THE STUDY OF SYSTEM AND MECHANISM SUPPORTING HEALTH WORKFORCE DEVELOPMENT OF A HEALTH REGION OF THAILAND

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Abstract - The study was a qualitative study aimed to study of system and mechanism supporting health workforce development of a health region of Thailand. The participants were 26 health personnel comprising administrators of health resource developments, leaders of health personnel development departments, and staff of health resource developments in provincial and regional levels. The researchers collected the data using document analysis and in-depth interview. The instruments were the guides of document analysis and interview. The study found that the system and mechanism supporting health workforce development were congruent. The system and mechanism supporting health workforce development in input domain was composed of service plan, policy of health region catchment areas influenced on budgeting of the regions, policy of health workforce analysis using full time equipment (FTE) as a frame, and supports of work process, networking, and internal audit and monitoring.

Index terms - Health workforce, health resource development

I. INTRODUCTION

Health personnel means health care providers working for health promotion, intervention, prevention, and rehabilitation. Thailand has faced with health workforce in lacking of health personnel, distribution, and maintaining [1]. Costs of health workforce was 60 – 80 percent of health system cost. However, when considering with population, the number of health personnel was under expectation. Even though health professionals were promoted to be produced increasingly, needs in health care provided by those increased. Therefore, the lack of health care providers was a challenge of Thailand [2]. The reports of personnel administration group, the Ministry of Public Health in 2011 found that doctors, dentists, pharmacists, and registered nurses were lack. Especially, the registered nurse was the most severe of lacking problem in general and community hospitals. The Ministry of Public Health has tried for overcoming this problem, but the issue still be remain.

Moreover, an unfair distribution, inappropriate working environment and supports, lack of policy implementation mechanism, health care provider development not being continued, loosening of association between health force planning and producing, lack of knowledge in supporting health workforce planning [3]. It was necessary to have the effective system and supportive mechanism in order to improve systems of producing and developing health workforce to be competence and able to respond to people's health needs.

The system and mechanism promoting health workforce development was composed of systems driven by the headquarter, budgeting, and other supports, eg., promotions from the chief executives, networking of government official organizations and private sectors in the country and outside. Furthermore, the system and mechanism refer to knowledge and technology development resulting in establishing the excellence centers of health care services and health personnel development in the provinces of the health region.

Therefore the study of system and mechanism supporting health workforce development of a health region was necessary to gain the new knowledge for making policies of health resource development influencing on providing qualified health care services to the population, distributing the personnel appropriately, and motivating them to work for the regional health sectors.

II. OBJECTIVE

The study purposed to identify the system and mechanism supporting health workforce development of a health region of Thailand.

III. METHODOLOGY

Research design

The study was a qualitative study aimed to study of system and mechanism supporting health workforce development of a health region of Thailand [4].

Participants

The participants were 26 health personnel comprising administrators of health resource developments, leaders of health personnel development departments, and staff of health resource developments in provincial and regional levels.

Research instrument

The instruments were the guides of document analysis and interview. The content validity was confirmed by three experts. The research project was

approved by the Ethics Committee of Naresoun University, Thailand.

Data collection

The researchers collected the data by analyzed the document and interviewed 26 participant as mentioned below.

1. The researchers analyzed document related to regional health personnel development plan and implementation, persons responsible, topics of development, budget, monitoring, evaluation, retention, royalty establishment, and support.
2. The researchers interviewed 26 participants individually about one hour per section.

Data analysis

The researchers analyzed the data by reading through, grouping, sorting and doing content analysis. The data gathered were divided into three groups, data from chief executives, administers, and staff, for confirming by data triangulation [5].

IV. RESULTS

The study found that there were congruencies between systems and mechanisms in promoting health personnel development. The systems and mechanisms reflected health regional areas, budgeting for each health region, using FTE analysis for detecting the under / over expectation in health personnel, and key performance indicator (KPI). In part of process of working, the study found that there were networking and monitoring.

Systems and mechanisms

The Ministry of Public Health announced the service plan policy. The administrators in all levels used the service plan as a direction in working for health personnel development. They used the criteria mentioned in the service plan to identify the number of each professional working in health services. So that, there were enough numbers of those professionals and it was proper when considering of themes or excellences, such as cancers units or non-communicated diseases (NCDs) of health care serviced in institutes. The service plan policy was passed from top to down. This is congruent with recommendations of WHO that strengthening of health personnel development must be driven from the higher levels to the practicing levels [6].

Health regional areas

Thailand by the Ministry of Public Health has begun the policy of health regional areas since 2013. There were 12 health regions. Each health region covered four to eight provinces with four to six million population. The health regions were the structure of Thailand health system detected by geographic areas. The committee worked for each health region. There was a chief executive officer delegated by the Ministry of Public Health working as a chair of administration committee of each health region. The chair and committee managed the health region by using a frame of workforce, plan, and budget. They had concerns of the economy of scales. The transferring system was improved in order to increase accessibility. The management system was developed to be more effectiveness. Decentralization was adopted, therefore, the organizations in the provincial level were empowered to have self-management and decisions. The official inspector played roles in monitoring policy implementation by using the key performance indicators.

The health region of the study was composed of four provinces. About the structure, there was the chief human resource officer (CHRO) taking responsibility in health personnel development. The CHRO announced policies of seeking and selecting the health personnel suitable for ways that the institutes provided health care services to people. He or she made plan related to human resource management like criteria of hire regarding working outputs fairly including criteria of position access, moving, and distributing.

Budgets

The sources of the budgets were the health region and national health security office (NHSO). Moreover, the main budget retrieved was the money from Pra Boromarajchanok Institue (PBRI). The PBRI supported 84 million baht for 12 health regions, approximately seven million baht per health region. When the health region received seven million baht, the committee conducted a meeting. As a result, there was the number of money can be used for health personnel development. The rest one was divided into all health organizations within four provinces. About 700,000 baht of the budget was given to each province. The provincial health office and all government hospitals within the province received 400,000 and 300,000 baht. The provincial health office distributed the budget by using criteria regarding needs and significances. The former health personnel development plan and its expense were considered as well. Furthermore, the less budget was supported by NHSO and Thai health promotion foundation. These organizations gave seven million baht to the health region for human resource development (HRD). So that, the health region can do more in health personnel development. Some organizations within the health personnel did not receive the money, then they used their institute nurturing money. However, some of those had the small number of money; consequently there were obstacles in health personnel development.

Using FTE

The health region used FTE as a frame in making detecting that the number of health personnel were under or over expectation. This was useful for the

policy makers to make the policy regarding health resource appropriately [6]. The FTE standard was that the staff worked seven hours per day and 240 days per year. One FTE was equal to 1,680 hours per year. However, the data from an interviewing showed that workloads of the ante natal care (ANC) were unclear one. The administrators defined that they were out patient workloads, but the staff said that they were the other. The workloads of the out-patient department must be calculated by the frequency of case visits multiple by time(s) used in each visit. Whereas, the in-patient workloads meant day(s) patients stayed in the hospitals. The study showed on incongruent issue that was the output expectations between the administrators and staff were differences.

KPI

There were KPIs regarding quality of management in health personnel development. This was mentioned that level one meant that the health region have provincial health personnel development committee and level two meant that there were meetings of policy announcement and delegation of policy implementations. The third level was that there were plans and projects of health personnel accordingly with the health system. The forth one was that there were system and mechanism of health personnel development, data systems, reporting, and evaluating. The fifth level was that health personnel development was organized.

Process of working

The study showed that the process of working was composed of networking and monitoring as following described.

Net working

The study showed that the health region made Memorandum of understands (MOUs) in regional level comprising the MOU between the regions and educational institutes jurisdiction of the Ministry of Public Health in its area. The provincial health office managed all projects and activities through networks in provincial level, including HRD project that was drove by cooperating with all professional club networks.

Monitoring

To monitor the projects and activities, there were the health inspector, senior health supervisor, and head of health personnel department took responsibilities by setting the health regional administration committee and encourage staff to do continuous quality improvement (CQI) and routine to research (R2R) to improve their work performances.

RECOMMENDATIONS

The knowledge gained from the current study, health region and health personnel development, can be used in improving health workforce development of a health system of Thailand and applied to other countries need to raise their health system through health personnel development within health sectors of the countries.

The future study should be focused on the obstacles of health region management and continuing improvement in all levels, such as CQI and R2R. The study in personal level regarding health personnel development would enhance the knowledge gained from the current study.

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