

Medical Personnel and Sub-district Administrative Organization Members' Opinion toward the Readiness on Transferring Health Stations to Local Administrative Organization: Case Study of Uttaradit Province

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Abstract

This study aimed to investigate medical personnel and sub-district administrative organization members' opinion toward the readiness on transferring health stations to local administrative organization. The sample consisted of 267 medical personnel who worked in health station in Uttaradit Province. The instrument used in this study was a set of questionnaire on medical personnel and sub-district administrative organization members' opinion toward the readiness on transferring health stations to local administrative organization. A co-efficient of 0.79 was obtained for the instrument reliability. The statistics used in the research were mean, standard deviation and independent - t test. The results presented that:

1. Most of the participants' opinion toward the readiness on transferring health stations to local administrative organization was presented in moderate level ($X=2.15$). The highest opinion was process ($X=2.19$), followed by product ($X=2.17$), input ($X=2.15$) and content ($X=2.02$), respectively.

2. The differences of personal factors: such as gender, educational level, and occupation influenced on the participants' view toward the readiness on transferring health stations to local administrative organization significantly at $p < 0.05$.

Keywords: Local administrative organization, transferring health station, medical personnel, sub-district administrative organization members

1. Introduction

By The Thai constitution of 1997, all Thai citizens must have better life quality and conform to the changing of the world. In the past, the local affair was lack of effective in planning and in effectual using of state-run budget. Some Thais lose opportunity from social inequalities and their rights due to the administrative centralization policy. For that reason, the National Public Administration Act was promulgated to provide three basic levels of public administration in Thailand by government. The act aims to delegate authority from the capital to the region and then to local areas.

As the structure and management system of the local government have been put in place follows the policy of section 16(19) under the act, health stations have to transfer to work under control of local administrative organizations (LAO) within 2006^[1]. The Decentralize Authority Act (1999) specified that the MoPH and other ministries which work related to Thai quality of life development must decentralize authority to local administrative organizations. The MoPH planned to decentralize authority to local administrative organizations by transferring seven missions such as the development of healthy behaviors, malnutrition in children, provide and development of clean water, and health promotion. The main target groups were maternal and child, studying age, adolescence, working age, and elderly. The first transferring of health stations was completed

in 2004 and followed by the transferring on 2006. The in 2007 the MoPH adjusted the plan by transferred 22 health stations to sub-district administrative organization and municipality. Then the six health stations was follow up transferred in 2009^[2]. When the decentralize administration policy completely perform, all health stations must transfer from the Ministry of Public Health (MoPH) to local administrative organization.

MoPH had been continuously studied and prepared for transferring. The results showed that most of health stations were ready for transferring to local administrative organizations in medium level. Nevertheless the factors on personnel management, material, and budgets were presented in low level (Kulabuddee, 2009) ^[3]. Hence, the readiness on decentralized authority were on MoPH’s readiness as the original source and local administrative organization’ readiness as the new host. The profit will occur to local citizens, after the transfer is complete and the related organizations are compatible. In contrary, if the health stations and local administrative organizations could not get along with each other, the local citizen will be affected from this problem [4].

Therefore, it is important to investigate the opinion of medical personnel and sub-district administrative organization members (SAO members) toward transferring health stations to work under control of local administrative organizations. The findings will provide useful information for preparing for transferring health station to local administrative organization.

2. Research Purposes

The purposes of this study were as follows:

2.1 To study the medical personnel and sub-district administrative organization members’ opinion toward the readiness on transferring health stations to local administrative organization in Uttaradit province.

2.2 To compare the difference of medical personnel and sub-district administrative organization members’ opinion toward the readiness on transferring health stations to local administrative organization in Uttaradit province.

3. Conceptual framework

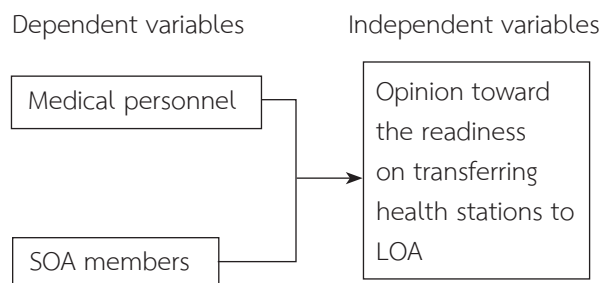


Figure 1 Conceptual framework

4. Research methodology

4.1 Samples

The samples in this study were as follows:

1) 267 medical personnel whose work in health station in Uttaradit Province. The medical personnel consisted of three groups: 89 public health technical officers, 89 registered nurses, and 89 public health officers.

2) 267 members of subdistrict administrative organization whose work in local administrative organization in Uttaradit Province which were 89 chief executives of sub-district administrative organization and 178 Subdistrict administrative organization members.

4.2 Research instrument

The questionnaires used in this study were divided into two parts. The first part was personal information which consisted of gender, age, educational level, and work duration. The second part was a set of question on the participants’ opinion toward the readiness on transferring health stations to local administrative organization. This part composed of 41 items and divided into four sections as follows:

content (13 items), input (11 items), process (16 items) and product (11 items). The questions in this part were applied a three rating scale: high, moderate, and low. The criteria used for interpretation was high level (3.68-5.00) moderate level (2.34-3.67) low level (1.00-2.33).

4.3 Analyzing of the instrument

After the instrument was analyzed and validated, the questionnaire was pilot studied with medical personnel and members of sub-district administrative organization to measure reliability. Twenty-nine questionnaires out of thirty were returned. The Cronbach Alpha coefficient of the questionnaire was 0.79.

4.4 Data analysis

From the completed questionnaire, the data were processed for interpretation and computed. The following statistical procedures were employed in the present study:

1. Percentage and standard deviation were used in a demographic analysis of the subjects.
2. Significant level of 0.05 for independent t - test was applied to analyze the difference between medical personnel’ opinion and sub-district administrative organization members’ opinion toward the readiness on transferring health stations to local administrative organization.

5. Results

5.1 The majority group of medical personnel whose work in health station was a female (56.3). The average age of medical personnel was 38.2 years old. Most of the medical personnel were graduated in Bachelor degree (94.38). They have the average working experience at 15.6 years and the majority group worked at health station for six to ten years.

Whereas, male was the majority group of subject in sub-district administrative organization members (90.26). The average age of sub-district administrative organization members was 45.6 years old and most of

their age was between 41-50 years old (72.6). Some of the sub-district administrative organization members graduated in Bachelor degree (56.3). Meanwhile more than half of the members worked in first four years (65.5).

5.2 The opinion of medical personnel revealed that the overall and each section of readiness of the local administrative organization on transferring health stations to local administrative organization were presented in moderate level (\bar{X} =3.02). The highest opinion was process (X =3.07), followed by input (X =2.96), product (X =2.94) and content (X =2.86), respectively.

The sub-district administrative organization members illustrated that the overall and each section readiness of the local administrative organization on transferring health station to local administrative organization was showed in high level (\bar{X} =4.37). The highest opinion was process (X =4.34), followed by content (X =4.31), product (X =4.24), and input (X =4.20), as showed in Table 1.

5.3 The medical personnel significantly had different view from sub-district administrative organization member’ opinion toward the readiness on transferring health stations to local administrative organization at 0.05, as showed in Table 1.

Table 1 Comparison of the difference between medical personnel’ opinion and SAO members’ opinion toward the readiness on transferring health stations to local administrative organization.

The readiness on transferring	Medical personnel		SAO members		t	p
	\bar{X}	SD	X	\bar{X}		
Content	2.86	.87	4.31	.53	6.038	.000
Input	2.96	.84	4.20	.43	5.881	.000
Process	3.07	.92	4.34	.58	4.973	.000
Product	2.94	.98	4.24	.45	5.819	.000
Overall	3.02	.89	4.37	.45	5.805	.000

6. Discussion

The results found that the medical personnel' opinion toward overall and each section of readiness of the local administrative organization on transferring health stations to local administrative organization were presented in moderate level. The highest opinion was process, pursued by input, product, and content, correspondingly. Most of them pointed that the administrative decentralization policy would benefit for citizens and local administrative organization: including sub-district, municipal, and provincial level, in running public affair. The local administrative organizations and health stations were able to order and plan directly for solving health problems of people in responsible area. Local citizens could be more participate in planning for their health and health service in each local area. Moreover, this policy delegated the difficulty of funding support from local administrative organization for health station. The findings compromise with the study of Chaiphan and Phumkasha(2008)^[4] that after transferring of health stations, people in that area received better health care service in high level. However, the Chaiphan and Phumkasha(2008) stated that people still less participated in health planning. The transferring was performed under the resolution of committees of the Ministry of Public Health and Department of Local Administration which the processes and managing in transferring information and character and frequency of meeting of each organization were different. Boonmataya (2008) asserted that the transferring of health stations to work with local administrative organization also came from head of health station's opinion. In some transferred health stations, the head of health station was foresight that it would be benefit for community that health station located. Also, more available resources and funding for health project and reducing of administrative line which increases quickness in working could be found after transferring to local administrative organization.

Nevertheless, the results of this study found that most of sub-district administrative organization members confirmed that the local administrative organizations were ready for transferring of health station at high level. This might come from the characteristic of local administrative organization's work. The local administrative organization's responsibilities were dealing with local affair for responding the local people need such as: 1) the affairs that meet the requirement of local citizens which may apart or difference from other locals. 2) The issues that link to local citizens' daily life^[6]. Thus, after transferring the health station, the sub-district administrative organization members viewed that health stations could provide health care service meets with local citizens' requirements. Further, local administrative organization could participate in caring for citizens' health. Local people were possible for obtaining better health service. The cooperation between health station and local administrative organizations would turn in positive way because they can find out each other, share idea, and present the proceeding in local administrative council every month. The cooperation was increasing the work effectiveness and hit the point of health promotion problems. Nonetheless, head of health station and other personnel should follow the decentralize policy and planning for coping with further changing^[7].

As mention above, it affected the overall opinion of medical personnel and sub-district administrative organization members. The transfer of health station to local administrative organization should perform under the understanding through health station's responsibilities for local administrative; for example, the prevention, health promotion, curation, and rehabilitation.

Meanwhile, the medical personnel were familiar with their job characteristic. They realized that some part of work were inconvenient such as budget, personnel management, medical material, and

medical supplies. So the medical personnel believed that the readiness of local administrative organization toward transferring of health station was in moderate level.

7. Recommendation for further studies

To create more comprehend on transferring health station to local administrative organizations, the organizations that work related to transfer of health station to local administrative organization should provide more information about health care working and health station' responsibilities to both medical personnel and local administrative organizations.

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9. References

- [1] Tamseeram, C. (2001). *บทบาททางการบริหารของคณะกรรมการบริหารองค์การบริหารส่วนตำบลเพื่อรองรับการกระจายอำนาจด้านสาธารณสุข. [Administrative roles of sub-district administer committee for preparing the decentralized.]* A thesis of master degree of Art. Konkaen. Konkaen University
- [2] Leethongdee, S. (2009). *การประเมินความก้าวหน้าและวิเคราะห์ผลกระทบในการดำเนินงานตามแผนกระจายอำนาจด้านสุขภาพ. [The analyzing of process and affect of decentralized authority in health care].* Nonthaburi. Health systems research institute.
- [3] kulabutdee, S. (2009). *การศึกษาความพร้อมของหัวหน้าสถานีอนามัย ต่อการถ่ายโอนงานด้านสุขภาพให้กับองค์การบริหารส่วนตำบล ในจังหวัดศรีสะเกษ. [The study of the readiness of head of health station on transfer health care work to sub-district administrative organization in Srisaket Province].* Srisaket: Srisaket Provincial office.
- [4] Chaipan, A. & Phumkacha, D.(2009). *โครงการศึกษาสรุปบทเรียนและติดตามผลการพัฒนาระบบการถ่ายโอนสถานีอนามัยไปยังองค์การบริหารส่วนท้องถิ่น กรณีศึกษา : การถ่ายโอนสถานีอนามัยนาคันท์ ตำบลพระเพลิง อำเภอลำทะเมนชัย จังหวัดสระแก้ว. [The study of transferring health station to local administrative organization: Case study on Nakanhak Health Station, Srakeaw].* Nonthaburi. Health systems research institute.
- [5] Bunmataya, C. (2009). *การศึกษาสรุปบทเรียนและติดตามผลการพัฒนาระบบการถ่ายโอนสถานีอนามัยไปยังองค์กรปกครองส่วนท้องถิ่น : กรณีศึกษาขององค์การบริหารส่วนตำบลนาพู่ อำเภอน้ำขุ่น จังหวัดอุดรธานี. [The study of transferring health station to local administrative organization: Case study on Naphu Sub-district Administrative Organization, Udonthani].* Nonthaburi. Health systems research institute.
- [6] Leesmith, W. & Aunob, P. (2008) *โครงการประเมินผลการบริหารงานหลักประกันสุขภาพผ่านกลไกคณะอนุกรรมการหลักประกันสุขภาพระดับจังหวัด นนทบุรี: สำนักงานวิจัยเพื่อพัฒนาหลักประกันสุขภาพไทย. [The analyzing of health care administration through the health care committees, Nonthaburi Province]].* Nonthaburi. Health systems research institute.
- [7] Intachak, P. (2008). *โครงการศึกษาสรุปบทเรียนและติดตามผลการถ่ายโอนสถานีอนามัยไปยังองค์การบริหารส่วนตำบล.[The study of transferring health station to local administrative organization].* Nonthaburi. Health systems research institute.