



CHAPTER 4

DISCUSSION AND CONCLUSION

This project study was a study of SWOT Analysis towards the readiness of HPH-being at Phnas Nikhom Hospital in order to evaluate the current HPH-being situation of the hospital and identify some strategic HPH-being recommendation's approach prior to HPH-entering.

The SWOT Analysis of this study employed both internal and external HPH-affecting factors in evaluating over the hospital's current activity relevant to the HPH-indicator.

There were five parts in this project study: one "Set up HPH-working committee and the HPH-analysis meaning"; two "SWOT Analysis on the HPH-affecting factor towards Phnas Nikhom Hospital"; three "HPH-indicator Analysis" four "Current HPH-being situation analysis at Phnas Nikhom Hospital"; and five "HPH-entering recommendation through TOWS Matrix Analysis".

After 6-month-implementing, there were significant results as follows:

1. HPH-learning experience.

The HPH-working committee, consist of ten hospital-staff, have been going along and learning the SWOT-Analysis process throughout this study with the project researcher. So this hospital staff could understand and further take up by themselves.

2. HPH-affecting factor analysis.

The hospital could realize the prioritized significance affecting factors, from both internal and external, which were having either supportive or obstructive effects to their organization, where the strategy-planning staff could learn to use for the next organizational strategic planning. The analysis consequence were as below:

Internal HPH-affecting factor:

The results were either HPH-being strength or HPH-being weakness.

Table 4:1: HPH-being strength in prioritization

Preliminary strength's prioritization
1. Lifelong Learning Culture:
2. Leader Support:
3. Participation & Teamwork:
4. Attitude Toward Change:
5. Explicit HPH-Policy:

Table 4:2: HPH-being weakness in prioritization

Preliminary weakness' prioritization
1. Internal Communication:
2. Health Promoting & Preventing Knowledge:
3. Connection with the HPH-Allies:
4. Connection with Other Constituent Agencies:

External HPH-affecting factor:

The results were either HPH-being opportunity or HPH-being threat.

Table 4:3: HPH-being opportunity in prioritization

Preliminary opportunity's prioritization
1. Internet & Web Site
2. Social Security Fund Qualification Requirement
3. Politic: Mr. Thasin-led coalition government

Table 4:4: HPH-being threat in prioritization

Preliminary opportunity's prioritization
1. Legal: § 30 scheme
2. HPH-Model
3. Demographic Vocation
4. Economic Situation: slum economic
5. Public Expectation: for curative medication

3. HPH-indicator analysis.

After having considered for the HPH-indicator, which currently and directly affects this hospital by the HPH-working committee, 19 hospital activities were selected and analyzed according to these HPH-indicators. The analyzed results could help the hospital in awareness of the current HPH-being situation in each individual activity. The analyzed results were as below:

Strength-cum-opportunity activity:

1. Hospital's Human Resource Development
2. Inserting health-promotion 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. Perform the 5s function.
6. EBS "Excellent Behavior Service".
7. Organize the health promotion-provoking environment.
8. Publicize the health-promotion information.

Strength-cum-threat activity:

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

Weakness-cum-opportunity 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.

Only being strength activity:

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

Only being opportunity activity:

1. Psychiatric consultation.

Being neutral activity:

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

4. Current HPH-being situation at Phnas Nikhom Hospital.

The major occupied area of the activity's cluster, the derivative from Graph Plotting Analysis's performance (Boston Consulting Group (BCG)), would identify the current HPH-being situation this hospital.

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.

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, and opportunity and threat in external factors.

The major occupied area of the activity's cluster overriding the other three regional areas, which was fallen at region I, might identify that this hospital was close to HPH-being readiness.

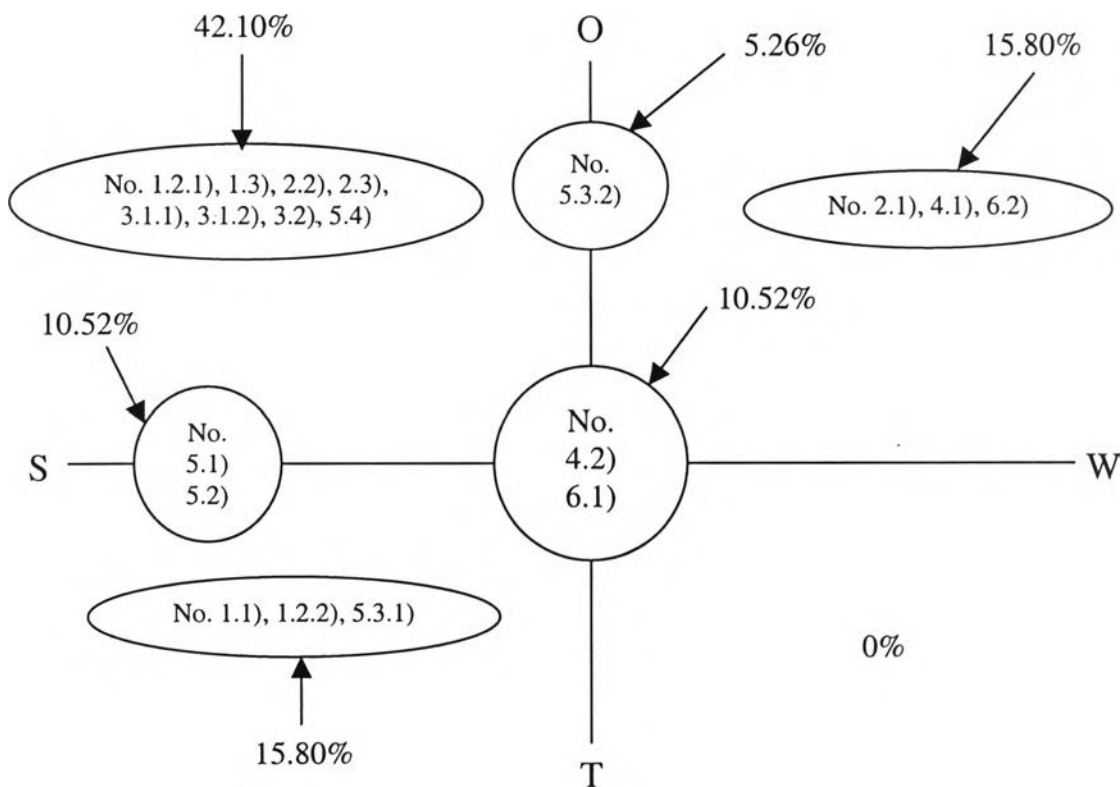


Figure 4.1: The graph shows the occupied activity's clusters

5. HPH-entering recommendations by TOWS Matrix Analysis.

After performing the TOWS Matrix analysis, the hospital could gain some strategic HPH-being recommendations, as well as some administrative and managerial strategies prior to HPH-entering.

HPH-entering strategic recommendations

These strategic recommendations would pre-emptively strengthen the hospital with some advised guidelines on the basis of cross-analysis among its HPH-affecting factors. There were 4 recommendation strategies as below:

Aligning strategy:

It is created on the basis of accelerating the advantage situation by tapping the HPH-being strength factor into the emerging favorable HPH-being opportunity factor, there were 2 aligning strategies as below;

1. Emphasize on the occupational health tips and ergonomics to the Fund's client.
2. Consult and ask for support from the health department in HPH-policy and measure invention.

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 were 3 strategies as below;

1. Re-educate the public on common health-misunderstanding concepts.
2. Create their own HPH-model on the premise of their own existing functional performance and environment.

3. The director supports increased budget allocation to the hospital's health-promoting activity.

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 were 4 strategies as below;

1. Request the Knowledge-procurement from the health department.
2. Internet-searching support for HPH-knowledge.
3. Networking with the HPH-ally via Internet.
4. Networking with the local constituent agencies via Internet.

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 were 2 strategies as below;

1. Improvement of the internal circle letter and LAN system.
2. Reduce the connection-gap with the HPH-allies.
3. Set up the liaison section to deal with the local agencies.

Hospital administrative and managerial strategy

There are 2 strategies for hospital administration and management

1. Corporate strategy:

1. Create 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 occupational health tips for the Fund's registered clients.
2. Re-educate the public on common health-misunderstanding concepts.
3. Internet searching promotion for HPH-knowledge.
4. Networking with the HPH-allies.
5. Networking with the local constituent agencies.
6. Accelerate 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.

Factors supported operation of this project study (Strengths)

1. The Phnas Nikhom Hospital's Director, supported by the formal HPH-working committee set up and facilitated for other staff to cooperate throughout the study.
2. The HPH-working committee, which consisted of experienced health-officials, assisted, co-decided and analyzed, introduced and made appointment with key informants outside throughout the study.
3. The hospital staff who were curious to know if their hospital is prompt for HPH-being.

4. SWOT Analysis was foolproof by itself, which easily proceeded in less time, money and human requirement.

Problems, obstacles and limitation

1. Understaffing situation caused by doubling of patient numbers as a result of the 30-baht-scheme made many staff too busy to give full cooperation in giving required data while being interviewed.
2. Sometimes it's difficult for an outsider to collect all required data, for example knowledge-questionnaire collection, which the researcher could recoup only 169 from total 280 sets issued.
3. Because researcher wasn't hospital staff, some hospital-staff offered only token answers.
4. There are very many details of HPH-indicator, compared to the given 6-month-implementation period, so this study could not go through all the details.