CHAPTER: VI

BIBLIOGRAPHY

Aubel, J., and Niang, A. (1996) Practitioners Research their own Practice: Collaborative Research in Family Planning. Health Policy and Planning; 11(1): 72-83.

This article presents the experiences on using action research as a systematic research process to solve practical problems in programs or organizations. "Action research is an attempt to help the practitioners develop scientific ways of thinking and acting and to seek actions that will result in the improvement of practices".

Hanson, K., and Gilson L. (1996) Cost, Resource Use and Financing Methodology for District Health Services: A Practical Manual. New York, USA: UNICEF Technical Series No. 34.

The manual concentrates on explaining ways to assess the costs and services provided, and the existing gap. Both quantitative and qualitative data need to be collected from facilities, and district. Methods used depend on the nature of information required, and include record review, staff interviews, inspections, and focus group discussion.

Bates, I., Adarkwa, M., Bedu-Addo, G., and Rumble, R. (1997) How to Hone Haematology Skills. World Health Forum, Volume 18.

This journal is based on the study by the authors in Ghana that was a pilot program for continuing education of hematology laboratory technicians has produced marked improvement in skills and has led to the development of a five years strategy for national in-service training. There are the contents of problem identification, training trainers, practical course, and assessment. According to the authors, experienced

hematologists assessed the knowledge of laboratory staff through the communication between laboratory and clinical users, and clinicians' perceptions of problems in the laboratory. Furthermore, they indicated that this project provides a model for other disciplines in medical laboratory services.

Carter, J. (1996) Basic Laboratory Services. Nairobi, Kenya: Appropriate Health Resources and Technology Action Group (AHRTAG).

He outlines what basic laboratory services should be provided by small district hospitals. (1) Laboratory techniques should be provided according to local conditions such as: water supplies, electricity sources, level of training of laboratory staff, availability of funds, workload, personal preference and common illnesses. (2) Buying equipment is expensive for a small hospital so equipment should be carefully chosen in order to upgrade laboratory services. The best approach is to first decide what tests the laboratory will be doing, then choose equipment based on advice from local professional sources rather than commercial agents or manufacturers. (3) Choose good quality equipment which can be bought easily within the country or region and which is back up by qualified service engineers and a supply of spare parts. Laboratory staff should be trained in the basic care and maintenance of all equipment. For laboratories without mains electricity, microscopes, haemoglobinometers, colorimeters, small microhaematocrit centrifuges and electric centrifuges that operate off 12-volt power sources are available. (4). Gift of new or second hand equipment from generous donors can cause a problem, unless they are supplied with an operator or service manual in a locally understandable language. Recipients of equipment should ask donors to provide manuals, spares and where possible, training in the use of the equipment they donate. Without this, correct use and repair are almost impossible.

Hart, M. (1997) How may we determine the quality of a service? International Journal of Health Care Quality Assurance, 9/7 28-38.

In this article, there are five ways of attempting to achieve quality are discussed. (1) Establish, publish and monitor "standards of performance". (2) Set up quality assurance units and procedures. (3) Remove evident sources of dissatisfaction. (4) Management by sample monitoring. (5) Using customer satisfaction survey.

Holter, I.M., and Scwartz-Barcot, D. (1993) Action Research: What is it? How has it been used and how can it be used in nursing?. Journal of Advanced Nursing, 298-304.

This article presents mutual collaboration approach which researcher and practitioners come together to identify potential problems, underlying causes and possible interventions. As an outcome of this dialogue, the researcher and the practitioners at a new common understanding of the problem and its causes and plan for initiating a change process.

Kielmann, A.A., Janovsky K., and Annett H. (1991) Assessing District Health Needs, Services and Systems: Protocols for Rapid Data Collection and Analysis. Nairobi, Kenya: WHO.

In this book the methods of data collection and analysis by documentary review, individual interviews, and observation in order to assess health needs and services are presented which were used in this study.

Kitzinger, J. (1995) Qualitative Research: Introducing focus Groups. British Medical Journal, Volume 311: 299-302.

The paper discusses how to use focus group study, conducting focus group study (sampling and group composition), running the focus group study and the role of facilitator, analyze and writing up are.

Marshal, M.N. (1996) Sampling for Qualitative Research. Oxford University Press, 13:522-525.

This article considers and explains the differences between quantitative and qualitative approaches in terms of sampling methods. The principles are illustrated with practical examples from the author's own research. The choice between quantitative and qualitative research methods should be determined by the research question, not by the preference of the researcher. The aim of the quantitative approach is to test pre-determined hypotheses and produce generalizable results. Such studies are useful for answering more mechanistic "What?" questions. Qualitative studies aim to provide illumination and understanding of complex psychosocial issues and are most useful for answering humanistic "Why?" and "How?" questions.

Martha, A.H. (1998) Changing Role of Medical Laboratory Technologists in the Context of Health Reform. Changing Medical Educational and Medical Practice, WHO/HRB/98.1.

In this article, the cost-effectiveness of health care services, individual patients and families with the quality of the diagnosis of diseases and monitoring of treatment are discussed

Mattlew, B., Biles, A., and Huderman. (1994) Qualitative Data Analysis. SAGE Publication: International Educational and Professional Publisher. Second Edition (page No. 10-11).

In this book, the concept of how to do data analysis and the process of data analysis in qualitative research are presented. Data analysis during and post data collection period are explained.

Razum, O., Gorgen, R., and Jochen Dielsfeld, H. (1997) Action Research in Health Programmes. World Health Forum, Volume 18.

This article is based on the experiences of authors in health programmes by using observation study and in depth interview with project staffs to find out the deficiencies and shortcomings of health projects.

Rispel, L., Doherty, J., Makiwane, F., and Webb N. (1996) Developing a Plan for Primary Health Care Facilities in Soweto, South Africa. Part I: Guiding Principles and Methods. Health Policy and Planning; 11(4): 385-393.

This article presents principles to introduce research project and methods to do interviews with clinical staff. (1) Introductory meeting: the objectives of this meeting are to familiarize clinical staff with the background and objectives of the research project; to gain the confidence of staff; to explain the proposed methods; and to receive input on the appropriateness of the research project. (2) Staff interviews: a suitable time is set to conduct the interview unhurriedly. Junior and senior staff members are interviewed separately to minimize conflicts and to ensure that people are not inhibited in expressing their opinions.

Ministry of Health. (1997) Kampong Thom Provincial Health Statistic Report. Kampong Thom Provincial Health Department (paper unpublished). Cambodia.

In this document, the information about the activities of laboratory services in order to support the quality of care for individual patients in Referral Hospitals of Kampong Thom Province are presented.

Sharma, K.B., Agarwal, D.S., Arya, S.C., Bullock, D.G., Lewis, S.M., Prakash, K., and Snell, J.J.S. (1994) Health Laboratory Services in Support of Primary Health Care in Developing Countries. New Delhi: WHO.

There is the standard in order to organize laboratory services in intermediate level in terms of laboratory staff, space of laboratory services, equipment and facilities, laboratory sections and such as Hematology, Serology, Blood Transfusion, Clinical Biochemistry, Microbiology and Parasitology. This book also suggested the list of laboratory tests that should be provided in intermediate level.

Sideman, S., and D. BenDak, J. (1997) Assessing Medical Technology in Less-Developed Countries. Cambridge University Press: International Journal of Technology Assessment in Health Care, 13:3, 463-472.

The article provides three main concepts of technology assessment in Less-Developed Countries. (1) Medical technology plays a crucial role in maintaining a high level, modern health care system. Even highly qualified physicians are seriously hampered by the lack of supportive technology for better diagnosis and effective therapeutics. (2). There is a crucial need for an organized effort to develop and constantly upgrade the professional qualification of technical personal, so as to deal effectively with new or modern medical technology and devices. (3). The approach to technology assessment must be modulated (and judged) by the particular needs of the country under consideration.

Webb, C. (1989) Action Research: Philosophy, Methods and Personal Experiences. Journal of Advanced Nursing 14, 403-410.

This article discussed eclectic approach and triangulation, and how importance triangulation is.

World Health Organization. (1972) The Planning and Organization of a Health Laboratory Service. Fifth Report of the WHO Expert Committee on Health Laboratory Services. Geneva: WHO Technical Series No. 491.

The main concept of design of the intermediate (regional or district) laboratory services and in-service training are presented. (1) The design of the intermediate laboratory will depend on whether the laboratory is to deal with samples collected at a number of small peripheral laboratories and health centers within a specific distance or whether it will operate without the support of peripheral services. Theses laboratories are best located on the same premises as the largest hospital in the area and should provide a full service in laboratory medicine. (2) All grades of laboratory staff should be given periods of specialty training throughout their professional career in order to maintain and improve standards and to acquaint them with new advances in their respective fields.

World Health Organization. (1992) The Hospital in Rural and Urban Districts. WHO Technical Report Series No. 819.

In this book, the communication between the first referral hospital laboratory and higher laboratory services are discussed to ensure that quality control and safety measures are being followed, work performance is satisfactory, and record-keeping is adequate and accurate.

World Health Organization. (1996) Quality Assurance in Laboratory Practices. Report and Documentation of the Technical Discussion, 49th Session of WHO Regional Committee or South East Asia Region, Chiang Mai, Thailand.

In this article, they provide the rationale for establishing of laboratory services to support the quality of care is explained. The quality of laboratory services lead to improve diagnosis and treatment services.

Yoddummern-Atting, B., Allen Atting, G., Boonchalaksi, W., Richter, K., and Soonthorndhada, A. (1993) Qualitative Methods for Population and Health

Research. Institute for Population and Social Research, Mahidol University at Salaya, Thailand.

This book discussed why triangulation is important, how to conduct participant observation and in depth interview in qualitative research on population and health problems.