

## **CHAPTER V**

### **CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS**

The research, “Consumer’s Need on Home Visit by health workers in Nuea Khlong district, Krabi province”, was conducted in an attempt to elucidate the level of consumer’s need on home visit by using the marketing mix tool which consists of 4 elements: product/service, place, price and promotion. It is also aimed to study and compare the level of need in each aspect sorted by sex, age, marital status, educational background, religion, occupation, household’s monthly income, type of health insurance, household’s attribute, health condition of the household members and villages. The samples are the heads of each family in Nuea Khlong district, Krabi province for 374 persons from 12,950 households, 25-30 samples from each different village and 13 out of 56 villages. The samples of villages and households were randomly assigned by using systematic sampling. The data collecting instrument used in this thesis is questionnaire designed by the researcher and the content was validated by the experts and the result was tested with the group which similar to the study group. Data collection was done through the interview with the head of household from 377 households (100 %). Data analysis was done by the use of SPSS V.10 with the descriptive statistics, comprising frequency, percentage, mean, standard deviation and test the difference of defined factor by using non-parameter: two-independent-Sample Test: Mann-Whitney in case of comparing 2 sets of data and

more than 2 independent samples: Kruskal-Wallis when comparing data more than 2 sets.

## **CONCLUSIONS**

### **1. General data of the subjects**

According to the result of data collection, it was found that most of respondents were heads of households (51.5%). The subjects were female with the ratio of male to female at 1:1.5. The average age is 43.0 years old. There were 80.6 % of samples married and living with their spouses and 68.4 % completed the highest education at the primary school or lower level. There were 70.3% of subjects were Buddhists. In respect of occupation, the subjects are agriculturists (72.9%). The average monthly income was at 8,085.94 baht. The type of accommodation was a single household with 4-6 members (95%). Most of subjects are the owners of the house (98.9%) and the houses were rather permanent and durable (95.8%). It was found that the households have a patient or handicap (27.3%). When looking at the health insurance and welfare aspect, most of households were eligible to have the universal healthcare scheme (82.0%). The households received a home visit conducted by the public health personnel from primary care unit within the past 6 months. The average visit received was once (31.6%). The households received a home visit conducted by the other unit within the past 6 months. The average visits received were done by public health volunteer (64.7%).

## 2. The consumers' need on a home visit.

The finding can be summarized as follows:

2.1 The subjects needed a home visit (89.9%). They were ready to be visited at any time of the day (69.9%). In the group that needs to be visited occasionally, it showed that they were convenient on Friday (31.4%), Saturday and Sunday (25.2%), Tuesday (12.7%) and Monday (10.8%). The appropriate time to visit is during the afternoon (58.9%).

2.2 The first three target groups, which need a home visit, comprised the elderly group follow by mother and infant group and patient/handicap group respectively.

2.3 In aspect of the communication concerning health information in the village, it was found that the first 3 sources are the public health volunteer, followed by the community information center and the neighbors respectively. The best way to inform about health information to the households can be done through public health volunteers (67.4%).

### 2.4 The level of consumers' need on home visit

2.4.1 The mean of the overall need in all aspects ( $\bar{X}$ ) was at 3.73 and the need was at high level (44.9%).

2.4.2 The mean of the need in aspect of service ( $\bar{X}$ ) was at 3.80 and the need was at high level (42.4%). It can be explained in the detail below.

1) The mean of health promotion, disease control and prevention service ( $\bar{X}$ ) was at 3.66 and the need was at high level (35.8%). The most needed service was a general home visit including getting to know about the

household's living condition, the elderly group visit, school age children and teenagers visit and the mother and infant group after giving birth visit. The moderately needed service was a home visit in the group of pregnant women and pre-school children.

2) The mean of nursing and health rehabilitation ( $\bar{X}$ ) was at 3.88 and the need was at the highest level (39.3%)

3) The mean of miscellaneous about service management ( $\bar{X}$ ) was at 3.84 and the need was at high level (44.0%). The most needed service management aspect was the quality of the health care personnel and the service's standard. The moderately needed service management was the participation in service management.

2.4.3 The mean of the place aspect ( $\bar{X}$ ) was at 3.91 and the need in place was at highest level (41.4%) in both primary care unit and a home visit.

2.4.4 The mean of the price aspect ( $\bar{X}$ ) was at 1.92 and the need in price was at least or not required level (48.0%). The respondent did not want the home visit service to be charged.

2.4.5 The mean of the service promotion aspect ( $\bar{X}$ ) was at 3.90 and the need was at highest level (36.9%). The promotion channel about home visit could be done through advertising, public relation; news publication in advance, leaflet pamphlet about health information and a home visit record kept at home.

3. Comparing the level of consumers' need on home visit according to the 4' Ps in marketing mix tool sorted by sex, age, marital status, educational background, religious, occupation, household's monthly income, household's attribute, type of insurance, health condition of the household members and villages. The factors that

are different with the statistical significance ( $p\text{-value} < 0.05$ ) can be concluded as following.

3.1 The need on home visit in all aspects: The factors that have different levels of need are marital status, educational background, religion, occupation type of health insurance and villages.

3.2 In the aspect of product/service: all items, the factors that have different levels of need are marital status, educational background, religion, occupation and villages.

3.2.1 In the aspect of product/service: health promotion, disease control and prevention, the factors that have different levels of need are marital status, educational background, religion, occupation and villages.

3.2.2 In the aspect of product/ service: nursing and health rehabilitation, the factors that have different levels of need are marital status, educational background, religion, occupation, type of health insurance and villages.

3.2.3 In other aspects that related to product/service, the factors that have different levels of need are marital status, educational background, religion occupation, type of health insurance and villages.

3.3 In the aspect of place of a primary care unit, the factors that have different levels of need are age, religion, occupation, type of accommodation and villages.

3.4 In the aspect of price, the factors that have different levels of need are age, educational background, health conditions of the household members and villages.

3.5 In the aspect of promotion, the factors that have different levels of need religion, occupation and villages.

## **DISCUSSIONS**

According to the finding of Consumer's need on a home visit by health workers in Nuea Khlong district, Krabi province, several interesting facts and points should be discussed as following.

1. The consumers' need on home visit in each aspect was at high to highest level, which was consistent to the study of Bunyathap Manusnit (1993) except in the price aspect. The study of Bunyathap Manusnit illustrated that the need of home visit in aspect of price was high since the consumers were willing to pay for the service. On the contrary, the result of this research had shown that the need on home visit in aspect of price was at least or not required level. The government will in accordance with the healthcare welfare right in aspect of home visit service according to universal healthcare insurance policy or "30- baht healthcare scheme" provide this result. It showed that 82.0% of the population used this service and realized about the right and how to receive the universal healthcare insurance. 69.2% was able to give the name of health institutions defined in the gold card correctly. The procedure and how to use service of universal health insurance was provided. People could get such information through a public health volunteer (63.1%) and some received it through the home visit conducted by the public health personnel (31.6%). According to the result of the survey on people' opinions and health service providers toward the universal healthcare insurance policy conducted by the National Health Security Office and ABACs poll, Assumption University (2004), it showed that 91.8% of

respondents were able to give the name of health institutions defined in their gold card correctly and 59.9% got a source to get the information about the procedure and ways to receive the service, mostly from a public health volunteer.

### 1.1 Product/Service aspect

The home visit service consists of health promotion, disease control and prevention service and nursing and health rehabilitation. According to the result of this study, it is found that consumer's need on this aspect was at high to highest level. The issues to be considered are as following.

1.1.1 The target group of home visit and its order: When setting the priority in home visit among the group of people, the most important group was the elderly group, followed by mother and children group, and the patient and handicap group respectively. However, among the mother and children group, the mother and newborn infant need the home visit service most. This part is different from the health center's arrangement of a visit according to the importance of each group. The health center of Muang Nakomsriayudhaya, Ayudhdhaya Provincial Public Health Office, 1999, has reported the arrangement of a home visit differently. The first priority was the hospitalization follow-up visit for the emergency patient, discharged patient and patient with chronic disease. The next one was the at-risk group, which most likely to be absent in each appointment, that is the mother and infant group. The last group is the elderly group. This can be explained that most people think the elderly group should be the first group who receive the home visit due to Thai tradition or value. Thai people tend to pay the high respect and lots of attention to the elderly people. 34.2% of the Thai households are consisted of elderly people. Moreover, the society's structure is changing, and the number of elderly people is continuously increasing. (The 2000 population and housing census Krabi province,

conducted by the national statistical office, shows that in the year 1990, there were 5.6% of the elderly people over 60 years old and 7.4% in year 2000) and they tend to live even longer. The Life Expectancy at Birth in the year 1997 for female is 74.2 years old, and for male is 68.98 years old. The numbers had increased in the year 2003. The Life Expectancy at Birth for female became 76.99 years old, and for male the number became 69.97 years old. (Krabi Provincial Public Health Office, 2004)

Besides, most of the households are single households (95.0%) As in this part, the people suggested that some of the elderly people have no one to take care of them, because their children have to go to work and they are too considerate to bother them. In the group of patient and handicap, it comes as the third priority for home visit despite the level of need on home visit for this group was at highest level. It could be that there are not many households with a patient/ handicap (27.3%) and such households are able to ask for the suggestions from a public health volunteer and public health personnel. Besides, there are some health institutions nearby, easy access and convenience to get to. The same reasons can be applied in a mother and infant group.

1.1.2 When considering the attribute and qualifications of the healthcare personnel who conduct a home visit aspect, it is found that the need was at high level. It was suggested that the personnel do not need to be well educated, but should possess the communication and interpersonal skill including the ability to transfer their knowledge and experiences to the people. Moreover, it is essential that they should understand the current problem situation that local people have to deal with. This is in accordance with the government's policy that supports the local organization to give the financial support and subsidy the local people to study in the

scarce and needed field. In addition, there should be a policy to hold the “Nursing and Medication” training in every health center. (Ministry of Public Health, 2005)

1.1.3 In aspect of day and time to receive home visit, 69.9% of the people are ready to be visited any day. In the group which need it in some days, they prefer to receive home visit on Friday (31.4%). When looking at the preferable time, they need to have it in the afternoon (58.9%). The afternoon is the most appropriate time because most of people are agriculturists (72.9%) such as doing the Para rubber or oil palm plantation, where a plenty of work needs to get done in the morning. Besides, some people (29.7%) are Muslims, and they are required to perform a religious rite together on Friday morning. Therefore, most of the people tend to be occupied in the morning time.

## 1.2 Place or distribution

In aspect of place, the need of most of the people (41.4%) was at the highest level. It is because the government has provided the accessibility to the service in every area. People can easily get the access to such service in a quick and convenient manner. At present, there is a public health center/primary care unit in every sub-district and community hospital in all districts (Krabai Provincial Public Health Office, 2004). The people would like to have these health institutions to remain in the future.

## 1.3 Promotion

When considering the promotion aspect, it was found that 36.9% of the people need the promotion in the highest level. Such promotion includes advertising, public relation, brochures and documents, a home visit record as well as the receiving information in advance. It could be that people would like to receive

more news and information in order to plan their career. They need to be prepared before getting a home visit and meet the public health personnel. The appropriate ways to communicate with the people in the village are through the public health volunteer, the head of the village and the community information center.

#### 1.4 Price

In term of price, the finding showed that the need of home visit was at lowest or not required level (48.0%). According to the health welfare right that defined in the government policy, it indicated that they are not required to pay for home visit services. Thus, the need of home visit in aspect of price was least.

2. When considering the need on home visit sorted by the factor in the overall picture, it showed that there are different of need in marital status, educational background, religion, occupation, type of health insurance and village factor. In the aspect of nursing and health rehabilitation, the additional factor is the type of health insurance. In the aspect of place, the additional factors are age and the type of accommodation. Finally, in the aspect of price, the additional factors are age and health conditions of the household members. This part is consistent with several studies that set the guidelines in the principles of nursing, health promotion and disease control and prevention.

In the aspect of nursing and health rehabilitation, the people had the different of need in the type of health insurance factor. That is because there are differences in healthcare welfare right and benefits in each type of health insurance. The healthcare welfare rights include civil servant rights, social security, workmen's compensation fund, 30-baht healthcare scheme and car accident protection act. (Na Ranong Wiroj, Na Ranong Anchana, and Triamworakul Sornchai , 2004)

3. In this research, most of the subjects are agriculturists. Hence, they cannot represent the groups of population who live in the city or municipal area. The research is conducted during a normal period, so it cannot be applied in case of emergency or natural disasters.

## **RECOMMENDATIONS**

1. The recommendations for an improvement in home visit can be summarized as following.

1.1 Home visit should be conducted in the afternoon. It could be done on Monday, Tuesday and Friday, 3-4 hours per day on average. Therefore, the total hours per week will comply to the given policy on home healthcare which define that the primary care unit need to set up the home visit system or home healthcare service in the community for the purpose of hospitalization follow-up, patients' family assessment and health promotion. And these activities are requiring to be done for at least 10-15 hours per week.

1.2 A record of home visit should be kept for every household. The documents concerning health information and knowledge should be given to the household when conducting a home visit.

1.3 Necessary equipment should be well prepared before making a home visit.

1.4 The home visit program should be publicized in advance through public health volunteer or the head of the community.

1.5 Before paying a home visit, the information about the household should be well studied. If there is an elderly in the household, he/she should be visited first.

1.6 To provide the home visit service to the community, several factors should be taken into consideration according to the indicated guideline.

## 2. Recommendations in resources development and recruitment

2.1 Consider local people who are acceptable in the community otherwise they should involve in the recruiting process.

2.2 The techniques of transferring information in the appropriate way for each area, human relation technique, public speaking and communication technique should be emphasized in the training.

## 3. Recommendations for the next research.

3.1 Study the need of a home visit in Muang municipality and sub-district municipality.

3.2 Assess and evaluate the development of home visit system of primary care unit.

3.3 Compare the home visit system between public health and the other departments, for instance, Education.

3.4 Study the home visit system in case of natural disaster (e.g., tsunami). Further study can be done regarding to the Tsunami event by adjusting questionnaire and add mental health contents.

3.5 Learn more about effect of the home visit between visit and not visit.