

CHAPTER III

RESEARCH METHODOLOGY

The study of "Assessment of Monk Health Volunteers' performances toward Primary Health care activities in Nakhon Ratchasima Province" was a descriptive research, focusing on assessments of monks in all levels who perform as health care provider in urban and rural monastery in Nakorn Ratchasima province. There were 6 steps used in this research study as follows:

3.1 Quantitative Research

3.1.1 Target population

The population was Monk Health Volunteers and Monks in Nakhon Ratchasima province. There are 2,209 of MHV and 12,603 of monks. (Provincial Health Office in Nakhon Ratchasima province, 2002)

3.1.2 Study population

Monk Health Volunteers and monks who were working in zone 1, zone 6, zone 7, and zone 8, which were randomized by Multistage Cluster and Simple Random Sampling.

3.1.3 Sample

3.1.3.1 Sample size

There are 2,209 of MHV in Nakhon Ratchasima province, which were randomized by using Yamane's formula¹⁹

n =
$$N$$

1 + Ne²
When n = sample size
N = population size
e = level of acceptable error (in the study = 0.05)

Then n = ____2,209____ $1 + 2,209 (0.05)^2$ n = 338.67 ~ 339 samples

3.1.3.2 Sample Techniques

Nakhon Ratchasima province consists of 26 districts and 6 sub-districts, which is divided to be 8 zones as Provincial Health Office supervision zone as follows:

- Zone 1; Song Neon, Meuang, Si que, Kham Talesoe
- Zone 2; Dan Khun Tod, Teparak, Non-thai, Pra Thong Kham
- Zone 3; Pak Chong, Puk Thong Chai, Wang Nam keaw
- Zone 4; Chokchai, Kronburi, Seang sang, Nongboonnak
- Zone 5; Pimai, Heaw Taleng, Jakaraj, Chaleam-prakret
- Zone 6; Chumpeung, Lum Tamenchai, Non-deang,

Meuang yang

- Zone 7; Bua Yai, Sida, Keang Sanamnang, Bualai
- Zone 8; Non Song, Kong, Kham-sakeasang, Ban heam

The researcher used Simple Random Sampling and Multistage Cluster Sampling. The first step is to draw 4 zones from 8 and then draw again for 2 districts from each zone.

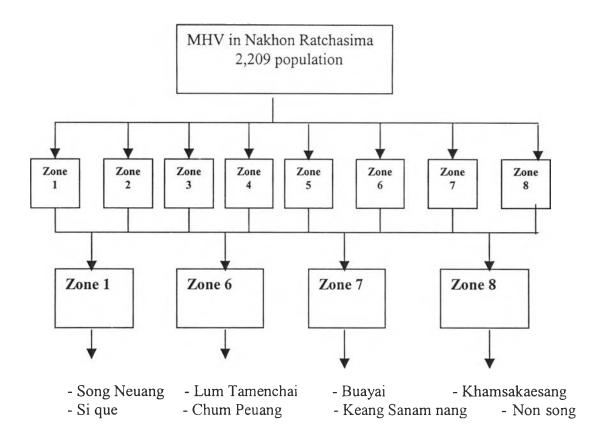


Figure 4. The Multistage Random Sampling for sample size

3.2 Qualitative Research

The researcher used open-ended questionnaires to collect data from MHV and monks to assess problems, obstacles and suggestions, which were used in the result and recommendation parts.

3.3 Instrumentation

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The instrument for collecting data was the self- administered questionnaire, which was used to access MHV' opinions and performance. The questionnaire was divided into three main parts as follows;

1. General information, which included personal factors such as age, monk's status, education, time period of being MHV, duration of being in the community, knowledge factors, local community support and Provincial Health Office's support.

2. MHV' opinions toward importance and participation in activities based on specified PHC activities. The questions in this part were set up in rating scales into 5 levels of participation by using Likert scale measurement.

3. MHV' opinions toward importance and satisfaction in specified activities PHC, community and Health Care Critical Success Criteria. The questions in this part were set up in rating scales into 5 levels, 1-5 strongly satisfaction to strongly dissatisfaction.

4. Suggestion part was open-ended question regarding obstacles and advice to form guideline for developing MHV' role in Nakorn Ratchasima province.

3.4 Content Validity

Proposing the draft questionnaires to thesis advisors for checking the content validity, and correcting language to make it easy to understand. The next step was proposing the draft to experts in Provincial Health Office in Nakhon Ratchasima to check the contents again. After that the draft was done after correcting.

3.5 Reliability

Pre-testing questionnaire among 30 of Monk Health Volunteers, then calculating for the reliability regarding importance and satisfaction of PHC activities, community concern and Health Care Critical Success Criteria by using Cronbach' s Alpha Coefficient. The results were 0.8476, 0.8254, 0.9041 respectively. The next step was calculating for discrimination power by using technique of dividing scores into 25 percent for high- scored group and low-scored group, t-test statistics was used to choose the question with score over 1.75. For some important questions with score lower than 1.75, they had been revised and approved by the advisor.

3.6 Data Collection

Data Collection will be performed as follows;

3.6.1 Permission to conduct the study will be obtained from the Provincial Health Office of Nakhon Ratchasima Province. 3.6.2 The questionnaires will be given out to districts, which were randomized, then asked cooperation from the Provincial health Office and the monasteries in Nakhon Ratchasima for collecting return questionnaires.

3.6.3 Keep track of the process of collecting questionnaires.

3.6.4 Prepare the coding for the next step.

3.7 Data Analysis

Data will be analyzed by using the computer program "SPSS"

(Statistical Package for the Social Sciences) as follows;

3.7.1 Analyzing data of personal characteristics by description analysis in term of the frequency, percentage, mean and standard deviation.

3.7.2 Analyzing and comparing the difference of MHV' opinion and performance and monks' data toward importance, participation and satisfaction in each PHC activities by using unpaired t-test.

3.7.3 Analyzing the open-ended questions to make conclusion and suggestion to Provincial Health Office in Nakhon Ratchasima province in order to become guidelines for reshaping MHV' role.

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Type of Statistics	Variables	Type of information	Analysis Method
Descriptive Statistics	-Personal Factors -Knowledge Factors -Local community support -Provincial Health Office's support	Quantitative	Frequency, Percentage Standard Deviation, Mean, Median
	-Problems and suggestion	Qualitative	information
Inferential Statistics	Test the difference of mean score of opinion between the difference in - Personal Factors	Comparing 2 independent groups	Unpaired t-test
	-Knowledge Factors -Local community support -Provincial Health Office support	Comparing more than 2 independent groups	ANOVA
	Test the differences between opinion and significance -of participation in activities based on PHC - of satisfaction in activities based on PHC, community, Health Care Pilot Criteria	Quantitative Comparing 2 dependent samples	

Table 3.1 Data Analysis

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