Meung Mai health center are the same as Meunghong health center.

Training of community leaders, housewives, village health volunteers, the elderly and health staff

Seven community leaders, eight housewives, eight village health volunteers, seven elderly and two health staff were trained using The Appreciation Influence Control Technique. And during the training course participants were interviewed in-depth and held a focus group discussion. The facilitators were the District of Health Co-corporation Committee, who were trained. The schedule of the training course was two days between 25, 28 June 2000. Focus group discussion and in-depth interviews were carried out on 26-27 June 2000. The results indicated as follow:

Appreciate process (A1 and 2)

At the end, appreciation process participants identified the real situation and the expected situation.

The real situations of management of provided health services of Muenghong health center are poor management of environment, insufficient space, delayed services, insufficient drugs, incomplete physical examination and poor relationships between some health staff.

The participants expect the health center should be;

- A well managed environment with air conditioning, meeting room, a tree and flower garden, sufficient rest rooms, clean and healthy center area not wet by waste water from neighborhood. The health center should not be flooded, but a developed and new building
- Good techniques and services; should have a private examination room, enough service area, and a set up order system with 24 hour services, sufficient medical tools and drugs, and diabetes disease examination tools. In addition, complete examinations, home health care services, working on time and health staff, who are responsible during unofficial times and holidays named on a visible board should also be included.
- Health staff good relationship; service with kindness and smiling face, good care, nice speaking, providing helpful suggestions and performing public relationship.

Needs assessment of health service development

In appreciation process, participants have identified expected health service. However, there is insufficient information for setting priority in Influence process (I1 and 2). Thus the researcher arranged focus group discussion and in-depth interviews to identify needs of health services development. The participants of the training course were included; seven community leaders, eight housewives, eight village health volunteers, seven elderly and two health staff. The results were as follows;

Community leaders said that health services of Meunghong health center are fair and should emphasize treatment in the health center and follow up in village. They wanted health personnel to provide service quickly and wanted on time services as well as 24 hour a day services and health personnel to inform the community regarding their services. Regarding management of environment, they think that there is not enough space for clients so that the building should be renovated. And they said that environment outside the building was good and in clean condition. There should be five health personnel for providing the services and these should provide health services to cover all activities such as health promotion and standard treatment. They expected health staff to have good relationships, and be polite, professional, active, knowledgeable and skillful as well as to be able to adapt themselves to the community. The housewives group concluded that the provided health services are good but should adjust service time based on the life style of people in spite of official time. They also wanted a diabetes clinic. They said the environment of the health center is in poor condition and there is not enough space for clients. There should have more service rooms, with enough chairs that separate patients and their relatives. They wanted a large building with a good environment, quick services covering health services; health promotion, treatment, prevention and control of diseases. Regarding health personnel, they should take care of clients with nice words, work on time and prompt services.

Village health volunteers said that the services are good but they should improve speed of services and adjust operational time fit to villager's life style. Such as during raining season, people are going to farm in the early morning and will back home at late evening so that service time should be in very early morning and late

evening. In addition, health personnel should provide home health services. They wanted the health center to be located near their homes, providing cheap and high quality services. Due to environment of health center, they gave an opinion that there is very restricted area so enlargement of the rooms and providing more chairs for clients should be considered. However, if enlargement of rooms cannot be done, health personnel should provide more rapid services. They also expected staff to be professional and highly experienced.

The elderly group said that the health center should emphasize treatment services and should have had a diabetes-screening test. They said that the health center has insufficient space and private examination rooms so that renovation should be considered. Regarding the environment, they think the health center should be regularly cleaned and nice. In addition, it should have an area for their relatives. However, a large building is not necessary but good environment and good health services management is more important. In the case of health personnel, the elderly wanted people who are kindhearted, quick and who give good service, with a smiling face, good personality, and sincerity.

Health staff said that they thought they provided health services suitable for villagers' life style. But the problems that cause poor service are a lot of document work, too many rush reports that to be completed, as well as too many coordinating jobs both within and outside the office. They realize that treatment is the most important service as it can create faith and trust in health personnel. They said that people should aware that the health center belongs to the community and the

community should be involved in the problem-solving process so that the plan will serve the needs of community.

Influence process (I1 and 2)

In appreciate process participants expect the health center to be well managed with good techniques and services and health staff with good relationships. The expected health services will be set up as the strategies identify the achievement of development of health services. Thus, the strategies for development are: 1) health center environment development, 2) techniques and services development, and 3) health staff's relationship improvement.

In the influence process participants set up activities to achieve the goals. They did group working and set up activities in each strategy as follows;

Table 2.10 : Strategy 1 Health Center Environment Development. To obtain the achievement of this strategy participants set up activities and achievement indicators of each activity as follows;

Activities	Indicators
To solve flood water	Health center is not flooded
- Create a drain for flowing rapidly.	
- Build the new wall to prevent water flooding	
To solve waste water from neighborhood	There is not wastewater from neighborhood flowing through the health center area.
- Negotiate with neighborhood to change wastewater flow direction.	
To solve the garbage problem	Health center is clean without garbage.
- Provide enough garbage containers.	
- Renovate a sanitation stove	
- Create a cleaning committee	
To solve insufficient toilet problem	Build new toilet and occupation rate less than 1 toilet/10 clients/day
Renovate and build new toilet	

Table 2.11 : Strategy 2 Techniques and Services Development. To obtain the achievement of this strategy participants set up activities and achievement indicators for each activity as follows;

Activities	Indicators
To solve the health services system	
- Health staff to provide six steps of services	All clients receive six steps of services
- Introduced computer and appropriate program to improve the services	A computer was used for supporting services
To solve insufficient services area problem	Sufficient service area and comfortable service in an appropriate time
- Renovate rooms to be comfortable and useful	
To solve insufficient medical tools and drugs problem	Sufficient medical tools and drugs
- Set up medical tools and drug consumer plan	Drug consumer plan was set up
- Set up medical tools and drug administrative system	
To solve the services problem that might happen during implementation	Arrange meeting twice per month
- Arrange meeting between community and health staff	
To solve incomplete examinations	All client receive an examination with appropriate methods
- Health staff is monitored by DHCC.	DHCC supervise twice year
- Health staff has to follow the nursing care quality control guideline.	Annual report

Table 2.12 : Strategy 3 Health staff's Relationship Improvement. To obtain the achievement of this strategy participants set up activities and achievement indicators for each activity as follows;

Activities	Indicators
- Arrange meeting among staff regarding relationship skills	- Arrange meeting monthly
- Set up volunteer of public relationship	- Volunteer of public relationship 1 person/village
	- No complaining from clients

Activities priority setting

In the three strategies, there are many activities to be carried out for developing the quality of health services. However, all activities are important and have to be done at the same time so that priority setting is not necessary.

Control (C1 and 2)

After setting up the activities participants made an action plan in each strategy. The action plan consisted of:

- What should be done?
- Why should be done?
- What are the objectives?
- Which are the methods?
- How to do it?

- When should be carried out?
- Who is the responsible person?
- How much is the total budget?
- Where does the budget come from?

In this process, participants made a decision to be involved in each activity themselves, so that it is real community participation. The details of the action plan in each strategy are as follows;

Table 2.13 : An action plan for developing quality of health services

Plan	Objectives	Activities	Indicators	Target group	Budget / source	Period	Responsible person
1. Health center environment development	To solve flood water	- Create a drain for flowing rapidly. - Build the new wall to prevent water flooding	Health center is not flooded	One health center and two neighborhoods	Health center	Nov. 2ooo – Apr. 2001	- Health personnel - village committee - village health volunteers - housewives committee - elderly committee
	To solve waste water from neighborhood	- Negotiate with neighborhood to change wastewater flow direction.	There is not wastewater from neighborhood flowing through health center area.				
	To solve garbage problem	- Provide enough garbage containers. - Renovate a sanitation stove - Create cleaning committee	Health center is clean without garbage				

Table 2.13 : (Count)

Plan	Objectives	Activities	Indicators	Target group	Budget / source	Period	Responsible person
	To solve insufficient toilet problem	- Renovate and build new toilet	Build new toilet and occupation rate less than 1 tiolet/10 clients/day	Renovate three toilets and build a new toilet	Health center		
2. Techniques and services development	To solve the health services system	- Health staff to provide six steps of services	All clients receive six steps of services				- Health personnel - village committee - village health volunteer - housewife committee - elderly committee
		- Introduced computer and appropriate program to improve the services	A computer was used for supporting services				
	To solve insufficient services area problem	- Renovate rooms to be comfortable and useful	Sufficient service area and comfortable service in an appropriate time	Two examination rooms	Health center and headquarters	Nov. 2000 – Apr. 2001	

Table 2.13 : (Count)

Plan	Objectives	Activities	Indicators	Target group	Budget / source	Period	Responsible person
	To solve insufficient medical tools and drugs problem	- Set up medical tools and drug consumer plan	Sufficient medical tools and drugs		Head quarters support		
		- Set up medical tools and drug administrative system	Drug consumer plan was set up				
	To solve the services problem that might happen during implementation	- Arrange meetings between community and health staff	Arrange meeting twice per month				
	To solve incomplete examinations	- Health staff is monitored by DHCC.	- All clients receive an examination with appropriate methods				

Table 2.13 : (Count)

Plan	Objectives	Activities	Indicators	Target group	Budget / source	Period	Responsible person
		- Health staff has to follow the nursing care quality control guideline.	- DHCC to supervise twice year - Annual report				
3. Health staff's relationship improvement	To improve relationship skills of health staff	- Arrange meetings among staff regarding relationship skills	- Arrange meeting monthly	Three health personnel		Nov. 2000 – Apr. 2001	Health staff
		- Set up Volunteer of public relationship	- Volunteer of public relationship one person/village - No complaining from clients				

Phase 3 Problem solving

The three action plans were presented and approved during health personnel meetings and were carried out during November 2000 to April 2001, The activity plan and most activities were done, except activities 1.2.1 have not done yet as the neighborhood has had budget problems.

2.8 Problems, Conflicts and Means of Resolution

1. The researcher should send a formal invitation letter inviting participants as this project had some participants cancel their participation the AIC process.
2. Some AIC facilitators had been trained, thus, all facilitators should be trained before implementation of the project.
3. The participants had limited health services knowledge so that they did not understand how to become involved in the project, thus the concept of provided health services should be considered and added in the training process.
4. There should be extended time for conducting AIC process because the participants had insufficient knowledge and experience about AIC process.