

CHAPTER 5

CONCLUSION, DISCUSSION AND RECOMMENDATION

5.1 Conclusion

The study was done as descriptive research in order to learn outcomes of the evaluation of Supervisors Training Program, Chun District Health Office, during October 1, 2001- September 30, 2002.

- Study samples consisted of 10 supervisors and 18 supervised staffs.
- Study tools were 3 set questionnaire assessing: supervisors' knowledge, knowledge and skills of supervised staffs, and supervised staffs' satisfaction towards supervision.

The design of 3 sets questionnaires based on the study of relevant documents and researches and content validity by 3 qualified expertise's. Questionnaire to assess supervised staffs' satisfaction towards supervision was reliable pre tested with 20 health center staffs in Pong District. The test and re-test procedure were conducted, hence, the questionnaire were modified for more appropriate and collecting actual data within 1 week period.

Data analysis: the obtained data was analyzed by SPSS Program, as followed:

1. General data of study samples analyzed for mean and standard deviation.
2. Knowledge of supervisors and supervised staffs analyzed for mean, standard deviation, and percentage. The use of statistic to compare differences of test scores was Wilcoxon Signed Rank Test.
3. Supervised staffs' satisfaction with supervision analyzed for mean and standard deviation.

Results of data analysis

1. General data of study samples:

- 1.1 10 supervisors: 4 males and 6 females, average age at 38.5, 7 of them obtained , Bachelor,s Degree and other 3 obtained Certificate, and the average working years at 15.9.
- 1.2 18 supervised staffs:13 females and 5 males, average age at 33.1, 11 of them obtained Certificate, and other 7 obtained Bachelors Degree and average working years at 10.5.

Study results

1. Knowledge of supervisors

The comparison of mean score on knowledge between pre and post training test shown that mean score of each supervisor has increased after the training with statistically significance at 0.05.

2. Knowledge and skills of supervised staffs

Knowledge and skills of supervised staffs was assessed on the basis of 2 parts: 1st part was Health Center Annual Report, 2002 and 2nd part was the presentation on problem solving project of each health staff.

According to the 2 parts assessment, health staffs of 6 health centers possessed knowledge and skills on problem solving process at high level, each of them received mean score over 80 percent, however, the analysis of each health center. The fifth health center was at low level of knowledge and skills on problems analysis ($\bar{x}=4.67, SD=1.15$) and the second health center was at moderate level of knowledge and skills on target setting ($\bar{x}=5.67, SD=0.58$).

3. Supervised staffs' satisfaction with supervision.

Median and standard deviation of score from the assessment on satisfaction with 5 aspects supervision should that, most of supervised staffs were moderate satisfied and total score was also shown moderate satisfaction ($\bar{x}=75.61, SD=4.58$). and mean score of each aspect was as followed: Supervisors' Characteristic $\bar{x}=14.64, SD=1.6$., Supervision Pattern $\bar{x}=22.06, SD=1.86$. Supervision Procedure $\bar{x}=12.78, SD=2.13$, Supervision duration $\bar{x}=6.94, SD=1.73$ and Supervision Content $\bar{x}=19.22, SD=1.06$.

Since the lowest score did not begin from 0 (zero), therefore, the score was compared for its base at 100 % as the standard of Seri Rachroj as followed:

1. numbers of question x the highest score
2. numbers of question x the lowest score

3. obtain 100 % score by taking multiply results from 1 and 2

4. level of satisfaction : high = 80-100
 moderate = 60-79
 low = 0-59

According to the analysis on information obtained from the study on supervised staffs' satisfaction with 5 aspects of supervision, found that, most of supervised staffs 61.1 percent satisfied with supervision at moderate level, and 38.9 percent had low satisfaction. When analyzed each aspect, the finding were, level of satisfaction with supervisors' characteristics, 44.4 percent at moderate level and 33.5 percent at high level, and 22.3 percent at low level. The level of satisfaction with supervision pattern, 38.9 percent at high, 33.3 percent at moderate level, and 27.8 percent at low level. The level of satisfaction with supervision procedure, 55.5 percent at moderate 38.9 percent at low and 5.5 percent at high level. **The level of satisfaction with supervision duration, 72.2 percent at low level, and 27.8 percent at moderate** The level of satisfaction with supervision content, 55.6 percent at moderate 33.3 percent at low and 11.1 percent at high level.

5.2 Discussion

The objective of study was to learn effects of Supervisors Training Program by assessing knowledge and skills of supervisors and supervised staffs as well as supervised staffs' satisfaction towards supervision.

5.2.1 Knowledge of supervisors

The study revealed that mean score of knowledge test of supervisors before and after training session was statistically difference at .05, which means that success was achieved. It can be stated that prior to the training, Chun District Health Office has assessed the situations on health staffs' work condition and supervision procedures in order to identify problems and needs, including, finding directions for problem solution. Moreover, the selection criteria was also modified for having better qualified supervisors. The selection of supervisors among the trained supervisors followed the modified criteria, the recruited instructors were those who had much knowledge, ability, and experiences on supervision. Training location was also convenient, the training itself was conducted with numbers of method, for instance, lecture; group activities, practices, and group presentation, consequently, trainees paid much attention and fulfilled their knowledge and skills from practicing.

5.2.2 Knowledge and skills of supervised staffs

As for the assessment on this issue, the Project Evaluation Committee has divided scores into 2 parts:

Part 1: assessed from Annual Report (2002), its contents covered 8 domains 28 items and total score of 100.

Part 2: assessed from the presentation on problems solving project in accordant to work responsibility of each health staff (one of each), and from the interview by committee, total score of 100.

Questionnaire covered contents of 8 domains 28 items.

The study revealed that, score of 6 health centers of 8 domains was at high level with the mean score over 80 per cent, this can be discussed that, once the supervisors are filled with knowledge and competent in the areas of work and skillful in working and teaching, as well as, good human relationship, it would consequent the efficient supervision. Furthermore, most of supervised staffs were ready for being supervised; therefore, they were able to adopt knowledge from supervision to their works effectively. However, the analysis of each question, found that, the fifth health center was **at low level of knowledge and skills on problems analysis** ($\bar{x} = 4.67$ S.D = 1.15), and the second health center was **at moderate level on target setting**. These can be discussed that, three health staffs of this particular health center were females and obtained Certificate for their education level, they may confused in such issue, therefore, the supervision was repeated at specific health center and person, which, corresponding to the study of Petchara Kunsantipong (1988), found that, the variable affects the needs for supervision was female; age between 20-24 years old; single; education level lower than Bachelors Degree, needed supervision more often than other variables.

5.2.3 Supervised staffs' satisfaction with supervision

The study resulted that, level of satisfaction of supervised staffs were moderately satisfied with the 5 aspects of supervision. It is because of, prior to supervisors training session, the selection of supervisors based on the recent criteria and the recent 10 supervisors were selected by the modified criteria. Each supervisor was knowledgeable and competent, that contributed to the satisfaction among supervised staffs. However, the analysis of each aspect revealed that, health staffs had less satisfied

with supervision duration (72.2 %), this can be explored that, supervised staffs were responsible in providing services as health promotion; nursing care; and disease prevention and control in and out of health center, especially, during 8.30 AM. – 12.00 PM. Their numbers of people waiting for service. Consequently, health staffs were exhausted and not ready for supervision. These health staffs had also given addition suggestion that, the suitable time for supervision should be between 1.00 PM. – 4.30 PM. These period of time had less people coming in for their services. However, it is not suitable, since supervision requires observation of supervised staffs at works. Whether they operated the work correctly, therefore, what should be done would be the adjustment of supervisors, for instance, the least interrupt health staffs during supervision; supervisors search for what they want themselves or inform in advance what they need health staffs to prepare for them; and each time of supervision should be well planned and well prepared by both supervisors and supervised staffs.

5.3 Recommendation

5.3.1 Recommendation for utilizing study results

5.3.1.1 The study on outcomes of practical training for supervisors should not select only one specific district because it would effect the size of study sample. A small size of study sample may not represent target population.

5.3.1.2 The assessment on supervision by measuring knowledge and skills and satisfaction level towards supervision should have comparison group in order to find the difference between the two groups. Results of study would be more reliable.

5.3.1.3 The refreshing courses on various technical knowledge should be continuously conducted for supervisors at least once a year and should be tailored mate to the needs supervision must be conducted while the health staffs are not at work with the effort to least interrupt the work of health staffs.

5.3.2 Policy recommendation

5.3.2.1 Work plan of district level was not corresponding to that of provincial level. Health staffs; supervisors; administrators at district level were to attend meetings at province level very often, as in consequence, supervision plan could not be carried out as scheduled. Therefore, Provincial Health Office needs to avoid time conflicts with district and tambon plans setting up plans should coordinate among provincial, district, and tambon.

5.3.2.2 Provincial administrators should see the importance of supervision, evaluation on work performances of district and tambon level in order to create work motivation of work and to achieve the objectives.

5.3.2.3 Administrators at Ministry level should appoint technical officer for each of health center in order to promote the efficiency of the works technically.