

CHAPTER IV

DISCUSSION AND CONCLUSION

The project “Developing Quality of Health Services” aims to improve the quality of provided health services of Muenghong Health Center. The specific objectives are 1) to study of existing health services, 2) satisfaction of clients with provided health services, 3) attitude of health staff to the services, 4) health services development needs of clients and health personnel, and 5) setting a health services development plan by using the Appreciate Influence Control Approach. The project was carried out during May 2000 to 30 April 2001, for approximately 12 months. It consisted of four phases; phase 1 was health services situation analysis, phase 2 was learning process creation to promote a new concept of management of provided health services, phase 3 was problem solving, and phase 4 was evaluation. The Quantitative method was employed for obtaining information using structured questionnaire forms as well as reviewing related documents. In addition, to support quantitative data the qualitative method was used for collecting additional information using focus group discussion and in-depth interviews. The result of the project can be summarized as follows.

A. Health services situation analysis

Background

Meunghong Health Center has provided four health services, which are called integrated health services; health promotion, prevention and control of diseases, treatment, rehabilitation and community development. At the present, it provides service for 17 villages, 1,530 houses, and 7,591 population. There are three health personnel in the health center; a health technical Officer and two health workers.

Provided Health Services

The Health Center provides service every day, at an official of 08.30-16.30. However, there is a health person for emergency cases during unofficial times (16.30-08.30) and holidays. It has six steps for providing the services; 1) present client identification card, 2) registration, 3) examination and diagnosis, 4) providing appropriate services, 5) providing health education, and 6) payment. There is only one health staff to carry out the six-step health service each day. In case it has special clinics such as maternal and child health, family planning and immunization, they will add one more staff to do these activities separately, while one other staff member carries out documentation work.

During the study period, 7,500 clients visited the Health Center, at an average of 35 persons/day. They preferred visiting between 08.30-11.00 am. Thus, the service time is 4.2 minutes /service. There were few clients who visited between 11.00 -08.30. Although the client per day is a low rate, they are very crowded during special clinics.

In addition, the health center building was decorated in an old style so that space was not enough for clients and their relatives.

Resources

There are three health staff member; a health technical officer and two health workers. Financial status showed it has a budget of 79,602.04 Baht. There is one building that is divided into two floors, with a total service area of 110 square meters which is quite small for providing the services.

Attitude and satisfactioin of clients receiving health services

383 clients were interviewed for identifying the attitude and satisfaction of clients receiving health services. The result indicated that clients were satisfied at the high level with nice dressing of health personnel, the privacy of examination rooms and the cleanliness, well organized, with fresh air and enough light of the building (73.6, 55.7 and 53.3 % respectively). Items where clients were satisfied at a fair level are management of the eenvironment, their involvement in selection of the services, receiving services with comfort, safety and at an appropriate time (65.0, 51.0, 49.1 % respectively). The topics where consumers were satisfied at low levels are health staff does not inform them of the six steps of provided health services, system of ordering, and comfort (9.1, 7.5 and 6.8 % respectively). The services where clients were unsatisfied are polite services, ordering system and services at an appropriate time and uncomfortable and safe services (2.6, 1.4 and 1.4 % respectively). However, 221 clients gave advice for improving quality of services such as health staff should be present at

the office on time, should arrange health staff coverage 24 hours a day and health staff should more play attention to clients (22.6, 16.3 and 15.8 % respectively).

Attitude and satisfaction of health personnel regarding health services

Three health personnel were interviewed in-depth. The result showed that the health personnel did select this job at the beginning. They chose this occupation because it was guaranteed that they would have a job after they graduated. However, they did expect to work at the health center. They said that all subjects that they learnt from college were useful to their jobs. However, they found that they did not have knowledge and experience about administrative functions such as finance, accounting, and inventory. They have been learning by doing so that sometime they lack confidence. Factors improving their confidence are their background knowledge from the college, work duration, having good peers and good team work, sufficient resources, and an able, knowledgeable leader respectively.

Regarding attitude and satisfaction of health personnel relating to health services, the result indicated that one of the staff has a poor attitude to her job as she discovered an increase of work both in the office and community. Moreover, she realizes that she has had low experience and work load, which causes low quality of service. Two staff of the health center have a fair attitude about their jobs. They have to work and follow the policy although it increases their work. They sometimes are happy with their jobs, however, they are discouraged when there are too many rush jobs, in which they might be blamed if they do not finish the jobs on time.

B. Learning process Creation to promote a new concept of management of provided health services

The researcher introduced three activities to create learning process to promote a new concept of management of provided health services: these were an arranged tour study for two health personnel; training community leaders, housewives, village health volunteers, the elderly and health staff; and conducting a needs assessment of health service development using focus group discussion and in-depth interview. The result was as follows.

Study Tour of Health Staff

The researcher arranged a study tour for two health personnel. They visited two health centers of Samutprakharn province that had good health service management. The issue that they concentrated on was strategies of successful of health services management. The two health centers have the same type of building as Muenghong Health Center, are located in a large community in the city, and the health service of both health centers are one-stop services. One used computers to support the services system so that reliable and rapid results are achieved. While the other health center does not use computers it can serve a large number of clients each day with comfort and speed by dividing the treatment room into two rooms. It managed maternal and child health room to be the general examination room on non-ANC days. Medical tools and drugs are systematically provided in each room. There is a health staff member in each room, and they stood by until all clients left. After that they carry out the documentation work. In addition, the steps of provided health services of this health center are the same as Muenghong Health Center. So that introducing a computer to the

services and management of services area should be applied for improving the quality of health services of Muenghong Health Center.

Training of community leaders, housewives, village health volunteers, the elderly and health staff

Seven community leaders, eight housewives, eight village health volunteers, seven elderly and two health staff were trained using The Appreciation Influence Control Technique. The results are indicated as follow:

Appreciate process (A1 and 2)

The participants identified the real situation and the expected situation. They expect the health center should be a well managed environment, with good techniques and services and a health staff with good relationships.

Needs assessment of health service development

The focus group discussion and in-depth interview were done to identify needs of health services development for support information in appreciate process. The result found that four needs were identified. They were;

1. The main health services of the health center should be rapid and accessible treatment consistently with villager life-style.
2. The surrounding environment should be cleaned and the service area enlarged.
3. The public relationship of health staff should be developed such as the health personnel should wake up on time, speak nice words, provide

services at an appropriate time and adapt to work in the community as well as having good knowledge.

4. The diabetes screening and dental clinic are also needed. In addition, they also want a resting area for their relatives while they are visiting the health center.

Influence process (I1 and 2)

In appreciate process participants expect the health center should have good environmental management, good techniques and services and the health staff should have a good public relationship. Thus, three strategies were developed for achievement. They were; 1) health center environment development, 2) techniques and services development, and 3) health staff's public relationship improvement.

Activities priority setting

In the three strategies, there are many activities to be carried out for developing the quality of health services. However, all activities that have to be done are important and should be done at the same time so that priority setting is not necessary.

Control (C1 and 2)

After setting up the activities, participants made an action plan in each strategy. In this process, participants made a decision to involve themselves in each activity so that it is real community participation.

C. Problem Solving

The three action plans were presented and approved during the health personnel meeting and were carried out during November 2000 to April 2001. Almost activities were done; however, there is one activity (to solve wastewater run off from the neighborhood) is not done yet as the neighborhood had budget problems.

D. Project Evaluation

Six months after the project was implemented, for formative and summative evaluation were employed to assess the achievement of the project. The topics that were evaluated consisted of the satisfaction with health services provided clients, health personnel self-evaluation and the impact evaluation. . The result of evaluations indicated that 70 % of the clients were highly satisfied with provided health services. The health personnel had confidence to apply their knowledge and ability to improve the services. They also were satisfied with their performance, although there is one health staff rather unsatisfied with his performance. However, they are ready to adapt themselves to improve their performance. According to the impact of the project, the client visits to the health center increased 30.49 % compared with the same period of previous year. From the result of the project, it can be summarized that “the Appreciate Influence Control-AIC” can improve the quality of health services because;

1. The AIC can promote community involvement in development of their community.

2. The AIC can apply for development of the action plan for serving the real need of the community.
3. It is an easy technique and can promote critical thinking.
4. Facilitator gains more experience and can apply this to solve other problems.
5. It is a short training course which participants do not spend too much time.
6. The AIC can promote the awareness of health staff regarding their duties.
7. The AIC can promote the harmony of the staff.
8. The AIC participant can be any member of the community because AIC has inclusive criteria.

This project corresponds with the study of civil society. A case study in Tumbol Donwan of Meung district of Mahasarakam province, which applied the AIC technique, found that the AIC is learning process to solve local problems by community involvement. The community was involved in problem analysis, priority setting and making an action plan. This project also was consistent with the study of models and guidelines for strengthening of Sub-District Administration Organization (SAO) which found that the AIC training could improve the quality of SAO plans by having responsible people and sources of budget identified in each action plan.