

CHAPTER 3

PROJECT EVALUATION

3.1 Introduction

An evaluation is an assessment of the process and the results of the project. The proper project-evaluation will lead to reach the goal of the project in accordance to the designed objectives.

This project was the study of SWOT Analysis towards the readiness of being health-promoting hospital (HPH) where there is no completed HPH-pattern to follow as a model. It isn't absolutely a turnkey project, so compromise as well as co-operation, design and decision with the hospital's staff are required throughout this project's process.

In order to achieve the designed objectives and goal, the researcher needs to steer if the implementation could deliberately run according to the prospected plan. Any identified reservations and obstacles blocking to this project would have been promptly broken down and rectified for deliberately flowing on. Periodical interval evaluations en route are crucial to the project implementation.

As well, the results achieved at the project's end or the outcome of the project would be justified if they have reached the designed objectives and goal set up at the beginning or, stagnantly, turn to the square one. Aforementioned derivative results would be evaluated eventually.

3.2 Purpose

The purpose of this study was to assess if the project could achieve the set goals and objectives as stated in chapter 2. The main goal is to evaluate the readiness of being the HPH of the Phnas Nikom Hospital.

This project has been evaluated during the project implementation and the end of the project. The feed back produced during the implementation process would furnish valuable information for properly adapting and improving through the project implementation-process. The output produced at the ending would evidence the valuable information for evaluating if this study project is successful. Moreover the output would procure for the decision making of project-adaptation, further development, or even ignore.

3.3 Evaluation Questions

1. Is the program being carried out as what it is supposed to be?
2. Are its objectives achieved?
3. What are the results of this project?
4. What are the impacts of this project?

3.4 Evaluation Design

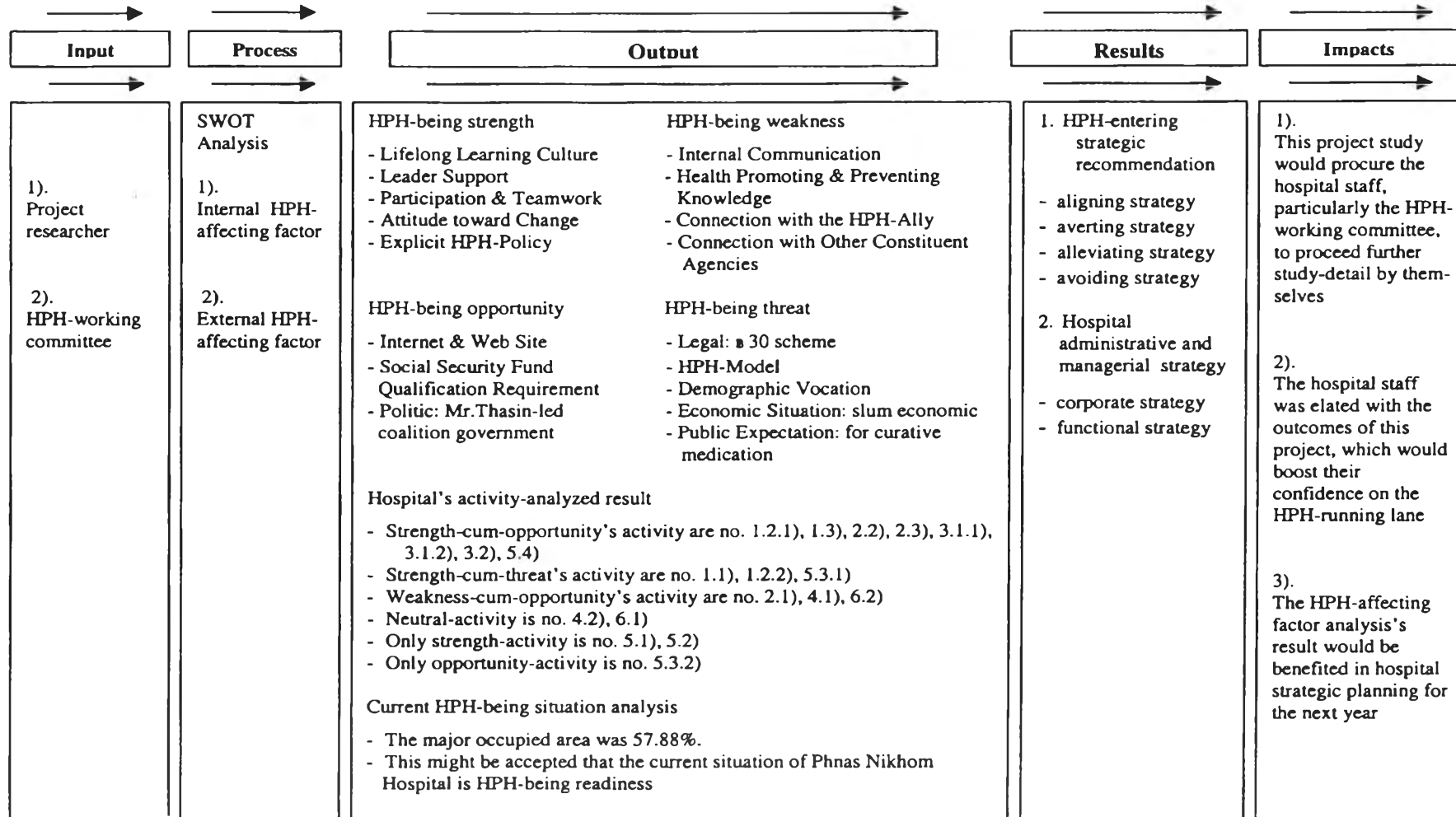


Figure 3.1: Chart shows the evaluation design of this project



3.5 Data Collection Method

This SWOT Analysis project study was conducted in 6 months period, since March 5 to October 4, 2001. One-month-period, since August 5 to September 4 2001, was suspended because the HPH-working committee and hospital staff had to attend the internal meetings and participate at exemplary hospital-visiting excursion schedules. So the researcher had been asked for their privacy, and refrained from any implementation process.

The following 6 months were spent with five implementation-parts. One month, March 5 to April 4 2001, was spent on “Part one: Set up HPH-working committee and the HPH-analysis meaning”. The next two months, April 5 to June 4 2001, was spent on “Part two: SWOT Analysis on the HPH-affecting factor toward Phnas Nikhom Hospital”. One month – June 5 to July 4 – spent on “Part three: HPH-indicator Analysis”. The next one month, July 5 to August 4 2001, was spent on “Part four: Current HPH-being situation analysis at Phnas Nikhom Hospital”. The last month, September 5 to October 4 2001, was spent on “Part five: HPH-entering recommendation through TOWS Matrix Analysis”, as outlined in the following:

Input

Set up the HPH-working committee in which consisted of ten hospital-staff, to co-ordinate and manage through out this project with the researcher.

Process

1. Reviewing literature for the HPH-being concept by researcher.
2. Organizing meeting with the set-up HPH-working committee to identify:
 - 1). potential HPH-affecting factors, both internal and externals.
 - 2). imposing HPH-indicators directly affecting to hospital.
 - 3). hospital's activities relevant to the HPH-indicator and its oversee responsible staff.
3. Collecting data according to the potential HPH-affecting factors, which were required different data collecting techniques as follows:

Internal factors:

1. Leader Support: collected through hospital secondary data study, in-dept interview with the hospital study-population, and non-participant observation by researcher.
2. Explicit HPH-Policy: collected through current-system-study on hospital's mission and in-dept interview with the hospital study population by researcher.
3. Participation & Teamwork: collected through non-participant observation and participant observation by researcher.
4. Lifelong-Learning Culture: collected through non-participant observation, in dept interview and hospital's secondary data study by researcher.
5. Efficiency Internal Communication: collected through in-dept interview with hospital study population and non-participant observation by researcher.

6. Health-Promoting and Disease-Preventing Knowledge: collected through questionnaire issued by HPH-working committee.
7. Positive Attitude toward the Change: collected through in-dept interview with hospital study population by researcher.
8. Having Good Connection with Other Constituent Agencies: collected through in-dept interview with the key informant and hospital study population by researcher.
9. Having Connection with HPH-Ally: collected through in-dept interview with hospital study population by researcher.

External factors:

1. Legal: (₹30 Universal Scheme) collected through in-dept interview with hospital study population and the key informant by researcher.
2. Politics: collected through in-dept interview with the key informant by researcher.
3. Public Expectation: collected through in-dept interview with the key informant by researcher.
4. Economic slump: collected through in-dept interview with the hospital study population and the key informant by researcher.
5. Demographic Vocation: collected through in-dept interview with the key informant and hospital secondary data study by researcher.
6. Vague of HPH-Standard Model: collected through in-dept interview with the hospital study population by researcher.

7. Internet & Web Site: collected through in-dept interview with the key informant by researcher.
8. Social Security Fund Requirement: collected through in-dept interview with hospital study population and the key informant by researcher.

All hospital's activities relevant to the HPH-indicators had been collected through in-dept interview with the responsible staff who oversee the activity by researcher.

Output

After implementation of HPH-being SWOT Analysis for 6 months, the evaluation output found that the majority of the occupant-clustering activity, 57.88%, of this hospital is in the region I – a strength-cum-opportunity stage. Which means this hospital is rather ready for HPH-being due to its own HPH-being character in tandem with the HPH-supporting external factor's ambience. (Data collection methods, analysis and justification are summarized in the Appendix 1)

3.6 Findings

I. Is the program being carried out as what it is supposed to be?

This study project was divided into 5 parts: Part 1 Set up HPH-working committee and the HPH-meaning; Part 2 Development of Research Instrument (Identification of Critical Environmental Factors; Part 3 HPH-indicator Analysis; Part 4

Current HPH-being Analysis at Phnas Nikhom Hospital; and Part 5 TOWS Matrix Analysis.

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

By the courtesy of the Hospital Director, the HPH-working committee has been set up at the beginning of the implementation to co-ordinate and manage the project with the researcher. The HPH-working committee consisted of 10 hospital staffs-hospital management-board, dentists, pharmacists, nurses and nurse aides.

- 1st meeting of the HPH-working committee:

Briefing the implementation process and setting up the meaning commitment of HPH-being strength, weakness, opportunity and threat. Detail as below.

Reference from Hutauwat, 1998	Results from the HPH working committee meeting: Panas Nikhom Hospital as a HPH
Strength is considered any inside-organization talent and / or positive situation which is conducive to support an organization to attain his objective	HPH-being Strength should be meant to any organization constituent resource being conducive to “catalyze” Phnas-Nikom Hospital to reach HPH-being.
Weakness is considered any inside-organization deficiency and / or negative situation which obstruct and block an organization to attain his objective	HPH-being Weakness should be meant to any organization constituent resource being conducive to “foil” Phnas-Nikom Hospital from reaching HPH-being.
Opportunity is considered any outside-organization factor and / or situation which would be conducive to support an organization to attain his objective	HPH-being Opportunity should be meant to any peripheral factor being able to “support” Phnas-Nikom Hospital to reach HPH-being.
Threat is considered any outside-organization factor and / or situation being able to “Block” any organization to attain his objective	HPH-being Threat should be meant to any peripheral factor being able to “wean” Phnas-Nikom Hospital from reaching HPH-being.

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

Internal factors:

1. Leader Support:

- “The hospital director was an exemplary example and support to the healthy activity in this hospital,” said the Phnas Nikhom Hospital’s SWOT Analysis document.
- Most of the hospital study-population said that the director is acceptable for his health-supporting roles to the hospital (Phnas Nikhom Hospital’s SWOT document).
- The director regularly jogs around the hospital after office hour (Non-participant Observation, Supank Janthvanich, 1994).
- If the director is aware the importance of the health and overtly support for HPH-running function, then it should be an important force driving to the HPH-running direction. So, this factor could be considered as the “Preliminary HPH-being strength point”, then signed as “S”.

2. Explicit HPH-Policy:

- The formal HPH-committee would have been set up under the supervision of the HA-working function-committee (current HA-structure sheet).

- The hospital has a clear policy of being health-promoting hospital. "We've finished our HPH-policy," said a hospital study-population, also a hospital board-being.
- Corporate Hospital Mission Consideration:

There are some HPH-being elements embraced in the Mission, as below:

- 1) A unique organization that continuously pursue to render a holistic healthcare service.
- 2) Holding standard of excellent health care services by efficient management team, covering all jurisdiction area with health care affiliates.
- 3) Continuously developing under the good environment by the involvement of the local people.

With the explicit HPH-policy, it would steer and scope for the hospital's direction. So, this factor could be considered as the "Preliminary HPH-being strength point", then signed as "S".

3. Participation & Teamwork

- Even there are some spats, but from an observation the researcher found that they seem to forget the spat and share their views for hospital mission and vision, and could manage to run the hospital's routine well, for example:

- 1) Instead of uniform, most staffs are cooperatively dressing in the orange flower-motif jerseys on every Friday to show they're prompted for 5s activity-campaign (Non-participant Observation, Supank Janthvanich, 1994).
- 2) Each sub-group would brainstorm for problem solving. Every staff in the sub-group would share their considered problem and possibly solving solution (Participant Observation, Supank Janthvanich, 1994).
- 3) Monthly meetings were set up in a friendly atmosphere with the free lunch meal service. Attendees, represented from various sections, would reflect their views and discussion. For example, the discussion for the exemplary hospital-visiting excursion, every attendee shared ideas from the possible exemplary hospital, the cost-saving route and meal, the transportation-company, suitable excursion-time and the lodging during their stopover (Participant Observation, Supank Janthvanich, 1994).
- Participation and teamwork is an important part of HPH-running. Good participation and teamwork of the hospital's staff would support this hospital to reach the HPH-being. So, this factor could be considered as the "Preliminary HPH-being strength point", then signed as "S".

4. Lifelong-Learning Culture:

- Every staff should have been trained or supported for external training at least once a year (hospital's policy, 2001).

- There are many seminars and courses trained by experts from outside – computer-training courses, for example, are provided for staff (Non-participant Observation, Supank Janthvanich, 1994).
- "Staff have been supported to attend the training courses outside and come back to regurgitate to their peers, some were supported with scholarship," said most of the hospital study-population.
- Organization Development seminar had been set for every staff to develop the hospital and staff-relationship and service (Organization Development at Phnas Nikhom Hospital, 2000).
- They learn to improve their services from client complaints and needs. There are many refurbishment of hospital structures, for example newly built and adapted working-offices fixed with air-conditioning, newly built clean restrooms, enough patient waiting-bench and available drinking coolers, sufficient parking lots (Non-participant Observation, Supank Janthvanich, 1994).
- Lifelong-learning culture would cultivate their staffs to be always alert-being for new knowledge and technology, which is the important part for HPH-entering. So, this factor could be considered as the "Preliminary HPH-being strength point", then signed as "S".

5. Efficient Internal Communication

- There are 5 main channels of internal communication: circular letter, inter-phone, on-line air-sound, post-board and computer LAN system.

- 1) "Inside circular letter among staff is tardy, sometimes the inside matter was expired when we received it", said a hospital study-population.

"It is the urgent problem to our section", said an attendant in sub-group meeting (Participant Observation, Supank Janthvanich, 1994).

- 2) Inter-phone is efficient, there are enough for use at every section (Non-participant Observation, Supank Janthvanich, 1994).
- 3) On-line air-sound is efficient in this hospital because the information's sound could go around and reach all part of the hospital compound (Non-participant Observation, Supank Janthvanich, 1994).
- 4) Post-board card is fair because they existed at every building. And the posted matters were not urgent issues, for example the hospital policy, vision, mission and exhibition (Non-participant Observation, Supank Janthvanich, 1994).
- 5) Computer "LAN" system:
 - 5.1) "Even LAN-system is still limited in some area, but enough for hospital use", said a hospital study-population.
 - 5.2) Computer literacy is complicated and needs patience. It seems many hospital staff are disheartened at computer learning (Non-participant Observation, Supank Janthvanich, 1994).

HPH-working committee analyzed:

- Inter-phone and on-line air-sound are used as communication-mean for general daily issues.
- Bill-board card is excellent in the area of the general and non-urgent but long message.
- Circular letter is, generally, a state-message – loading with significant message-normally affecting to staff and organization-functioning. So poor circular letter handling is considered a severe communication problem here.
- Computer “LAN” system would have linked all data and communicated messages more efficiently among staff in hospital had it completely been fixed and extended to all area.
- So, the committee put more weight on circular letter, and computer “LAN” system, which are inefficient and concluded that overall the internal communication of this organization is rather poor.
- HPH-running needs cooperation of all staff, so efficiency in communication is badly needed. So the poor quality of internal communication would hamper the hospital to enter the HPH-being. So, this factor could be considered as the “Preliminary HPH-being weakness point”, then signed as “W”.

6. Health-Promoting and Disease-Preventing Knowledge

Wang Noi Hospital, one of the 24-HPH-running-pilot, is a community hospital, which had measured the health-promoting and disease-preventing knowledge of their hospital staff with questionnaire. So in order to measure the same kind of the knowledge at Phnas Nikhom Hospital-staff, which is also the community hospital, the HPH-working committee agree to use the same questionnaire.

The data from questionnaires was analyzed by Epi Info 6 and the results are as follows:

Mean	11.071	50.324%
Medium	11	50.000%
Mode	12	54.545%

Standard deviation is 3.18, equal to 14.172%

- Dr. Ronnachai Tangmaan-Anantakul, the director of Wang Noi Hospital which originated the Health-Promoting and Disease Preventing knowledge questionnaire, commented: “Acceptable level is, at least, 70% up of accurate answers”.

The health-promoting and disease-preventing knowledge of the Phnas Nikom Hospital-staff is considered a fundamental step to enter the HPH-running. Because staff is the main important resource of the hospital in driving the HPH-concept, so the poor knowledge of the staff would retard for entering the HPH-running. So, this factor could be considered as the “Preliminary HPH-being weakness point”, then signed as “W”.

7. Positive Attitude towards the Change

- Any hospital, which had undergone the good development of 5s, HA, TQM and ESQ activity, would have their staff equipped with the positive attitude towards any change, which was an integral part for HPH-entering preparation (Nantha Oamkul, Phetcharat Kriwong, 2000).
- At this moment, the hospital is running the 5s and HA activity, so only their attitude toward the 5s and HA activity would be taken as the analyzed proxy in this study project. According to the posing-rank, there are two types of hospital study-population in this study project: senior and junior staff.
- Regarding the senior staff:

"We're ready for them, both 5s and HA, since two or three years ago, with a long working experience of nearly 20 years and many of us finished master degrees, we are rather eager to the change," said most of the senior hospital study-population.

Many senior hospital study-population thought that 5s and HA had come from the same basic, "they are nearly the same story, knowing one story could apply to another one easily," said four seniors hospital study-population.

- Regarding the junior staff:

5S seemed to be frightening at the beginning, but later on, after running for sometime, they became familiar and understood well. "Now it is our daily working, we accommodate it comfortably", said most of the junior hospital study-population.

At a quick look, most of them seemed frightened to the HA. But after some interviewing, researcher found that actually, instead of having a bad attitude, they were rather confused by the concept of the HA because there has not been anybody who could explain clearly about the HA-concept to them. But with their ten to fifteen years of working experience, they would have enough ability to learn and adopt the HA soon had there been somebody articulating them the HA concept. Most of the junior staff hospital study-population insist that "Change is inevitable, sooner or later, we finally have to meet it. Should it be better had we anticipate it consciously".

- The analyzed data above could depict that most staff of this organization is rather acceptable to the change.

The HPH-entering is the matter of the change. So if most of the staff has positive attitude to the change, then they're not reluctant to open their mind to learn and adopt the new thing, it would boost the hospital to achieve comfortably. So, this factor could be considered as the "Preliminary HPH-being strength point", then signed as "S".

8. Having Good Connection with Other Constituent Agencies

- Most of the key informants said that Phnas Nikhom Hospital staff are rather reserved. They hardly joined other agencies located in the constituency. "I know only the director when talking about this hospital, please come out from the shadows", marked an important key informant. "They would have been riddled with many questions had they attend the

monthly meeting at the prefecture's office", added another key informant.

- "We accept that our hospital doesn't have any direct liaison officer who could attend and respond with other agencies in the area", replied a hospital study-population.

Running the HPH, good cooperation with other constituent agencies is very essential because HPH-running concept needs the involvement and cooperation of community. So poor connection with the constituent agencies would hamper the hospital to reach the HPH-being. This factor could be considered as the "Preliminary HPH-being weakness point", then signed as "W".

9. Having Connection with HPH-Ally

- Researcher found this hospital doesn't have any connection with any hospitals that are running HPH-projection, for example the 24-HPH pilot-group. "We accept that we've never contacted with any hospital running the HPH-concept before", said an important hospital study-population.

Lacking a connection with other HPH-running hospitals, particularly the HPH-running ally, reduces the chance to learn, consult and exchange HPH-idea, view, and knowledge with others in the HPH-circle. So this factor could be considered as the "Preliminary HPH-being weakness point", then signed as "W".

External factors

1. Legal: ฿30 Universal Scheme

- Hospital-staff are stressed and rather confused with this policy. With about two-fold increase of patient numbers, they hardly spare their time for thinking of other creative activity. “Nowaday, we sometimes take care of 500 to 600 patients a day – two-fold increase in number – compared to about 200-300 before the ฿30 came,” said a hospital study-population.
- “I’m, now, dealing with 50-60 patients a day – a one hundred percent increase from the previous years. I have to manage diagnosing each case within 5 minutes. otherwise this would irritate a lot to the long-awaiting patients. Ideally, 20-30 minutes should be spent for the diagnosing. God forbid! I have to go directly at the physical symptom only, no time to go around their related-lives and minds,” commented a hospital study-population.
- The scheme confused both patient and hospital staff. The doubt that the drug's quality would be harmful rather than helpful. It is the matter of trust, relationship and cooperation between the hospital and the local folk in the future. “It is a Pandora’s box opening to every health officer and their work,” commented a key informant.
- The 30 baht scheme put pressure on the hospital-staff, because it procured double the number of patients, which occupied the staff’s spare time for studying, providing other health programs aside from focusing on short-term treatment with medication on each day. So this factor

could be considered as the "Preliminary HPH-being threat point", then signed as "T".

2. Politics:

- Under Mr.Thaksin-led coalition government, where both the Public Health Minister and deputy are his party's members, so this government would try to honor his health insurance's promise during their campaigning day work. Both minister and deputy always publicly promote the society for health-promoting and disease-preventing activity. "The state hospitals need not worry about their survival had they emphasized on the health promotion and disease prevention method, because the government has a lot of supporting budget reservation and specialist to brace and help them," commented a key informant.
- This government explicitly showed that it had emphasized on the health-promoting policy to all Thai people. It would support with both budget and human resources had Phnas Nikhom Hospital run the HPH. So, this factor could be considered as the "Preliminary HPH-being opportunity point", then signed as "O".

3. Public Expectation:

- "Currently, folks are craving for ophthalmology, orthopedic, cardiology, operation specialist, more building, more parking lots," said most of the key informants.

- This kind of expectation would siphon hospital resources to curative medication, which would stunt the initial of HPH-start. So, this factor could be considered as the "Preliminary HPH-being threat point", then signed as "T".

4. Economic slump:

- Since the economy has faltered many people have been less liberal in spending. The middle-class group, which used to be private hospital or clinic attendees, turned to 30 spending.

“We’ve spotted a lot of new patients, whom we classified as middle-class earners, trying our service in this day,” said a hospital study-population.

- With the slump economic situation, local folk could not proffer to donate to the hospital as before. "Even a 10,000-baht-donor is rarely found now, compared to the previous event that 50,000-baht-donors are common," remarked three key informants.

Table 3.1: The estimated hospital-budget of the year 2002

Estimated budget for the year 2002		
1. Salary	40,513,920.00 Baht	26.87%
2. Drug & Equip	83,633,754.71	55.46
3. Strategic Plant	8,303,280.00	5.50
4. 5% Deducted at province	5,064,189.05	3.35
5. PCU Budget	7,943,973.00	5.26
5. Health-promoting activity	4,334,540.00	2.87
Total	150,793,656.71 Baht	100%

With limited budget but large patient-numbers, the budget for curative medication would be firstly prioritized. The less supporting resource for health-promoting activity would stunt HPH-running. So, this factor could be considered as the "Preliminary HPH-being threat point", then signed as "T".

5. Demographic Vocation:

- Different demographic vocation could have differently affected to health-promoting activity, either conducive to the health-promoting activity involvement or non-conductive.

1) Conducive Vocation:

1.1) State official:

This group of people (public servant, police and soldier) seemed aware the value of exercise. They kept regular exercise routines. "I jog every morning and always tell my subordinates to go exercise," said a key informant. "After office hours I regularly join with my civil

official, police and soldier-friend at the tennis-court, we're often club-members," said a hospital study-population.

1.2) Student and housewife:

There were about 15 students and housewife who regularly came and joined the aerobic dance class at hospital after office hours (Non-participant Observation). "This group of people is keen about their health, they could manage and arrange their time to join us regularly, commented a hospital study-population.

2) Non-conducive Vocation.

2.1) Commercial:

The proprietors of private business seemed to use the excuse that they could not spare time for exercise due to tightened business. "I can't manage myself for regular exercise because of business reasons. After working all day, I need a full sleep to redeem my strength, so I could not join the public Chinese martial dance at 5 a.m. in every early morning nor the evening public aerobic dance-program at 6 p.m., because it is the busy hour which I cannot leave the shop. Sometimes it seems the shop-owners like us aren't keen enough to have a regular exercise habit, although their are available municipal park in close proximaty," said a key informant.

2.2) Agriculture:

Naturally, agriculture work is a hard and time-consuming job. So it is quite hard for them to spare their time for involvement in health-

promoting activity. Most of them think that hard work will make them healthy. So they aren't keen for other healthy activities. "Farmers have to go to their barns from 4 a.m. and back home late in evening with fatigue – particularly at the harvest season, sometimes they stay overnight to guard their crop at the site," advised a key informant.

2.3) Wage Earner:

"In order to secure the family, we have to work even if we are ill. We need quick service and could not spare much time for listening to the health-promotion advice. Also we would decide to turn to other hospitals, even the private one, had Phnas Nikhom Hospital changed from its now-curative-medicine to other form," chorused three key informants.

Table 3.2: Patient's vocation-ratio, admitted during January 1 to December 31, 2001 (Phnas Nikhom Hospital's registration department).

Vocation	Patients	%
Specialist	9	0.028
Monk	267	0.841
State official	986	3.107
Commercial	1,444	4.551
Agriculture	3,041	9.585
Under 11-year-old	4,701	14.817
Student and housewife	8,509	26.821
Wage earner	12,768	40.245

The non-conductive vocation – commercial (4.551), agriculture (9.585) and wage earner (40.245%), totally 54.341% – outweighed the conductive vocation – state official (3.107) and student and housewife (26.821), totally 29.928%.

Monks and the under 11-year-old were overlooked because naturally they could not involve in any activity. 0.028% of specialist had been less affected and eventually were ignored in this calculation.

HPH inevitably needed cooperation from the patients. Entering of the HPH-being would be mind boggling had the majority of the patients been unlikely inclined toward involvement in the health-promoting activity. So, this factor could be considered as the "Preliminary HPH-being threat point", then signed as "T".

6. Vague of HPH-Standard Model:

- "Most of the hospital staff were still confused and neither familiar nor clearly understood with the phrase 'health-promoting hospital', I think HPH-matter is quite difficult," said a hospital study-population.
- Most of the hospital study-population agreed that without explicit HPH-model created trouble on the direction forward. "Dealing with HPH-issue would be easier had we had a clear model to follow," remarked most of the hospital study-population.
- Without the model to study and follow, it is quite difficult to enter the HPH-running. So, this factor could be considered as the "Preliminary HPH-being threat point", then signed as "T".

7. Internet & Web Site:

- Internet is used as an efficient mean in multi-purposed contacts and communications. It could access, follow and check the acquired information globally at less cost. It is the valuable source of information. “The hospital would benefit from accessing various available HPH-sources with less time and cost,” said a key informant in computer-science.
- The Internet & Web Site would help hospital-staff to access the available HPH-knowledge sources, where the hospital-staff would comfortably search and learn the HPH-being concept. So, this factor is considered the “Preliminary HPH-being opportunity point”, then signed as “O”.

8. Social Security Fund Requirement:

- Phnas Nikhom Hospital seemed happy and gained revenue benefit after entering this Fund. So in order to keep on benefiting, the hospital has to keep the registered subscribers healthy. “Our hospital gains profit from entering this Fund. All the clients are at labor-working age, they’re physically strong,” commented most of the hospital study-population. “We have planned for occupational health program, many of our staff have been sent for the program training,” remarked a hospital study-population.
- While there is tolerance at the beginning, all the Fund-subscribed hospitals are required to have complete HA (Hospital Accreditation).

“The Fund supports the subscribed hospitals to run HPH because we prefer the registered labor being healthy rather than being able to receive a good curative medication,” said a key informant working at the Fund office.

- Fund entering pushed Phnas Nikhom Hospital to emphasize an occupational health program and HA qualification, which are factored into the HPH-being. So, this factor is considered the “Preliminary HPH-being opportunity point”, then signed as “O”.

Table 3.3: SWOT Analysis result on the internal factors towards Phnas Nikhom Hospital.

Internal Factors	Preliminary Analysis		
	Strength	Weakness	Sign
1. Leader Support	√		S
2. Explicit HPH-Policy	√		S
3. Participation & Teamwork	√		S
4. Lifelong Learning Culture	√		S
5. Efficiency Internal Communication		√	W
6. Health-Promoting & Disease-Preventing Knowledge		√	W
7. Positive Attitude Toward any Change	√		S
8. Holding Good Connection with Other Constituent Agencies		√	W
9. Having Connection with the HPH-Ally		√	W

Table 3.4: SWOT Analysis result on the external factors towards Phnas Nikhom Hospital.

External Factors	Preliminary Analysis		
	Opportunity	Threat	Sign
1. Legal: □ 30		√	T
2. Politic: Mr.Thaksin-led coalition government	√		O
3. Public Expectation: curative medication		√	T
4. Economic Situation: slum economic		√	T
5. Demographic Vocation: patient's vocation		√	T
6. Internet & Web Site	√		O
7. Vague HPH-Model		√	T
8. Social Security Fund Qualification Requirement	√		O

Part Three: HPH-indicator Analysis

- Each activity relevant to the HPH-indicator would be analyzed as below:

1. Organization Pursuit and Administration

- 1.1 Organize clear master and pragmatic plans covering the HPH-attribution for service-provider, service-receiver and community.

Virtual: "Disease Surveillance at Constituent Area"

Key informant-staff's opinion:

Table 3.5: SWOT Analysis result on the internal factors towards the hospital's activity of "Disease Surveillance at Constituent Area"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support : - budget support, awareness the surveillance's role	√		S	S
2. Explicit HPH-Policy: - both are on the same purpose which support each other	√		S	S
3. Participation & Teamwork: - need cooperation from: lab-test, administration, nursing	√		S	S
4. Lifelong Learning Culture: - new technique help us to adapt and evolve our function and plan	√		S	S
5. Internal Communication: - need prompt action from the concerning parties	√		W	W
6. Health Promoting & Preventing Knowledge: - knowledge would support team to work more effectively	√		W	W
7. Attitude Toward Change: - staff has to delete the idea of citizen's master-being	√		S	S
8. Connection with Other Constituent Agencies: - the community-leader helps in publicizing	√		W	W
9. Connection with the HPH-Ally: - we could learn and exchange the function from them	√		W	W

The internal factor for this indicator depicts the proportion of 5 : 4 (strength: weakness). It shows that this indicator has more strength than weakness.

Table 3.6: SWOT Analysis result on the external factors towards the hospital's activity of "Disease Surveillance at Constituent Area"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: □ 30 scheme: - Staff has been requested and siphoned to help other sections	√		T	T
2. Politic: - Government's policy support	√		O	O
3. Public Expectation: - No concern, it's internal policy of hospital, not public expectation		√	T	Non
4. Economic Situation: - budget reduced, postponed, siphoned to other section and less supported from locals	√		T	T
5. Demographic Vocation: - particularly, the itinerant wage earner always aren't at residence which is difficulty to find and follow up in data-collecting	√		T	T
6. Internet & Web Site: - source of knowledge and information	√		O	O
7. HPH-Model: - could provide us with the clearer Social Medication line	√		T	T
8. Social Security Fund Qualification Requirement: - the Fund required for occupational health-activity which is on the same line with us	√		O	O

The external factor for this indicator depicts the proportion of 3 : 4 (opportunity : threat). It shows that this indicator has more threat than opportunity.

This HPH-indicator activity is considered strength-cum-threat

1.2 Organize a mechanism to supervise, conduct and evaluate the health promotion-running project.

1.2.1 Actually follow the organized plan's line.

Virtual: "Human Resource Development"

Key informant-staff's opinion:

Table 3.7: SWOT Analysis result on the internal factors towards the hospital's activity of "Human Resource Development"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - support for scholarship, training, and budget	√		S	S
2. Explicit HPH-Policy: - we are training our human resource according to the aiming of the HA-acquirement which is considered the same direction to the HPH concept	√		S	S
3. Participation & Teamwork: - cooperation with all dept in hospital is need	√		S	S
4. Lifelong Learning Culture: - everything is always changed, we need to live up with the latest globalization	√		S	S
5. Internal Communication: - we have to deal with staff in every dept	√		W	W

Table 3.7: (Cont.) SWOT Analysis result on the internal factors towards the hospital's activity of "Human Resource Development"

Internal Factors	Role		preliminary	leverage
	Yes	No		
6. Health Promoting & Preventing Knowledge: - no effect: training, scholarship up to their ability, background		√	W	Non
7. Attitude Toward Change: - Need flexibility, because budget and situation is always changed	√		S	S
8. Connection with Other Constituent Agencies: - no effect, human resource development is internal matter		√	W	Non
9. Connection with the HPH-Ally: - could not evaluate yet		√	W	Non

The internal factor for this indicator depicts the proportion of 5:1 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.8: SWOT Analysis result on the external factors towards the hospital's activity of "Human Resource Development"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: # 30 scheme: - just less than one year started, we could not evaluate it out yet		√	T	Non
2. Politic: - state hospital follow the government's health-promoting policy	√		O	O
3. Public Expectation: - Society pushed us to satisfy them by training our staff to curative-orientation	√		T	T
4. Economic Situation: - It's up to how we manage what we had, even with less budget		√	T	Non
5. Demographic Vocation: - we develop our resource according to our vision and mission		√	T	Non
6. Internet & Web Site: - source of knowledge	√		O	O
7. HPH-Model: - no effect, we're confident at our mission, vision and follow them		√	T	Non
8. Social Security Fund Qualification Requirement - the Fund supported us to develop our resource for occupational health	√		O	O

The external factor for this indicator depicts the proportion of 3:1 (opportunity : threat). It shows that this indicator has more opportunity than threat.

This HPH-indicator activity is considered strength-cum-opportunity

1.2.2 Actually screen for the certain problem through client and community's feedback.

Exact HPH-sub ideal: Actually screen for the certain problem through client and community's feedback.

Key informant-staff's opinion:

Table 3.9: SWOT Analysis result on the internal factors towards the hospital's activity of "Actually screen for the certain problem through client and community's feedback"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - budget support and be aware	√		S	S
2. Explicit HPH-Policy: - The policy is health-promotion which would support our function of community's screening-problem	√		S	S
3. Participation & Teamwork: - cooperation from concerning parties are needed, because before and after screening we have to deal with other section in hospital	√		S	S
4. Lifelong Learning Culture: - need to be alert and able to answer folk's question	√		S	S
5. Internal Communication: - Need in dealing with other sections	√		W	W

Table 3.9: (Cont.) SWOT Analysis result on the internal factors towards the hospital’s activity of “Actually screen for the certain problem through client and community’s feedback”

Internal Factors	Role		preliminary	leverage
	Yes	No		
6. Health Promoting & Preventing Knowledge: - helps for better understanding of community's health-problem	√		W	W
7. Attitude Toward Change: - Staff has to accept different ideas from folks and not anti them	√		S	S
8. Connection with Other Constituent Agencies: - community-leaders act as coordinator, persuade folk for "FGD"	√		W	W
9. Connection with the HPH-Ally: - they could exchange information and consult us	√		W	W

The internal factor for this indicator depicts the proportion of 5:4 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.10: SWOT Analysis result on the external factors towards the hospital's activity of "Actually screen for the certain problem through client and community's feedback"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: § 30 scheme: - people keep asking for rights, which do not reflect their problems	√		T	T
2. Politic: - health department underscores on preventive medication	√		O	O
3. Public Expectation: - no effect, because the function is the routine		√	T	Non
4. Economic Situation: - No effect, because this job doesn't require for big money		√	T	Non
5. Demographic Vocation: - mostly, wage earner doesn't stay at home, we couldn't meet and screen data from them	√		T	T
6. Internet & Web Site: - source of knowledge to learn from	√		O	O
7. HPH-Model: - It could give some guide-line in problem-screening	√		T	T
8. Social Security Fund Qualification Requirement: - no concern, because we do our function as usual		√	O	Non

The external factor for this indicator depicts the proportion of 2 : 3 (opportunity : threat). It shows that this indicator has more threat than opportunity.

This HPH-indicator activity is considered strength-cum-threat

1.3 Institutionalize health-promoting activity in every general routine.

Virtual: "Inserting health-promoting and disease-preventing knowledge and activity during patient staying at hospital"

Key informant-staff's opinion:

Table 3.11: SWOT Analysis result on the internal factors towards the hospital's activity of "Inserting health-promoting and disease-preventing knowledge and activity during patient staying at hospital"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - budget, apparatus, TV, VDO, cassette, computer support	√		S	S
2. Explicit HPH-Policy: - The policy is considered on the same direction to our function	√		S	S
3. Participation & Teamwork: - There are many patients at our ward, so cooperation with staff, within and outside our section is essential	√		S	S
4. Lifelong Learning Culture: - Staff has to keep abreast with latest knowledge otherwise we could not explain	√		S	S
5. Internal Communication: - we have to deal with other sections	√		W	W
6. Health Promoting & Preventing Knowledge: - it could help us understand the health-promoting activity clearly	√		W	W
7. Attitude Toward Change: - the health-promoting activity is an offensive matter, staff needs to adapt their way of thinking	√		S	S
8. Connection with Other Constituent Agencies: - no concern, it is internal activity		√	W	Non
9. Connection with the HPH-Ally: - we should consult, exchange and learn from them	√		W	W

The internal factor for this indicator depicts the proportion of 5 : 3 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.12: SWOT Analysis result on the external factors towards the hospital's activity of "Inserting health-promoting and disease-preventing knowledge and activity during patient staying at hospital"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: ₪ 30 scheme: - there was a doubling in patient numbers, so it may result our functions being less efficient	√		T	T
2. Politic: - There are many spot ads of health-promoting activity stimulated by government	√		O	O
3. Public Expectation: - we follow EBS standard, no pressure from public expectation		√	T	Non
4. Economic Situation: - no effect, because it does not cost much money		√	T	Non
5. Demographic Vocation: - no effect, we tip the patient while they are staying at hospital		√	T	Non
6. Internet & Web Site: - source of information to learn	√		O	O
7. HPH-Model: - no effect, not matter there is HPH-model or not we did this activity as usual		√	T	Non
8. Social Security Fund Qualification Requirement: - the Fund suggests us the guidelines to deal with the patient	√		O	O

The external factor for this indicator depicts the proportion of 3 : 1 (opportunity : threat). It shows that this indicator has more opportunity than threat.

This HPH-indicator activity is considered strength-cum-opportunity.

2. Administration and Development of Organizational Staff and Resource

2.1 Existence of actually spending in budget-plan.

Exact HPH-sub ideal: “Existence of actually spending in budget-plan”.

Key informant-staff’s opinion:

Table 3.13: SWOT Analysis result on the internal factors towards the hospital’s activity of “Existence of actually spending in budget-plan”

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support - aware and understand our function	√		S	S
2. Explicit HPH-Policy - we do according to the budget plan, not the HPH-policy		√	S	Non
3. Participation & Teamwork: - it's academic work, needs only raw data from other, no need for directly deal with other		√	S	Non
4. Lifelong Learning Culture: - for example computer-learning, resulted more precisely and convinced us to do our job	√		S	S
5. Internal Communication: - in budget-planing we contacted every division for the required data	√		W	W
6. Health Promoting & Preventing Knowledge: - for example, the anti-disease budget could be calculated more properly had the staff in-charge had the knowledge of it	√		W	W
7. Attitude Toward Change: - no effect, we plan according to the hospital’s mission and vision		√	S	Non
8. Connection with Other Constituent Agencies: - they always support for rabies, dengue and diarrhea budget	√		W	W
9. Connection with the HPH-Ally: - we could have exchanged and learnt from the ally	√		W	W

The internal factor for this indicator depicts the proportion of 2 : 4 (strength : weakness). It shows that this indicator has more weakness than strength.

Table 3.14: SWOT Analysis result on the external factors towards the hospital's activity of "Existence of actually spending in budget- plan"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: # 30 scheme: - detrimental to our plan, sometimes we had to change so our planned-budget often because the scheme is still fluid	√		T	T
2. Politic: - no pressure to our function		√	O	Non
3. Public Expectation: - no effect, we collect and prioritize the budget as usual		√	T	Non
4. Economic Situation: - No effect, we aim to meet our mission and vision, no matter the economic situation when setting budget		√	T	Non
5. Demographic Vocation: - no pressure to our strategic budget flow		√	T	Non
6. Internet & Web Site: - Source of knowledge	√		O	O
7. HPH-Model: - no effect, our job is routine work		√	T	Non
8. Social Security Fund Qualification Requirement: - The Fund provides in big amount, so we could siphon for other use and fulfill the budget-planning comfortably	√		O	O

The external factor for this indicator depicts the proportion of 2 : 1 (opportunity : threat). It shows that this indicator has more opportunity

This HPH-indicator activity is considered weakness-cum-opportunity

- 2.2 Organize the health-promoting activity with sufficient material and apparatus for the hospital-staff, patients and relatives, and the folks in the community.

Virtual: "Mum-and-Child-Relationship's Hospital"

Key informant's opinion:

Table 3.15: SWOT Analysis result on the internal factors towards the hospital's activity of "Mum-and-Child-Relationship's Hospital"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - budget support for VDO, Pocket Doppler, ultra sound apparatus	√		S	S
2. Explicit HPH-Policy: - The policy and our function are the same which would support our function	√		S	S
3. Participation & Teamwork: - Even when duties are divided, cooperation is essential at work	√		S	S
4. Lifelong Learning Culture: - apparatus and activity are always developed	√		S	S
5. Internal Communication: - after training course, staff share learned knowledge with their peers	√		W	W
6. Health Promoting & Preventing Knowledge: - no effect, it is hospital's routine		√	W	Non
7. Attitude Toward Change: - material and apparatus technique are always changed, we could not hold tight otherwise we lose the trend	√		S	S
8. Connection with Other Constituent Agencies: - no effect, because it is internal function		√	W	Non
9. Connection with the HPH-Ally: - no concern, we did according to our plan		√	W	Non

The internal factor for this indicator depicts the proportion of 5 : 1 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.16: SWOT Analysis result on the external factors towards the hospital's activity of "Mum-and-Child-Relationship's Hospital"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: ₦ 30 scheme: - patient increased resulted our staff being siphoned to help OPD and other sections	√		T	T
2. Politic: - breast-feeding is publicly persuaded by pubic health ministry	√		O	O
3. Public Expectation: - no concern, because it is hospital's routine		√	T	Non
4. Economic Situation: - No effect, because doing function doesn't need for a big budget		√	T	Non
5. Demographic Vocation: - no effect, because we function at hospital		√	T	Non
6. Internet & Web Site: - source of knowledge	√		O	O
7. HPH-Model: - guideline for activity, material and apparatus necessary use	√		T	T
8. Social Security Fund Qualification Requirement: - the Fund required the quality the offensive medication, which supports our job	√		O	O

The external factor for this indicator depicts the proportion of 3 : 2 (opportunity : threat). It shows that this indicator has more opportunity than threat.

This HPH-indicator activity is considered strength-cum-opportunity.

2.3 Appropriately applied technology in any efficient-processing project.

Virtual: "LAN system being laid at the hospital"

Key informant-staff's opinion:

Table 3.17: SWOT Analysis result on the internal factors towards the hospital's activity of "LAN system being laid at the hospital"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support : - budget support, pay attention	√		S	S
2. Explicit HPH-Policy: - no effect, HPH is rather academic while LAN is practical		√	S	Non
3. Participation & Teamwork: - very essential, because it links with many staff to run the system	√		S	S
4. Lifelong Learning Culture: - It's non-fulfillment learning matter, just stop looking backward	√		S	S
5. Internal Communication: - Good communication would boost the LAN system	√		W	W
6. Health Promoting & Preventing Knowledge: - no effect		√	W	Non
7. Attitude Toward Change: - staff need open minds to accept computers as part of their work	√		S	S
8. Connection with Other Constituent Agencies: - no concern, it's totally internal matter		√	W	Non
9. Connection with the HPH-Ally: - no concern, it's totally internal matter		√	W	Non

The internal factor for this indicator depicts the proportion of 4 : 1 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.18: SWOT Analysis result on the external factors towards the hospital's activity of "LAN system being laid at the hospital"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: # 30 scheme: - No concern, we planned to lay LAN regardless of this scheme		√	T	Non
2. Politic: - no concern, LAN is system not policy		√	O	Non
3. Public Expectation: - No concern, LAN is hospital's development plan		√	T	Non
4. Economic Situation: - no effect now, maintenance cost is less		√	T	Non
5. Demographic Vocation: - no concern		√	T	Non
6. Internet & Web Site: - it is the world-encyclopedia, where staff could educate and practice themselves for computer-skills	√		O	O
7. HPH-Model: - no concern		√	T	Non
8. Social Security Fund Qualification Requirement: - the Fund is required for "Quality and Standard" for working, LAN system could alleviate on data collection and paper work which is considered as quality-work	√		O	O

The external factor for this indicator depicts only opportunity supporting.

This HPH-indicator is considered strength-cum-opportunity.

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 5s function

Virtual: "5s": Sort, Systemization, Sweep, Sustain, Self-discipline.

Key informant-staff's opinion:

Table 3.19: SWOT Analysis result on the internal factors towards the hospital's activity of "5s: Sort, Systemization, Sweep, Sustain, Self-discipline"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support - support jerseys, snack, herbal drink, grass-lawn himself	√		S	S
2. Explicit HPH-Policy - both are qualification-tasks, with no concern to each other		√	S	Non
3. Participation & Teamwork - cooperation is needed, commitment from every part of the hospital	√		S	S
4. Lifelong Learning Culture - Always adopt new ideas outside to adapt at inside	√		S	S
5. Internal Communication - good communication is essential due to it is a cooperative task	√		W	W
6. Health Promoting & Preventing Knowledge - Health-knowledge is integral part in 5s	√		W	W
7. Attitude Toward Change - Not clear		√	S	Non
8. Connection with Other Constituent Agencies - no effect because 5s is internal hospital's task		√	W	Non
9. Connection with the HPH-Ally - no effect because most staff are already clear with 5s concept		√	W	Non

The internal factor for this indicator depicts the proportion of 3 : 2 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.20: SWOT Analysis result on the external factors towards the hospital's activity of "5s: Sort, Systemization, Sweep, Sustain, Self-discipline"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: ₦ 30 scheme - even there is a doubling of patients, there will be no effect to our task		√	T	Non
2. Politic - no political pressure from outside		√	O	Non
3. Public Expectation - no pressure to 5s, which runs inside hospital		√	T	Non
4. Economic Situation - No effect, the function spent less money		√	T	Non
5. Demographic Vocation - participates are 100% hospital staff, none from outside		√	T	Non
6. Internet & Web Site - we already understood the concept, no need for more searching at web site		√	O	Non
7. HPH-Model - The HPH-Model isn't needed to our job		√	T	Non
8. Social Security Fund Qualification Requirement - The Fund require for HA qualification, where 5s is the fundamental of HA, so being the main contractor of this Fund 5s is factored into the Fund's requirement	√		O	O

The external factor for this indicator depicts only opportunity supporting.

This HPH-indicator activity is considered strength-cum-opportunity.

3.1.2 Perform the "EBS: Excellent Behavior Service"

Virtual: "EBS: Excellent Behavior Service".

Key informant-staff's opinion:

Table 3.21: SWOT Analysis result on the internal factors towards the hospital's activity of "EBS: Excellent Behavior Service"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support - be an exemplary behavior and budget support	√		S	S
2. Explicit HPH-Policy - the HPH-policy would support our function, so the clearer it is the better EBS-function would be supported	√		S	S
3. Participation & Teamwork - cross-section is essential in EBS-job	√		S	S
4. Lifelong Learning Culture - EBS-function needed to improve all time	√		S	S
5. Internal Communication - among subordinator, mouth by mouth is important	√		W	W
6. Health Promoting & Preventing Knowledge - no effect		√	W	Non
7. Attitude Toward Change - positive attitude provokes for EBS-committee's establishment	√		S	S
8. Connection with Other Constituent Agencies - less effect, it is internal job		√	W	Non
9. Connection with the HPH-Ally - HPH-Ally could provide us with health-service's knowledge	√		W	W

The internal factor for this indicator depicts the proportion of 5 : 2 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.22: SWOT Analysis result on the external factors towards the hospital's activity of "EBS: Excellent Behavior Service"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: ₦ 30 scheme - No concern, we always aim to improve our service even there isn't this scheme		√	T	Non
2. Politic - ₦ 30 scheme is a political issue designed to create HA, which push to EBS	√		O	O
3. Public Expectation - EBS aims to benefit clients not follow social wishes		√	T	Non
4. Economic Situation - No effect, EBS standard is still maintained even in slumped economy period, because the function doesn't spend much money		√	T	Non
5. Demographic Vocation - No concern, EBS concerns with staff-training not directly to the public		√	T	Non
6. Internet & Web Site - more sources of information	√		O	O
7. HPH-Model - no effect, due to the fact that we have to always evolve the service by ourselves		√	T	Non
8. Social Security Fund Qualification Requirement - this social fund supports for the HA which is our job	√		O	O

The external factor for this indicator depicts only opportunity supporting.

This HPH-indicator activity is considered strength-cum-opportunity.

3.2 Organize the health promotion-provoking environment.

Exact HPH-sub ideal: "Organize the health promotion-provoking environment"

Key informant-staff's opinion:

Table 3.23: SWOT Analysis result on the internal factors towards the hospital's activity of "Organize the health promotion-provoking environment"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - budget support, and awareness of the importance of the environment	√		S	S
2. Explicit HPH-Policy: - it should provide us with the line to follow	√		S	S
3. Participation & Teamwork: - we have to cooperate with other divisions around the hospital	√		S	S
4. Lifelong Learning Culture: - technology and knowledge is helpful in working and planning	√		S	S
5. Internal Communication: - Essential, because we deal with all division in hospital	√		W	W
6. Health Promoting & Preventing Knowledge: - It's fundamental in planning our work	√		W	W
7. Attitude Toward Change: - our work needs a flexible approach all the time	√		S	S
8. Connection with Other Constituent Agencies: - local administrative organization support some budget for mosquito-fumigator, hospital-name's board support	√		W	W
9. Connection with the HPH-Ally: - exchange and share the knowledge and experience	√		W	W

The internal factor for this indicator depicts the proportion of 5 : 4 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.24: SWOT Analysis result on the external factors towards the hospital's activity of "Organize the health promotion-provoking environment"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: 30 scheme: - No effect, environmental budget and plan are still as planned		√	T	Non
2. Politic: - government paying more attention to environment would incentivise us to follow	√		O	O
3. Public Expectation: - No concern, it's hospital policy		√	T	Non
4. Economic Situation: - Sometimes, the budget grant was often postponed	√		T	T
5. Demographic Vocation: - less effect, because it is hospital's internal-job		√	T	Non
6. Internet & Web Site: - source of knowledge	√		O	O
7. HPH-Model: - the model would support our job with clear guidelines	√		T	T
8. Social Security Fund Qualification Requirement: - the Fund requires evaluation of drinking-water, garbage, waste-water treatment, cleanliness and the hospital's environment	√		O	O

The external factor for this indicator depicts the proportion of 3 : 2 (opportunity : threat). It shows that this indicator has more opportunity than threat.

This HPH-indicator activity is considered strength-cum-opportunity.

4. Provide Health-Promoting Activities to Hospital Staff.

4.1 Existence of rules, regulation and treaty concerned with the development of staff behavior.

Virtual: "Promoting Exercise and Whole-grain eating"

Key informant-staff's opinion:

Table 3.25: SWOT Analysis result on the internal factors towards the hospital's activity of "Promoting Exercise and Whole-grain eating"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - No effect, no support		√	S	Non
2. Explicit HPH-Policy: - no effect		√	S	Non
3. Participation & Teamwork: - no effect, because dancing and jogging can be done individually		√	S	Non
4. Lifelong Learning Culture: - no effect, because our activity requires only basic knowledge, no need for highly-advanced learning		√	S	Non
5. Internal Communication: - awareness and time-table for exercise need to be publicized through communication between staff	√		W	W
6. Health Promoting & Preventing Knowledge: - It's fundamental to aware the importance of keeping exercise	√		W	W
7. Attitude Toward Change: - the new idea is "health-recreation before the health-repair"	√		S	S
8. Connection with Other Constituent Agencies: - no effect, because it is the internal activity aimed at staff		√	W	Non
9. Connection with the HPH-Ally: - We could exchange information and learn with them	√		W	W

The internal factor for this indicator depicts the proportion of 1 : 3 (strength : weakness). It shows that this indicator has more weakness than strength.

Table 3.26: SWOT Analysis result on the external factors towards the hospital's activity of "Promoting Exercise and Whole-grain eating"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: § 30 scheme: - No effect		√	T	Non
2. Politic: - government's policy and promotion for regular exercise	√		O	O
3. Public Expectation: - no concern, because we organize for hospital staff		√	T	Non
4. Economic Situation: - no effect, the activity does require expensive equipment		√	T	Non
5. Demographic Vocation: - no concern, because we emphasize to hospital-staff		√	T	Non
6. Internet & Web Site: - source of knowledge: for sport, food	√		O	O
7. HPH-Model: - it would provide some discipline for regular exercise to staff	√		T	T
8. Social Security Fund Qualification Requirement: - no effect, the Fund emphasis is mainly on the patient not staff		√	O	Non

The external factor for this indicator depicts the proportion of 2 : 1 (opportunity : threat). It shows that this indicator has more opportunity than threat.

This HPH-indicator activity is considered weakness-cum-opportunity.

4.2 Existence of mental health-promoting activity responding/aligning to the health-problem and the demand of the hospital staff.

Virtual: "Creating the Mentally Cheerful Talk at Working Site"

Key informant-staff's opinion:

Table 3.27: SWOT Analysis result on the internal factors towards the hospital's activity of "Creating the Mentally Cheerful Talk at Working Site"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - listen and friendly to staff, not being fretful, support budget	√		S	S
2. Explicit HPH-Policy: - no effect, we have this function whether we're HPH-being or not		√	S	Non
3. Participation & Teamwork: - is essential because we need to share the idea with each other	√		S	S
4. Lifelong Learning Culture: - keeping abreast with advanced knowledge, meeting with new people would alleviate our stress and improve our knowledge and experience when sharing among our peers	√		S	S
5. Internal Communication: - if we have an interesting story, we could spread among our friends in the hospital	√		W	W
6. Health Promoting & Preventing Knowledge: - staff could minimize their stress had they got this knowledge	√		W	W
7. Attitude Toward Change: - A positive attitude is essential, because change always brings stress to staff if they cannot cope with it	√		S	S
8. Connection with Other Constituent Agencies: - Good relationship makes warm-feeling and they can advise us in some cases	√		W	W
9. Connection with the HPH-Ally: - the ally should share their knowledge and experience with us	√		W	W

The internal factor for this indicator depicts the proportion of 4 : 4 (strength : weakness). It shows that this indicator is neutral due to equally being affected by strength and weakness.

Table 3.28: SWOT Analysis result on the external factors towards the hospital's activity of "Creating the Mentally Cheerful Talk at Working Site"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: # 30 scheme: - Staff confused with this scheme, resulting in more stress	√		T	T
2. Politic: - no pressure from government, it is our internal function		√	O	Non
3. Public Expectation: - It is internal activity which is free from public expectation		√	T	Non
4. Economic Situation: - No effect, because our function spends less money		√	T	Non
5. Demographic Vocation: - no concern, because we do at hospital-staff		√	T	Non
6. Internet & Web Site: - source of knowledge and entertainment sometimes	√		O	O
7. HPH-Model: - no concern, we did informally and no need of the model		√	T	Non
8. Social Security Fund Qualification Requirement: - No concern, the Fund requires the Standards and Quality of the system, our activity is still informal activity		√	O	Non

The external factor for this indicator depicts the proportion of 1 : 1 (opportunity : threat). It shows that this indicator is neutral due to equally being affected by opportunity and threat

This HPH-indicator activity is considered neutral from both internal and external factor.

5. Provide Health-Promoting Services to Patients and Relations Admitted at Hospital.

5.1 Health promotion-serving service would have been provided by the holistic professional team.

Virtual: "Golden-Kid Clinic performance"

Key informant-staff's opinion:

Table 3.29: SWOT Analysis result on the internal factors towards the hospital's activity of "Golden-Kid Clinic performance"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - He pushed this function to be embraced in the hospital's policy	√		S	S
2. Explicit HPH-Policy: - HPH policy would support our function	√		S	S
3. Participation & Teamwork: - essential, because we serve with multi-services, for example, weighing, height measurement, vaccinating, oral-checking, nutrition, etc	√		S	S
4. Lifelong Learning Culture: - essential, because we have to keep abreast with the situation, for example, the pandemic or at least the psychology with children	√		S	S
5. Internal Communication: - our team needs to cooperate with many concerned divisions, so efficient communication is essential	√		W	W
6. Health Promoting & Preventing Knowledge: - it is the fundamental for officials in giving advice to parent	√		W	W
7. Attitude Toward Change: - Essential, because modern health is not an individual issue as previously meaning staff have to learn to work together as an holistic team	√		S	S
8. Connection with Other Constituent Agencies: - the kham nan and poo yai ban play an important role in the follow-up to the parent and children had they not come to have vaccination on the proper schedule	√		W	W
9. Connection with the HPH-Ally: - no effect, the function is routine, no need for any help from the HPH-ally		√	W	Non

The internal factor for this indicator depicts the proportion of 5 : 3 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.30: SWOT Analysis result on the external factors towards the hospital's activity of "Golden-Kid Clinic performance"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: B 30 scheme: - the scheme encouraged parent to keep on asking what more rights they should have, resulting in additional pressure to staff while working	√		T	T
2. Politic: - no effect, because the function is internal matter and mostly supported by private enterprise		√	O	Non
3. Public Expectation: - No concern, it's a routine and internal matter, no pressure from social requirement		√	T	Non
4. Economic Situation: - No effect, because the function doesn't spend much money		√	T	Non
5. Demographic Vocation: - most wage earners think that "health-concept can not fulfil their stomach", they prefer to work and skip the appointment rather than follow our advice	√		T	T
6. Internet & Web Site: - Source of advanced knowledge	√		O	O
7. HPH-Model: - no effect, we're confident with our function		√	T	Non
8. Social Security Fund Qualification Requirement: - our function is considered a "quality job" as required by the Fund	√		O	O

The external factor for this indicator depicts the proportion of 2 : 2 (opportunity : threat). It shows that this indicator is neutral due to equally being affected by opportunity and threat.

This HPH-indicator activity is likely affected only by the internal strength's support.

5.2 Existence in collecting the data of the patient's health-behavior.

Virtual: "Cholera Disease Surveillance"

Key informant-staff's opinion:

Table 3.31: SWOT Analysis result on the internal factors towards the hospital's activity of "Cholera Disease Surveillance"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - budget, policy support	√		S	S
2. Explicit HPH-Policy: - both have the same target of disease prevention and support for each other	√		S	S
3. Participation & Teamwork: - essential, in working we have to deal with lab-test for collecting tools, admin for car, nurse for support and vigilance of the disease	√		S	S
4. Lifelong Learning Culture: - training and advanced techniques are needed to adapt and apply to our functions	√		S	S
5. Internal Communication: - essential, we have to cooperate with many concerned divisions	√		W	W
6. Health Promoting & Preventing Knowledge: - correct knowledge would help staff correctly investigate the disease and patient behavior	√		W	W
7. Attitude Toward Change: - staff have to open their minds to accept new technology, for example data collecting-methods, and listening to others	√		S	S
8. Connection with Other Constituent Agencies: - at the patient's residence, the help of the kham nan, poo yai ban is essential in persuade the folk to cooperate with staff in the field	√		W	W
9. Connection with the HPH-Ally: - it could be the source of information, where we could exchange, consult for function development	√		W	W

The internal factor for this indicator depicts the proportion of 5 : 4 (strength : weakness). It shows that this indicator is more strength than weakness.

Table 3.32: SWOT Analysis result on the external factors towards the hospital's activity of "Cholera Disease Surveillance"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: 30 scheme: - No effect, because no matter whether this scheme exists, we regularly collect the data whenever the disease occurs.		√	T	Non
2. Politic: - No effect, we do whenever the disease occurs		√	O	Non
3. Public Expectation: - No effect, we do whenever the disease occurs		√	T	Non
4. Economic Situation: - some budget has been reduced and siphoned to other activity	√		T	T
5. Demographic Vocation: - wage earners aren't conscious of eating and mostly rush to go to work	√		T	T
6. Internet & Web Site: - source of advanced knowledge	√		O	O
7. HPH-Model: - no effect, because we have our standard of working		√	T	Non
8. Social Security Fund Qualification Requirement: - the Fund requires quality and standard in data-collecting which supports us for advanced tools and budget	√		O	O

The external factor for this indicator depicts the proportion of 2 : 2 (opportunity : threat). It shows that this indicator is neutral due to equally being affected by opportunity and threat.

This HPH-indicator activity is likely affected only by the internal strength's support.

5.3 Organize health promotion-serving services available for the health-receivers.

5.3.1 Health promotion for "Elderly and Diabetic"

Virtual: Elderly and Diabetic Clinic's performance

Key informant-staff's opinion:

Table 3.33: SWOT Analysis result on the internal factors towards the hospital's activity of "Elderly and Diabetic Clinic's performance"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - budget support, permits officials to join the hospital-excursions established by the elderly-club, allows to use assembly hall	√		S	S
2. Explicit HPH-Policy: - both are on the same purpose of health promotion which support each other	√		S	S
3. Participation & Teamwork: - dealing with elderly folk, good cooperation and teamwork of hospital's staff is needed	√		S	S
4. Lifelong Learning Culture: - essential, it improves more efficient development of our functions	√		S	S
5. Internal Communication: - efficient communication is essential because we had to deal with other sections when functioning with elderly people	√		W	W
6. Health Promotion & Prevention Knowledge: - is the fundamental for providing service to elderly and diabetics	√		W	W
7. Attitude Toward Change: - is important, because staff has to change for emphasizing on health-awareness and disease prevention to elderly, not curative medication as before	√		S	S
8. Connection with Other Constituent Agencies: - good cooperation helps in contacting and following the elderly at their residence	√		W	W
9. Connection with the HPH-Ally: - we could learn, exchange information and experience together	√		W	W

The internal factor for this indicator depicts the proportion of 5 : 4 (strength : weakness). It shows that this indicator is more strength than weakness.

Table 3.34: SWOT Analysis result on the external factors towards the hospital's activity of "Elderly and Diabetic Clinic's performance"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: ₪ 30 scheme: - Patient numbers have increased and they often prefer to claim for their right than paying attention at our health-advice giving	√		T	T
2. Politic: - no effect, because we do according to our strategic plan		√	O	Non
3. Public Expectation: - patients prefer a remedy from a specialist, which results in ignoring our health-promoting function	√		T	T
4. Economic Situation: - no effect, because our functions spend less money		√	T	Non
5. Demographic Vocation: - some patients, particularly the wage earner, rush to work after the physician's visit, so they declined involvement in our health-promotion activity	√		T	T
6. Internet & Web Site: - source of knowledge	√		O	O
7. HPH-Model: - the model could provide staff with clear health promotion activity for elderly and diabetic groups	√		T	T
8. Social Security Fund Qualification Requirement: - no effect, because the elderly isn't the Fund's target group		√	O	Non

The external factor for this indicator depicts the proportion of 1 : 4 (opportunity : threat). It shows that this indicator is more threat than opportunity.

This HPH-indicator activity is considered strength-cum-threat.

5.3.2 Health promotion on "Psychiatric consultation"

Virtual: Psychiatric consultation

Key informant-staff's opinion:

Table 3.35: SWOT Analysis result on the internal factors towards the hospital's activity of "Psychiatric consultation"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support - Build new room with blind curtain for privacy-counseling	√		S	S
2. Explicit HPH-Policy - No effect, because it's hospital's routine		√	S	non
3. Participation & Teamwork - Cross cooperating counseling needed cooperation from other staff, 5-day-psychiatric training set up for nurses was fully attended	√		S	S
4. Lifelong Learning Culture - keeping abreast with global latest style would bolster our function, now we're going to attend a modern psychiatric course	√		S	S
5. Internal Communication - good communication bolsters our function to run smoothly because we often have to communicate with other sections	√		W	W
6. Health Promoting & Preventing Knowledge - The health-knowledge helps staff when dealing and giving advice to patients	√		W	W
7. Attitude Toward Change - no effect, function is routine, we just do what we've done		√	S	Non
8. Connection with Other Constituent Agencies - kham nan and poo yai ban stand in the better position to detect and snitch on the local stress to hospital-staff at an early stage, hence we can cope the problem at an earlier stage	√		W	W
9. Connection with the HPH-Ally - no effect, no matter we have a connection with the HPH-Ally or not, we could have to do what we are already doing		√	W	Non

The internal factor for this indicator depicts the proportion of 3 : 3 (strength : weakness). It shows that this indicator is neutral due to equally being affected by strength and weakness.

Table 3.36: SWOT Analysis result on the external factors towards the hospital's activity of "Psychiatric consultation"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: ₦ 30 scheme - No concern, we did it before entering this scheme		√	T	Non
2. Politic - We're supported by the health department to provide the student and community leaders with tips to deny pill-drugs for students at school, and mothers with tip to nurture the babe for quality-being teen	√		O	O
3. Public Expectation: - no pressure, since we plan our work from inside hospital		√	T	Non
4. Economic Situation - Some staff and budget had been siphoned to other section which could result in less efficient service provision, because there are many jobless and family problems which occurred during this time too	√		T	T
5. Demographic Vocation - No effect, because problems are the same		√	T	Non
6. Internet & Web Site - worldwide knowledge bolsters us to run our function efficiently	√		O	O
7. HPH-Model - no effect at all, we function according to the standard pattern		√	T	Non
8. Social Security Fund Qualification Requirement - no effect, patients under the Fund is generally similar to other, so staff do the same job		√	O	Non

The external factor for this indicator depicts the proportion of 2 : 1 (opportunity : threat). This shows that this indicator has more opportunity than threat.

This HPH-indicator activity is likely affected only by the external opportunity's support.

5.4 Publicize the health-promoting information.

Exact HPH-sub ideal: "Publicize the health-promoting information"

Key informant-staff's opinion:

Table 3.37: SWOT Analysis result on the internal factors towards the hospital's activity of "Publicize the health-promoting information"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - Mediocre		√	S	Non
2. Explicit HPH-Policy: - it should be a guideline for staff to follow up	√		S	S
3. Participation & Teamwork: - essential because responsible staff is to rotate on spreading the message, so cooperation among the responsible staff and the moderator is important	√		S	S
4. Lifelong Learning Culture: - The function needs to be up to date, for example, if there is the spreading of dengue fever now, we should broadcast publicity on this disease	√		S	S
5. Internal Communication: - essential, the broadcasting-committee has to properly arrange the air-time for all year round otherwise our broadcasting-program on each day would be overlapped with each other	√		W	W
6. Health Promoting & Preventing Knowledge: - is the fundamental in health broadcasting	√		W	W
7. Attitude Toward Change: - less concern, because it is general work		√	S	Non
8. Connection with Other Constituent Agencies: - no effect, because we broadcast internally within the hospital's area		√	W	Non
9. Connection with the HPH-Ally: - may give us some guideline, but it's totally internal matter		√	W	Non

The internal factor for this indicator depicts the proportion of 3 : 2 (strength : weakness). It shows that this indicator has more strength than weakness.

Table 3.38: SWOT Analysis result on the external factors towards the hospital's activity of "Publicize the health-promoting information"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: 30 scheme: - No effect, whether there are double patient's number or not, we broadcast as usual (one person : one microphone)		√	T	Non
2. Politic: - there is policy from the public health department underscoring health promotion	√		O	O
3. Public Expectation: - No effect, because broadcasting is a matter of internal decision, no pressure from social requirement		√	T	Non
4. Economic Situation: - no effect, because the program uses less budget		√	T	Non
5. Demographic Vocation: - no effect, just adapt some words to be more understandable to various folks		√	T	Non
6. Internet & Web Site: - source of knowledge	√		O	O
7. HPH-Model: - No effect, because it is a rather academic job which we could study the topic until understand well before broadcasting		√	T	Non
8. Social Security Fund Qualification Requirement: - health-broadcasting education is considered a quality task which is in line of the Fund's requirement	√		O	O

The external factor for this indicator depicts only opportunity supporting

This HPH-indicator activity is considered strength-cum-opportunity.

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.

Virtual: "The Consistent Health-Care Function for Mother and Child".

Key informant-staff's opinion:

Table 3.39: SWOT Analysis result on the internal factors towards the hospital's activity of "The Consistent Health-Care Function for Mother and Child"

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - No role, especially at low level		√	S	Non
2. Explicit HPH-Policy: - our function could tap with HPH-Policy, in term of health promotion	√		S	S
3. Participation & Teamwork: - PCU-staff cooperate at following up the mother and child after being discharged, this helps us evaluate and evolve our function	√		S	S
4. Lifelong Learning Culture: - New technique and methods push us to advance our functions, so staff need to learn all the time	√		S	S
5. Internal Communication: - good communication helps us to achieve our target more effectively because we have to deal with other sections	√		W	W
6. Health Promoting & Preventing Knowledge: - This knowledge helps staff understand the situation in a wider scope, which would result in staff functioning with efficiency	√		W	W
7. Attitude Toward Change: - our function requires active medication's effort, not defensive, so understanding and accepting the new manner would help a lot	√		S	S
8. Connection with Other Constituent Agencies: - local administrative official, kham nan and poo yai ban knows the site and location, their cooperation helps us a lot in field-work	√		W	W
9. Connection with the HPH-Ally: - we could study and consult functions with them, and take their experience to adapt with ours	√		W	W

The internal factor for this indicator depicts the proportion of 4 : 4 (strength : weakness). It shows that this indicator is neutral due to equally being affected by strength and weakness.

Table 3.40: SWOT Analysis result on the external factors towards the hospital's activity of "The Consistent Health-Care Function for Mother and Child"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: B 30 scheme: - No effect, we could run the function as before		√	T	Non
2. Politic: - it is government's policy for health-promotion - there are many ads to promote breast-feeding	√		O	O
3. Public Expectation: - it's internal matter, policy, no effect from social requirement		√	T	Non
4. Economic Situation: - The economic crisis resulted in more hospital budget budget consciousness. Budgets have been cut down and rather slowly granted	√		T	T
5. Demographic Vocation: - most targets, particularly the wage earner, are not at home during office-hours	√		T	T
6. Internet & Web Site: - it is the knowledge source, where we could evolve our functions	√		O	O
7. HPH-Model: - the model would help steer our functions and all concerned parties more clearly on health-matters	√		T	T
8. Social Security Fund Qualification Requirement: - our functions would have been evaluated for quality-performance by this Fund	√		O	O

The external factor for this indicator depicts the proportion of 3 : 3 (opportunity : threat). It shows that this indicator is neutral due to equally being affected by opportunity and threat.

This HPH-indicator activity is considered neutral from both internal and external factor.

6.2 Involve in strengthening the community-health.

Virtual: “Demonstration an Aerobic-Dancing Exercise at the requested community”.

Key informant-staff’s opinion:

Table 3.41: SWOT Analysis result on the internal factors towards the hospital’s activity of “Demonstration an Aerobic-Dancing Exercise at the requested community”

Internal Factors	Role		preliminary	leverage
	Yes	No		
1. Leader Support: - Gives permission for our team to attend this exercise-course	√		S	S
2. Explicit HPH-Policy: - Our function would tap into the policy, because it is the same story of health-promotion matter	√		S	S
3. Participation & Teamwork: - No effect, because the function is simple and noncomplex, so a few staff can run it		√	S	Non
4. Lifelong Learning Culture: - No effect, it uses simple prose and is easy for staff to learn		√	S	Non
5. Internal Communication: - When demonstrating at the community, we did it on the hospital's behalf, so the community must request through the hospital director, then he would send the permission through the head of our department, the ward-head, then finally reach to us	√		W	W
6. Health Promoting & Preventing Knowledge: - some person (with bone disease, aged person) need more precautions and health-care attention before and during dancing	√		W	W
7. Attitude Toward Change: - Demonstrating at community, staff must be humble in dealing with the public than previously	√		S	S
8. Connection with Other Constituent Agencies: - these influential persons could help publicize and could be a good model for other to follow	√		W	W
9. Connection with the HPH-Ally: - Knowledge-source, where we learn and exchange our functions	√		W	W

The internal factor for this indicator depicts the proportion of 3 : 4 (strength : weakness). It shows that this indicator is more weakness than strength.

Table 3.42: SWOT Analysis result on the external factors towards the hospital's activity of "Demonstration an Aerobic-Dancing Exercise at the requested community"

External Factors	Role		preliminary	leverage
	Yes	No		
1. Legal: # 30 scheme: - no effect, because the function requires few staff and less spending		√	T	Non
2. Politic: - public health minister and deputy always try to persuade people to create good health with regular exercise	√		O	O
3. Public Expectation: - Some folks aren't aware the importance of the exercise, only pay attention to advice from medical specialist, so they ignore our activity	√		T	T
4. Economic Situation: - Less effect, because the dancing function costs less money		√	T	Non
5. Demographic Vocation: - No effect, because we demonstrated in the evening 17.00-18.00 PM, when most people are back home from daily work		√	T	Non
6. Internet & Web Site: - it is the source of knowledge and model to study	√		O	O
7. HPH-Model: - no effect, because aerobic dance is a basic exercise we could demonstrate regardless of an HPH-model		√	T	Non
8. Social Security Fund Qualification Requirement: - the Fund is required for such kind of health-promotion activity for the factory worker living in the community too	√		O	O

The external factor for this indicator depicts the proportion of 3 : 1 (opportunity : threat). It shows that this indicator is more opportunity than threat.

This HPH-indicator activity is considered weakness-cum-opportunity.

Part Four: Current HPH-being Analysis at Phnas Nikhom Hospital

The HPH-indicator activity SWOT analysis result.

Table 3.43: Current hospital's activity analysis result

SWOT Analysis result	HPH-indicator activity no.	Activity's occupation	
		Quantity	%
Strength-cum-opportunity	1.2.1), 1.3), 2.2), 2.3), 3.1.1), 3.1.2), 3.2), 5.4)	8	42.10
Strength-cum-threat	1.1), 1.2.2), 5.3.1)	3	15.80
Weakness-cum-opportunity	2.1), 4.1), 6.2)	3	15.80
Weakness-cum-threat	-	-	-
Neutral	4.2), 6.1)	2	10.52
Only strength	5.1), 5.2)	2	10.52
Only weakness	-	-	-
Only opportunity	5.3.2)	1	5.26
Only threat	-	-	-
Total		19	100

- Graph Plotting Analysis (Boston Consulting Group (BCG) Tool, Strategic Management, Mcglashan / Singleton, 1987).
- The graph will be plotted according to the SWOT analysis result of the above aforementioned HPH-indicator activities.

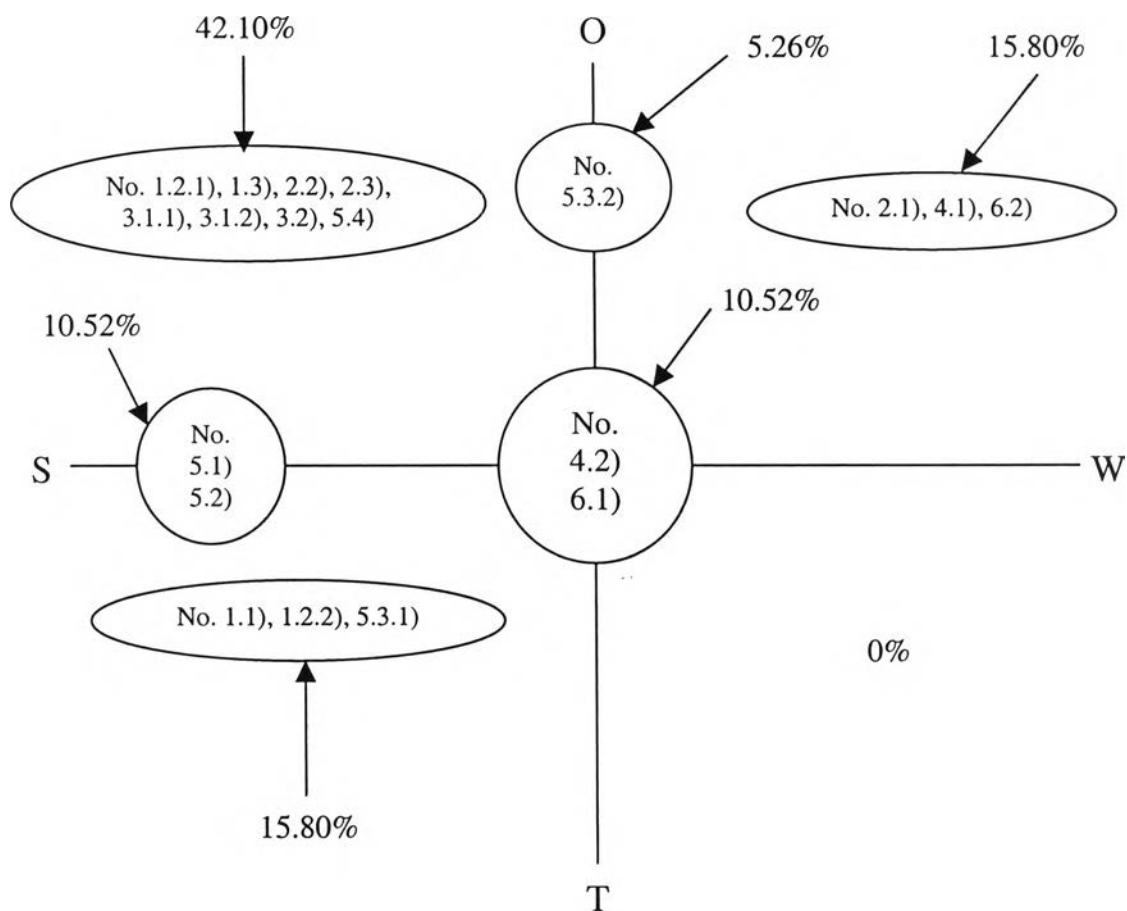


Figure 3.2: Graph-plotting Analysis of current HPH-being situation at Phnas Nikhom Hospital (Boston Consulting Group (BCG) Tool)

- The occupied area of the strength-cum-opportunity activity, as well as the area of the strength and opportunity's only, which are considered supporting factor to Phnas Nikhom Hospital, were 42.10%, 10.52% and 5.26% respectively, totally 57.88%, which is the major activity cluster compared to the other three regional areas.
- While the occupied area of the strength-cum-threat, the weakness-cum-opportunity and the weakness-cum-threat activity's cluster were 15.80%,

15.80% and 0%. Meanwhile, the rest 10.52% of the activity's clutter was neutral – equally affected by both strength and weakness in internal, as well as opportunity and threat in external factors.

So this might be accepted that the majority of this hospital's activity is currently HPH-being readiness.

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

There are two steps forward to access some strategic HPH-being recommendations prior to HPH-entering.

Step I. Prioritize for the HPH-affecting factor.

- Each preliminary-affecting factor would be prioritized according to their role playing to the HPH-indicator activity.

Table 3.44: Percentage-playing role of internal factors

Internal factors	Role playing to activity	
	No. of "yes"	Percentage (%)
1. Leader Support:	16	84.21
2. Explicit HPH-Policy:	13	68.42
3. Participation & Teamwork:	16	84.21
4. Lifelong Learning Culture:	17	89.47
5. Internal Communication:	18	94.74
6. Health Promoting & Preventing Knowledge:	15	78.95
7. Attitude Toward Change:	15	78.95
8. Connection with Other Constituent Agencies:	11	57.89
9. Connection with the HPH-Ally:	12	63.16

Table 3.45: Percentage-playing role of external factors

External factors	Role playing to activity	
	No. of "yes"	Percentage (%)
1. Legal: ₪ 30 scheme	8	42.10
2. Politic: Mr.Thasin-led coalition government	12	63.17
3. Public Expectation: for curative medication	3	15.79
4. Economic Situation: slum economic	5	26.32
5. Demographic Vocation	6	31.58
6. Internet & Web Site	18	94.74
7. HPH-Model	7	36.84
8. Social Security Fund Qualification Requirement	14	73.69

Table 3.46: HPH-being strength-factors in prioritization

Preliminary factor's prioritization	Role playing to activity	
	No. of "yes"	Percentage (%)
1. Lifelong Learning Culture:	17	89.47
2. Leader Support:	16	84.21
3. Participation & Teamwork:	16	84.21
4. Attitude Toward Change:	15	78.95
5. Explicit HPH-Policy:	13	68.42

Table 3.47: HPH-being weakness-factors in prioritization

Preliminary factor's prioritization	Role playing to activity	
	No. of "yes"	Percentage (%)
1. Internal Communication:	18	94.74
2. Health Promoting & Preventing Knowledge:	15	78.95
3. Connection with the HPH-Ally:	12	63.16
4. Connection with Other Constituent Agencies:	11	57.89

Table 3.48: HPH-being opportunity-factors in prioritization

Preliminary factor's prioritization	Role playing to activity	
	No. of "yes"	Percentage (%)
1. Internet & Web Site	18	94.74
2. Social Security Fund Qualification Requirement	14	73.69
3. Politic: Mr.Thasin-led coalition government	12	63.17

Table 3.49: HPH-being threat-factors in prioritization

Preliminary factor's prioritization	Role playing to activity	
	No. of "yes"	Percentage (%)
1. Legal: ₪ 30 scheme	8	42.10
2. HPH-Model	7	36.84
3. Demographic Vocation	6	31.58
4. Economic Situation: slum economic	5	26.32
5. Public Expectation: for curative medication	3	15.79

Step II. Identify for the HPH-being strategic recommendation.

- The strategy would be based on four strategic tips: Aligning; averting; alleviating and avoiding strategy, which would show in TOWS Matrix table as below.

Table 3.50: TOWS Matrix table identifying of strategic recommendations- from researcher perspective

Prioritized ex-internal factors in abbreviated form:

HPH-Strength	HPH-Weakness	HPH-Opportunity	HPH-Threat
Lifelong Learning Culture : S1	Internal Communication : W1	Internet & Web Site : O1	Legal: # 30 scheme : T1
Leader Support : S2	Health Promoting & Preventing Knowledge : W2	Social Security Fund Qualification Requirement : O2	HPH-Model : T2
Participation & Teamwork : S3	Connection with the HPH-Ally : W3	Politic: Mr.Thasin-led coalition government : O3	Demographic Vocation : T3
Attitude Toward Change : S4	Connection with Other Constituent Agencies : W4		Economic Situation: T4
Explicit HPH-Policy : S5			Public Expectation: for curative medication : T5

HPH-entering Strategic Recommendations

Aligning Strategy	Justification
<p>1). Emphasize on the health occupational tip for the Fund's registered client.</p>	<p>1. based on S1+S2+S3 and O2</p> <ul style="list-style-type: none"> - Social Security Fund offers the hospital with a big lump sum amount in which the hospital could use to manage its organization. - In order to secure the Fund-source and properly use it, the hospital should consider to return the Fund with the occupational and ergonomics tip to the labors. - With trilateral of lifelong learning for modern technique of the staff, participant ideas of concerning staff, and the support from the director for brainstorming meeting, the health occupational measures could be a strategic ideal
<p>2). Invent the HPH-policy and measure for use at hospital</p>	<p>2. based on S5+O3</p> <ul style="list-style-type: none"> - Having the clear of HPH-running direction and being on the edge of getting support from this incumbent government, this hospital should take this chance to create its own HPH-policy and measure - Then the staff could have a clear HPH-guideline to follow

Averting Strategy	Justification
<p>1). Disillusion the health-misunderstanding concept to the folk.</p>	<p>1. based on S3+T1 and T5</p> <ul style="list-style-type: none"> - With the traditional favorite of medicine-remedy and enjoying the unusual cheap medical cost from the ₦ 30 scheme, some folks might let themselves unhealthy indulgence - All concerning staff cooperate in strategic plan to disillusion this mis-belief and reinstate them with healthy concept.
<p>2). Create their owned HPH-model.</p>	<p>2. based on S1+S2+S3 and T2</p> <ul style="list-style-type: none"> - The director support their staff, particularly the HPH-working committee, to study the procedure and process of HPH-running from other, then regurgitate and exchange ideas among staff - Set up brainstorming to consider their own existing functional performance and environment around, and eventually involve them for their own HPH-model creation.
<p>3). The director should give more budget-support to the HPH-activity.</p>	<p>3. based on S2+T4</p> <ul style="list-style-type: none"> - In order to start the HPH-running concept smoothly, sometimes the director should get involved in HPH-model creation and consider to shed more budget-allowance for health-promotion activities - If the director overtly involve in the HPH-model creation, then other staff would be aware and eager for HPH-running

Alleviating Strategy	Justification
1). Knowledge-procurement request towards the health ministry.	1. based on O3+W2 <ul style="list-style-type: none"> - The hospital could improve their staff with proper health promotion and disease prevention knowledge by asking the health department to support with health specialist on educational and training course
2). Internet searching promotion for HPH-knowledge.	2. based on O1+W2 <ul style="list-style-type: none"> - So some proper advice and support to learn and search via web-sites to staff should be promoted at hospital - Equipped with internet serf, the staff would reach with many available HPH-knowledge sources.
3). Networking with the HPH-ally.	3. based on O1+W3 <ul style="list-style-type: none"> - Making of network-connection with the HPH-ally via Internet is cost-saving and efficient way for information access - By this way Phnas Nikhom hospital would exchange, develop and catch up with the HPH-concept efficiently
4). Networking with the local constituent agencies	4. based on O1+W4 <ul style="list-style-type: none"> - Making of network-connection with the local agencies via Internet is cost-saving and efficient way for data distribution and information exchange - By this way the hospital could catch up with the local situation and demands - The hospital could publicize the health-promotion information to these constituent agencies and ask for their cooperation in spreading and relating to the folks

Avoiding Strategy	Justification
1). Hurry up in improvement of the internal circle letter and LAN system.	1. based on W1 <ul style="list-style-type: none"> - Improvement the efficiency of internal circle-letter channel - LAN system should have been extended to cover all hospital functional area - Improve computer's literacy to staff - In return, the staff wouldn't miss the state-message in specified time
2). Reduce the connection-gap with the HPH-ally.	2. based on T2+W3 <ul style="list-style-type: none"> - Support the HPH-working committee to have an ongoing of the HPH-study - Producing good connection with other HPH-running hospital or at least with some of the 24 HPH-pilots - Then Phnas Nikhom hospital could be able to learn, consult, exchange ideas and eventually, find its own HPH-model
3). Set up liaison-to-local agencies section at hospital.	3. based on W4+T3 and T4 <ul style="list-style-type: none"> - Set up liaison section to deal with other constituent agencies is less cost, comparing to the return from their cooperation - Local agencies, particularly the local-administration office and the local state office, (district and village's headman) are prone to directly deal with folks from many walks of life in the field. - These local state-men hold a close relationship and respect from folks for long time. Some are kinfolk. - They could be in a better site to locate, detect the residents and the local demands than hospital-staff. - Holding good relation could help in spreading hospital's information, which would better folks a properly health-understanding at economically

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 connection into two strategies: corporate strategy and functional strategy.

Corporate strategy:

1. Invent the HPH-policy and measure for use at hospital (based on S5+O3).
2. Create their owned HPH-model.
3. The director should give more budget-support to the HPH-activity.
4. Knowledge-procurement request towards the health ministry.

Functional strategy:

1. Emphasis on the health occupational tips for the Fund's registered client.
2. Educate the public to avoid misunderstanding of health concepts.
3. Internet searching promotion for HPH-knowledge.
4. Networking with the HPH-allies.
5. Networking with the local constituent agencies.
6. Prioritise improvements of the internal circle letter and LAN system.
7. Reduce the connection-gap with the HPH-allies.
8. Set up liaison-to-local agency section at hospital.

II. Are its objectives achieved?

The objectives were achieved via the operation of SWOT Analysis. The procedure involved five parts – Part one: Set-up HPH-working committee and the HPH-analysis meaning, Part two: Development of Research Instrument (Identification of Critical Environmental Factors), Part three: HPH-indicator Analysis, Part four: Current HPH-being Analysis at Phnas Nikhom Hospital, and Part five: HPH-entering recommendation by TOWS Matrix Analysis. The evaluation outcomes of the project are as follows:

- **HPH-affecting factor's analysis:**

Internal factors:

Table 3.51: HPH-analyzed strength-factors in prioritization

Prioritized according to the role frequently playing to the HPH-indicator activity
1. Lifelong Learning Culture:
2. Leader Support:
3. Participation & Teamwork:
4. Attitude Toward Change:
5. Explicit HPH-Policy:

Table 3.52: HPH-analyzed weakness-factors in prioritization

Prioritized according to the role frequently playing to the HPH-indicator activity
1. Internal Communication:
2. Health Promoting & Preventing Knowledge:
3. Connection with the HPH-Ally:
4. Connection with Other Constituent Agencies:

- **HPH-affecting factor's analysis:**

External factors:

Table 3.53: HPH-analyzed opportunity-factors in prioritization

Prioritized according to the role frequently playing to the HPH-indicator activity
1. Internet & Web Site
2. Social Security Fund Qualification Requirement
3. Politic: Mr.Thasin-led coalition government

Table 3.54: HPH-analyzed threat-factors in prioritization

Prioritized according to the role frequently playing to the HPH-indicator activity
1. Legal: B 30 scheme
2. HPH-Model
3. Demographic Vocation
4. Economic Situation: slum economic
5. Public Expectation: for curative medication

- **Hospital's activity-analyzed results.**

The results have been summarized in 6 main areas- 1) strength-cum-opportunity, 2) Strength-cum-threat, 3) Weakness-cum-opportunity, 4) Neutral HPH-activity, 5) strength-affecting HPH-activity and 6) opportunity affecting HPH-activity

1. Strength-cum-opportunity HPH-activity

- 1) Human Resource Development
- 2) Inserting health-promoting and disease-preventing knowledge and activity during patient staying at hospital

- 3) Mum-and-Child-Relationship's Hospital
- 4) LAN system" being laid at the hospital
- 5) "5s activity": Sort, Systemization, Sweep, Sustain, Self-discipline
- 6) EBS" Excellent Behavior Service"
- 7) Organize the health promotion-provoking environment
- 8) Publicize the health-promoting information

2. Strength-cum-threat HPH-activity

- 1) Disease Surveillance at Constituent Area
- 2) Actually screen for the certain problem through client and community's feedback
- 3) Elderly and Diabetic Clinic's performance

3. Weakness-cum-opportunity HPH-activity

- 1) Existence of actually spending in budget-plan
- 2) Promoting Exercise and Whole-grain eating
- 3) Demonstration an Aerobic-Dancing Exercise at the requested community.

4. Neutral HPH-activity

- 1) Creating the Mentally Cheerful Talk at Working Site
- 2) The Consistent Health-Care Function for Mother and Child

5. Only strength-affecting HPH-activity

- 1) Golden-Kid Clinic performance
- 2) Cholera Disease Surveillance

6. Only opportunity-affecting activity

- 1) Psychiatric consultation

• Current HPH-being situation

The activity's cluster affected by the strength-cum-opportunity, as well as strength and opportunity's only, which are considered supporting factor to Phnas Nikhom Hospital, were 42.10%, 10.52% and 5.26% area-occupied respectively, totally combined to 57.88%, which was the major occupied regional area compared to other three regional areas.

While the activity's cluster affected by the strength-cum-threat, the weakness-cum-opportunity and the weakness-cum-threat were 15.80%, 15.80% and 0%. Meanwhile, the rest 10.52% of the activity's cluster was neutral – equally affected by both strength and weakness in internal, as well as opportunity and threat in external factors.

The major occupied area of the activity's cluster affected by the strength-cum-opportunity was 57.88%. So this might be accepted that the current situation of Phnas Nikhom hospital is rather HPH-being readiness.

III. What are the results of this project?

- **HPH-entering strategic recommendations**

There are 4 strategic recommendations prior to HPH-entering- 1) Aligning strategy, 2) Averting strategy, 3) Alleviating strategy and 4) Avoiding strategy

1. **Aligning strategy:**

- 1) Emphasize on the health occupational tip for the Fund's registered client.
- 2) Invent the HPH-policy and measure for use at hospital (based on S5+O3).

2. **Averting strategy:**

- 1) Disillusion the health-misunderstanding concept to the folk.
- 2) Create their own HPH-model.
- 3) The director should give more budget-support to the HPH-activity.

3. **Alleviating strategy:**

- 1) Knowledge-procurement request towards the health ministry.
- 2) Internet searching promotion for HPH-knowledge.
- 3) Networking with the HPH-ally.
- 4) Networking with the local constituent agencies.

4. Avoiding strategy:

- 1) Hurry up in improvement of the internal circle letter and LAN system.
- 2) Reduce the connection-gap with the HPH-allies.
- 3) Set up liaison-to-local agency section at hospital.

- **Hospital administrative and managerial strategy**

There are 2 strategies for hospital administration and management cooperate and functional strategies as following details:

1. Corporate strategy:

- 1) Invent the HPH-policy and measure for use at hospital (based on S5+O3).
- 2) Create their owned HPH-model.
- 3) The director should give more budget-support to the HPH-activity.
- 4) Knowledge-procurement request towards the health ministry.

2. Functional strategy:

- 1) Emphasize on the health occupational tip for the Fund's registered client.
- 2) Disillusion the health-misunderstanding concepts to the public.
- 3) Internet searching promotion for HPH-knowledge.
- 4) Networking with the HPH-allies.
- 5) Networking with the local constituent agencies.

- 6) Hurry up in improvement of the internal circle letter and LAN system.
- 7) Reduce the connection-gap with the HPH-allies.
- 8) Set up liaison-to-local agency section at hospital.

IV. What are the impacts of this project study?

This project study would precede the hospital staff, particularly the HPH-working committee, to proceed further study-detail by them selves.

The hospital staff was elated with the outcomes of this project, which would boost their confidence on the HPH-running lane.

The HPH-affecting factor analysis's result would be benefited in hospital strategic planning for the next year.

3.7 Summary

There are four results of the HPH-affecting factor analysis as follows:

1. HPH-being Strength: consisted of five internal HPH-affecting factors.

- S1). Lifelong Learning Culture
- S2). Leader Support
- S3). Participation & Teamwork
- S4). Attitude toward Change
- S5). Explicit HPH-Policy

2. HPH-being Weakness: consisted of four internal HPH-affecting factors.

W1). Internal Communication

W2). Health Promoting & Preventing Knowledge

W3). Connection with the HPH-Allies

W4). Connection with Other Constituent Agencies

3. HPH-being Opportunity: consisted of three external HPH-affecting factors.

O1). Internet & Web Site

O2). Social Security Fund Qualification Requirement

O3). Politic: Mr. Thasin-led coalition government

4. HPH-being Threat: consisted of five external HPH-affecting factors.

T1). Legal: § 30 scheme

T2). HPH-Model

T3). Demographic Vocation

T4). Economic Situation: economic slump

T5). Public Expectation: for curative medication

Prior to HPH-entering, the results of the aforementioned factors' analysis were used for inventing strategic HPH-being recommendations, where there were 4 strategies as following below:

1. Aligning Strategy:

It is created on the basis of using the HPH-being strength factor to tap into the emerging favorable HPH-being opportunity factor, there are two aligning strategies as below:

1. Based on S1+S2+S3 and O2 “Emphasis on the health occupational tip and ergonomics for the Fund’s registered client”.
2. Based on S5+O3 “Consult and ask for support from the health department in HPH-policy and measure invention”

2. Averting Strategy:

It is created on the basis of using the HPH-being strength factor to avert the emerging dormant HPH-being threat factor, there are three averting strategies as below:

1. Based on S3+T1 and T5 “Disillusion the health-misunderstanding concept to the folk”.
2. Based on S1+S2+S3 and T2 “Create their own HPH-model”
3. Based on S2+T4 “The director allocating more budget for HPH-supporting activity”.

3. Alleviating Strategy:

It is created on the basis of using the emerging favorable HPH-being opportunity factor to alleviate the dormant HPH-being weakness factor, there are 4 alleviating strategies as below:

1. Based on O3+W2 “Knowledge-procurement” (request the health department to support with specialized official on educational and

training course to the hospital-staff for proper “health promotion and prevention knowledge).

2. Based on O1+W2 “Internet-searching support”.
3. Based on O1+W3 “Networking with the HPH-allies via Internet”.
4. based on O1+W4 “Networking with the local constituent agencies via internet”

4. Avoiding Strategy:

It is created on the basis of alleviating the dormant HPH-being weakness factor, meanwhile avoiding the emerging dormant HPH-being threat factor, there are 3 avoiding strategies as below:

1. Based on W1 “Improvement the internal circle letter and LAN system”.
2. Based on T2+W3 “Reduce the connection-gap with the HPH-allies”
3. Based on W4+T3 and T4 “Set up liaison-to-local agency section”.

For hospital administrative and managerial, there were 2 strategies as following below:

1. Corporate strategy:

1. Invent the HPH-policy and measure for use at hospital (based on S5+O3).
2. Create their owned HPH-model.
3. The director should give more budget-support to the HPH-activity.
4. Knowledge-procurement request towards the health ministry.

2. Functional strategy:

1. Emphasis on the health occupational tips for the Fund's registered clients.
2. Disillusion the health-misunderstanding concept to the folk.
3. Internet searching promotion for HPH-knowledge.
4. Networking with the HPH-allies.
5. Networking with the local constituent agencies.
6. Hurry up in improvement of the internal circle letter and LAN system.
7. Reduce the connection-gap with the HPH-allies.
8. Set up liaison-to-local agency section at hospital.