

PH : 012304 : MAJOR HEALTH SYSTEMS DEVELOPMENT PROGRAMME
 KEY WORD : ASSESSMENT/ HEALTH SERVICE/ PROVIDER/PCU

KATUNCHALEE KUNTONG: ASSESSMENT OF HEALTH SERVICES PROVIDERS IN PRIMARY CARE UNIT, NAKHON SI THAMMARAT PROVINCE 2002. THESIS ADVISOR: ASSOCIATE PROFESSOR SATHIRAKORN PONGPANICH, M.A., Ph.D., 157 pp. ISBN 974-9599-55-1

In 2002, the Royal Thai Government lunched the policy to start the campaign on health promotion which was aimed to develop primary care unit (PCU) to emphasize on “ availability and utilization” of PCU, the front-line health care nearby people’s house and heart. This study was aimed to assess the health service activities provided by health service providers at primary care unit in Nakhon Si Thammarat province, in 2002

This study was a cross-sectional descriptive study. The sample was composed of 861 health service providers in 250 PCUs in Nakhon Si Thammarat Province. The data were collected by using the questionnaire, during June-September, 2002. The data were analyzed by computing the following statistics: frequency, percentage, arithmetic means, Paired t-test, Unpaired t-test, and One-way ANOVA.

The result of the study showed that most of the service providers were females (62.9%), age average was 37 years, most of them were married (70.7%); 58.8 percent finished Bachelor degree; the average year of government service was 15 years; their position were community public health staff, public health administrative officers, and public health professional (36.1%, 28.8% and 18.2% respectively) ; 70.6 percent hold position classification level of 5-7; 79.4 percent have worked with the PCU for 11-20 months; 73.7 percent were permanent staff; their main roles/responsibilities were on service (53.7%); and 61.4 percent have ever attended the training program on PCU work. The opinions of the service providers were concerned with perceived significance and actual practices of the 10 main activities (65item) regarding community and family survey, registration and screening, main services, counseling, exit care, referring/home-visit, planning and ongoing activities, community activities, PCU management, and supervision, follow-up and evaluation. Significant difference was found between the perceived satisfaction and actual practice ($p < 0.001$) whereby the mean score of the perceived satisfaction was significantly higher than the mean score of actual practice in every activity. It was also found that more than 50.0 percent of the service providers perceived the significance of all activities as high to highest levels in every activities except the activity on “Establishing the emergency consultation through hot line service within 24 hours” whereas there only 6 activities from the total of 65 activities that were found to be practiced by more than 50.0 percent of the service providers, at the high to highest level. The significant, difference of perceived significance was found ($p < 0.05$) as related to age, marital status, year of governmental service, role/responsibilities, type of PCU, and model of PCU. For the actual practice, the significant difference ($p < 0.05$) was found as related to age and year of governmental service.

The study suggests that continuous development of PCUs should be made on the activities that have been perceived at the high significance level but have practiced at the low level in order to achieve the goal of PCU.

Field of study Health Systems Development Student’s signature.....

Academic year 2004..... Advisor’s signature.....