

CHAPTER 2

PROJECT DESCRIPTION

2.1 Rationale

As mentioned earlier the Ministry of Public Health wanted to expand the HPH program to cover all types of hospitals. In order to improve or push the services to reach the MoPH expectation/standard, the Phanas Nikhom Hospital needs to know it's readiness.

Since there is no HPH pattern for any hospital to follow, the existence of the HPH indicators could, instead, be used as a guideline for any hospitals to access to the HPH being if their current activities could conform to the HPH indicator's line.

Even if there are many activities already conforming to the HPH indicator's line, these activities still need to be evaluated if they are being supported or obstructed by both internal and external factors.

The more hospital's HPH indicator activity being supported with both internal and external factors they have, the higher propensity of HPH being readiness the hospital will be.

The SWOT analysis method was chosen in this study because it could produce reliable analyzed results with less time and money spent. The graph Plotting Analysis (Boston Consulting Group (BCG) Tool) would also be applied to help identify the current HPH being situation and eventually the strategic HPH entering recommendations would be rewarded by the analyzed factors' result.

So SWOT analysis had been used from the beginning since conducting the affecting factors' analysis to the current analysis of this hospital's activities. All the analyzed results would be used to analyze the current HPH being situation, HPH being readiness' situation and finally for the strategic HPH entering recommendation.

The HPH working committee consisted of ten hospital staff was set up to coordinate and manage this project, together with the researcher, through to the end of the study. This would provide the opportunity for them to learn and gain experience of the SWOT analysis's process with the researcher and in return they could proceed and even progress to further analysis and development for their hospital.

2.2 Goal and Objectives

2.2.1 General objective:

To analyze the readiness of Phnas Nikom Hospital being a health promoting hospital (HPH)

2.2.2 Specific objectives:

1. To identify the current HPH being situation, if Phnas Nikom Hospital is currently ready for HPH being.
2. To give some recommendations of HPH being strategy prior to HPH entering.
3. To evaluate and compare of the result on the pre and post implementation of SWOT Analysis towards the HPH being readiness at Phnas Nikhom Hospital.

2.3 Conceptual Framework

The conceptual framework shows the steps of the implementation's process used in this project study.

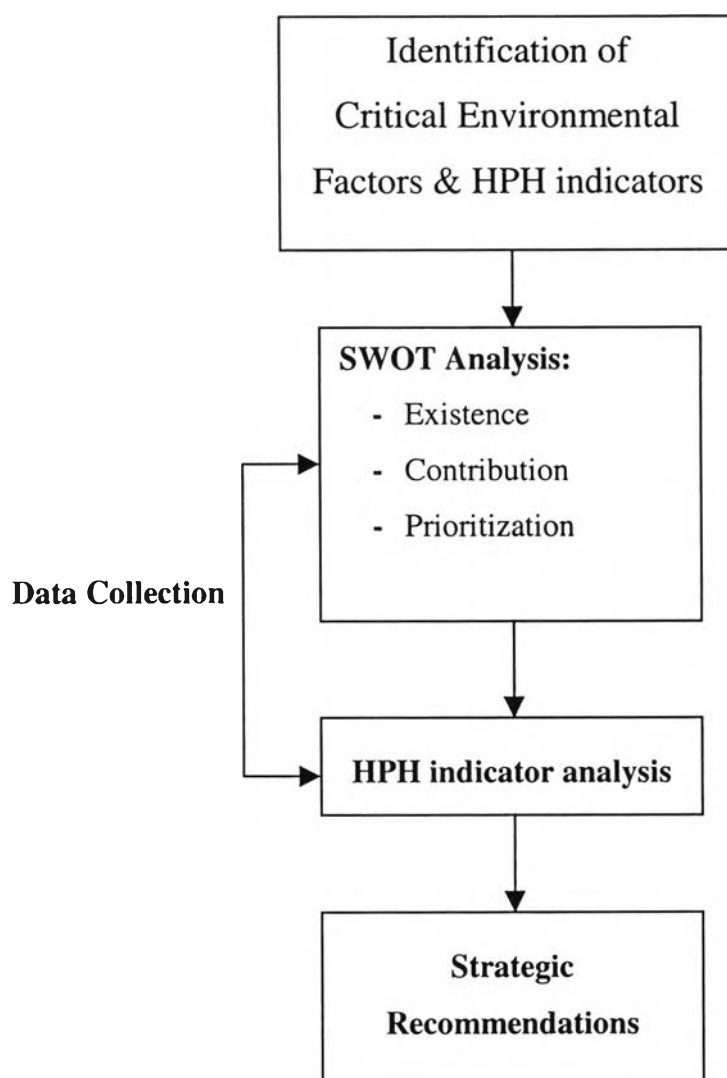


Figure 2.1: Conceptual Framework

2.4 Study Design, Methods, and Approaches

This study was aimed to analyze the readiness of being health promoting hospital of Phnas Nikhom Hospital. There were 5 parts of implementation.

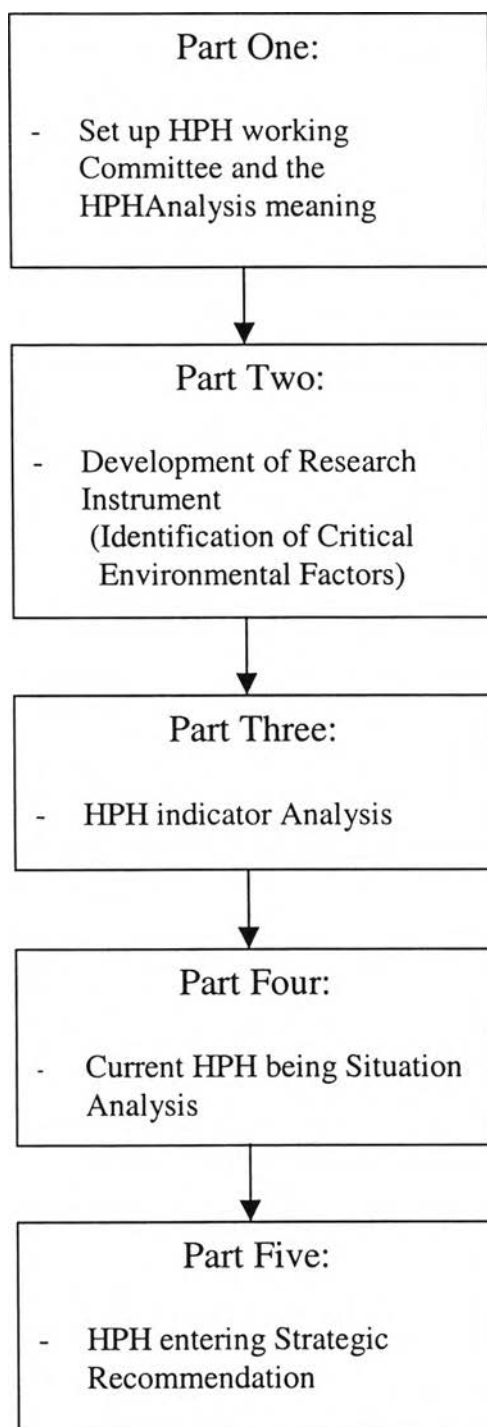


Figure 2.2: Overview of Study Design, Methods, and Approaches

2.4.1 Part One: Set up HPH working committee and the HPH analysis meaning.

- There are two steps as below:

Step I: Set up an interim HPH committee to co-ordinate and implement the project with the researcher. This group is called "HPH working committee", throughout this study.

Step II: Identify the meaning and commitment of HPH being strength, weakness, opportunity and threat

2.4.2 Part Two: Development of Research Instrument (Identification of Critical Environmental Factors)

There are 5 steps, as follow:

1. Identify the imposing factors, which are affecting the HPH being stage.
2. Identify the study population for HPH affecting factor analysis.
3. HPH affecting factor Analysis Methodology
4. HPH affecting factor Analysis's result
5. Preliminary HPH being sign

Step I: Identify the imposing factors, which are affecting the HPH being stage.

There are two factors: internal and external.

1. Internal factors

From the literature review of "5-Lessons For Entering to Health Promoting Hospital" (Nantha Oamkul, Phetcharat Kriwong, 2000) and "Health Promoting Hospital: How it is? How to think? How to do?" (Bovor Ngamsiri-udom, Saipin Kusmith, 1999). They shared nine main internal affecting factors, detail as below:

1. Leader Support
2. Explicit HPH Policy
3. Participation and Teamwork
4. Lifelong Learning Culture
5. Efficient Internal Communication
6. Health Promoting and Disease-Preventing Knowledge
7. Positive Attitude toward Changing Issue at the Organization
8. Holding Good Connection with Other Constituent Agencies
9. Having connection with the HPHally

These factors were also used to evaluate the readiness of the Phnas Nikom Hospital

2. External factors

Generally, external factors are concerned about the issues of legal/political, economic, technological, and social/ethical (Strategic Management, Mcglashan / Singleton, 1987).

The results from the discussion of the external HPH affecting factors among HPH working committee found that there were eight factors which are considered currently affecting to the HPH being stage of the Phnas Nikhom Hospital as below:

1. Legal (฿30 Universal Scheme):

The scheme is a compulsory for the HPH running program. As there would be big number of patients coming for services, and paying only ฿30 per a visit, this would affect to the survival of this hospital if something hasn't done. "It's state-policy which we must follow," said working committee.

2. Politics:

Health insurance was one of the current government slogans during the pre-election campaigning day. Under Mr.Thaksin-led coalition government with both the Public Health-Minister and the deputy are the members of the PM party. In order to keep their promise, this government would be rather prone to support the "Health Promoting and Disease Preventing Issue".

3. Public Expectation:

The HPH working committee approved that the hospital must listen to the demands of local staff and population before considering to any development direction.

4. Economic Situation:

Slumping economy forced many middle-income patients, who once the private hospital clientele, to come to Phnas Nikhom Hospital. With the rapidly increasing

patient numbers, the hospital is forced to seek for short-term solutions with curative rather than preventive medication. "There are many new patients whom, we knew, are the middle-income class coming to be served at our hospital now," said a committee.

5. Demographic-Vocation:

Some vocations, particularly the wage earner, are unlikely to be prone to HPH activity. The vocation's character is rather irregular. Accordingly the patient could hardly continue healthy activity after leaving the hospital. They are barely at home when hospital staff pay a home visit.

6. Internet & Web Site:

The committee approved it as a useful source of knowledge, where staff could search and exchange for HPH information and knowledge.

7. HPHModel:

"Thai nature favors of having model to follow up," commented the committee. So the clear HPHmodel is considerably important for this HPH being study.

8. Social Security Fund Qualification Acquirement:

Currently, Phanas Nikhom Hospital is a member of Social Security Scheme Hospital under an umbrella of the Chonburi Provincial Hospital. Being the main/core hospital in this scheme, Phnas Nikhom Hospital has to evolve and adapt to the qualification of the Fund-requirement. For example, Hospital Accreditation (HA)-requirement which is integral part supporting to HPH being character.

Step II: Identify the study population for HPH affecting factor analysis.

There are 2 kinds of study population in this study: 1) hospital staff study population; and 2) non-hospital staff study population.

1. Identify the hospital's staff study population

1.1 Hospital staff population:

At the study period, there were 280 staff from five occupational groups: 7 physicians; 7 staff of dentists and assistants; 13 staff of pharmacist and assistants; 201 staff of nurses and assistants; and 52 administrative staff (Phnas Nikhom Hospital 's registration office, 2001).

1.2 The hospital's staff study population would be selected through "Two stage sampling" (Marketing Research, Kunnatalee Vachsarn, 1999).

1.2.1 First stage sampling

The selected study-population would be selection-intended on the condition of covering all five occupational groups: physician; dentist; pharmacist; nurse and administrative staff.

1.2.2 Second stage sampling

Some staff of each occupational group would be selected through the "purposive sampling" which is based on the considered beneficial and useful factors related to this study, judged by the researcher.

After one month of rapid survey, the researcher had identify the hospital study population from each professional group based on three main criteria:

- a) Play as a key role persons on health related activities (from Phnas Nikhom Hospital's SWOT Analysis document).
- b) Mentioned and suggested by many hospital staff with regards to their active manner at hospital.
- c) Willing to give information.

After recruiting through the two stages sampling, the hospital study population in this study was consisted of 3 physicians; 2 dentists; 3 pharmacists; 17 nurse and assistants (from OPD, ER, ward 1, 2, 3, delivery, operation and anesthetics); and 7 administrative staff (from personnel, account, technician, maintenance, stretcher, and kitchen). .

2. Identify the non-hospital study population

The hospital working committee as well as the staff have named the key informant, who are the community representatives, from outside of the hospital as follows:

1. A house member sitting in parliament's seat
2. A province councilor
3. The sheriff
4. The Mayor of municipal-city
5. Deputy Chonburi Provincial Public Health Head
6. The Head of prefecture public health

7. The Head of Computer Department of Chonburi Sirindhorn public health collect
8. The Head of registration section at Chonburi Provincial Social Security Fund
9. A local public health volunteer, and 3 local folks
10. A member of the Phnas Nikhom elderly club
11. 2 members of the Phnas Nikhom Hospital private sector committee
12. 2 local journalists and a paparazzi
13. There are 19 offices of both local administration, and district head and village head offices (kham-nan and poo yai ban offices) in the constituency under the medical responsibility of Phnas Nikhom Hospital.

Based on the location direction of Phnas Nikhom Hospital, this group of key informants would be randomly selected each one from each of the north; east; west and southward district, as well as the home district of the Phnas Nikhom Hospital site.

The 2 local administrative officers, 4 district heads and 4 village heads were the derivatives of the above random selection.

Step III: HPH affecting factor Analysis Methodology

Based on suitable analysis, each HPH affecting factor (both internal and external) would be variously analyzed through:

1. Participant Observation (Qualitative Research for Development Task, Ummala Pongsapith, 1999).

Participant Observation and Non-participant Observation with regards to the participation to this project, team work, leader support, learning culture as well as communications.

2. Secondary data (Phnas Nikhom Hospital SWOT Analysis document, and Organization Development document)
3. In-dept interview of the hospital staff and key informant populations (from outside hospital). Issues interviewed were leader support, HPH policy, learning culture, communications, attitude, connection with other agencies as well as the connection with the HPH allies, 30 baht universal scheme, politics, public expectation, economic slump, demographic vocation, HPH standard model, internet & website and social security fund.
4. Questionnaire: Hospital study populations were asked to complete the questionnaires with regards to health promoting and disease preventing knowledge.

These questionnaires were adopted from the Wang Noi Hospital, one of the 24 HPH running pilot.

Step IV: HPH affecting factor Analysis's results

All the critical environmental factors, 9 internal and 8 external as discussed under step I, would be analyzed if they were supportive or obstructive to the Phnas Nikhom Hospital. The justifications based on two main things. They are:

1. Tentative concurrence among the HPH working committee
2. Data from the Phnas Nikhom Hospital's SWOT Analysis document.

From the Phnas Nikhom Hospital's SWOT Analysis review as well as the meeting with the HPH working committee, the supportive and obstructive results in this study are defined as below:

Supportive results :

- : Being conscious of personal health
- : Un-selfish and dedicated
- : Give & provide health activity's support
- : Well cooperation at work
- : Efficacy & efficiency in communication
- : Hospital's communal activity willingness' involvement
- : Clear and explicit written paper which easy to understand
- : Alert and long-term view for development
- : Positive attitude towards change issue
- : Reciprocation with other relevant constituent agencies
- : Reciprocal exchange with the HPH pioneers
- : Information and technology access booster

: Finance and technology support

: Conducive ambience support of advanced technique and advice

Obstructive results:

: Short-sighted in terms of development potential

: Procrastination

: Hypocrisy

: Threadbare excuse

: Oppose

: Inert & tardy at learning

: Does not participate in community activities

: Dubious communication channel

: Finance retrench & trim

: Poor resource management

: Over-stretched work

: Does not understand personal role in health promotion

: Disease-curing shortsighted preference rather than preventing procedure

: Vague policy and model

These supportive and obstructive results have been used as the criteria to differentiate the internal and external factors as strength, weakness, opportunity or threat.

Results from analysis:

1. Internal HPH affecting factor:

- 1.1 If the internal factor's analysis is supportive resulted, then that factor is considered "Preliminary HPH being strength".
- 1.2 If the internal factor's analysis is obstructive resulted, then that factor is considered "Preliminary HPH being weakness".
- 1.3 If the internal factor's analysis is inertial analyzed resulted, then that factor is considered "Preliminary HPH being inertia", which would be eliminated from this study.

2 External HPH affecting factor:

- 2.1 If the external factor's analysis is supportive resulted, then that factor is considered "Preliminary HPH being opportunity".
- 2.2 If the external factor's analysis is obstructive resulted, then that factor is considered "Preliminary HPH being threat".
- 2.3 If the external factor's analysis is inertial resulted, then that factor is considered "Preliminary HPH being inertia", which would be eliminated from this study.

Step V: Preliminary HPH being sign

1. Internal affecting factor, there would be only two premises as below:

- 1.1 The Preliminary HPH being strength is signed as "S".
- 1.2 The Preliminary HPH being weakness is signed as "W".

2. **External affecting factor**, there would be only two premises as below:

2.1 The Preliminary HPH being opportunity is signed as "O".

2.2 The Preliminary HPH being threat is signed as "T".

2.4.3 Part Three: HPH indicator Analysis

There are 3 steps for HPH indicator Analysis as follow.

Step I: Identify the HPH indicators

Step II: Identify the imposing HPH indicators

Step III: HPH indicators' activity analysis

Step I: This study has decided to use the HPH indicator, collected by the 24 HPH running pilots (Public Health Department, 1999). There are 7 HPH ideals in the HPH indicators as below:

1. Organizational Pursuit and Administration
2. Administration and Development of Organizational Persons and Resources.
3. Management of Environmental factors being conducive to the Procedure of HPH.
4. Provide Health Promoting Activities to Staff
5. Provide Health Promoting Services to Patients and their relations admitted at hospitals
6. Provide Health Promoting Services to Constituent Community
7. Result of HPH Process

Step II: HPH working committee identify for the imposing HPH indicators.

1. This study is the study of SWOT Analysis towards the readiness of HPH being which have not yet participated in HPH running. Previous used HPH indicators would be eliminated because they are the HPH indicators designed for post HPH entering. As per the discussion with the HPH working committee, only the first 6 HPH indicators would be used in this study and they are:

- 1). Organizational Pursuit and Administration
- 2). Administration and Development of Organizational Persons and Resources.
- 3). Management of Environmental factors being conducive to the Procedure of HPH.
- 4). Provide Health Promoting Activities to Staffs
- 5). Provide Health Promoting Services to Patients and their relations admitted at hospital
- 6). Provide Health Promoting Services to Constituent Community

2. Aside from these selected 6 HPH indicators, there still are many HPH sub indicator embracing in each HPH indicators and many HPH subdivided indicators in each HPH sub indicator. All of these indicators couldn't be evaluated within the 6 months timeline of this project. Thus, the HPH working committee, together with the researcher had discussed and decided to select some HPH sub divided indicators and HPH sub indicators, which must be relied on the basis of:

- 1). Those factors considered to affect to the current hospital status.

- 2). They must be the derivatives covering overall of the 6 HPH indicators.
- 3). They must be involved in every hospital department - OPD, Nursing, Social - Family, Pharmacy, Dental and Physician departments.

“The SWOT Analysis in this study could be considered as groundwork for hospital-staff to extend further if they wish to quest for more detail. So picking up for some HPH sub divided indicators and HPH sub indicators harboring inside of the 6 HPH indicators is still made this study preserving its validity,” Jiruth Sriratanaball, phone-interview, 2001.

3. Devolved upon and concurred to the aforementioned no.1 and 2, the hospital board’s staff who are directly responsible and handling the HPH looming project at Phnas Nikhom Hospital were interviewed for the imposing HPH indicators used in this study.

Below are the details of some imposing HPH sub indicators and HPH sub divided indicators selected for this study.

1. Organization Pursuit and Administration

- 1.1 To develop the master operational plan to cover and support the HPH attribution for service-provider, service-receiver and community.
- 1.2 To develop the strategies to supervise, conduct and evaluate the health promotion-running project.

- 1.2.1 follow the master operational plan
 - 1.2.2 to screen for the problems/complaints from clients as well as community's feedback.
 - 1.2.3 Institutionalize Health Promoting activity to the hospital routine activities.
- 2. Administration and Development of Organizational Staff and Resource**
- 2.1 Proof of actual spending in budget-plan.
 - 2.2 Organize the Health Promoting activity with sufficient material and apparatus for the hospital-staff, patients and relations, and the folks in the community.
 - 2.3 Appropriately applied technology in any efficient-processing project.
- 3. Management of Environmental Factors being Conducive to the Procedure of HPH running.**
- 3.1 Organize the friendly social environment.
 - 3.1.1 Perform the 5 S functions
 - 3.1.2 Perform the EBS" Excellent Behavior Service"
 - 3.2 Organize the health promotion-provoking environment.
- 4. Provide Health Promoting Activities to Hospital Staff.**
- 4.1 Existence of rules, regulations and treaties concerned with the development of the staff's behavior.
 - 4.2 Existence of mental Health Promoting activity responding/aligning to the health problem and the demand of the hospital staff.

5. Provide Health Promoting Services to Patients and relations admitted at Hospital.

- 5.1 Health promoting service would have been provided by the holistic professional team.
- 5.2 Existence in collecting the data of the patient's health-behavior.
- 5.3 Organize health-promoting services available to the clients (patients/relations).
 - 5.3.1 Health promotion for "Elderly and Diabetic"
 - 5.3.2 Health promotion on "Psychiatric consultation"
- 5.4 Publicize the Health Promoting information.

6. Provide Health Promoting Services to Constituent Community.

- 6.1 In conjunction with Phnas Nikhom Hospital's affiliation for continuously providing services responding to the community-demand.
- 6.2 Involve in strengthening the community-health.

Step III: HPH indicator's activity Analysis.

There are 5 stages as follows:

Stage 1. HPH working committee discussed and identified the hospital's activities relevant to the HPH indicator's scope. The virtual activity would have been replaced had there not been the exact one.

Stage 2. Based on the precondition of covering overall section: physician, dentist, pharmacist, nurse and social-family, HPH working committee discusses and identifies for the key informant-staff who oversee the exact or virtual activity (Delphi technique, Strategic Management, Mcglashan/Singleton, 1987).

Stage 3. The selected key informant-staff will analyze if the critical environmental factors (internal & external factors) play any role over their oversee-activity.

Each key informant-staff would be interviewed and asked to tick (√) according to their opinions on the interview table questionnaire.

If in their opinion the factor plays a role at their overseeing activity, then tick √ at “yes”. If not, then tick √ at “no”.

Table 2.1: Key informant-staff opinion if the internal factors play any role over their oversee activity.

| Internal Factors | Role (√) | |
|--|----------|----|
| | Yes | No |
| 1. Leader Support | | |
| 2. Explicit HPH Policy | | |
| 3. Participation & Teamwork | | |
| 4. Life-Long Learning Culture | | |
| 5. Internal Communication | | |
| 6. Health Promoting & Disease-Preventing Knowledge | | |
| 7. Attitude Toward Change | | |
| 8. Connection with Other Constituent Agencies | | |
| 9. Connection with the HPH Ally | | |

Table 2.2: Key informant-staff opinion if the external factors play any role over their oversee activity.

| External Factors | Role (√) | |
|---|----------|----|
| | Yes | No |
| 1. Legal: 30 scheme | | |
| 2. Politic: Mr.Thasin-led coalition government | | |
| 3. Public Expectation: for curative medication | | |
| 4. Economic Situation: slum economic | | |
| 5. Demographic Vocation | | |
| 6. Internet & Web Site | | |
| 7. HPHModel | | |
| 8. Social Security Fund Qualification Requirement | | |

Stage 4. Leverage weighting for each HPH affecting factor.

Under each HPH indicator's activity, each leveraged HPH factor is attributed to the weighting balance between the preliminary analysis result and its role playing at the HPH indicator activity.

Table 2.3: Leveraged weight affecting internal factors

| Internal Factors | Role | | preli mina ry | lever age |
|--|------|----|---------------------|--------------|
| | Yes | No | | |
| 1. Leader Support: | | | | |
| 2. Explicit HPH Policy: | | | | |
| 3. Participation & Teamwork: | | | | |
| 4. Lifelong Learning Culture: | | | | |
| 5. Internal Communication: | | | | |
| 6. Health Promoting & Preventing Knowledge: | | | | |
| 7. Attitude Toward Change: | | | | |
| 8. Connection with Other Constituent Agencies: | | | | |
| 9. Connection with the HPH Ally: | | | | |

Table 2.4: Leveraged weight-affecting external factors

| External Factors | Role | | preli mina ry | lever age |
|---|------|----|---------------------|--------------|
| | Yes | No | | |
| 1. Legal: § 30 scheme | | | | |
| 2. Politic: Mr. Thasin-led coalition government | | | | |
| 3. Public Expectation: for curative medication | | | | |
| 4. Economic Situation: slum economic | | | | |
| 5. Demographic Vocation | | | | |
| 6. Internet & Web Site | | | | |
| 7. HPH Model | | | | |
| 8. Social Security Fund Qualification Requirement | | | | |

Stage 5. Each leveraged factor Analysis result:

1. Internal Factors:

1.1 If the preliminary is strength (S).

The researcher will consider if the factor plays any role or not:

1.1.1 If “yes”, then the leverage is strength (S).

1.1.2 If “no”, then the leverage is no concern (Non).

1.2 If preliminary is weakness (W).

The researcher will consider if the factor plays any role or not:

1.2.1 If “yes”, then the leverage is weakness (W).

1.2.2 If “no”, then the leverage is no concern (Non).

Table 2.5: Internal factors leveraged analysis.

| Internal Factors | Role | | preliminary | leveraged |
|------------------|------|----|-------------|------------------|
| | Yes | No | | |
| | √ | | S | Strength (S) |
| | | √ | S | No concern (Non) |
| | √ | | W | Weakness (W) |
| | | √ | W | No concern (Non) |

2. External Factors:

2.1 If the preliminary is opportunity (O).

The project researcher will consider if the factor plays any role or not:

2.1.1 If “yes”, then the leverage is opportunity (O).

2.1.2 If “no”, then the leverage is no concern (Non).

2.2 If preliminary is threat (T).

The researcher will consider if the factor plays any role or not:

2.2.1 If “yes”, then the leverage is threat (T)

2.2.2 If “no”, then the leverage is no concern (Non).

Table 2.6: External factors leveraged analysis.

| External Factors | Role | | preliminary | leveraged |
|------------------|------|----|-------------|------------------|
| | Yes | No | | |
| | √ | | O | Opportunity (O) |
| | | √ | O | No concern (Non) |
| | √ | | T | Threat (T) |
| | | √ | T | No concern (Non) |

2.4.4 Part Four: Current HPH being situation analysis at Phnas Nikhom Hospital

There are 3 steps as below:

Step 1. Leverage propensity’s analysis-result

1. Internal Factors:

In any HPH indicator’s activity if:

- 1.1 The proportion of leveraged strength outnumbered the weakness, then this shows that this activity has more strength than weakness.
- 1.2 The proportion of leveraged weakness outnumbered the strength, then this shows that this activity has more weakness than strength.
- 1.3 Both proportion of, leveraged strength and weakness are equal, then this shows that this activity has been neutral tendency.

2. External Factors:

In any HPH indicator's activity if:

- 2.1 The proportion of leveraged opportunity outnumbered the threat, then this shows that this activity has more opportunity than threat.
- 2.2 The proportion of leveraged threat outnumbered the opportunity, then this shows that this activity has more threat than opportunity.
- 2.3 Both proportion of, leveraged opportunity and threat are equal, then this shows that this activity has been neutral tendency.

Step 2. HPH indicator's activity analyzed by both internal and external factors.

Each HPH indicator activity's analysis is resulted from the leveraged internal-cum-external propensity of:

1. Leveraged propensity of strength per opportunity.
2. Leveraged propensity of strength per threat.
3. Leveraged propensity of weakness per opportunity.
4. Leveraged propensity of weakness per threat.

Step 3. Data Analysis by Graph Plotting (Boston Consulting Group (BCG)

Tool, Strategic Management, Mcglashan/Singleton, 1987).

1. Set up a two-dimension axis graph: "horizontal" and "vertical" axis.
2. The horizontal axis is divided into "strength" and "weakness" bar.
3. The vertical axis is divided into "opportunity" and "threat" bar.
4. There are four regional areas – i.e. region I, II, III and IV.

Where: the region I – strength-cum-opportunity area, regarded as “HPH excellent situation” – means the hospital is mostly prompted for HPH being due to its own HPH being character in tandem with the HPH supporting external factor’s ambience.

: the region II – strength-cum-threat area, regarded as “HPH fair situation” – means even the hospital is holding the HPH being character, but it is facing the HPH being obstacles from the external factor.

: the region III – weakness-cum-opportunity area, regarded as “HPH declined situation” – means even there is external factor conducive to HPH being stage, but the hospital itself is being lacked of the HPH being character.

: the region IV – weakness-cum-threat area, regarded as “HPH disappointed situation” – means not only there are many HPH being obstacles from the external factor, but also the hospital itself is lacking of the HPH being character.

5. The graph will be plotted according to the leveraged internal-cum-external factor's propensity affecting at each activity.

6. The regional area filled with the majority of the activity's cluster could be identified as the current HPH being situation of Phnas Nikom Hospital.

7. If the current situation befallen at the region I, then the hospital would have been considered for HPH being readiness.

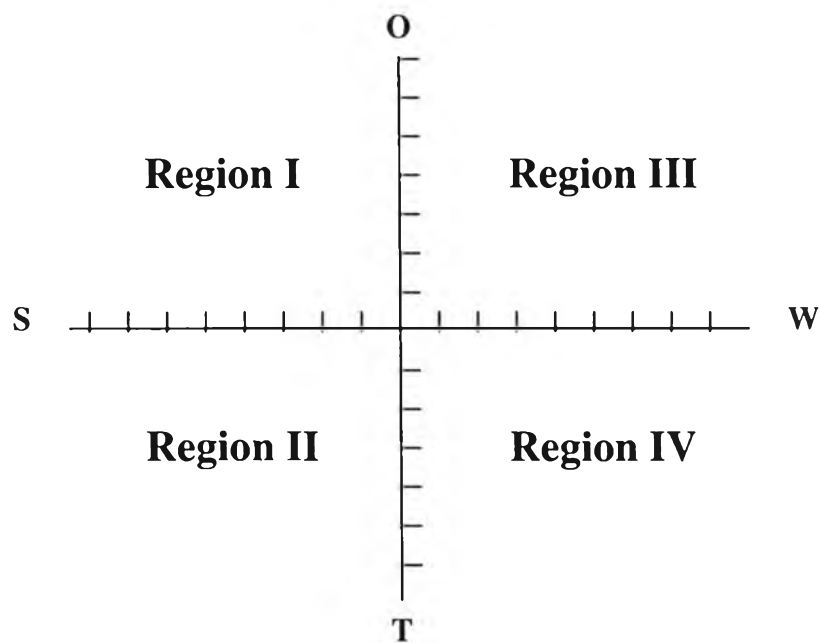


Figure 2.3: Graph-plotting Analysis (Boston Consulting Group (BCG) Tool)

2.4.5 Part Five: HPH entering recommendation through TOWS Matrix Analysis (Nanthiya, Narong Hutanunat, SWOT, 2000).

- After identifying the current situation, some tips for HPH entering strategy prior to HPH entering should have been preempted. And there were 3 steps towards the strategic tip as below.

Step I. Prioritize the HPH affecting factor.

- Each factor would be prioritized according to their role-playing frequency to the HPH indicator activity – the higher priority they were, it's meant to, the more significant role they played at this study.

Table 2.7: Prioritization of preliminary HPH being strength

| Prioritization | Role playing to activity | |
|--|--------------------------|------------------|
| | No. of "yes" | Percentage (%) |
| HPH being strength no. 1 ↓ | High ↓ Low | High ↓ Low |




Table 2.8: Prioritization of preliminary HPH being weakness.

| Prioritization | Role playing to activity | |
|--|--------------------------|------------------|
| | No. of "yes" | Percentage (%) |
| HPH being weakness no. 1 ↓ | High ↓ Low | High ↓ Low |

Table 2.9: Prioritization of preliminary HPH being opportunity.

| Prioritization | Role playing to activity | |
|--|--------------------------|------------------|
| | No. of "yes" | Percentage (%) |
| HPH being opportunity no.1 ↓ | High ↓ Low | High ↓ Low |

Table 2.10: Prioritization of preliminary HPH being threat.

| Prioritization | Role playing to activity | |
|--|--|--|
| | No. of "yes" | Percentage (%) |
| HPH being threat no. 1  | High  Low | High  Low |

Step II. Identify for the HPH entering strategic recommendations.

All the prioritized HPH being factors' analysis would have been factored into the HPH strategic recommendations. The higher they had been, the more significant they were and would have been often referred into strategic consideration. There are four recommendation-tips: Aligning; averting; alleviating and avoiding strategic recommendations.

1. Aligning strategic recommendation:

It is created on the basis of using the HPH being strength factor to tap into the emerging favorable HPH being opportunity factor.

2. Averting strategic recommendation:

It is created on the basis of using the HPH being strength factor to avert the emerging dormant HPH being threat factor.

3. Alleviating strategic recommendation:

It is created on the basis of using the emerging favorable HPH being opportunity factor to alleviate the dormant HPH being weakness factor.

4. Avoiding strategic recommendation:

It is created on the basis of alleviating the dormant HPH being weakness factor, meanwhile avoiding the emerging dormant HPH being threat factor.

Table 2.11: TOWS Matrix Analysis for strategic recommendations

| | HPH being Strength | HPH being Weakness |
|-----------------------|--|---|
| | 1. 2. 3. 4. 5. | 1. 2. 3. 4. 5. |
| HPH being Opportunity | 1. 2. → Aligning Strategy 3. 4. 5. | 1. 2. 3. → Alleviating Strategy 4. 5. |
| HPH being Threat | 1. → Averting Strategy 2. 3. 4. 5. | 3. → Avoiding Strategy 4. 5. |

Step III. For hospital administrative and managerial strategy

All the identified HPH strategic recommendations would be classified and grouped together on the basis of their related string connection into two strategies as:

1. Corporate strategy
2. Functional strategy

2.5 Activity Plan with Timetable

Table 2.12: Activity Plan

| Activities | Month | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th |
| Part one: 1) 1 st Orientation meeting with hospital staff <ul style="list-style-type: none"> - Purpose & reason - HPH being concept - SWOT Analysis concept 2) HPH working committee set up <ul style="list-style-type: none"> - Set up the ground rules Part two: Identify HPH affecting factor, both internal and external, by: <ol style="list-style-type: none"> 1. Review literature 2. Discussion with HPH working committee | √ | | | | | |
| Part two: Preliminary Internal HPH affecting factor Analysis. <ul style="list-style-type: none"> - observation on the current system - secondary data study - in-dept interview with hospital staff - appointment-making and in-dept interview with the outside key informant - HPH knowledge's questionnaires issued to all hospital staff, about 280 staff. | | √ | | | | |
| Part two: Preliminary External HPH affecting factor Analysis. <ul style="list-style-type: none"> - discussion with the HPH working committee for identifying of the outside key informant - appointment-making and in-dept interview with the outside key informant - collect the issued HPH testing knowledge's questionnaires | | | √ | | | |

Table 2.12: (Cont.) Activity Plan

| Activities | Month | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th |
| <p>Part three: HPH indicator Analysis.</p> <ul style="list-style-type: none"> - discussion with the HPH working committee for identifying of the imposing HPH indicator - HPH working committee discuss and identify for the hospital-existing activities, which are relevant to HPH indicators, and their responsible key informant-staff - appointment-making and in-dept interview with the key informant-staff for the role playing of the HPH factor to the HPH indicator activity | | | | √ | | |
| <p>Part four: Current HPH being Analysis.</p> <ul style="list-style-type: none"> - Graph-plotting SWOT Analysis - Plot the graph according to the HPH indicator activity's analysis - Identify the current situation, and aware if the hospital is HPH being readiness | | | | | √√ | |
| <p>Part five: TOWS Matrix Analysis.</p> <ul style="list-style-type: none"> - Prioritize the HPH affecting strength, weakness, opportunity and threat's factor. - identify for the HPH being strategy - evaluate the pre and post implementation of SWOT Analysis toward the HPH being readiness at Phnas Nikhom Hospital | | | | | | √ |

2.6 Definition of Terms:

1. HPH working committee refers to the committee who co-operated and managed the study, which consisted of 10 hospital-staff and a researcher.
2. Leader Support refers to the support of the Phnas Nikhom Hospital's director to the HPH being stage.
3. Explicit HPH Policy refers to the written of HPH being policy at Phnas Nikhom Hospital.
4. Participation and Teamwork refers to the cooperation and co-decision of Phnas Nikhom Hospital's staff in routine working and conflict solving.
5. Lifelong Learning Culture refers to the curious support from the hospital-board for the staff to reeducate and update their knowledge, and the physical refurbishment of the organization's structure to satisfy the client's demand.
6. Efficient Internal Communication refers to the efficiency of Phnas Nikhom Hospital's inside circular letter, inter-phone, on-line air-sound, sign post-board card, Computer "LAN" system.
7. Health Promoting and Disease-Preventing Knowledge refers to the knowledge of Phnas Nikhom Hospital's staff about Health Promoting and Disease-Preventing concepts.
8. Positive Attitude toward the Change at the Organization refers to the attitude of hospital's staff reaction to the hospital if it enter to HPH running hospital, which could be measured by comparing toward the attitude of the HA and 5s-activity which have been running at hospital now.
9. Holding Good Connection with Other Constituent Agencies refers to Phnas Nikhom Hospital's connection and relationship-stage toward other local

organizations, for example administrative organization, kham-nan and poo yai ban organization, and municipality office at Phnas Nikhom prefecture.

10. Having connection with the HP Hally refers to Phnas Nikhom Hospital's connection, cooperation and relationship with any hospital that is running the HPH project.
11. Legal (๒30 Universal Scheme) refers to the effect on the Phnas Nikhom Hospital after entering this scheme since October 1, 2001.
12. Politics refers to the health promotion's atmosphere under the Thaksin-led coalition government, where both Public Health Minister and deputy are Thai Rak Thai party's members. Their campaign slogan of "Social Health-Insurance policy" during the election campaign became popular now.
13. Public Expectation refers to the expectation of the Phnas Nikhom's people toward Phnas Nikhom Hospital's medication-serving manner.
14. Economic Situation refers to current slump economy, which causes many middle-income people turning their backs from private hospital, but utilising state hospitals instead.
15. Demographic-vocation refers to the major career of Phnas Nikhom Hospital's clients, collected from January to December 2001.
16. Internet & Web Site refers to the various available HPH accessing information's sources at less expensive and time consuming.
17. Vague of HPHModel refers to the now-unavailable conclusive HPH exemplary model to follow.
18. Social Security Fund Qualification Acquirement refers to the effect, occurring from this Fund, toward Phnas Nikhom Hospital after the Fund.

19. Hospital study population refers to 3 physicians; 2 dentists; 3 pharmacists; 17 nurse and assistants (from OPD, ER, ward 1, 2, 3, delivery, operation and anesthetic); and 7 administrative staff (from personnel, account, technician, maintenance, stretcher, and kitchen).
20. Key informant refers to: house-member in parliament seat; province councilor; sheriff; municipal-city mayor; Chonburi Provincial Public Health deputy; prefecture-public-health head; computer head department of Chonburi Sirindhorn public health collect; Chonburi Provincial Social Security Fund's staff head in the section of registration; district-headmen; village-headmen; the secretary of Phnas Nikhom district-headman's club; local administrative head-officers; local public-health volunteer; Phnas Nikhom elder club's chairman; Phnas Nikhom Hospital private-sector-committee's chairman and deputy; local journalist and paparazzi; Phanas Nikhom Hospital staff and local folks.
21. HPH affecting factor refers to, both, internally and externally affecting factors, which are considered affecting to the HPH being stage of Phnas Nikhom Hospital.
22. HPH being strength refers to the supportive effect from the internal HPH affecting factor towards Phnas Nikhom Hospital.
23. HPH being weakness refers to the obstructive effect from the internal HPH affecting factor towards Phnas Nikhom Hospital.
24. HPH being opportunity refers to the supportive effect from the external HPH affecting factor towards Phnas Nikhom Hospital.

25. HPH being threat refers to the obstructive effect from the external HPH affecting factor towards Phnas Nikhom Hospital.
26. Region I refers to "strength-cum-opportunity stage", regarded as "HPH excellent situation", which means the hospital is mostly prompted for HPH entering due to its own HPH being character in tandem with the HPH supporting external factor's ambience.
27. Region II refers to "strength-cum-threat stage", regarded as the "HPH being fair situation", which means even the hospital is holding the HPH being character, but it is facing the HPH being obstacles from the external factor.
28. Region III refers to "weakness-cum-opportunity stage", regarded as "HPH being declined situation", which means even there is external factor-conducive to HPH entering, but the hospital itself is being lacked of the HPH being character.
29. Region IV refers to "weakness-cum-threat stage", regarded as "HPH being disappointed situation", which means not only there are many HPH being obstacles from the external factor, but also the hospital itself is still being lacked of the HPH being character.
30. HPH being readiness refers to the stage of "HPH excellent situation", where the current HPH being situation is at the region I.
31. The First-month refers to March 5 to April 4, 2001.
32. The Second-month refers to April 5 to May 4, 2001.
33. The Third-month refers to May 5 to June 4, 2001.
34. The Fourth-month refers to June 5 to July 4, 2001
35. The Fifth-month refers to July 5 to August 4, 2001.

36. The Sixth-month refers to September 5 to October 4, 2001.

Note! The researcher was requested to abstain from doing study during August because there are many internal meetings and hospital-visiting excursions for most of the HPH working committee through this month.

2.7 Proposed Budget

Table 2.13: Proposed Budget Expenditure

| | No. of units | Unit | Unit rate | Amount | Baht |
|--------------------------------------|--------------|-------------------|-----------|--------|--------|
| Survey questionnaire | 300 | Questionnaire | 5 | 1,500 | 1,500 |
| Field note | 5 | Books | 20 | 100 | 100 |
| Travel : Chonburi- Bangkok | 10 | Two-way ticket | 100 | 1,000 | 1,000 |
| Travel : Chonburi- Phanas | 80 | Two-way ticket | 50 | 4,000 | 4,000 |
| Travel: Hospital-key informant | 30 | Times | 50 | 1,500 | 1,500 |
| Monthly report and sheet | 3 | documents | 200 | 600 | 600 |
| Miscellaneous | 6 | Months | 500 | 3,000 | 3,000 |
| Total | | | | | 12,950 |

Note! Phnas Nikom Hospital would incur all food & beverage, and other accessories during the meeting and discussion.

2.8 Expected Outcomes

1. Phnas Nikom Hospital could be aware the HPH affecting factors playing significant role to the hospital.
2. Phnas Nikom Hospital could have the HPH entering recommended strategies.

2.9 Potential Problems and Conflicts During the Project Implementation as well as the Problem Solving Strategies

Table 2.14: Potential Problems, conflicts and possible means of resolution

| Problem | Resolution |
|--|---|
| 1. Usually, an outsourcer has been viewed, by some strong organizational patriots and their compatriots, as an ex-patriot who has no deep root, in their hospital, which may result an in-side against the project researcher. | <ol style="list-style-type: none"> 1. Having requested the College of Public Health, Chulalongkorn University to backup with letter-credentials. 2. Having consulted with the Chonburi Provincial Health head prior to entering, and he acknowledged and supported. 3. Having contacted and got a nod to do this project from Phnas Nikom Hospital's director. |

Table 2.14: (Cont.) Potential Problems, conflicts and possible means of resolution

| Problem | Resolution |
|---|--|
| <p>2. Some unexpected obstacles and unforced errors may occur along the project study period.</p> | <ol style="list-style-type: none"> 1. Project researcher acquires more literature review of HPH. 2. Consult the obstacles with advisor, co-advisor, and experts. 3. Try to gain more knowledge by attending the lecture, seminar, and conference about HPH when ever chances are conducive. |
| <p>3. Some hospital official staffs might hold a negative presumption and presume that the project study would only burden and load more to their routine jobs.</p> | <ol style="list-style-type: none"> 1. Ask support from the hospital director through the project study. 2. Be aware of conceptual knowledge about HPH, and organization analysis theme. 3. Be patient, flexible, and listen to other view points. 4. Be less egotistical. 5. In worst case, politely try to make them understand the purpose of this project, and the benefit that the hospital and his official staffs could gain had the product come out very neatly, a win-win concept. |
| <p>4. Phnas Nikom is a state-owned hospital where the regulation and structure were under the bureaucratic system, so some areas may not be allowed – for some security and ethic reasons – to attend or study.</p> | <ol style="list-style-type: none"> 1. Study the hospital regulation and follow with respect. 2. Ask permission from authority officials for the unclear matters. 3. Avoid any infraction 4. Be sensitive to the taboo area of hospital and staffs, and polite when asking for some help from them. |