

CHAPTER II

LITERATURE REVIEWS

The researcher had reviewed a variety of related literatures and studies relevant to the customers' need on home visit by health workers in Nuea Khlong district, Krabi province. The study covered the following topics:

1. Home Visit Concept
2. Needs Concept
3. Marketing Concept
4. Related Literature
5. Conceptual Framework of Research

1. Home Visit Concept

In the past, home visit was defined as a tool in healthcare service at home. It was a pro-active healthcare service and non-coercive service. Onchuenchit Supanee and Treetrong Ruethaiporn (2001) had elucidated the concept of home visit as follow:

Home visit is an essential tool for a registered nurse in provision of healthcare service at home. To conduct home visit effectively, it needs the skill in clinical practice combining with the management, administration and social skill. Moreover, to provide the proper healthcare service matching with the patient's health status within their home environments, a registered nurse is seen as a guest who visits the

patients and their family. For the very first visit, it may cause some difficulties to the registered nurse but building the constructive relationship with the patient and well planning for each home visit with appropriate steps can resolve those problems.

Home visit is a pro-active healthcare service which registered nurses need to assess and evaluate the patient's need in order to prevent and solve the health problem, prevent the return of previous disease or illness and solve the other health-related issues. Additionally, home visit is conducted to provide the healthcare service to the old patients who discharged from the hospital and the new patient found in the community during visit.

Home visit is a non-coercive healthcare service, which needs the participation and self-decision making of patients and family in receiving home visit service. The privacy rights of the individual and his or her right to refuse care will be also respected.

Wattanakij Prapin,(2000) had conducted the study concerning home healthcare in Thailand which implemented formally in the fiscal year 1993. The project initiated in 19 super tertiary hospitals that were the pioneering hospitals. These hospitals would take the policy and apply it into practice and then publicize the information including expand the home healthcare implementation to the public health offices at all level, no matter provincial, district, sub-district or village. The result of the implementation in 1997 had shown that home healthcare project was very successful in every province and it was defined as the routine of pro-active public health service at home for all families consequently.

Currently, the government has implemented the universal healthcare insurance policy nationwide, which focusing on equality of access to basic services and the

importance of primary healthcare units. In addition, it emphasized on the reform of health resource and management under the “30 baht healthcare scheme”. Several regulations, orders, bills and acts had been legislated accordingly to serve this prominent health policy. The home visit and home healthcare-related issues defined in the act could be summarized as following

1. Home visit and home health care was defined as all Thais’ healthcare welfare right in respect of health promotion, disease prevention and control. The eligible one will not need to pay the medical care service charge or 30-baht charge per visit whenever taking this kind of services. Consumers or patients will receive home healthcare from the family care unit or primary care unit. (Ministry of Public Health, Health Insurance Office. Regulation of Ministry of Public Health Insurance 2001 dated May 31,2001. 2004)

2. As a general practice, the primary care unit needs to set up the home visit system according to the defined standard, provide healthcare service in community for the purpose of hospitalization follow-up, patient’s family assessment and health promotion activities implementation. These activities need to be done at least 10-15 hour per week. (Ministry of Public Health, Health Insurance. Order of Health Insurance Committee concerning Qualification, standard of Primary Care Unit and Administration according to Regulation of health Insurance dated June 27,2001. 2004)

3. Objective of home visit

3.1 To nurse the patient (at-risk group, inferior group and patient) and family as a whole continuously.

3.2 To realize and understand the problem status and living condition of patients and family.

3.3 To provide healthcare service in aspects of promotion, protection, treatment for the patient and their family.

3.4 To assess the potential problem and to promote self-care concept to patients and family.

(Ministry of Public Health, Health Service Network Development Office, 2002)

4. Definitions of home visit according to the community health center's standard.

Home visit refers to

4.1 Illness home visit can be divided into three types as follow:

4.1.1 Emergency illness: This visit always involves the assistance and aid when the emergency arises in the family, for instance, faint, asthma. It needs an immediate action; the public health officer should be contacted to help resuscitate the patients urgently. Those officers possess the knowledge and skill in resuscitation very well.

4.1.2 Acute illness: It includes diarrhea and cold. This kind of home visit will help assess and provide the basic care to patients.

4.1.3 Chronic illness: It includes diabetes, hypertension, paralysis and etc. This visit conducted to assess and plan the healthcare support service for the patients, family members or the responsible health agency.

4.2 Dying patient home visit

4.3 Assessment home visit

4.4 Hospitalization follow-up home visit. This visit includes the following items:

4.4.1 For the patient who stay in the hospital due to acute illness, accident, injury or surgery, after being discharged, the home visit will be conducted by the resident physician to follow-up the symptom or other factors which affect to the patient's illness. For example, the patient with hemorrhagic fever will be visited to assess the illness and the source of mosquito's larva. For the patients who got an accident or surgery, home visit will be conducted to assess and clean the wound including examine the patient's home environment.

4.4.2 Family and a newborn baby: a home visit service after the birth of new baby provides an excellent opportunity to discuss wellness and prevention issues and to address parental concerns to the new parent.

4.4.3 For the no-show patient or the one who do not have a complete treatment, home visit will help assess the cause and the reason why they do not come to see the physician as appointed. This visit also creates the continuity of treatment.

4.5 Home visit can be conducted to get to know the patient's family and create the better understanding in self-care to the patient and family members.

5. The target groups of home visit and home healthcare include:

5.1 To conduct follow-up visit for the at-risk pregnant woman and postpartum mother who cannot take good care of them.

5.2 To seek the potential problem and provide the continuous health promotion and rehabilitative service for these following groups of patient.

- Chronic illness/infections disease/ mental disease/handicap /elderly.
- The at-risk group (Malnutrition children/pregnant women/ postpartum mother/patients)

5.3. Following-up visit in the group of the patient who can't complete the treatment at hospital will fulfill the health promotion purpose.

(Chuengsomchetpaisarn Pattarapol, Apinyanon Suntaree, Chuenchareonsuk Kewalin and Sorndit Chulaluck, Editor, 2004)

To conclude, home visit is one pro-active health service provided by the government. It is aimed to satisfy the needs of Thai citizen on home healthcare. The service will be varied depending on the characteristics of customers/patients. Home visit can be conducted for several groups of people, for example, the patients with chronic illness or health-related problems by providing the healthcare service and rehabilitation service. For the well-being and healthy people, it will be conduct to encourage the better health promotion, infection prevention and disease control.

2. Needs Concept

The four most important theories concerning human needs comprise Maslow's hierarchy of needs, Alderfer's ERG theory (Existence, Relatedness, and Growth), Herzberg's two-factor theory and McClelland's acquired-needs theory. They can be elucidated as follow:

Firstly, Abraham Maslow's hierarchy of Needs theory (Maslow, A.H., 1970 cited in Attamana (Tewyanon) Sroitrakul, 1998) identified five basic categories of human needs: psychological need, safety and security need, love and belongings need, esteem needs and self-actualization need. Maslow's formulation suggests a prepotency of these needs, that is, some needs are assumed to be more important (potent) than others and must be satisfied before the other needs could serve as motivators.

aim of value creation and response to customer's need and satisfaction. In addition, Sornchamni Choochai (2001) also presented the public marketing concept that the organization's mission is to seek the needs, wants and interests of its target group in order to response to their satisfaction more effectively and efficiently than its competitors in the direction which promote the better consumers' living standard.

As a result, home visit is a public service, which involved with provision of healthcare support to the people in community. It is the vital mission of relevant organization at all levels, the provincial chief medical officer including primary care units to seek for the needs, wants and interests of people about home visit in order to provide the healthcare service which meet their satisfaction.

In term of marketing management, the marketing practitioners generally use the marketing mix as a vital tool to response to the customers' satisfaction or the target market. Several people have defined the marketing mix. In this research, the definition of Churchill and Peter will be used as follow (Churchill and Peter, 1998 referred in Theepapan Pibul, 2002)

Marketing mix is a combination of strategic tools used to create value for customers and achieve organizational objectives. There are four primary tools or elements in a marketing mix: product, price, placement, and promotion.

In marketing standpoint, a decision to do an activity can be categorized into four groups under the set of four Ps, which considered as the prominent element of marketing mix. Those four Ps include:

- P1 = product
- P2 = place (distribution)
- P3 = promotion
- P4 = price

Secondly, Alderfer's ERG theory (Alderfer, Clayton P., 1972 cited in Attamana (Tewyanon) Sroitrakul, 1998) was developed by Clayton Alderfer to modify Maslow's theory to make it more flexible in terms of individual behavior. This theory collapse Maslow's five basic need categories into three: existence needs relate to a person's desire for physiological and material well-being; relatedness needs represent the desire for satisfying interpersonal relationship; and growth needs are desires for continued personal growth and development. This theory contends that more than one needs maybe activated at the same time. It argues that individuals do not progress up the hierarchy as a result of the satisfaction of lower-order needs. It is not necessary that each need becomes active only after the need below is satisfied. They can be activated at the same time.

Next, Herzberg's two-factor theory (Herzberg, F., Mauaner, B., and Snyderman, B., 1959 refer in Attamana (Tewyanon) Sroitrakul, 1998) distinguished between sources of work dissatisfaction (Hygiene Factors) and satisfaction (Motivation Factors).

Lastly, McClelland's acquired-needs theory (McClelland, David C., 1961 cited in Attamana (Tewyanon) Sroitrakul, 1998) identified three types of acquired needs: need for achievement—the desire to do something better or more efficiently, need for affiliation—the desire to establish and maintain friendly and warm relations with others and needs for power—the desire to control other.

3. Marketing Concept

Thepapan Pibul (2002) concluded the marketing concept and gave the definition of marketing that it referred to any operations or activities which related to the market directly to exchange and build up the relationship with customers in the

Product

“Product” refers to whatever can be sold to the market to create the interest and needs to acquire, or consumption. It can (may be) satisfy the needs and wants of buyer. Product can be tangible thing, service, situation, person, place, organization, idea or everything mixed together.

In this research, “home visit” will include a set of service which primary care unit provided to the people at home, covering the need of people at all age. Home visit can be categorized according to the type of service and target group as follow:

1. Home visit for health promotion, disease prevention and control purpose:

The target group include: -

1.1 Well-being and healthy people: For this group of healthy people, home visit will be conducted to give some advice and instruction concerning health-related issues. Examples include personal healthcare, rest, exercise, food consumption, how to avoid the risky behaviors, which cause the health problem, for example, alcohol drinking and smoking. In respect of disease prevention, the suggestions include immunization introduction, hygienic home decoration and the knowledge of disease and infection epidemic, avoidance of infection patients, self-care promotion in order to prevent the serious illness. This will help the people recognize the illness at the early stage. It will also promote the annual medical check-up among the people. Additionally, it will help boost not only the better relationship among family members but also in the community, for example, harmony, sacrifice and helpfulness.

1.2 Mother and infant group: Home visit for the mother and infant group can be conducted in several periods, for instance, before marriage, pregnancy period

and postpartum period. For before the marriage period, home visit conducted for the reproductive women group will focus on giving advice and information about the prevention of infection disease that can be transmitted to the infant. The public health personnel will also instruct the youth to take care their health and prepare for the marriage in respect of health-relates issues. In the pregnancy period, the pregnant women will be motivated and encouraged to have the antenatal care and have a periodical care as scheduled. The pregnant women will be educated about self-caring during pregnancy and how to prepare necessary equipment for delivery and their infants. They will also be encouraged to deliver at any health institutions. During the postpartum period, the mothers will be educated the self-care practice in prevention of complications arising in mothers and infants. Home visit will help assess infant's wellness and discuss prevention issues including provide information, support as needed for parenting concerns, such as infant feeding.

1.3 Pre-school children group: The visit is aimed to assess the children's growth and their development including counsel on parenting concerns and immunization enhancement.

1.4 School age children: A home visit will be conducted in the presence of abnormalities, such as, absence from the class, abnormality in body and brain or illness.

1.5 Elderly group: This visit is aimed to discuss about the self-care practice for elderly and a how to adapt themselves to the environment appropriately.

2. Home visit can be conducted to give treatment of illness, visit the patients who cannot care themselves, follow-up the patient who discharged from hospital. This visit will rehabilitate the health of patients who have problem in mobility, chronic illness, for example, paralyzed patient, diabetes, cancer. The care practice will be discussed with the patients.

As a result, it is necessary to analyze the consumer's need whether or not they need home visit or home healthcare or other kinds of service, for instance, counseling service via telephone.

Place or distribution

Place refers to the marketing channel used to sell or distribute product or service. It can refer to the accessibility of product or service in relation to distribution channel and the physical delivery or logistics of getting a product to market. It can be a set of institutions or people that participate in moving goods and service from their source of production to the point of final use.

In this research, the research will study whether consumers need the home healthcare service, home visit or not and the period the home visit should be conducted.

Promotion

Promotion is a form of communication adopted by marketing practitioners to inform, persuade, and influence potential buyer of a product or service's attribute in order to elicit a response. Promotion activities can be grouped into advertising, publicity, and leaflet or brochure given.

In this study, the research will examine which media the consumer want to publicize the home visit most.

Price

Price is the perceived value that is exchanged for product and service. The service provider will establish the price of their service in the fair manner. For the home visit, it is defined as the healthcare service with the aim of health promotion,

prevention and control of illness and disease. The medical care service will not be charged for this kind of healthcare service.

This study will examine whether the consumers are willing to pay for the medical care cost or not.

4. Related Literature

The compilation and review of related literatures concerning home visit or home healthcare had been mostly done in many aspects. However, the studies, which emphasized on the marketing management in aspect of marketing mix, can be summarized as following.

Boonyathap Manusnit (1993) had study the consumer's need on home healthcare in aspects of product/service, place, price and promotion including comparing the needs by sex, age, income, marital status, occupation, disease diagnosis and type of hospital. Four hundred people selected for sample group were the patient which being discharged from hospital, relatives who nurse the coma patient or elderly who can not communicate in public and private hospitals in Chiangmai province. The data was gathered by interview the sample group with the questionnaire designed by the researcher. The findings indicated that consumer's need on home healthcare was at high level, which the place aspect was highest. The result of study on customers' need on service, place, price and promotion by sex, age, income, marital status, occupation, disease diagnostic and different hospital illustrated that (1) the different sex and marital status of customers can cause the significant difference in need on home visit. The male customers and single customers had a higher level of need in home visit. (2) The customers which age between 21-40 years had a higher need on the aspect of place more than the customer age over 60 years. (3) The difference in

occupation had made the difference in place, price and promotion significantly. (4) The customers with the different monthly income had the different need in healthcare service and the price of service. The lower income customers had the need focusing on the aspect of health promotion and disease prevention whereas the higher income customers focused on the price of service. (5) The customer who discharged from the public hospital had the higher level of need on healthcare service and place and (6) the customers who were diagnosed as a different disease had no different need in all aspects.

5. Conceptual Framework in Consumer's Needs on Home Visit by Health Workers.

Home visit is a pro-active healthcare service provided by the government. It is essential to study and understand the customers' need on home visit and its marketing mix in aspects of products/service, price, place/distribution and promotion in order to improve the home visit system which can satisfy the customers' need ultimately. Home visit is also aimed to promote the better living condition of customers. This research has been done under the conceptual framework as illustrated in the figure 2.1.

Figure 2.1: Conceptual Framework in Consumer's Needs on Home Visit by Health Workers

