

**OPERATIONAL EFFECTIVENESS OF GOVERNMENTAL
PRIMARY CARE UNITS UNDER THE UNIVERSAL COVERAGE
HEALTH INSURANCE POLICY IN
SAMUTPRAKARN PROVINCE**



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OF THE REQUIREMENTS FOR
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ABSTRACT

This quantitative research, using a cross-sectional survey, aimed to analyze the operational effectiveness of governmental primary care units under the universal coverage health insurance in Samutprakarn province. The study area was Samutprakarn provincial primary care units and a total of 57 governmental primary care units in such province were the study population. Data were collected using questionnaires and were statistically analyzed by using Percentage, Mean, Standard Deviation, and Pearson's Product Moment Correlation.

Results showed that the whole picture of resource administration was at a fair level with the mean of 0.63. In terms of capability in administration of the heads of units, the capability was at the moderate to good level, the mean was 3.38. Concerning effectiveness of working implementation, the servicing capability was at a moderate level and the mean was 3.61; the satisfaction of officers in the primary care units was at the indifferent towards level, and mean was 4.93; work implementing outcome according to the set goal was at a moderate level and the mean was 2.30. There was no relationship between resource administration and effectiveness of work implementation in the governmental primary care units. However, when considering the independent variables, it was found that human resources had a low-level relationship with effectiveness of work implementation in the governmental primary care units. There was a positive relationship between overall capabilities in administration (all variables) and effectiveness in work implementation of governmental primary care units in Samutprakarn province.

Recommendations from this study were that the manpower plan should be made to solve the problem on shortage of personnel. Continuous supervision concerning the low work achievement issue should be provided for the primary care units' officers to promote and stimulate work implementation as well as help solve the problem during working. Moreover, trainings on use of computer, service rendering due to the standard of primary care unit and cost-benefit analysis in the governmental primary care units should also be provided to primary care unit officers.

KEY WORDS: EFFECTIVENESS/ PRIMARY CARE UNITS/ UNIVERSAL
COVERAGE HEALTH INSURANCE POLICY

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ประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ ภายใต้นโยบายการสร้างหลักประกันสุขภาพถ้วนหน้า จังหวัดสมุทรปราการ (OPERATIONAL EFFECTIVENESS OF GOVERNMENTAL PRIMARY CARE UNITS UNDER THE UNIVERSAL COVERAGE HEALTH INSURANCE POLICY IN SAMUTPRAKARN PROVINCE)

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บทคัดย่อ

การวิจัยครั้งนี้ เป็นการวิจัยเชิงปริมาณโดยใช้วิธีการสำรวจแบบตัดขวาง มีวัตถุประสงค์เพื่อวิเคราะห์ประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ ภายใต้นโยบายการสร้างหลักประกันสุขภาพถ้วนหน้า จังหวัดสมุทรปราการ พื้นที่ ที่ใช้ในการวิจัยคือ ศูนย์สุขภาพชุมชนภาครัฐ จังหวัดสมุทรปราการ และ ประชากรที่ใช้ในการวิจัยคือ ศูนย์สุขภาพชุมชนภาครัฐ จังหวัดสมุทรปราการ จำนวน 57 แห่ง เก็บรวบรวมข้อมูลโดยใช้แบบสอบถาม แล้วนำมาวิเคราะห์ค่าสถิติ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และสถิติวิเคราะห์ความสัมพันธ์แบบเพียร์สัน

ผลการวิจัย พบว่าภาพรวมของการบริหารทรัพยากรอยู่ในระดับพอใช้ ค่าเฉลี่ย เท่ากับ 0.63 สำหรับความสามารถในการบริหารของหัวหน้าศูนย์สุขภาพชุมชนภาครัฐ อยู่ในระดับปานกลางก่อนไปทางดี ค่าเฉลี่ย เท่ากับ 3.38 ส่วนประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ ได้แก่ ด้านความสามารถในการให้บริการอยู่ในระดับปานกลาง ค่าเฉลี่ย เท่ากับ 3.61 ด้านความพึงพอใจในงานของเจ้าหน้าที่ศูนย์สุขภาพชุมชนภาครัฐ อยู่ในระดับเฉยๆก่อนไปทางชอบงาน ค่าเฉลี่ย เท่ากับ 4.93 ด้านผลการปฏิบัติงานตามเป้าหมายอยู่ในระดับปานกลาง ค่าเฉลี่ย เท่ากับ 2.30 สำหรับความสัมพันธ์ระหว่างการบริหารทรัพยากรกับประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ พบว่า การบริหารทรัพยากรไม่มีความสัมพันธ์กับประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ แต่เมื่อพิจารณารายตัวแปรอิสระของทรัพยากรบริหาร พบว่า ทรัพยากรบุคคลมีความสัมพันธ์ทางบวกระดับต่ำกับประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ ความสามารถในการบริหารของหัวหน้าศูนย์สุขภาพชุมชนภาครัฐกับประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ พบว่า ความสามารถในการบริหารและทุกตัวแปรมีความสัมพันธ์ทางบวกระดับปานกลางกับประสิทธิผลการดำเนินงานศูนย์สุขภาพชุมชนภาครัฐ จังหวัดสมุทรปราการ

ข้อเสนอแนะ: ควรจัดทำแผนอัตรากำลัง จัดเตรียมเจ้าหน้าที่เพิ่มขึ้นเพื่อแก้ไขปัญหาการขาดแคลนบุคลากร, ควรมีการติดตามนิเทศงานเจ้าหน้าที่ในศูนย์สุขภาพชุมชนภาครัฐอย่างต่อเนื่อง โดยเฉพาะในกิจกรรมที่มีผลการปฏิบัติงานต่ำ ทั้งนี้เพื่อส่งเสริม กระตุ้นการปฏิบัติงานและช่วยแก้ไขปัญหาที่เกิดขึ้นระหว่างปฏิบัติงาน รวมทั้งจัดอบรมให้ความรู้เรื่อง การใช้คอมพิวเตอร์, การให้บริการตามมาตรฐานศูนย์สุขภาพชุมชน และการวิเคราะห์ค่าใช้จ่าย ผลประโยชน์ของศูนย์สุขภาพชุมชนภาครัฐ

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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

Having a good health is a fundamental factor of people's living and also country's development. Promoting everyone to have a good health or providing them with immediate and easily accessible health service contributes to the security for them. It will make them feel warm and confident that when they are ill, they will receive a qualified, standard and fair health service regardless of their financial status. This is in accordance with the law and Thai Kingdom constitution B.E. 2540, item 52 which says that "Individuals have equal rights to obtain the standard health service and the poor have the right to obtain a free healthcare from governmental health service centers (Plan Making Committee 9 of the Ministry of Public Health, 2001: 26)."

Thailand applies pluralistic system having a number of health insurance and health welfare systems namely healthcare welfare system for people with low income and people in special need, healthcare welfare system for government officers and state enterprise officers, social insurance system, and system of free will health insurance which includes the health insurance card organized by the Ministry of Public Health and health insurance organized by private sector. Besides, there are the compensation fund which covers illness caused from work and the insurance for traffic accidents according to an Act on the Protection of the Injured Caused from Cars B.E. 2535 (Health Systems Research Institute, 2001: 16).

Giving the coverage of health security to Thai citizens by using the above said pluralistic health system and identifying the special target groups has a good impact on the development of health care service in Thailand. Still, in the meantime, there is the problem about inequality of rights and benefits. More than 10 million

Thais do not have any insurance (Team for Readiness Development of Resource Administration in Medical Centers, Ministry of Public Health, 2001). This absence of insurance appears in the group of wealthy and rich people as well as people with social problems. These people who do not have the rights to obtain any medical treatment have to depend on themselves when having an illness.

In addition to the problem on the coverage of health insurance for people, each health welfare and health insurance system offers different capitation as well as dissimilar rights and benefits. The standards of health service in different groups are then various; in other words, provision of health insurance has not reached an adequate level. This disparity effects equity, efficiency, quality, accessibility, social accountability and consumer protection of health system which are all related with the fundamental rights of Thai citizens according to the constitution (Health Systems Research Institute, 2001: 17). From these problems, in early 2001 the government's scheme "Health Security for All or 30 baht Universal Healthcare" which was announced before the election was implemented. With resolution, the government launched the experimental Health Security for All project in six provinces starting April 1, 2001, later on in another 15 provinces starting June 1, 2001 and the service was provided for the whole country since October 1, 2001 (Team for Readiness Development of Resource Administration in Medical Centers, Ministry of Public Health, 2001).

This scheme is put into practice by being based on the philosophical thought of health security for all. Health service centers in every level have to re-think about their administration and public health service along with re-design style of working and administration of their health service system so that they can help people to attain the sustainable state of having a healthy living or having a good health. With limited budget, the financial management stresses the development of zoning service-near home, warm heart. The primary care service is improved to efficiently provide health service to people (Samroeng Yangkratoak, 2002: 35).

National health insurance system pays attention to the existence and use of primary care unit as the first point of service. The unit must provide multi-service including medical treatment, health promotion, disease prevention and control, and recovery programs (except for that when it is beyond the primary care unit's ability,

the patients will be transferred to get the service from other care centers.). The system also supports the primary care units to have coordination with the basic service unit of care centers in other levels of network or between the government sector and private sector. According to the principle of network organization, the qualified health service must be presented in every area and every group of people must be able to access to the service easily. With this reason, it is necessary that the primary care unit which was previously a part of health care center in every level be given a more notable role and be adjusted and added the details in its working process, where it is anticipated that both service users and the system itself will get the benefits (Health Office, Khet 1, 2002).

According to the project Health Security for All, the primary care units (PCU) are established to be the unit near home, near heart—each unit will take care of not more than 10,000 people. The thought of family medical science is applied to organize the multi-service for the users and the service must reach the quality and the standards set. As a result, the health care units that participate in the project particularly the governmental health units which mostly are under the responsibility of Ministry of Public Health have to tremendously redesign their work. Then, many people question if the project will be possible and if the implementation will attain the objectives especially with respect to servicing which faces many limitations. The follow up and evaluation of the administration and service of this scheme will, then, provide the important data to the administration officers and any parties concerned. They can use the data in their decision making to improve the service to reach the objectives and to accord with people's needs, and with the government's and the agent's policy (Bureau of health Service System Reform Project, Ministry of Public Health, 2002: 2).

Samutprakarn was one of the provinces that started this project Health Security for All since October 1, 2001. However, the preparatory stage started in May 2001. The province surveyed and registered the residents who had the right to be the project's attendee. The record was the following. There were in total 982,845 residents from the residential registration and the Health Security for all cards were issued for 691,267 residents (the data as of February 2001). Regarding the administration of service network, the primary care network was divided into 3 zones.

There were 5 governmental contracting units for primary care (CUP) and there were in total 73 units of the primary care unit and the primary care network unit which spreaded widely throughout the province to cover the service areas for the project's attendees (Samutprakarn Provincial Health Office, 2002).

In the year 2003, Samutprakarn had in total 1,042,280 residents in the residential registration and there were 634,759 residents who had the right to receive the Health Security for All card (the data as of May 2003). The province put the particular importance on existence and use of the primary care unit as the first point of service that renders the multiple services (medical treatment, health promotion, disease prevention and control, and recovery). There were 72 primary care units in total—under public sector 57 units and under private sector 15 units (Health Security Group, Samutprakarn Provincial Health Office, 2003).

The standard assessment of primary care units in Samutprakarn no. 1/2004 done in fiscal year 2004 during September 15-19, 2004 was carried out to 72 primary care units. The standard assessment form used was adapted from the assessment form of primary service unit of the Ministry of Public Health to be a particular assessment form for Samutprakarn to suit the target area. The assessment criteria were as follows. The primary care unit that pass the assessment must obtain 2 or 3 in all 7 standards which are the standard of location and population, the standard of personnel, the standard of capability, the standard of device, building and place, the standard of continuity of service, the standard of information and communication system, and the standard of dental service. For primary care unit that does not pass, it means that the assessment is scored 0 in any item of any standard but for primary care unit that passes with conditions, it means that it gets 1 in any item of any standard.

From the standard assessment of primary care unit in Samutprakarn, it is found that 31 primary care units in both private and government sector pass, 2 units (of public sector) do not, 30 units pass with conditions, and 9 units are being founded. The details are shown in Table 1.

Table 1 The Results of Primary Care Unit's Standard Assessment No.1/2004, Samutprakarn Province

Contracting unit for Primary care, CUP	Total PCU	PCU pass assessment	PCU not pass assessment	PCU pass with condition	PCU being founded
1. Samutprakarn hospital	27	17	1	9	-
2. Bangboo hospital	9	2	-	7	-
3. Bangplee hospital	7	2	1	4	-
4. Bangjak hospital	7	7	-	-	-
5. Prasamutjadee hospital	7	2	-	5	-
6. Maungsamutpujoa hospital	7	-	-	3	4
7. Chularat 3 hospital	2	1	-	-	1
8. Piyamin hospital	1	-	-	-	1
9. Centralpark hospital	2	-	-	-	2
10. Bangna 3 hospital	1	-	-	1	-
11. Raumchaipacharak hospital	2	-	-	1	1
Total	72	31	2	30	9

Source: Health Security Group, Samutprakarn Provincial Health Office, Summary of the Results of Primary Care Unit's Standard Assessment No.1/2004, Samutprakarn, 2003

According to Table 1, two primary care units do not pass the assessment and the other 30 units pass with conditions. When considering the criteria of primary care unit standard of the Ministry of Public Health, it shows that the Ministry has a wish to develop the quality of care unit by setting the standard in the part of servicing structure (personnel, tools, and place), by setting a distinct team to have continuous responsibilities, and by setting the standard of basic servicing process. The current structure of health center is also considered along with efficient use of resource. As such, it was explicit that the development needs more of managing thing. The details of standards that are evaluated not pass the assessment and pass with conditions are demonstrated in Table 2.

Table 2 Summary of the Results of Primary Care Unit's Standard Assessment, Samutprakarn Province

Standards not pass the assessment	Standards pass the assessment with conditions
Standard 2 Personnel	Standard 1 Location and Population
Item 2.1 No professional nurses	Item 1.1 15,014 UC population (over 10,000 people)
Item 2.7 No pharmacists	Item 1.2 Area of PCU in the hospital not allotted Separately
	Item 1.4 Few information signs.
	Standard 2 Personnel
	Item 2.1 Professional nurses taking turn to work.
	Item 2.2 Have public health officers less than the criteria.
	Item 2.4 Physicians taking turn to work, no full-time physicians.
	Item 2.6 Open dental service less than 40 hours/week.
	Item 2.7 Pharmacists working once a month.
	Standard 3 Capability
	Item 3.1 Provide multi-service less than 56 hours/week.
	Item 3.5 Other field activities in the community not covered, have only home visit.
	Item 3.5 No data about field working in the community.
	Item 3.6.1 Not enough emergency medicine and antidote as the standard set.
	Item 3.6.1 Have some expired emergency medicine and antidote.

Table 2 Summary of the Results of Primary Care Unit's Standard Assessment, Samutprakarn Province (Cont.).

Standards not pass the assessment	Standards pass the assessment with conditions
	Item 3.6.2 No stock of medicines, drugs stored too close to water tank causing dampness.
	Item 3.7.2 No service of checking Hct, Hb in PCU
	Standard 4 Devices, Building, and Place
	Item 4.1 Supply of tools for providing medical treatment, health promotion and disease prevention and control not enough as the standard set.
	Item 4.2 Area for medical examination not allotted properly.
	Item 4.4 Lack of information signs, and have signs at some points but not noticeable.
	Standard 5 Management
	Item 5.2 No continuity in appointment and follow-up data.
	Item 5.3 Data of service users not updated or incomplete.
	Item 5.4 No service for taking care of health problem. (private hospital)
	Standard 6 Information and Communication System
	Item 6.1.2 Medical registration used for servicing not united.
	Item 6.1.3 No use of computer to record individual and family data.
	Item 6.1.4 Not collecting and presenting epidemic data.

Table 2 Summary of the Results of Primary Care Unit's Standard Assessment, Samutprakarn Province (Cont.).

Standards not pass the assessment	Standards pass the assessment with conditions
	Item 6.2 Offensive strategy used for collecting data concerning the service.
	Item 6.3 No storage of health data in the computer.
	Item 6.4 Have only few media to disseminate knowledge.
	Item 6.5 No storage of data to show an effort to develop communication between service providers and service users.
	Item 6.6 No opinion giving box.
	Standard 7 Dental Service
	Item 7.4 No vacuuming device

Source: Health Security Group, Samutprakarn Provincial Health Office, Summary of the Results of Primary Care Unit's Standard Assessment No.1/2004, Samutprakarn, 2003.

From the outcome of the assessment of primary care unit standard, it is found that primary care units that do not pass the assessment have the problem on personnel administration and primary care units that pass with conditions have the problem on resources administration in terms of personnel, tools, and information. Therefore, it is necessary that Samutprakarn solve these problems found. Concerning nine primary care units being founded, the problems and obstacles during the foundation must be investigated in order to develop these care units to meet standards. For thirty-one primary care units that pass the assessment, they need to be developed to work more effectively even though they passed the assessment.

When considering the criteria of primary care unit standard of Ministry of Public Health, it shows that the Ministry has a wish to develop the quality of care unit

by having an effort to set the standard in the part of servicing structure (personnel, tools, and place), to set up a distinct team to have continuous responsibilities, and to set the standard of basic servicing process. The current structure of health center is also considered together with efficient use of resource. As such, the development needs more of management (Ministry of Public Health, 2002: 4). This servicing structure is based on such structure, so standard of primary care unit set by central section must also be based on the servicing structure. Then, when using this standard to assess the primary care units, some units do not pass. The problem found is about management of resources administration; therefore, the primary care units have to improve and develop this point. In addition, they need cooperation and support on administration resources from the contract hospital to make their works have more effectiveness.

Additionally, since the starting date October 1, 2004 until now, the implementation of Health Security for All schemes in Samutprakarn has not been analyzed in terms of its effectiveness. There was merely the assessment of primary care unit's standard which aimed only to assess the unit according to the criteria set. Thus, there should be a study of effectiveness in order to help develop effectiveness of work organizing in primary care units in Samutprakarn and the study will also present the data which can increase the capability in administrating of the scheme Health Security for All.

In the researcher's view, an analysis of some factors effecting effectiveness of work organizing in the primary care units in Samutprakarn which are resource administration, and managerial competency is another important approach to help develop the implementation of the scheme and to make this Health Security for All of Samutprakarn Public Health Office achieve its goals.

General Objectives

To analyze operational effectiveness of governmental primary care units under the universal coverage health insurance policy in Samutprakarn province

Specific Objectives

1. To measure the level of administrative resource, managerial competency of government primary care units, Samutprakarn province
2. To measure the level of operational effectiveness of government primary care units, Samutprakarn province
3. To analyze the relationship between administrative resource, managerial competency and operational effectiveness of government primary care units, Samutprakarn province.

Research Hypotheses

1. Resource administration is positively correlated at the moderate level with operational effectiveness of government primary care units, Samutprakarn province.
2. Managerial competency is positively correlated at the moderate level with operational effectiveness of government primary care units, Samutprakarn province.

Research Variables

Independent Variables

1. Resources administration
 - 1.1 Human Resources
 - 1.2 Financial Resources
 - 1.3 Physical Resources
 - 1.4 Information Resources
2. Managerial Competency
 - 2.1 Achievement Orientation
 - 2.2 Directiveness
 - 2.3 Interpersonal Understanding

2.4 Leadership

Dependent Variables

Operational effectiveness of governmental primary care units in Samutprakarn Province as follows:

1. Work outcome according to goal
2. Servicing Capability
3. Job Satisfaction

Definition of Terms

1. Effectiveness of work implementation means outcome of work implementation in the primary care unit evaluated by 3 indicators: servicing capability as one's own duty in the primary care unit, works according to goals, and satisfaction with the performance of the primary care unit's officers.

1.1 Servicing capability refers to the ability level of governmental primary care unit to carry out servicing work of. The capability consists of the following:

1.1.1 Servicing capability in the community refers to the following. People participate in planning and doing public health activities in their own community. The parties/units concerned participate in organizing activities to promote health and prevent disease. Public health volunteers in the village can explain about health care. Shops or stalls that sell cooked food have the standards according to Safe Food Project. Last, the family folder is used.

1.1.2 Servicing capability in the primary care unit refers to the following. Target population gain physical, emotional, social and family service. Data system is set up for the search for information of risk group and patient group. Sickness data of patients can be applied to help prevent the problems. The unit has the service system of medical treatment, health promotion, disease prevention, health recovery, and emergency care. Service users have knowledge about dental health. Materials to be examined are stored correctly. Service users receive correct medicine. Thai medical service/alternative medical treatment is provided. Finally, the unit has

the health promotion and disease prevention service for pregnant women and children aged 0-5 years.

1.1.3 Capability to render continuous service includes providing and using individual health record, providing people with consults, having a qualified and rapid transferring system for both outbound and inbound trip in case of emergency, having a home visit servicing and have a service for people with health problems—the handicapped.

1.2 Work outcome according to goal means work implementing outcome of the primary care unit compared to goals of working activities in the primary care unit.

1.3 Job satisfaction of the primary care unit's officers means that total emotional feeling associated with physical and environmental aspect causes working performance of the officers in the primary care unit to meet the goals of the unit. This reflects that the officers in the primary care unit are satisfied with their working performance.

2. Primary care unit means primary service unit for medical and public health that is responsible for providing service to supply people's basic demands of health, that has continuous connection of health activities as a united and merged system, that provides convenience for people to access and that has consulting and transferring system.

3. Resource administration refers to basic important elements used to organizing work in the public primary care unit namely human resources administration, financial resources administration, physical resources administration, and information resources administration.

4. Human resources means that there is enough manpower for each position in the government primary care unit, that the officers in the government primary care unit gain knowledge from the lecture about servicing according to the primary care unit's standard and about use of computer, and that the officers have adequate ability to solve the problems occurring in works.

5. Financial resources means financial source obtained from other sources such as Subdistrict Administration Organization or private organizations. It also refers

to the situation that administration officers has duty to raise fund and control the budget to make production and output as set.

6. Physical resources means materials used in the primary care unit such as medicine, device, tools to examination or treatment and hardware. It also refers to the situation that administration officers has duty to supply materials suiting need and in adequate quantity.

7. Information resources means data used in the government primary care unit, such as data of risk group, and data of patient group, and data from 0110 Ror Ngor. 5 report, is rapidly and easily connected and transferred to network.

8. Managerial competency means the ability of the head of government primary care unit to apply management strategies in working namely attainment of achievement, direction, interpersonal relationship and leadership.

9. Achievement orientation means to a concern for working well or for surpassing a standard of excellence. Thus unique accomplishment also indicates Achievement Orientation. This Person: wants to do job well, creates own measures of excellence, improves performance, sets and works to meet challenging goal, makes cost-benefit analysis, takes calculated entrepreneurial risks.

10. Directiveness means to implies the intent to make others comply with one's wishes by appropriate and effective use of personal power of one's position, with the long-term good of the organization in mind. This Person: gives directions, sets limits, demands high performance, maintains visible standards of performance, holds people accountable for performance.

11. Interpersonal Understanding means to implies wanting to understand other people. It is the ability to accurately hear and understand the unspoken or partly expressed thoughts, feeling, and concerns of others. This Person: understands either emotion or content, understands both emotion and content, understands meanings, understand underlying issues.

12. Leadership means to the intention to take a role as leader of a team or other group. It implies a desire to lead others. Leadership is generally, but certainly not always, shown from a position of formal authority. This Person: manages meetings well, keeps people informed, promotes team effectiveness, takes care of the group, positions self as the leader, communicate a compelling vision.

From review of literature in Chapter 2, the researcher found the independent variables: 1) resources administration which consists of human resources, financial resources, physical resources, information resources, and 2) the managerial competency which includes achievement orientation, directiveness, Interpersonal understanding, and leadership. For the dependent variable, it is effectiveness of working implementation in government primary care unit which are work outcome according to goal, capability to render service, and job satisfaction. The researcher sets the frame of thought in the study as illustrated in Figure 1.

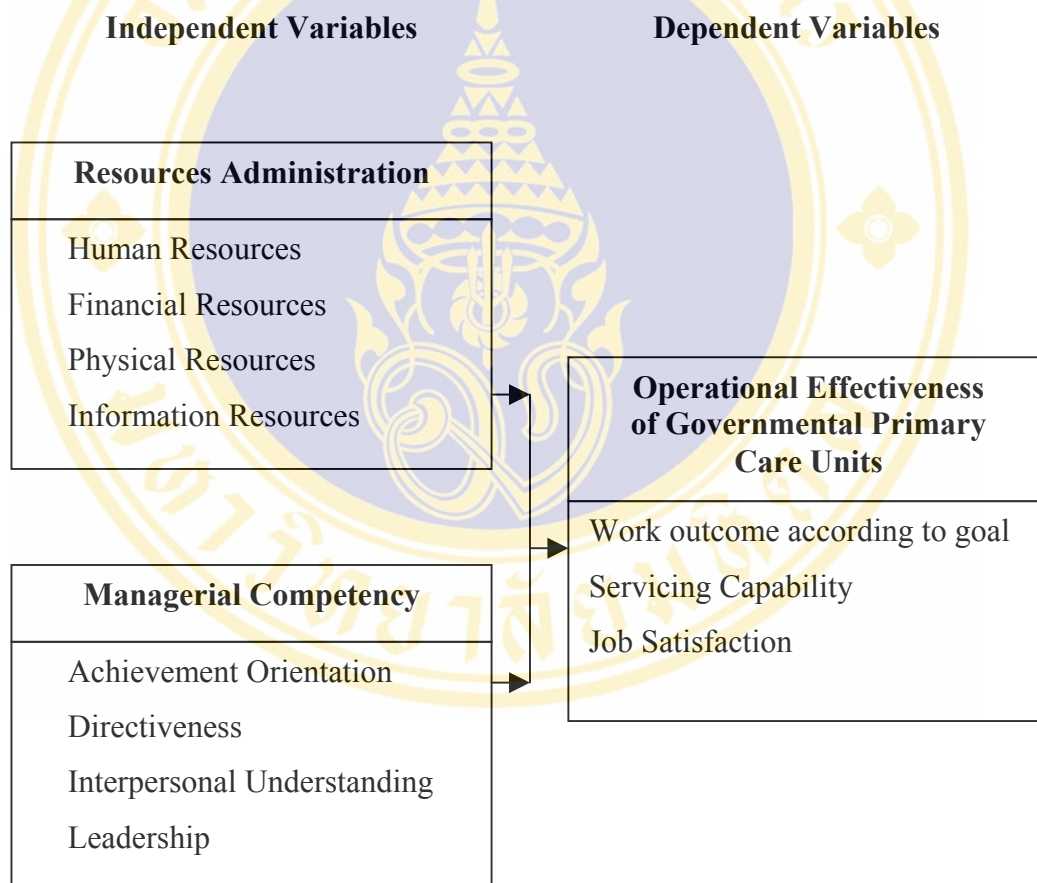


Figure 1: Conceptual Framework “Operational Effectiveness of Governmental Primary Care Units under the Universal Coverage Health Insurance Policy in Samutprakarn Province”

Scope of the Study

The population in this study was the primary care units and the research aimed at studying only the governmental primary care units in Sumutprakarn province.

In summary, Chapter 1 states about background, significance of problems on work implementation in the primary care units. To be more specific, an effectiveness analysis of work implementation in the primary care unit will be of importance for the administration officers and the parties related with the implementation of Health Security for All Scheme who can use this data in their decision making to improve and develop the primary care units to achieve their goals. To analyze this effectiveness, the researcher applied the theory of systematic criteria of organizational effectiveness and the multiple criteria of effectiveness. The indicators of effectiveness in the primary care units are work outcome according to goal, capabilities in servicing, and job satisfaction. Besides, the Chapter talks about the purposes of the study, hypothesis of the study, definition of terms used in the study and usefulness of the study. In the next chapter, literature review, which contributes to the setting of variables used in the study, will be discussed.

CHAPTER 2

LITERATURE REVIEW

The researcher has reviewed the following issues from literature, theory and related researches on operational effectiveness of governmental primary care units under the universal coverage health insurance policy in Samutprakarn Province:

1. Concept and Theory of Management
2. Concept of Managerial Competency
3. Concept and Theory of Job Satisfaction
4. Concept of Effective Organization
5. Operational of Primary Care Units
6. Related Researches

1. Concept and Theory of Management

1.1 Definitions of Management

Robbins & Coulter (1996: 8) mentioned that management is the process of getting activities completed efficiently and effectively with and through other people.

Weihrich & Koontz (1993: 4) defined management is the process of designing and maintaining an environment in which individuals, working together in groups, efficiently accomplish selected aims. This basic definition need to be expanded:

1. As managers, people carry out the managerial functions of planning, organizing, staffing, leading and controlling.
2. Management applies to any kind of organization.

3. It applies to managers at all organization levels.
4. The aim of all managers is the same: to create a surplus.
5. Managing is concerned with productivity; this implies effectiveness and efficiency.

It can be inferred that management is kind of working process which aims at the achievement of whatever a prescribed goal or target is based on utilization of available resources of those organization.

1.2 Resources Administration

Griffin (1996: 4) mentioned that Management is perhaps best understood from a resource-based perspective. All organizations use four basic kinds of inputs, or resources, from their environment: Human, Finance, Physical and Information.

Mawajdeh & Al-Qutob (1993: 609 – 610) mentioned that Management is the orchestration of the overall activities of the primary health care where the available human, physical, and financial resources are used to produce a given planned output, in addition to the exertion of quality control.

Ransiyokrit, S. & Suthisaomboon, S. (1999: 2) mentioned that there are 4 types of administrative resources i.e. man, money, material and method or 4 M's for short. These are important as all administration either in public or private sectors need man, money, material and working method.

In conclusion, administrative resources use four basic kinds of inputs, or resources, from their environment: Human, Finance, Physical and Information.

1.2.1 Human Resources

Griffin (1996: 5) mentioned that human resources include managerial talent and labor.

Stredwick (2000: 25) mentioned that human resource management is seen to differ from personnel management in a number of key areas, including the emphasis on links to corporate culture, team working, belief in unitarism and paying for performance.

Boone & Kurtz (1992: 273) mentioned that human resources management may be defined as the organization function of planning for human resource need, and recruitment, selection, development, compensation, and evaluation of personnel to fill those needs.

Napha Wongsilp (1993: 78) shows difference. The research studied components of administration which influenced work practices relating to health studies and public relations in the hospital of Ministry of Public Health and found that manpower component did not have relationship with work practices relating to health studies and public relations.

Pornthip Peung-on (2000: 75) studied effectiveness in health promotion practice in Angthong provincial government clinics and found that human resources factor respecting quantity and sufficiency of officers compared to quantity of works had positive relationship with effectiveness in health promotion practice.

According to Centre for Health Equity Monitoring which conducted the qualitative study to assess practice outcome of Health Security for All in regard to work administration in primary care units, the problem in family medicine work was unreadiness in ideas of personnel: administrators and practitioners of Provincial Health Office as well as administrators of Contracting Unit for Primary Care. Moreover, manpower was inadequate compared to increasing job in the whole system and competencies of officers in every level was also insufficient.

In conclusion, human resources can be defined as the number of current personnel or officers in the unit that is sufficient in quantity and appropriateness in competency and knowledge of officers to practice their duties.

Human resources that are competent, knowledgeable and enough in quantity will lead to success in work and attainment of organization's goals and objectives.

1.2.2 Financial Resources

Griffin (1996: 5) mentioned that financial resources are the capital used by the organization to finance both ongoing and long-term operations.

Thidech, P. (1993: 182-187) mentioned that money is also an important factor for all work and administration cannot be proceeded without money. Money is useful for planning, organization, staffing and controlling. A financial administrator will be in charge of 3 duties as follows:

1. Financial mobilization is to search for money to be used in the organization to assure that the organization has sufficient money to be used as needed from which sources and by what means.
2. Planning and control the utilization of money by making estimation for the future and control the utilization to be as planned.
3. Investment decision is the decision to spend money for the optimum result with low risk.

Dechmeun, S. (2000: 30) found that sufficiency and late allocation of the budget were related to the level of level of job performance of health volunteers.

Ngimhaung, S. (1999: abstract) found that the budget factors were at a medium level. The allocation of the budget was insufficient, and it was not timely or efficient.

Financial resources, in summary, refer to sources of fund for a business. An administrator has to seek for fund for business, administer fund on economical basis, plan to spend fund, and control budget. Fund raising is the seek for fund for the use of unit. For budget planning and control, it is plan for expenses of

budget and control of budget to comply with expense plan and outcome or productivity set.

1.2.3 Physical Resources

Griffin (1996: 5) mentioned that Physical resources include raw materials, office and production facilities and equipment.

Chonvanich, S. (1993: 233) said that materials are one of important factors of administration. Materials and equipment can be called “supplies” which can be divided into 2 types as follow:

1. Materials are all utilities, mostly can be used just once or need to be transformed after used such as needles, etc.
2. Durable equipment are all utilities that are durable, on other words, these mean the equipment that can work by itself.

Champarat, P.(1994: 12) said that material administration started from planning the material needs, budget can be calculated from needs and after the materials are procured they need to be distributed to the extent that they can support the efficient work of the organization. All materials need to be maintained and got rid of when they not needed to liberate the responsibility in maintaining. It can be said that material administration is an important tool for successful administration of all work.

Kusuvan, M. (2002: 43) found that the overall material factor was positively related to the job performance of health volunteers. It was found that sufficiency and allocation was related into the job performance of the health volunteers.

Boonreang Chuchaisangrat and his group (1994: 51) concluded that the problems of material and hardware were about quantity and their supply to the needs of people particularly in respect to medicines and medical supplies. The units had many medicines that were not used while they were short of necessary medicines.

This problem about insufficiency of resources for work was one of the causes for low motivation in work of the officers.

In conclusion, physical resources used in administration which supplies are including material, hardware, medical supplies, non-medicine medical supplies and vehicles, are important factors that support work practice to reach its objectives. The administrator has duty to set the unit's need for supplies, provide qualified and enough supplies or manage to receive allocation similar to the unit's needs in order to increase effectiveness in work.

1.2.4 Information Resources

Griffin (1996: 5) mentioned that information resources are usable data needed to make effective decisions.

Stair (2001: 4) mentioned that information system is a set of interrelated components that collect, manipulate and disseminate data and information and provide a feedback mechanism to meet an objective.

Hodge (1984: 24) mentioned that a management information system (whether computer-based or manual) as a communicative process in which data are accumulated, processed, stored and transmitted to appropriate organizational personnel for the purpose of providing information on which to base management decisions.

Kroenke (1992: 19) mentioned about characteristics of good information as follow: First, information must be **pertinent**. The information statements must relate to the business at hand and the matters that are important to the person who has requested the information. Information should help the person deal, in some way, with the issues in his or her world. Second, information must be **timely**. It must be available when needed. Third, information must be **accurate**.

In addition to pertinence, timeliness, and accuracy, good information also reduces **uncertainty**. Good information involves differences that make a difference. Another way of saying this is that good information contains an **element of surprise**.

Stair (2001: 7) mentioned about the characteristics of valuable information as follow:

1. **Accurate:** Accurate information is error free. In some cases, inaccurate information is generated because inaccurate data is fed into the transformation process
2. **Complete:** Complete information contains all the important facts. For example, an investment report that does not include all important costs is not complete.
3. **Economical:** information should also be relatively economical to produce. Decision makers must always balance the value of information with the cost of producing it.
4. **Flexible:** Flexible information can be used for a variety of purposes. For example, information on how much inventory is on hand for a particular part can be used by a sales representative in closing a sale, by a production manager to determine whether more inventory is needed, and by a financial executive to determine the total value the company has invested in inventory
5. **Reliable:** Reliable information can be depended on. In many cases, the reliability of the information depends on the reliability of the data collection method. In other instances, reliability depends on the source of the information. A rumor from an unknown source that oil prices might go up may not be reliable.
6. **Relevant:** Relevant information is important to the decision maker. Information that lumber prices might drop may not be relevant to a computer chip manufacturer.
7. **Simple:** Information should also be simple, not overly complex. Sophisticated and detailed information may not be needed. In fact, too much information and is unable to determine what is really important.

8. Timely: Timely information is delivered when it is needed. Knowing last week's weather conditions will not help when trying to decide what coat to wear today.

9. Verifiable: Information should be verifiable. This means that you can check it to make sure it is correct, perhaps by checking many sources for the same information.

10. Accessible: Information should be easily accessible by authorized users to be obtained in the right format and at the right time to meet their needs.

11. Secure: Information should be secure from access by unauthorized users.

Regarding information resources or resources concerning data or news, it is necessary that the administrator has ability to assess quality of information. In this research, it focuses on convenience and rapidness of information connection and transfer in government primary care units.

After reviewing literature about administrative resources, the researcher was interested in Griffin's ideas (Griffin, 1996: 6) and then applied his thoughts to set variables for Resources Administration in the research. The resources comprised human resources, finance resources, physical resources, and information resources.

2. Concept of Managerial Competency

2.1 Definition of Competency

It is important for administration to be competent because the success of any task depends on it. Administrative ability also determines efficiency. Many people give different meanings for competency as follows:

Hornby (1974: 2) states that competency is ability to apply knowledge and intelligence both physically and mentally to carry out any task.

Carter V. Good (1973: 472) states that competency reveals to the skills, trains of thoughts and attitudes that are needed in every type of performance. It also means being able to employ the basic knowledge to the real situation.

The American Heritage Dictionary of English Language (1992: 4) gives the meaning of ability as the quality of being able to do something: physical, mental, financial, or the legal power to perform or a nature or acquired skill or talent.

Hay Group (2004: 1) defines competencies as personal characteristics that differentiate levels of performance in a give job, role, organization, or culture. Any characteristic that leads to outstanding performance in a given job is considered a competency for that job.

Kindler (1994: 480) expresses that competency is the formation of human behaviors that indicate the efficiency in each aspect of specific work. It does not derive only from knowledge but relates to a sum of elements that react. Moreover, it is about the performance of particular work that can be practiced and developed.

In summary, competency is the name given to a specific characteristic necessary to perform a given job well.

2.2 Concept of Managerial Competency

Hay Group (2004: 7-13) mentioned that the managerial competency measures the seven competencies that have been found to be critical for effective managers. The competencies they have found to be most critical for effective managers include;

1. Achievement Orientation
2. Developing Others
3. Directiveness
4. Impact and Influence
5. Interpersonal Understanding

6. Organizational Awareness

7. Leadership

The effective manager focuses on four key factors that affect organizational performance.

1. The most critical factor is **Organizational Climate**, the work environment in which employees function. It has a direct impact on an organization's performance, and is a strong measure of how well human resources are being managed.

2. The way managers manage creates their unit's organizational climate, and has a direct impact on subordinates' ability to perform effectively. The **Managerial Styles** are the six patterns of behaviors managers use to manage.

3. The nature of the situation directly affects the choice of managerial styles. Effective managers analyze the objective requirements of the job at hand, then focus themselves and choose the appropriate managerial styles. Understanding the relationship between **Job Requirements** and what people find naturally satisfying explains why people may perform well in some aspects of their job while finding some jobs or parts of a job frustrating.

4. Another important factor in determining managerial action is the set of characteristics, or **Individual Competencies**, a manager brings to the job. If these competencies do not match well to the job, additional effort may be necessary to carry out the job, or the manager may not be able to use certain styles effectively.

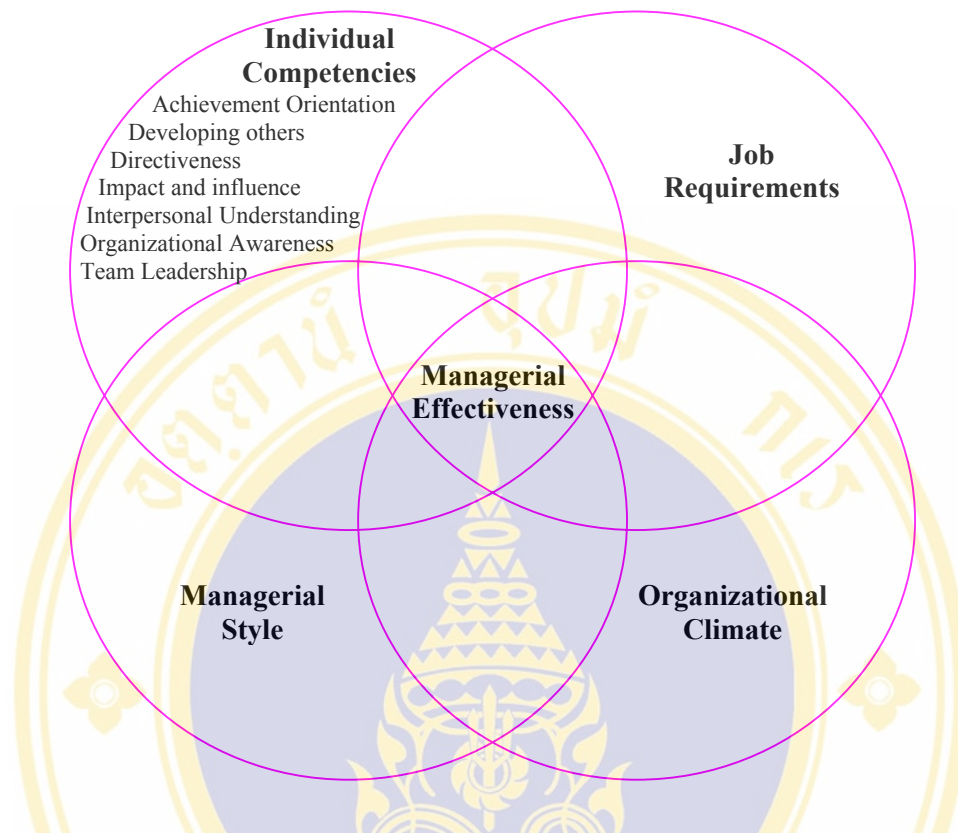


Figure 2: The Four-Circle Model of Managerial Effectiveness

Sherman & Dobbins (2000: 2) mentioned that the managerial competencies reflect seven broadly defined categories:

1. Leadership Skills
2. Instructional Leadership
3. Resource Management and allocation
4. Staff Supervision
5. Program Monitoring and Reporting
6. Professional Development Practices
7. Community Collaboration

Pakdee Posiri (1993: abstract) which revealed that relationship between the leader and team members evaluated from the leader's part was at the rather high level and effectiveness of work practice, which was assessed by measuring

goal attainment and using criteria for measuring administration strategies, was at the moderate level.

Phasuk Kulchareuk (1999: ngor). The research demonstrated that outcome of service practice was positively correlated with overall administration which comprised planning, directing, and monitoring.

In summary, competency of the head of primary health care unit means their characteristic necessary to perform a given job well. The head of primary health care unit must act out these qualities effectively when operating and managing. These qualities can be separated into these categories.

1. **Achievement Orientation:** A concern for working well or for surpassing a standard of excellence. Thus unique accomplishment also indicates Achievement Orientation. This Person: wants to do job well, creates own measures of excellence, improves performance, sets and works to meet challenging goal, makes cost-benefit analysis, takes calculated entrepreneurial risks.

2. **Directiveness:** Implies the intent to make others comply with one's wishes by appropriate and effective use of personal power of one's position, with the long-term good of the organization in mind. This Person: gives directions, sets limits, demands high performance, maintains visible standards of performance, holds people accountable for performance.

3. **Interpersonal Understanding:** Implies wanting to understand other people. It is the ability to accurately hear and understand the unspoken or partly expressed thoughts, feeling, and concerns of others. This Person: understands either emotion or content, understands both emotion and content, understands meanings, understands underlying issues.

4. **Leadership:** The intention to take a role as leader of a team or other group. It implies a desire to lead others. Team Leadership is generally, but certainly not always, shown from a position of formal authority. This Person: manages meetings well, keeps people informed, promotes team effectiveness, takes care of the group, positions self as the leader, communicates a compelling vision.

It can be claimed that the managerial competency of the head of primary health care unit employs the managerial competency by the Hay Group as the guideline in the administrative study.

3. Concept and Theory of Job Satisfaction

3.1 Definition of Job Satisfaction

Applewhite (1985: 6) defined the job satisfaction as the happiness obtained from the physical working condition, happiness from working with work mates, good attitude toward the job and satisfaction about income.

Vroom (1994: 99) claimed that job satisfaction is the result of the expectation that an individual's action will pay off and the positive attitude reveals the job satisfaction.

Hoppock (1935: 47) proposed an early and widely used brief measure of job satisfaction, and he essentially defined job satisfaction as "any combination of psychological, physiological, or environmental circumstances that causes a person truthfully to say; "I am satisfied with my job".

Strong (1955: 113) considered dissatisfaction to be a key variable in job or occupation change, but minimized the impact of satisfaction; "Satisfaction is similar to absence of toothache. No thought is given to the condition".

Thus, the job satisfaction is the feeling of enthusiastic, fondness, pleasure and positive feeling toward the job. It is the result of the response to the physical and mental needs leading to the satisfaction in the job.

3.2 Concepts and Theories of Job Satisfaction

Herberg's Theory of Motivation (Herzberg, 1959: 113-9)

Herberg has summarized the needs of members of an organization or motivation in working that being satisfied in working was not derived from the same groups of factors. He had the concept that individuals with job satisfaction would express the satisfaction more than those who were dissatisfied. It is essential to know the factors contributing to satisfaction and dissatisfaction, which given by Herberg the hygiene factors and the motivator factors. The hygiene factors contribute to dissatisfaction, low motivation and reduction of working effectiveness. These factors are, for examples, salary and pays, inter-personal relations between members of the organization, working status, administrative policy, working condition, job security, and supervision. The motivator factors are the factors contributing to job satisfaction and motivating people to work with increasing effectiveness, for examples job achievement, recognition, job characteristics, responsibility, and opportunity to grow.

Maslow's Theory of Human Motivation

Abraham H. Maslow's Theory has the concept of the hierarchy of need with 4 fundamental hypotheses as follow:

1. After one need is fulfilled or responded, that need will no longer be a motivation or incentive, but there will be a need in the higher level.
2. Structure of needs is complicated and various and have effects on individuals' behaviors.
3. In general, the higher level of need will not occur if the need in the lower level is not fulfilled or responded.
4. There are more methods to respond to needs in the higher level than in the lower level.

Victor H. Vroom' s Expectancy Theory (cited in Navikarn, S., 1995: 319)

Vroom has developed the Expectancy Theory as a general theory with the concept that individuals will consider and select the available alternatives they believe will bring the most wanted reward.

Hoppock (1935) published the first intensive study of job satisfaction. He used samples which included most employed adults in one small town and 500 school teachers from several dozen communities. Hoppock' s orientation was not toward any particular management philosophy, rather, his results and interpretations emphasized the multiplicity of factors that could affect job satisfaction.

3.3 Factors Influencing Job Satisfaction

Working condition, workplace, waging system, working hours, work mates, administration, supervision and promotion.

Gilmer (1966: 255-260) has 10 factors of job satisfaction: job security, growing opportunity, workplace and management, wage, job characteristics, supervision, social condition, communication, working condition, pays and other benefits.

Vanichanon, P. (1990: 73-76) studies the relationship between job satisfaction and work competency of the chiefs of health center in Songkhla Province. A comparison of work competency of the chiefs of health center evaluated by supervisors (chiefs of district or sub district health officers) and that evaluated by subordinates (health personnel) was also made and can be confirmed by the Songkhla health personnel development project evaluation. Results showed that the overall job satisfaction of the health center personnel was high. Job satisfaction in these of achievement, recognition, responsibility and overall motivator factors were high. Concerning hygiene factor, policy and management, supervision, interpersonal relationship and security were high, Salary, benefits, and overall hygiene factor were

moderate. Motivator factors have significantly positive relationship with job performance, while hygiene factor had no relationship.

Paisalnun, K. (1999: 73) studies the job satisfaction of the health centers personnel in Ratchaburi Province. The findings revealed that the higher the quality of the leadership and traveling convenient to work were statistically related to job satisfaction of health centers personnel in Ratchaburi Province. ($p < 0.05$)

In addition, it can be said that job satisfaction is the important factor for working in primary care units. Eventually, this will enable the fulfillment of the goals of the organization.

4. Concept and Theory of Effective Organization

4.1 Definition of Effectiveness

Some people gave the definition of effectiveness as follows:

Steers (1979: 1) mentioned that effective is against the concept of effectiveness that managerial and organization success are ultimately judged. To an economist or financial analyst, organizational effectiveness is synonymous with profit or return on investment. To a production manager, effectiveness often means the quality or quantity of output of goods or services. And for a number of social scientists, effectiveness is often viewed in terms of the quality of working life.

Wehrich & Koontz (1993: 12) mentioned that effectiveness is the achievement of objectives.

Robbins & Coulter (1996: 77) mentioned that organizational effectiveness can be defined as the degree to which an organization attains its short-(ends) and long-term (means) goals, the selection of which reflects strategic constituencies, the self-interest of the evaluator, and the life stage of the organization.

In summary, organizational effectiveness means the achievement of objectives organization.

4.2 Effectiveness Assessment

Approaches used to assess effectiveness in an organization are varied especially by criteria for assessment. Several scholars have notions about effectiveness assessment as illustrated in the following.

Gibson and his group (Gibson, et al., 1973: 27) suggest that the proper way to set assessment in an organization is application of basic ideas in system theory: take input resources from the surrounding which is a vaster system into management process and turn them to be output. This method will help explain both internal and external organizational behaviors and analysis of organization in internal aspect will bring light to organization's conducts which are related to other organization's. The organization's administrators will have to be responsible to manage organizational behaviors both internal and external perspectives and give identification to effectiveness by applying system level criteria as well as accept that organization is a live social system. Therefore, effectiveness of organization system means capacity of organization in survival, adaptation, maintenance, and development regardless of organization's duties that are needed to be accomplished.

Seiler (Seiler, 1967 quoted in Gibson et al., 1973: 29-30) uses system theory as a framework to analyze organizational behaviors in terms of effectiveness assessment particularly in output aspect which includes 3 factors as follows:

1. Productivity Seiler defines productivity as activities for output production with least exploitation of resources.
2. Satisfaction refers to activities for responding to members' interests which here Seiler means only the officers' interests.
3. Development means investment activities which are only investment on human property especially lecturing and uplifting activities.

Parsons (Parsons, 1964: 32) identifies 4 types of activity that are used to assess effectiveness of an organization. They are called AGIL which includes

- A (Adaptation to the environment)
- G (Goal attainment)
- I (Integration social stability)
- L (Latency)

Gibson (1979: 30) states that indicators of organization’s effectiveness should comprise the following variables.

1. Productivity
2. Efficiency
3. Satisfaction
4. Adaptiveness
5. Development

Steer (1977: 7-8) mentioned that contributing factors to the ultimate success of an organization can be found in four general domains. As indicated in Exhibit 3, these four general areas are: (1) organizational characteristics; (2) environmental characteristics; (3) employee characteristics; and (4) managerial policies and practices.

Organizational Characteristics	Environmental Characteristics	Employee Characteristics	Managerial Policies and Practices
Structure	External	Organizational Attachment	Strategic goal setting
Decentralization	Complexity	Attraction	Resource Acquisition & utilization
Specialization	Stability	Retention	Creating a performance environment

Organizational Characteristics	Environmental Characteristics	Employee Characteristics	Managerial Policies and Practices
Formalization	Uncertainly	Commitment	Communication processes
Span of control			Leadership & decision making
Organization size	Internal (climate)	Job Performance	Organizational Adaptation & innovation
Work-unit size	Achievement orientation Employee centeredness	Motives, goals, & needs Abilities	
Technology	Reward-punishment orientation	Role clarity	
Operation Materials	Security vs. risk Openness VS. Defensiveness		
Knowledge			

Figure 3 Factors Contributing to Organizational Effectiveness

Source: Steer, R.M., Organizational Effectiveness: A Behavioral View, 1977: 8

Paranee (Keetibutr Mahanont, 1996: 185-189) states that assessment of organization's effectiveness can be classified into 3 approaches.

1. Goal approach effectiveness assessment

An assessment will be based on methodology and goals of an organization. It is believed that capability in production, flexibility, and absence of pressures and conflicts are correlated and associated with effectiveness assessment of an organization.

2. System resources effectiveness assessment

The approach attempts to avoid some weaknesses and defects in the goal approach. It does not consider the organization's goals at all because it is believed that it is difficult to use goal attainment to indicate organization effectiveness. Instead, it uses model of resources system. Effectiveness for this approach then refers to capacity of an organization to exploit the surrounding to gain rare and valuable resources. An organization will have utmost effectiveness when it can seek for utmost benefit from negotiated position and when it gains utmost advantage from resources provision.

3. Multiple criteria effectiveness assessment

This approach is appropriate and widely accepted in terms of academic and when put into practice. The following criteria were effectively used to assess performance of the agencies under her organization's responsibility.

3.1 Production capability and efficiency assessed from output.

3.2 Characteristics of organization such as organization atmosphere, style of direction, performance capacity.

3.3 Production behaviors such as cooperation, development and accountable performance. Gibson and his team also presented these similar ideas in model. From previous studies, indicators of organization effectiveness should consist of the following variables: productivity, efficiency, satisfaction, adaptiveness, and development.

Chainarong Surachaipunya (1999: 112-114) studied the evaluation of the implementation's effectiveness on haemorrhagic fever prevention and control of health personnel at the tambon level, Loey Province. The samples were 116 tambon health personnel. The result was found that good organizing and leading would make the implementation effective on hemorrhagic fever prevention and control of tambon health personnel was also effective. The major variables for well classified ranking from most to least significant were leading, human resources, and organizing.

Pasook Kuljaruex (1999: abstract) studied the performance in papanicolaou smear at subdistrict level in Suphanburi province. It was found that

manpower, budget, materials, and administration should be improved. Job satisfaction and performance in paponicolaou smear were at a low level. Working performance had positive relationships at a significance difference level with manpower, budget, materials, and overall administration (such as planning, directing and controlling)

In conclusion, effectiveness assessment is an assessment of real success of an organization and there are several criteria used for effectiveness assessment. For government primary care units under Health Security for All scheme of Samutprakarn, the approach used to assess effectiveness is the multiple criteria and indicators identifying organization effectiveness are work outcome according to goals, servicing capability, and job satisfaction.

Work outcome according to goals mean work implementing outcome of the primary care unit compared to goals of working activities in the primary care unit.

Servicing capability refers to the ability level of governmental primary care units to carry out servicing work of. The capability consists of the following:

1. Servicing capability in the community refers to the following. People participate in planning and doing public health activities in their own community. The parties/units concerned participate in organizing activities to promote health and prevent disease. Public health volunteers in the village can explain about health care. Shops or stalls that sell cooked food have the standards according to Safe Food Project. Last, the family folder is used.

2. Servicing capability in the primary care unit refers to the following. Target population gain physical, emotional, social and family service. Data system is set up for the search for information of risk group and patient group. Sickness data of patients can be applied to help prevent the problems. The unit has the service system of medical treatment, health promotion, disease prevention, health recovery, and emergency care. Service users have knowledge about dental health. Materials to be examined are stored correctly. Service users receive correct medicine. Thai medical service/alternative medical treatment is provided. Finally, the unit has

the health promotion and disease prevention service for pregnant women and children aged 0-5 years.

3. Capability to render continuous service includes providing and using individual health record, providing people with consults, having a qualified and rapid transferring system for both outbound and inbound trip in case of emergency, having a home visit servicing and have a service for people with health problems—the handicapped.

Job satisfaction of the primary care units officers means that total emotional feeling associated with physical and environmental aspect causes working performance of the officers in the primary care unit to meet the goals of the unit. This reflects that the officers in the primary care unit are satisfied with their working performance.

5. Operational of Primary Care Units

5.1 Indicators in Health Security for All Schemes

Significant goals of Health Security for All Scheme that are needed to be attained are in the following perspectives:

- 1) Equity
- 2) Quality
- 3) Efficiency
- 4) Effectiveness
- 5) Accountability

Key aspects of assessment indicators include:

- 1) Registration system
- 2) Finance system
- 3) Information system
- 4) Health service system
 - Primary care
 - Hospital care
- 5) Administration system

- 6) Controlling, supervising and monitoring system
(Bureau of Provincial Health Development, 2001: 23).

5.2 Components of Primary Care Units

Primary care units consists of 2 important parts:

1. Structure

The structure of the unit may be based on previous structure which was government clinic. However, in some areas in which there were not any unit in the past the primary care units are now parts of the hospital to at least provide the set benefit package. Contracting Unit for Primary Care Board is assigned to administer primary care units to its utmost efficiency with an aim to create good health and strength for people. In case that the district has only one Contracting Unit for Primary Care, District Health Coordination Board should take the role of Contracting Unit for Primary Care Board. For efficiency in provincial administration and development of primary care service, groups of committee for developing potential of primary care unit are set up namely primary care unit development team, assessment and supervision team, compliant handling team, information development team, and finance and budget development team.

2. Functions that primary care units must have are service and several activities according to the main process of the unit as illustrated in the following diagram

Types of Activities	Tasks/Activities
3. Rehabilitation Service	- Basic rehabilitation service
4. Home Visit Service	- Risk population and general families visit as planned
5. Communal Works	- Assessment of conditions and needs of community - Problem-solving and health development plan - Solve problems or promote health as the needs regarding health of the community based on people participation, monitor and evaluate performance
6. Service Unit Administration	- Information, personnel, finance, stock of medical supplies and office supplies

Figure 5: Activity Working Groups in Primary Service Units

Source: Bureau of Health Service System Reform Project, Ministry of Public Health, Standards and Approach of Primary Care Service Administration (2002: 72-74)

From the literature review about Health Security for All scheme both in terms of rationales of Health Security for All and work implementation in primary care unit, the researcher set the dependent variables as follows: work outcome according to goals compared to goals of working activities in the primary care unit, servicing capability of officers working in the primary care units according to their duties in the unit which is measured by indicators of Bureau of Health Service System Development, Ministry of Public Health.

6. Related Researches

Paisan Inpai (2000: abstract) studied the job performance satisfaction of health center chiefs in Saraburi province. The population consisted of 127 health center chiefs in Saraburi province. The results of this research showed that the majority of health center chiefs (50.4%) in Saraburi province had a moderate level of

overall job performance satisfaction. This level of the job performance satisfaction was accounted for mainly by work achievement, respectability, responsibility, promotion opportunity, interpersonal relations, and security of work which were all at a high level. The task performance, policy and administration, monitoring and control, working condition, and income were at a moderate level. The leadership style of district public health officers was at a high level. It showed that the higher the quality of the leadership, the higher the job performance satisfaction that health center chiefs had. It was found that the leadership style was statistically and significantly related to the job performance satisfaction of health center chiefs ($p < 0.05$).

Chaveewan Wonglearssak (2002: abstract) studied the effectiveness of the operation of the primary health care units in Satun Province. The data were collected from 58 medical officers and public health officers working regularly or in rotation at primary health care units in nine health stations. The findings were briefly stated as follow:

1. Personal factors: A whole, the understanding of the role and responsibility, opportunity to upgrade the knowledge and skills and participation in the operation were found to be moderate ($x = 2.29$) the mean score of the understanding of the role and responsibility was 2.60. The lowest mean score belonged to clear job description. The opportunity to upgrade the knowledge and skills was found to be moderate ($x = 2.17$). The lowest mean score belonged to holding a meeting to update the knowledge and to solve problems in primary care units. Moreover, participation in the operation was found to be moderate ($x = 2.10$). The lowest mean score belonged to participation in budget allocation of the network.

2. Support factors: The support factors included budget, personal, and material and equipment. A whole, the support factors were found to be moderate ($x = 2.00$). When the individual dimensions were considered, the budget was found to be at a "low" level ($x = 1.86$). The lowest mean score belonged to appropriateness of the budgeting method. The personnel was found to be moderate ($x = 2.15$). The lowest mean score belonged to adequacy of the staff. Next, material and equipment was found to be moderate ($x = 2.13$). The lowest mean score belonged to adequacy of material and equipment

Usa Pengphara, Nongnit Jongjirasiri and Premjit Hongamphai (2002: abstract) studied about evaluation of work performance of Health Security for All Scheme in Pattani after the first trimester of the scheme's implementation. It was the evaluation process studying environmental context of input, process of work practice and outcome of the scheme. The researcher reviewed literature, conducted an in-dept interview, asked the officers, and interviewed people according to CIPP Model by Stufflebeam. Then, all parties concerned were informed about output of the scheme and would be able to solve problems or obstacles in time. The data were collected during January – March 2002. The research conclusions were as follows. In the environmental context, religious leaders played important roles in social and religious aspect so they should be the leader who made people in every area understand more about the scheme. In regard to input, the thorough analysis of the regional policy was needed because there was no planning and process for practice. Although the primary care units were set up in every hospital, distribution of manpower was not suitable. They needed personnel development and clarity in working process in perspective of finance. And regarding the form of 8 groups of committee to be an important mechanism in working, its outstanding point was participation of officers and its inferior point was slow and inconvenient coordination. Besides, it was found that all public health officers had limited knowledge, had attitudes at the moderate level (65.6%), and had satisfaction at the moderate level also (52.5%). 51.3% of people had limited knowledge and understanding about benefits package of this scheme. 55.4% of them had attitudes at the moderate level while half of them were satisfied with service of the medical centre under this scheme. Accordingly, the parties concerned should give knowledge about benefits package to people, uplift standards of service quality, and develop personnel.

Orathai Kheawcharoen (2002: abstract) studied the evaluation research aiming to evaluate the medical services provided under the universal health coverage scheme in Phitsanulok Province applying CIPP Model (context, input, process and product). The research methods included analysis of existing data, review of documents and reports, and in-depth interview on 4 sample groups; namely, a group of 25 administrators, a group of 621 health providers, a group of

1,000 service users ,and a group of 1,861 people at the household level during May and June 2002. Qualitative analysis employed content analysis and quantitative analysis applied percentage, means, standard deviation, proportion and ratio.

Findings of the study are summarized in the following key areas:

1. Context: Providers had a good understanding on the universal health coverage scheme and agree with the policy and regulations of the scheme at moderate level. The service users moderately agreed with the policy and regulations of the scheme.

2. Input: The capitation budget was insufficient. Also, personnel were not sufficient.

3. Process: The system was well prepared and organized in accordance with the scheme's guidelines. The total apitation budget was directly allocated to contracting units for primary care (Inclusive capitation). Fifteen primary care units (PCUs) were set up. Curative and rehabilitative care was provided according to the scheme guideline at a 100% of total health facilities. In addition, health promotion and prevention services was aligned with the provincial policy, as well as complaint handling should be provided. More than 60 % of health facilities set up the complaint handling system. There were many practical problems raised during the preparation period but problems occurred at moderate level during project implementation.

4. Product: Health insurance coverage expanded. In terms of accessibility, 93.6% of clients had convenient access to care. Compliance to their health benefit (30 baht scheme) was 81.6 % for illness not required hospitalizes while the rate was only 65.7 % for inpatient severe. Output of services, number of out-patient visits and dental patients rose whereas number of in-patients and vaccinations declined. The quality of the services was generally improved. However, some indicators did not meet the established standards. From the clients' perspectives, the service quality provided was at a fair with a high level of satisfaction. The recurrent costs per out-patient and costs per in-patient decreased at the regional hospital but increased at the community hospitals and primary care units. In terms of equity, most people (69.7 % of total) considered that there was no difference in services rendered

by the 30 baht scheme or by others. Regarding service behaviors, admission rate, referred patients and total admission days were lower than the previous year while the average length of stay increased. For non-hospitalized illness, most of the people went to health centers 46.3 %. For hospitalized illness most people 45.4 % went to the regional hospital. Utilization of chronic patients at health center went up while that at the community hospital and regional hospital decreased.

Philip B. Coulter (1978: 65) studied organizational effectiveness in the Public Sector: The Example of Municipal Fire Protection evaluates three models of organizational effectiveness: behavioral-attitudinal, processual, and goal attainment. It is argued that the attitudes and behaviors of an organization's members and the internal processes of the organization may contribute to effectiveness but should not be confused with it. An analysis of data on municipal fire protection supports this argument and suggests productivity, which links an organization's internal processes and its societal impact, as the critical goal in a goal attainment model. Organizational effectiveness is one of the intractable and controversial constructs in the social and behavioral sciences. Analyzing this construct empirically is particularly difficult since the theoretical literature provides so little specific, consistent guidance. This study measures the effectiveness of fire protection services and discovers that effectiveness is significantly related to variables in the organization's environment as well as its internal organization processes.

Mayfield, J. R & Mayfield, M.R. & Kopf, J (1998: 235) This article bridges theory and practice to show that superiors' use of Sullivan's (1988) "motivating language theory" correlates significantly with subordinates' performance and job satisfaction. In brief, Sullivan hypothesized that superiors' use of motivating language (including (1) perlocutionary or direction-giving, (2) illocutionary or sharing feelings, and (3) locutionary or explaining culture) would have positive impact on key worker productivity and process outcomes including performance and job satisfaction. This theory was tested by the authors using a LISREL analysis and found to be true.

Loughlin, R & Kelly, A (2004: 271) found that resource allocation in the Irish health service, based on historical allocations with incremental increases, is widely believed to be inequitable. Using a three-round policy Delphi survey, which seeks to explore both consensus and disagreement surrounding policy issues, the views of 52 senior health service personnel were sought in order to determine ways to improve equity in resource allocation. Panellists provided several reasons why the current method of resource allocation is inequitable and several suggestions for improving equity. The level of consensus on views was determined by calculating the percentage of ratings in each category based on a series of rating scales. The main suggestion centred around the development and implementation of a needs based resource allocation formula. Panellists reached a high consensus in favour of this but only reached a low consensus as to its feasibility. Potential obstacles identified included methodological difficulties, insufficient resources and resistance from potential losers. These findings highlight concerns about the lack of transparency in the resource allocation process and openness to the development of a more equitable needs based resource allocation model, a move which is becoming more common internationally. Feasibility concerns should not preclude an attempt to begin this process.

In conclusion of Chapter 2, from the literature review, researcher mentioned the theory and concepts about the resource administration , managerial competency, effectiveness organization, operation of primary health care unit and related research. These helped the researcher know the variables, conceptual framework, patterns that should be used in this research, and research instrument. The details will be discussed in Chapter 3.

CHAPTER 3

MATERIAL AND METHODS

Research Design

This research is Cross-sectional survey research to find the primary information to analyze operational effectiveness of governmental primary care unit under the universal coverage health insurance policy in Samutprakarn province.

Population

The population consisted of 57 governmental primary care units in Samutprakarn province. The data was collected from questionnaires give to 329 officers working at all governmental primary care units in Samutprakarn province.

Research Instruments

The instruments that were used in this research are the questionnaires which were created and improved from the concept and theory from the literature review, related research and suggestions from experts and the thesis controller. It was composed of 6 parts as follow:

Part 1 is the questionnaires of the health service competency which was created using indicator of health service primary care unit standard of Bureau of Health Service System Development, Ministry of Public Health. There are 22 questions in the five-rating scale. The mark criteria are as follow.

Servicing capability level	Positive	Negative
High	5 points	1 point
Rather high	4 points	2 points
Moderate	3 points	3 points
Rather low	2 points	4 points
Low	1 point	5 points

Part 2 Data concerning effectiveness in performance of primary care units in aspect of work implementation outcome derive from the record form for effectiveness in work implementation of the unit. The researcher collected data from the action plan in each primary care unit by using the criteria for qualitative measurement of work quantity as follows. Compare work outcome with goals to make percentage of each activity. The details of measurement criteria are in the following.

80 % and above	=	3 points
60 % - 80%	=	2 points
Below 60 %	=	1 point

Part 3 is the questionnaires of job satisfaction which was created using concept of Hoppock. There are 4 questions in the seven-rating scale. The mark criteria are as follow.

Job satisfaction Level	Positive	Negative
Love	7 points	1 point
Enthusiastic	6 points	2 points
Like	5 points	3 points
Indifferent	4 points	4 points
Don' t like	3 points	5 points
Dislike	2 points	6 points
Hate	1 point	7 points

In conclusion, the negative statements represent low score whereas the positive statements represent high score. Interpretation of scores was done by plus scores from all items and divide by no. of items (Vichien Khetsing, 1887: 813).

Part 4 is the questionnaires of management resource which was created using concept and theory of Griffin (1996: 6). There are 12 questions

Human Resources	4 questions (no.1-4)
Finance Resources	2 questions (no.5-6)
Physical Resources	4 questions (no.7-10)
Information Resources	2 questions (no.11-12)

In this part, the answers were in rating scales as follows:

Answer “Enough, Support, Control, Suit the needs, Convenient, Rapid”	= 1 score
Answer “No enough, No support, No control, No suit the needs, Inconvenient, No rapid”	= 0 score

Ranges of scores are categorized by groups. The scores in questionnaire responded by each respondent in the sample group are compared to the average scores of group to see if they are higher, near, or lower than the average scores. For classification of scores into groups, the median value and standard deviation are employed (Somwang Phiriyauwat and Usavadee Chantarasorn, 1994: 813).

Good	= Mean + S.D
Moderate	= Mean \pm S.D
Low	= Mean - S.D

Part 5 is the questionnaires of managerial competency which was created using concept of Hay Group. (Hay Group, 2004: 2-7) There are 32 questions in the five-rating scale. The mark criteria are as follow:

Achievement Orientation	8 questions (no.1-8)
Directiveness	8 questions (no.9-16)
Interpersonal Understanding	8 questions (no.17-24)
Leadership	8 questions (no. 25-32)

The mark criteria are as follow:

	Positive	Negative
Extremely Frequently	5	1
Repeatedly at Various Times	4	2
Occasionally	3	3
Once or Twice	2	4
Never	1	5

Part 6 is the information about the personal data of governmental primary care units health personnel which consists of sex, age, position, education, working experience by having multiple choice and fill in the blank questions, total 5 question.

Evaluation of the Research Instruments

1. Inspect the content validity : bring the questionnaires that were created for consultation with the instructor and the expert who has knowledge and experience to examine the completeness of the content and clarity of the language then improve them.

2. Inspect the reliability of the questionnaires in part 1, 3, 4, 5 which is the health service competency, job satisfaction, management resource, managerial competency of governmental primary care units after the inspection and improvement then try out with the sample size that is similar to the population such as: 30 governmental primary care units in Chachangsao to check understanding of the questionnaires by using the alpha coefficient of Cronbach (Prakaong Kunnasud, 1992: 58)

The reliability of questionnaires to analyze effectiveness of work implementation in Samutprakarn provincial primary care units is Alpha coefficient 0.8940. The details of Alpha coefficient for each variable are as follows:

Servicing Capability has	Alpha coefficient at 0.9050
Job Satisfaction has	Alpha coefficient at 0.6936
Resources Administration has	Alpha coefficient at 0.7121
Managerial Competency has	Alpha coefficient at 0.9699

Ethical Considerations

This research followed the process of ethical clearance which requires the following steps.

1. The approval from the ethical committee of Mahidol University of research consideration were conducted.
2. Data collection was approved by the Chief of public health officer.
3. Data collection was conducted to all participants with their willingness. They have rights to reject or get out of this project any time.
4. The data from questionnaires will be kept confidentially; both first and last name of participants will be anonymous.
5. The research results will be presented as a whole picture and there is no impact on the participants' job or position.
6. The research results will be used as a guideline for public health administration.

Data Collection

This research set the step of the data collection as follow:

1. Asked for the official letter attack documentary proof of ethical clearance from the Faculty of Graduate Studies at Mahidol University for the Samutprakarn public health office province and asked for cooperation for the data collection.
2. Sending out the questionnaires to governmental primary care units in Samutprakarn province. Researcher asked for the cooperation from the health academic in district health officer collecting data and completing the questionnaires. The answered questionnaires are mailed back to the researcher directly within 15

days. Otherwise, the researcher would ask for the questionnaires again so that there would be enough data as expected. Finally, the questionnaires are checked in terms of completeness before the statistical analysis in next step.

Data Analysis

1. Descriptive Statistic including the frequency, percentage, mean, and standard deviation, were used to explain the personal characteristics, resource administration, managerial competency, and effective of operational of governmental primary care units.

2. Analytical Statistics were used to study the relationship between resource administration, managerial competency relating to the effective of operational of governmental primary care units by using Pearson's Product Moment Correlation Coefficient analysis and using the correlation coefficient measure of Elifson (Elifson, Kirk W., 1990: 206), as follows:

$r = \pm 0.01 - \pm 0.30$ The level of relationship is low.

$r = \pm 0.31 - \pm 0.70$ The level of relationship is moderate.

$r = \pm 0.71 - \pm 0.99$ The level of relationship is high.

$r = \pm 1$ The level of relationship is very high.

The level of statistical significance 0.05

In Chapter 3 researcher presented the pattern of the exploratory research, population, research instrument and statistic used in this research. The processing of the information will be discussed in Chapter 4.

CHAPTER 4

RESULTS

This research analyzed effectiveness of work implementation in governmental primary care units under Health Insurance for All scheme in Samutprakarn. The data were collected from questionnaires given to 329 officers working in governmental primary care units. 288 questionnaires were returned. After checking completeness of answers, it was found that 18 questionnaires were incomplete so the other 270 (82.06%) were used for the research. In part one the demographics of 270 health care officers were analyzed. In part 2-5 the data received from 57 governmental community health centers were analyzed. The results of data analysis will be presented in 5 parts as follows:

- Part 1 Individual Characteristics of Officers in Governmental Primary Care Units
- Part 2 Resources Administration
- Part 3 Managerial Competency
- Part 4 Effectiveness of Work Implementation in Governmental Primary Care Units
- Part 5 Relationships between Resources Administration, Managerial Competency and Effectiveness of Work Implementation in Governmental Primary Care Units

Part 1 Individual Characteristics of Officers in Governmental Primary Care Units

It is found that the respondents which are officers in governmental primary care units in Samutprakarn are female (74.4%) more than male. Most are 25-30 years old (30.4%), and 18.9% (the second rank) of them are 36-40 years old. 18.9% are the

heads of primary care units and others are officers in the units. Most of them or 72.6% hold a bachelor's degree, 23.7% lower than a bachelor's degree, and 3.7% higher than a bachelor's degree. The majority or 31.9% have worked in the public health field for 1-5 years and 29.3% more than 15 years, 21.1% 10-15 years, 13.0% 6-10 and least 4.8% less than 1 year. (as shown in Table 3)

Table 3 Number and Percentage of Officers in Governmental Primary Care Units, Samutprakarn Classified by Characteristics of Population in 57 Governmental Primary Care Units (n=270)

Characteristics	Number	Percentage
Sex		
Male	69	25.6
Female	201	74.4
Age (years)		
< 25	30	11.1
25 – 30	82	30.4
31 – 35	48	17.8
36 – 40	51	18.9
41 – 45	28	10.4
46 – 50	12	4.4
51 – 55	13	4.8
> 55	6	2.2
Position		
Heads of primary care units	51	18.9
Officers in the primary care units	219	81.1
Education		
lower than a bachelor degree	64	23.7
bachelor degree	196	72.6
Higher than bachelor degree	10	3.7

Table 3 Number and Percentage of Officers in Governmental Primary Care Units, Samutprakarn Classified by Characteristics of Population in 57 Governmental Primary Care Units (n=270) (Cont.).

Characteristics	Number	Percentage
Work in the public health (years)		
< 1	13	4.8
1 – 5	86	31.9
6 – 10	35	13.0
10 – 15	57	21.1
> 15	79	29.3

Part 2 Resources Administration

Human Resources

In the governmental primary care units of Samutprakarn, there are at average 5.98 officers in one unit. The respondents have enough ability in solving problems occurring in works most (71.9%). In terms of inadequate knowledge, the highest level is use of computer (84.2%) and the second rank is about provision of service according to primary care unit standards (63.2%). Most respondents, 49.1%, answer inadequate because there are too few lectures on computer use provided for them and 36.8% think it is because there are too few lectures on provision of service according to primary care unit standards.

Financial Resources

The jobs concerning financial resources of the officers in primary care units are most related to the budget control to make productivity and outcome as set (94.7%). Using work plans, following implementation plans in managing expenses and performing monthly follow up for financial situation are methods used to control the budget. With regard to fund raising from Subdistric Administration Organizations or private sector, 52.6% do not support the additional budget for projects to solve

public health problems in many areas. Some Subdistrict Administration Organizations do not realize the importance of the projects that the governmental primary care units propose so they do not approve the supporting budget for the projects.

Therefore, the financial resources administration has its weakness in raising fund other than the budget allocated from the government, especially raising from the Subdistrict Administration Organizations or private sector. If the Subdistrict Administration Organizations or private sectors support the budget for the projects to solve public health problems in many areas, it will be a supporting factor to bring about success for the primary care units in performing their public health works.

Physical Resources

The governmental primary care units have adequate tools and apparatus for examination and treatment at the highest level, which is 91.2%. Vehicles used in working are also adequate and hardware as well as medicines supplied suit the needs/purchasing plan. The percentages are 86.0%, 82.5%, and 73.7% respectively. There are 26.3% who respond that the medicines supplied do not suit the needs. It is because some of the very necessary medicines are provided only for few amounts such as balm and alum milk. Also, there is 17.5% who respond that the hardware allocated are not as needed because some hardware requested like dental master unit, and refrigerator are not provided.

Most governmental primary care units have good management. The physical resources they administer are sufficient and suit their needs. They have requesting-supplying system, medicine stock system, and demand plan/purchasing plan in order to control and make physical resources management reach its utmost effectiveness. Only some primary care units respond that the hardware and medicines allocated do not suit their needs.

Information Resources

More than half of the primary care units have the system to connect information (59.6%) and to forward information (56.1%) to network easily and rapidly while there are 43.9% of governmental primary care units that cannot connect information to network rapidly and 40.4% cannot forward information to network

rapidly. The inconvenience causes from they do not have the telephone to access to internet and they also have problem with use of UC program of the province.

The results have shown that percentages of primary care units that are able to connect and forward information rapidly are closed; that is slightly over 50%. This reflects that information resources administration needs more development. And since some units do not have telephone and have problem with UC program in the province, they cannot access to the network.

The overall resources administration is at the moderate level ($\bar{x} = 0.63$). Means of resources administration that the primary care units have in terms of attaining physical resources, financial resources, information resources, and human resources are 0.83, 0.71, 0.58, and 0.42 respectively. (as the details shown in Table 4)

Table 4 Number, Percentage, Mean and Standard Deviation of Resources Administration (n = 57)

Resources Administration	Number	Percentage
Human Resources		
1. Number of officers in the PCU.		
3 – 5	33	57.9
6 – 8	13	22.8
9 – 14	11	19.3
$\bar{X} = 5.98$ SD = 2.574		
2. The knowledge obtained from a lecture on rendering service in accordance with standards of PCU enough for carrying out service.		
Enough	21	36.8
Not enough	36	63.2
There are too few lectures provided.	21	36.8
An interval from the latest course study/lecture until now is too long.	15	26.3

Table 4 Number, Percentage, Mean and Standard Deviation of Resources Administration (n = 57) (Cont.).

Resources Administration	Number	Percentage
3. The knowledge obtained from a lecture on computer operation for the officers in PCU enough for working		
Enough	9	15.8
Not enough	48	84.2
There are too few lectures provided.	28	49.1
Others (please identify)	1	1.8
4. Ability for solving problems occurring when carrying out service in PCU.		
Enough	41	71.9
Not enough	16	28.1
Few skills in working.	2	3.5
Lack of confidence in working.	12	21.1
Others (please identify)	2	3.5
$\bar{X} = 0.42$ $SD = 0.260$		
Financial Resources		
1. The Sudistrict Administration Organization organizations support additional budget for work practice in PCU		
Support	27	47.4
Not support	30	52.6
2. Control budget and receive productivity and output as set.		
Control	54	94.7
Not control	3	5.3
$\bar{X} = 0.71$ $SD = 0.266$		

Table 4 Number, Percentage, Mean and Standard Deviation of Resources Administration (n = 57) (Cont.).

Resources Administration	Number	Percentage
Physical resources		
1. Medical equipment for rendering service		
Enough	52	91.2
Not enough	5	8.8
2. Vehicles used for working in PCU		
Enough	49	86.0
Not enough	8	14.0
3. Medicines received from allocation suit the needs/purchasing plan		
Suit the needs	42	73.7
No suit the needs	15	26.3
4. The allocated hardware—examination couch, dental master unit, autoclave, and refrigerator are suit the needs/purchasing plan	47	82.5
Suit the needs	10	17.5
No suit the needs		
$\bar{X} = 0.83$ $SD = 0.223$		
Information Resources		
1. Primary care units connect and forwards data to the network conveniently.		
Convenient	34	59.6
Inconvenient	23	40.4

Table 4 Number, Percentage, Mean and Standard Deviation of Resources Administration (n = 57) (Cont.).

Resources Administration	Number	Percentage
2. Primary care units connect and forwards data to the network rapidly.		
Rapid	32	56.1
Not rapid	25	43.9
$\bar{X} = 0.58$ SD = 0.479		
Resources Administration		
$\bar{X} = 0.63$ SD = 0.161		

From Table 5, when considering by aspects, it is found that the resources administrations that are well managed over half are the physical resources administration or in percentage 57.9 and information resources administration 54.4% whereas the administration that is not well managed is human resources 43.9%.

With respect to physical resources administration, some governmental primary care units, however, receive allocation of medicines and hardware that do not suit their needs. For financial resources administration, some units have to request for fund or additional budget from Subdistrict Administration Organization and private agents for supporting the projects aiming to solve problems in various areas. Also, information resources administration faces problems in computer operation and lack of telephone. Therefore, in some units they cannot connect and forward data. Therefore, primary care units in Samutprakarn must reduce these limitations to make the overall administration improve to the good level. Moreover from the results, manpower of the primary care units is not enough to serve people coming for service. Furthermore, the officers in primary care units have too few lectures on use of computer and on service following standards of the primary care units. (as details illustrated in Table 5)

Table 5 Number and Percentage of Resources Administration levels (n = 57)

Resources Administration	Percentage of Resources Administration levels					
	Good		Moderate		Low	
	n	%	n	%	n	%
Physical Resources	33	57.9	22	38.6	2	3.5
Financial Resources	25	43.9	31	54.4	1	1.8
Information Resources	31	54.4	4	7.0	22	38.6
Human Resources	2	3.5	30	52.6	25	43.9

Summary

The overall resources administration is at the moderate level. The strength is physical resources administration. Medical tools and vehicles in the units are sufficient. The weakest point is concerned with human resources administration. The officers in primary care units are not adequate or slightly less than standard set. They also receive too few lectures on computer use and servicing according to the standards of primary care units.

Part 3 Managerial Competency

The overall managerial competency of the heads of primary care units is at the moderate towards good level ($\bar{x} = 3.38$). Means of the capability that the head have in terms of attaining achievement orientation, interpersonal understanding, leadership, and directiveness are 3.88, 3.85, 3.83, and 3.81 respectively. The details of each aspect of capability are as follows.

Capability in attaining Achievement Orientation

The capability of the supervisors in this aspect is at the moderate towards good level ($\bar{x} = 3.88$). The practices that are repeatedly at Various Times performed more than 50% are as follows: changing his/her own system or way of

working (75.4%), making decision and ordering works by their importance (73.7%), searching for methods to improve working (71.9%), and preparing the prevention of risks (70.2%). What the supervisors perform slightly and occasionally are analyzing expenses and benefits (28.1%), and keeping up with financial situations to estimate risk of expenses (26.4%).

Interpersonal Understanding-related Capability

The capability of the heads of units in this regard is at the moderate towards good level ($\bar{x} = 3.85$). More than half of them repeatedly at Various Times do the following: understand the meaning from emotional expression (80.7%), and understand the meaning of present emotion, from documents or reports and from open saying (78.9%). What they can do slightly and occasionally are understanding the meaning of quietness or no response (36.8%), understanding the meaning of no expression or bad behaviors together with understanding the meaning of present emotion or from documents or reports (21.1%) and lastly understanding strengths and weaknesses of subordinates (19.3%).

Leadership-related capability

The heads of primary care units have this capability at the moderate towards good level ($\bar{x} = 3.83$). More than half repeatedly at Various Times perform the following practices: using strategies or methods to support working and being a good model (71.9%), and giving motivation to enhance morale in work (70.2%). What they do occasionally and a bit are stimulating subordinates to be enthusiastic for work (29.8%), next, protecting subordinates and building fame to the unit (28.1%), last, possessing reliable character (26.4%).

Capability in Directiveness

The capability of the heads in giving instructions is at the moderate towards good level ($\bar{x} = 3.81$). More than half of them repeatedly at Various Times perform the following practices: setting the clear standards of service (77.2%), giving the clear instructions following the Health Insurance for All scheme (71.9%), giving instructions efficiently leading to a highly-productive outcome along with facing

problems and be able to solve them, and monitor and direct work complying with standards set (68.4%). What the supervisors perform occasionally and slightly are instructing not to do irrational things (50.9%), and next explaining clearly work outcome of the primary care unit (31.6%).

Summary

The overall managerial competency of the heads of primary care units is at the moderate towards good level as the level of their administrative practices is occasionally towards repeatedly at Various Times degree ($\bar{x} = 3.38$). The aspect that they are most capable is attaining achievement respecting change of his/her own way of working or system, whereas what they are least capable is about giving instructions respecting instructing not to do irrational things (as the details shown in Table 6).

Table 6 Number, Percentage, Mean, and Standard Deviation of Managerial Competency of the Heads of Governmental Primary Care Units Classified by Questions and Level of Practice (n=57)

Managerial Competency	\bar{X}	SD	Level of Managerial Competency				
			Never	Once or Twice	Occasionally	Repeatedly at Various Times	Extremely Frequently
Managerial Competency	3.38	0.402					
Achievement Orientation	3.88	0.447					
1.			0 (0.0)	0 (0.0)	11 (19.3)	41 (71.9)	5 (8.8)
2.			0 (0.0)	1 (1.8)	9 (15.8)	42 (73.7)	5 (8.8)
3.			0 (0.0)	0 (0.0)	16 (28.1)	37 (64.9)	4 (7.0)
4.			0 (0.0)	0 (0.0)	10 (17.5)	40 (70.2)	7 (12.3)

Table 6 Number, Percentage, Mean, and Standard Deviation of Managerial Competency of the Heads of Governmental Primary Care Units Classified by Questions and Level of Practice (n=57) (Cont.).

Managerial Competency	\bar{X}	SD	Level of Managerial Competency				
			Never	Once or Twice	Occasionally	Repeatedly at Various Times	Extremely Frequently
5.			0 (0.0)	1 (1.8)	10 (17.5)	38 (66.7)	8 (14.0)
6.			0 (0.0)	1 (1.8)	14 (24.6)	31 (54.4)	11 (19.3)
7.			0 (0.0)	0 (0.0)	12 (21.1)	43 (75.4)	2 (3.5)
8.			0 (0.0)	0 (0.0)	12 (21.1)	39 (68.4)	6 (10.5)
Interpersonal Understanding	3.85	0.394					
9.			0 (0.0)	1 (1.8)	11 (19.3)	40 (70.2)	5 (8.8)
10.			0 (0.0)	0 (0.0)	11 (19.3)	40 (70.2)	6 (10.5)
11.			0 (0.0)	1 (1.8)	9 (15.8)	44 (77.2)	3 (5.3)
12.			0 (0.0)	0 (0.0)	12 (21.1)	43 (75.4)	2 (3.5)
13.			0 (0.0)	0 (0.0)	10 (17.5)	45 (78.9)	2 (3.5)
14.			0 (0.0)	0 (0.0)	9 (15.8)	46 (80.7)	2 (3.5)
15.			0 (0.0)	0 (0.0)	7 (12.3)	45 (78.9)	5 (8.8)
16.			0 (0.0)	1 (1.8)	21 (36.8)	32 (56.1)	3 (5.3)

Table 6 Number, Percentage, Mean, and Standard Deviation of Managerial Competency of the Heads of Governmental Primary Care Units Classified by Questions and Level of Practice (n=57) (Cont.).

Managerial Competency	\bar{X}	SD	Level of Managerial Competency				
			Never	Once or Twice	Occasionally	Repeatedly at Various Times	Extremely Frequently
Leadership	3.83	0.523					
17.			0 (0.0)	0 (0.0)	13 (22.8)	40 (70.2)	4 (7.0)
18.			0 (0.0)	2 (0.0)	15 (26.3)	36 (63.2)	4 (7.0)
19.			0 (0.0)	2 (3.5)	11 (19.3)	41 (71.9)	3 (5.3)
20.			0 (0.0)	1 (1.8)	15 (26.3)	34 (59.6)	7 (12.3)
21.			0 (0.0)	1 (1.8)	14 (24.6)	37 (64.9)	5 (8.8)
22.			0 (0.0)	2 (3.5)	10 (17.5)	41 (71.9)	4 (7.0)
23.			0 (0.0)	0 (0.0)	13 (22.8)	36 (63.2)	8 (14.0)
24.			0 (0.0)	0 (0.0)	13 (22.8)	36 (63.2)	8 (14.0)
Directiveness	3.81	0.425					
25.			0 (0.0)	0 (0.0)	9 (15.8)	38 (66.7)	10 (17.5)
26.			0 (0.0)	0 (0.0)	9 (15.8)	44 (77.2)	4 (7.0)
27.			0 (0.0)	0 (0.0)	17 (29.8)	39 (68.4)	1 (1.8)
28.			0 (0.0)	1 (1.8)	28 (49.1)	26 (45.6)	2 (3.5)

Table 6 Number, Percentage, Mean, and Standard Deviation of Managerial Competency of the Heads of Governmental Primary Care Units Classified by Questions and Level of Practice (n=57) (Cont.).

Managerial Competency	\bar{X}	SD	Level of Managerial Competency				
			Never	Once or Twice	Occasionally	Repeatedly at Various Times	Extremely Frequently
29.			0 (0.0)	0 (0.0)	18 (31.6)	36 (63.2)	3 (5.3)
30.			0 (0.0)	0 (0.0)	11 (19.3)	39 (68.4)	7 (12.3)
31.			0 (0.0)	0 (0.0)	13 (22.8)	41 (71.9)	3 (5.3)
32.			0 (0.0)	0 (0.0)	13 (22.8)	39 (68.4)	5 (8.8)

Part 4 Effectiveness of Work Implementation in Governmental Primary Care Units

4.1 Servicing Capability

The overall effectiveness of servicing capability is at the moderate towards high level because the heads render service at the moderate towards high level ($\bar{x} = 3.61$). The following are services that the heads in primary care units perform at the moderate towards high level. First, it is the servicing capability in the primary care unit, which has the average value at 3.82. Second, the capability to render continuous service has its average value at 3.76; last, it is the servicing capability in the community, which has the mean at 3.24. The details of each service are as follows.

Service in the primary care unit The level of service practiced in the primary care unit is rather high to high. The services that more than half of all units can render are as follows. The most are that the service users receive the correct

medicines and the care before the delivery are given to all pregnant women in the responsible area completely as the criteria set or in percentage it is 96.5%. Next, children aged 0-5 years are vaccinated completely according to EPI program; growth of children aged 0-5 years is as the standard set and material to be examined in the laboratory are stored correctly (93.0%, 92.9%, and 89.4% respectively). The service activities in the primary care unit that are practiced at rather low level are providing Thai medical service and alternative medical treatment (50.9%) and the service users have knowledge about oral cavity/ teeth and gum (3.5%).

Continuous service The level of continuous practices done by the primary care units is rather high to high. The activities that are practiced by more than half of all units are the following. The activity at the highest level is visiting the house of people who have health problems (85.9%). Next, the officers visit the house of the handicapped; the officers explain how to take care the patients in emergency case that repeatedly at Various Times happen, and the officers provide the service users with advises (78.9%, 77.2%, and 75.4% respectively). Regarding the activities that are performed at the rather low level, it is supplying and using individual health record or in percentage 3.5%.

Service in the community The level of service rendered in the community is at the rather high to high level. The activity that is performed by more than half of all units is that village volunteers can explain about healthcare for the family members (57.9%). With regard to the service activities for the community, which are performed at the rather low level, they are the following. First, the unit has Family Folders for health service giving to every family (22.8%). Next, people take part in planning and practice health activities in their own community; shops or stalls have the standards according to Safe Food Project, and government units or organizations concerned organize the activities promoting disease prevention (19.3%, 14.0%, and 3.5% respectively).

Summary

The effectiveness of servicing capability as a whole is at the moderate towards rather high level since the practices are performed at the moderate towards rather high level ($x = 3.61$). The units have servicing capability in the primary care unit at the highest level. The next ranks are the continuous service and

service in the community. Regarding the servicing capability in the primary care unit which is performed at the rather high level, the activities done most are concerned with giving the medicines to patients and taking care of all pregnant women in the area responsible. For the weak points that need improvement and increase in ability most is provision of Thai medical treatment/ alternative medical treatment. The ability of the units in giving service in this field is rather low and it probably has an impact on effectiveness of primary care units as a whole. (as details shown in Table 7)

Table 7 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Servicing Capability of Primary Care Unit Classified by Questions and Level of Practice (n = 57)

Servicing capability	\bar{X}	SD	Level of Performance				
			rather low	moderate	rather high	high	
Servicing capability	3.61	0.332					
Servicing capability in Primary care units	3.82	0.366					
1. Target population gain physical, emotional, social and family service			0 (0.0)	0 (0.0)	18 (31.6)	37 (64.9)	2 (3.5)
2. Data system is set up for the search for information of risk group and patient group			0 (0.0)	0 (0.0)	14 (24.6)	39 (68.4)	4 (7.0)
3. Sickness data of patients can be applied to help prevent the problems.			0 (0.0)	0 (0.0)	21 (36.8)	30 (52.6)	6 (10.5)

Table 7 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Servicing Capability of Primary Care Units Classified by Questions and Level of Practice (n = 57) (Cont.).

Servicing capability	\bar{X}	SD	Level of Performance				
			low	rather low	moderate	rather high	high
4. The unit has the service system of medical treatment, health promotion, disease prevention, health recovery, and emergency care.			0 (0.0)	0 (0.0)	7 (12.3)	40 (70.2)	10 (17.5)
5. Service users have knowledge about dental health.			0 (0.0)	2 (3.5)	26 (45.6)	24 (42.1)	5 (8.8)
6. Materials to be examined are stored correctly.			0 (0.0)	0 (0.0)	6 (10.5)	41 (71.9)	10 (17.5)
7. Service users receive correct medicine.			0 (0.0)	0 (0.0)	2 (3.5)	31 (54.4)	24 (42.1)
8. Thai medical service/alternative medical treatment is provided.			9 (15.8)	29 (50.9)	15 (26.3)	3 (5.3)	1 (1.8)

Table 7 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Servicing Capability of Primary Care Unit Classified by Questions and Level of Practice (n = 57) (Cont.).

Servicing capability	\bar{X}	SD	Level of Performance				
			low	rather low	moderate	rather high	high
9. The care before the delivery are given to all pregnant women in the responsible area completely as the criteria set			0 (0.0)	0 (0.0)	2 (3.5)	43 (75.4)	12 (21.1)
10. All children aged 0-5 years in the responsible area grow appropriately according to the standard criteria.			0 (0.0)	0 (0.0)	4 (7.0)	45 (78.9)	8 (14.0)
11. All children aged 0-5 years in the responsible area receive vaccination completely according to EPI program.			0 (0.0)	0 (0.0)	4 (7.0)	35 (61.4)	18 (31.6)
Capability to render continuous service	3.76	0.408					
12. Providing and using personal record			0 (0.0)	2 (3.5)	27 (47.4)	27 (47.4)	1 (1.8)
13. Providing people with consults			0 (0.0)	0 (0.0)	14 (24.6)	39 (68.4)	4 (7.0)

Table 7 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Servicing Capability of Primary Care Unit Classified by Questions and Level of Practice (n = 57) (Cont.).

Servicing capability	\bar{X}	SD	Level of Performance				
			low	rather low	moderate	rather high	high
14. Having a qualified and rapid transferring system for both outbound and inbound trip in case of emergency			0 (0.0)	0 (0.0)	27 (47.4)	27 (47.4)	3 (5.3)
15. Officers in your PCU are able to explain physical and mental care for urgent and emergency patients in the cases that are often found.			0 (0.0)	0 (0.0)	13 (22.8)	40 (70.2)	4 (7.0)
16. Having a home visit servicing and have a continuous service for people with health problems.			0 (0.0)	0 (0.0)	8 (14.0)	41 (71.9)	8 (14.0)
17. Having a home visit servicing and have a continuous service for people with the handicapped.			0 (0.0)	0 (0.0)	12 (21.1)	41 (71.9)	4 (7.0)

Table 7 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Servicing Capability of Primary Care Unit Classified by Questions and Level of Practice (n = 57) (Cont.).

Servicing capability	\bar{X}	SD	Level of Performance				
			low	rather low	moderate	rather high	high
Servicing capability in community	3.24	0.396					
18. People participate in planning and doing public health activities in their own community			0	11	33	13	0
				(19.3)	(57.9)	(22.8)	(0.0)
19. The parties/units concerned participate in organizing activities to promote health and prevent disease			0	2	36	18	1
			(0.0)	(3.5)	(63.2)	(31.6)	(1.8)
20. Public health volunteers in the village can explain about health care			0	0	24	31	2
			(0.0)	(0.0)	(42.1)	(54.4)	(3.5)
21. Shops or stalls that sell cooked food have the standards according to Safe Food Project			(0.0)	(14.0)	(57.9)	(28.1)	(0.0)
22. The family folder is used.			0	13	26	16	2
			(0.0)	(22.8)	(45.6)	(28.1)	(3.5)

4.2 Job Satisfaction

The overall job satisfaction of officers in primary care units is at the indifferent towards pleased level ($\bar{x} = 4.93$). It is found that more than half of officers in primary care units are pleased towards love their work. The majority feel pleased with work they are doing (91.2%). The next ranks, they are satisfied with their working performance (86.0%) and they are thinking about changing the job they are doing (59.7%). For those who respond that they do not like towards love their work, most think about changing work they are doing (3.6%); some feel satisfied with their working performance (3.5%) and some think compare work with other people (1.8%).

Summary

As a whole, job satisfaction of officers in governmental primary care units in Samutprakarn is at the indifferent towards pleased level. There is someplace primary care units where the officers do not like their work and, the officers do not love their work. Therefore, it is necessary to build morale and motivation to make these public health officers love their job and feel enthusiastic for working in order to result in good work outcome. (as details demonstrated in Table 8)

Table 8 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Job Satisfaction Implementation of Officers in Governmental Primary Care Units in Samutprakarn Classified by Questions and Level of Job Satisfaction (n = 57)

Job Satisfaction	\bar{X}	SD	Percentage of Job Satisfaction						
			Hate	Dislike	Don't like	Indifferent	Like	Enthusiastic Love	
Job Satisfaction	4.93	0.438							
1. Feel with work they are doing			0 (0.0)	0 (0.0)	0 (0.0)	4 (7.0)	21 (36.8)	31 (54.4)	1 (1.8)
2. Feel satisfied with their working performance			0 (0.0)	0 (0.0)	2 (3.5)	6 (10.5)	33 (57.9)	16 (28.1)	0 (0.0)
3. Think about changing work they are doing			0 (0.0)	1 (1.8)	1 (1.8)	21 (36.8)	20 (35.1)	14 (24.6)	0 (0.0)
4. Think about compare work with other people			0 (0.0)	0 (0.0)	1 (1.8)	37 (64.9)	17 (29.8)	2 (3.5)	0 (0.0)

4.3 Work Implementation Outcome

In respect to working according to goals, the overall working outcome of governmental primary care units is at the moderate level ($\bar{x} = 2.30$). It is found that disease prevention and control has working outcome according to goals at the moderate towards high level ($\bar{x} = 2.61$). The next ranks are recovery service work, health promotion service work, medical treatment work, and community service work. All have the work outcome at the moderate towards low level. Means are 2.44, 2.27, 2.08, and 2.02 respectively. The details are as follows.

The practices in the primary care units that have work implementing outcome at the high level are the following. Most, the development of children aged 0-5 years is checked (77.2%). Next, there is the campaign in the village to prevent dengue hemorrhagic fever; children aged 0-5 years are given vaccination completely according to EPI Program, and there is the campaign to prevent dengue hemorrhagic fever in school (in percentage 70.2, 70.2, and 66.7 respectively). For the practices that

have work implementing outcome at the moderate level, the first rank is that taking care of the injured from accidents--71.9%; next, screening patients with high blood pressure, screening for cervical cancer, and recovery service for the handicapped (64.9%, 64.9%, and 61.4% respectively). The findings show that most supervisors in the governmental primary care units are capable of administration at the moderate towards high level. They can convey the meaning, have a good social relationship with subordinates, set a clear service standard, and adapt his/her own ways of working to suit different situations. Such skills are the factors that bring about success and productive outcome to works in each activity.

Works that have practicing outcome at the low level are that screening for breast cancer, taking care the mother after a delivery twice as set in the criteria, screening diabetes, and screening for cervical cancer (26.3%, 24.6%, 22.8%, and 22.8%). (as the details shown in Table 9)

Summary

All activities which are in the part of disease prevention and control have their work outcome according to goals higher than 50%, while most activities whose work outcome is low are those in the part of medical treatment work. As a whole, works according to goal are at the moderate level. If works with low outcome which are screening for breast cancer, taking care the mother after a delivery twice as set in the criteria, screening for diabetes, screening for cervical cancer are developed or improved, effectiveness of work implementation in primary care units will increase.

Table 9 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Work Implementation Outcome in Primary Care Units in Samutprakarn Classified by Questions and Level of work outcome according to goal (n = 57)

Work outcome according to goal	\bar{X}	SD	Level of work outcome according to goal		
			Low	Moderate	High
Work outcome according to goal	2.30	0.197			
1. Medical Treatment Work	2.08	0.330			
1.1 New out patients in the area			5 (8.8)	18 (31.6)	34 (59.6)
1.2 High blood pressure screening			9 (15.8)	37 (64.9)	11 (19.3)
1.3 Diabetes screening			13 (22.8)	33 (57.9)	11 (19.3)
1.4 Cervical cancer screening			13 (22.8)	37 (64.9)	7 (12.3)
1.5 Breast cancer screening			15 (26.3)	33 (57.9)	9 (15.8)
1.6 Care for patients suffered from traffic accidents			2 (3.5)	41 (71.9)	14 (24.6)
2. Disease Prevention and Control Work	2.61	0.334			
2.1 Provide vaccination for 0-5 year old children completely according to Pediatrics Immunization Table.			4 (7.0)	13 (22.8)	40 (70.2)
2.2 Pregnant women receive tetanus toxoid completely.			7 (12.3)	13 (22.8)	37 (64.9)

Table 9 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Work Implementation Outcome in Primary Care Units in Samutprakarn Classified by Questions and Level of work outcome according to goal (n = 57) (Cont.).

Work outcome according to goal	\bar{X}	SD	Level of work outcome according to goal		
			Low	Moderate	High
2.3 Provide a complete set of hydrophobia vaccine.			0 (0.0)	25 (43.9)	32 (56.1)
2.4 Have a campaign to prevent dengue hemorrhagic fever in the village.			0 (0.0)	17 (29.8)	40 (70.2)
2.5 Have a campaign to prevent dengue hemorrhagic fever in the school			0 (0.0)	19 (33.3)	38 (66.7)
3. Health Promotion Service Work	2.27	0.328			
3.1 Provide development check-up for 0-5 year old children.			0 (0.0)	13 (22.8)	44 (77.2)
3.2 Provide health assessment check for 6-24 year old children.			10 (17.5)	37 (64.9)	10 (17.5)
3.3 Provide 4 nursing cares for pregnant women as criteria set.			6 (10.5)	33 (57.9)	18 (31.6)
3.4 Provide 2 nursing cares for women after delivery as criteria set.			14 (24.6)	28 (49.1)	15 (26.3)
3.5 Provide dental related promotion and prevention service.			2 (3.5)	32 (56.1)	23 (40.4)

Table 9 Number, Percentage, Mean, and Standard Deviation of Effectiveness in terms of Work Implementation Outcome in Primary Care Units in Samutprakarn Classified by Questions and Level of work outcome according to goal (n = 57) (Cont.).

Work outcome according to goal	\bar{X}	SD	Level of work outcome according to goal		
			Low	Moderate	High
4.Rehabilitation Service Work	2.44	0.429			
4.1 Rehabilitation service for the handicapped and counseling service			1 (1.8)	35 (61.4)	21 (36.8)
4.2 counseling service			0 (0.0)	26 (45.6)	31 (54.4)
5. Community Service Work	2.01	0.640			
5.1 Visit a risk group of people and general residents or families.			11 (19.3)	34 (59.6)	12 (21.1)

Part 5 Relationships between Resources Administration, Managerial Competency and Effectiveness of Work Implementation in Governmental Primary Care Units

The findings from analysis of relationship between Resources Administration, managerial competency, and effectiveness of work implementation in governmental primary care unit are as follows:

1. An analysis of relationship between overall Resources Administration and effectiveness of work implementation in governmental primary care unit in Samutprakarn by using Pearson's Product Moment Correlation Coefficient reveals that Resources Administration is not correlated with effectiveness of work implementation in governmental primary care unit. This means that although the primary care unit is good at administrating resources, it is not necessary that

effectiveness of work implementation in the unit will be automatically good. Therefore, the hypothesis no.1 is not supported by this result.

When considering relationship in variables which are human resources, financial resources, physical resources and information resources, it is found that the resources that are well administered by the primary care units are information, financial, and physical resources. The resources which the units can manage best are information resources ($r = .732^{**}$) and the next ranks are financial resources ($r = .496^{**}$) and physical resources ($r = .441^{**}$). The following are the details of effectiveness categorized by aspects

1.1 Effectiveness in terms of Servicing Capability

Resources administration and all variables are not correlated with effectiveness regarding servicing capability of primary care units in Samutprakarn. To be more specific, although governmental primary care units in Samutprakarn are capable of resources administration, it does not mean that the service capability in the units will be good.

1.2 Effectiveness in terms of Job Satisfaction

Human resources administration is positively correlated at the low level with working effectiveness in terms of job satisfaction of officers in primary care units in Samutprakarn. The correlation coefficient value is .277 at $P\text{-value} \leq 0.05$. This means that if governmental primary care units administer their human resources better, officers in the units will be more satisfied with their works. For financial resources, physical resources and information resources, they are not correlated with effectiveness in terms of job satisfaction of officers in the primary care units, Samutprakarn. This shows that financial, physical, and information administration do not make the officers feel satisfied with their works.

1.3 Effectiveness in terms of work outcome according to goals

Resources administration and variables are not correlated with effectiveness in terms of work outcome according to goals in governmental primary care units, Samutprakarn. This means that even though the primary care units are good at their resources administration, their working outcome will not be automatically good. It is likely because other factors are involved like policy, regulations, rules, etc. (as the details shown in Table 8)

2. An analysis of relationship between the overall managerial competency and the overall work implementing effectiveness of primary care units in Samutprakarn reveals that the managerial competency is positively correlated at the moderate level with work implementing effectiveness. The correlation coefficient value is .399 ($P\text{-value} \leq 0.01$). It means that if the heads of governmental primary care units have better administration ability, work implementing effectiveness in the units will increase. This is in accordance with hypothesis no. 2.

When considering the correlation coefficient from the highest value to the lowest, it is found that the variable that most effects effectiveness of work implementing in governmental primary care units is instruction ($r = .417^{**}$), followed by leadership, capability in attaining achievement orientation, and interpersonal understanding ($r = .405^{**}$, $r = .305$, $r = .297$ respectively).

Regarding correlation in every independent variable—attainment of achievement orientation, instruction, interpersonal understanding, and leadership, it is found that the heads of primary care units are capable of administering in respect of instruction, leadership, achievement orientation, and interpersonal understanding. What the heads of the units can administer best is instruction ($r = .942^{**}$), followed by leadership, achievement orientation, and interpersonal understanding ($r = .918^{**}$, $r = .899^{**}$, $r = .831^{**}$ respectively). The details of effectiveness by aspects are as follows:

2.1 Effectiveness in terms of Servicing Capability

Capabilities in administration of the heads of governmental primary care units which are attainment of achievement orientation, directiveness, interpersonal understanding, and leadership are positively correlated at the moderate level with effectiveness of work implementation in terms of servicing capability. The correlation coefficient value is .360 - .498 at $P\text{-value} \leq 0.01$. This means that if the heads of governmental primary care units are more capable of administration with regard to attainment of achievement orientation, directiveness, interpersonal understanding, and leadership, the servicing capability of the units will be better.

2.2 Effectiveness in terms of Job Satisfaction

Managerial competency and all variables are not correlated with effectiveness regarding job satisfaction of the officers in the governmental primary care units, Samutprakarn. This can be defined that although the heads of units are capable of administration, it does not mean that it will make officers in the units feel satisfied with their works.

2.3 Effectiveness in Terms of work Implementing Outcome according to Goals

Managerial competency and all variables are not correlated with effectiveness in terms of work implementing outcome according to goals in governmental primary care units in Samutprakarn. This shows that although the heads of the unit are very capable of administration, it does not mean that work implementing outcome will be productive. This is probably because there are some other factors involved such as pay for over time duty, and the inadequate number of officers to serve service users in the units. (as the details shown in Table 10)

Table 10 Results of Analysis of Correlation Coefficient Value between Resources Administration, Managerial Competency, and Effectiveness of Work Implementation in Governmental Primary Care Units in Samutprakarn

Variables	X1	X2	X3	X4	XT1	X5	X6	X7	X8	XT2
Human										
Resources (X1)										
Finance										
Resources (X2)	.000									
Physical										
Resources (X3)	-.109	.150								
Information										
Resources (X4)	-.161	.042	.104							
Resources										
Administration	.246	.496**	.441**	.732**						
(XT1)										

Variables	X1	X2	X3	X4	XT1	X5	X6	X7	X8	XT2
Achievement										
Orientation (X5)	-.083	-.291*	-.278*	-.098	-.322*					
Directive ness (X6)	.064	-.130	-.198	.013	-.087	.840**				
Interpersonal Understanding (X7)	-.123	.007	-.141	-.019	-.110	.623**	.730**			
Leadership (X8)	-.011	-.261*	-.398**	.063	-.203	.759**	.817**	.678**		
Managerial Competency (XT2)	-.040	-.198	-.293*	-.008	-.205	.899**	.942**	.831**	.918**	
Servicing Capability (Y1)	-.009	.051	-.205	.101	.021	.412**	.498**	.395**	.360**	.460**
Job Satisfaction (Y2)	.277*	-.002	-.186	-.104	-.031	.077	.174	.062	.221	.155
Work Implementing Outcome according to Goals (Y3)	.131	-.170	.028	.238	.170	.075	.066	.114	.155	.117
Effectiveness (YT)	.236	-.029	-.236	.057	.044	.305*	.417**	.297*	.405**	.399**

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

In conclusion, Resources Administration are not correlated with effectiveness of work implementation in governmental primary care units, Samutprakarn. Then, the result does not support the hypothesis no. 1. However, when considering by aspects, human resources administration is positively correlated at the low level with effectiveness in terms of job satisfaction and managerial competency and every variable are positively correlated at the moderate level with effectiveness of

work implementation in governmental primary care units. The correlation coefficient value is .399 at $P\text{-value} \leq 0.01$. The result, therefore, supports the hypothesis no. 2.

In Chapter 4, the researcher presented 5 parts of the study results which can be summarized as follows. In respect to individual characteristics of officers in governmental primary care units, it is found that most respondents are female aged between 25-30 years old. 18.9 % are the heads of units while the rest are officers in the units. Most are bachelor's degree holders and have worked in health public field for 1-5 years. About resources administration, the overall practice is at the fair level and its mean is 0.63. The strongest point of resources administration is physical resources in the part that the units have enough tools for medical examination and treatment. The mean is 0.83. For the weakest point, it is associated with human resources. There are not enough officers in the primary care units and the officers do not obtain enough knowledge about use of computer and service according to the standard of the primary care unit. In terms of managerial competency of the heads of units, the capability is at the moderate level or the mean is 3.38. All factors which are capability in achievement orientation, interpersonal understanding, leadership, and directiveness are also at the moderate level. Concerning effectiveness of working implementation, first, the servicing capability is at the moderate level; the mean is 3.61. Next, the satisfaction of officers in the primary care units is at the indifferent towards like level; mean is 4.93 and last, work implementing outcome according to goal is at the moderate level; the mean is 2.30. The relationship between resources administration and effectiveness of work implementation in the governmental primary care units do not support the hypothesis no. 1, while the relationship between managerial competency and effectiveness of work implementation in the units supports the hypothesis no. 2. The researcher will discuss about this result further in Chapter 5.

CHAPTER 5

DISCUSSION

From the test of hypothesis stating that a good resources administration and a good managerial competency will make a good effectiveness of work implementation in governmental primary care units in Samutprakarn, the researcher has brought up important topics to discuss as follows:

An analysis of coefficient correlation to find relationship between independent variables and dependent variables has shown that resources administration is not correlated with effectiveness of work implementation of primary care units in Samutprakarn. However, when considering by aspects, human resources administration is positively correlated at the low level with effectiveness in terms of job satisfaction. For the managerial competency, it is positively correlated at the moderate level with effectiveness of work implementation of governmental primary care units in Samutprakarn. The effectiveness is correlated with all 4 variables: capability in attaining achievement, capability in giving instructions, capability concerning interpersonal relationship, and capability concerning leadership. The details are in the following.

1. Resources administration is not correlated with effectiveness of work implementation in governmental primary care units in Samutprakarn. It is likely because primary care units already have good resources administration then, even though the administration is improved, it does not have any impact on effectiveness of work implementation in the units. Also, there may be some other factors involved with resources administration which effect work implementation effectiveness such as rules and regulations. However, when considering by aspects, the results show that human resources administration is positively correlated at the low level with effectiveness in terms of job satisfaction as shown in the following details.

Human Resources

The hypothesis test has revealed that human resources are positively correlated at the low level with effectiveness regarding job satisfaction. The reasons are probably that there are not enough officers to meet the quantity of works. The units have officers less than required if considered from the standard about personnel of Samutprakarn year 2003. At average, there must be six full time officers who have diploma degree or higher in Public Health per one primary care unit. When comparing to the personnel standard criteria creates by the Ministry of Public Health, based on proportion of different medical personnel per population in the responsible area which are (1) the proportion of nurses or health care team that provide continuous services is not less than 1 person: 1,250 clients, and in this group the professional nurse should be one fourths; (2) the proportion of physicians should be 1: 10,000; (3) the proportion of dentist should be 1: 20,000; and (4) the proportion of pharmacist should be 1 : 15,000, Samutprakarn province still has the health care personnel less than this standard (Bureau of health Service System Reform Project, 2002: 14-15). Another problem is that there are too few lectures on computer operation and service standards so the practices are more difficult. According to Griffin (1996: 6), human resources include managerial talent and labor. Accordingly, the shortage of officers and lack of knowledge for work probably decrease effectiveness in relation to officer's satisfaction. In some primary care units, officers want to change their jobs and careers, or change to do any kind of job that gives incentives equally to the present job. Some officers are sometimes and some are seldom satisfied with their work practices and some do not like their job much. Then, if the workers are very satisfied with their works, they will be enthusiastic for work and endeavor to make their work achieve goals. This will increase effectiveness of work implementation in governmental primary care units.

As said above, the officers in some units are slightly satisfied with their work wishing to change the jobs; therefore, effectiveness of organization is not good. The situation is similar to notions in motivational theory of Herzberg (1959: 45-49): job satisfaction of people in an organization influences success of work and in any organization, worker's dissatisfaction in work is the reason for low work outcome and poor practices. Such thoughts are also in accordance with thoughts by Strong who

considered dissatisfaction to be a key variable in job or occupation change, but minimized the impact of satisfaction; “Satisfaction is similar to absence of toothache. No thought is given to the condition.” That the officers want to change their field of work can be the cause for decrease in the number of officers in primary care unit which then is insufficient to accomplish the existing jobs serving people both in the primary care unit and in the community as well as rendering continuous service.

The findings in this research are consonant with some previous studies as follows. First, the study conducted by Chaveewan Wonglerdsak (2002: abstract) revealed that the overall effectiveness of work implementation in primary care units in Satun province was at the moderate level or the mean was 2.96. Most officers did not understand working principles. The units were short of labor, tools, and equipment. Administration and roles or duties of the officers were not clearcut. There were no meetings and the policy was often altered. Next study is undertaken by Orathai Keawcharoen (2002: abstract). She assessed outcomes of service under Health Security for All scheme of Phisanulok and found that most healthcare centers were short of personnel and this result accords with the findings from the Center for Health Equity Monitoring (2002: 54). The study was carried out to assess work implementation of Health Security for All schemes in perspective of administration in primary care unit. It was found that skills and competencies of officers in every level and manpower were not enough for increasing jobs in the whole system.

Other findings which are consonant with the above results are from the study by Usa Pengphara, Nongnit Jongjirasiri and Premjit Hongamphai (2002: abstract). They also evaluated work implementation of Health Security for All schemes but in Pattani province. The study was undertaken after the first trimester of scheme’ implementation and it revealed that the distribution of manpower was not suitable, personnel development was needed, all public health officers had limited knowledge and understanding, their attitudes were at the moderate level (65.6%) and satisfaction at the moderate level also (52.5%).

However, the research by Napha Wongsilp (1993: 78) shows difference. The research studied components of administration which influenced work practices relating to health studies and public relations in the hospital of Ministry of

Public Health and found that manpower component did not have relationship with work practices relating to health studies and public relations.

2. Managerial competency has a positive relationship at the moderate level with effectiveness of work implementation in primary care units, Samutprakarn. It is assumed that the units are well administered by the heads so the units are able to give service in the community, in the primary care unit and render continuous service effectively. The details are to be discussed in the following.

Capability in attaining Achievement Orientation

From hypothesis test, it shows that managerial competency in terms of achievement attaining is positively correlated at the moderate level with effectiveness respecting servicing capability of governmental primary care units in Samutprakarn. This is probably because the units' supervisors have competency in this aspect at the moderate towards good level. They can change their styles of working, have a good decision and prepare prevention to risks. Thus, effectiveness in servicing capability, which includes ability to dispense medicines for service consumers, care for all pregnant women in the responsible area, vaccination for 0-5 year old children, service given to 0-5 year old children to take care of their growth to be as standard set, and storage of material for examination in the laboratory, are productive. Then, when the primary care units are good at servicing these works, effectiveness of primary care units will increase.

For practices that are performed slightly and sometimes, in some units the supervisors slightly and sometimes analyze cost and benefits and keep abreast of financial situations. In fact, if they perform these activities well, they can estimate risks in spending budget of the units and the budget control will be more effective.

Kendler (1994: 480) expresses that competency is the formation of human behaviors that indicate the efficiency in each aspect of specific work. It does not derive only from knowledge but relates to a sum of elements that react. Moreover, it is about the performance of particular work that can be practiced and developed. Also, Hay Group (2004: 7-13) mentioned that achievement

Orientation is a concern for working well or for surpassing a standard of excellence. Thus unique accomplishment also indicates achievement orientation. This Person: wants to do job well, creates own measures of excellence, improves performance, sets and works to meet challenging goal, makes cost-benefit analysis, takes calculated entrepreneurial risks.

Capability in terms of Interpersonal Understanding

From hypothesis test, it is found that the capability in terms of interpersonal understanding relationship is positively correlated at the moderate level with effectiveness of servicing capability of the governmental primary care units, Samutprakarn. This might be because the heads of primary care units have interpersonal relationship at the moderate towards good level. The supervisors have good social relationship with subordinates. They understand subordinates' expressions from their emotion, documents, and open discussion. This relationship enables teamwork problem solving and success in work. Regarding what the supervisors slightly and sometimes practice, the research shows that in some units the supervisors understand quietness of subordinates only a bit, and do not rather understand strengths and weaknesses of subordinates, and sometimes convey the meaning. If they understand each other and convey the same meaning, cooperation and good service will follow.

Such finding is in accordance with Hay Group's thoughts (2004: 7-13). He mentioned that Interpersonal Understanding implies wanting to understand other people. It is the ability to accurately hear and understand the unspoken or partly expressed thoughts, feeling, and concerns of others. This Person: understands either emotion or content understands both emotion and content understand meanings, understands underlying issues. This is similar to the study result of Pakdee Posiri (1993: abstract) which revealed that relationship between the leader and team members evaluated from the leader's part was at the rather high level and effectiveness of work practice, which was assessed by measuring goal attainment and using criteria for measuring administration strategies, was at the moderate level.

Capability in Directiveness

Capability in directiveness is positively correlated at the moderate level with effectiveness in servicing ability of the primary care units. It is probably because the heads of units well direct commands, are able to set clear standard of service, give instruction clearly according to Health Security for All scheme, do not avoid problems but face to solve them, maintain standard of practice, monitor and govern work as the standard set and well direct to create productive outcome. All of these performances result in efficiency of officers' servicing ability. The practices that the supervisors can do a bit and sometimes are concerned with instruction not to do unreasonable things and explicit explanation of work outcome in the primary care unit. This shows that sometimes the units' supervisors unreasonably instruct and do not discuss about outcome of practice in the unit. If the direction is not good, service in the unit will be less effective.

The above findings are in accordance with the results of the research conducted by Phasuk Kulchareuk (1999: ngor). The research demonstrated that outcome of service practice was positively correlated with overall administration which comprised planning, directing, and monitoring. According to Group (2004: 9), directive implies the intent to make others comply with one's wishes by appropriate and effective use of personal power of one's position, with the long-term good of the organization in mind. This Person: gives directions, sets limits, demands high performance, maintains visible standards of performance, holds people accountable for performance.

Capability in terms of Leadership

This aspect of capability is positively correlated at the moderate level with effectiveness in servicing capability of governmental primary care unit in Samutprakarn. This might be because the units' heads are good leaders, use strategies and techniques to support work, are a good models, create motivation to subordinates. Subordinates then have morale and encouragement to work and this brings about productivity—good service in the primary care. For the practices that are sometimes performed and performed at the low level, the practices are that stimulating subordinates to have eagerness for work, protecting subordinates, building fame to the

unit, and have a reliable character. If the supervisors improve themselves to carry out these practices more, service provision in the primary care unit will be better. This is in accordance with thoughts of Katz & Kahn (1978: 528) who state that leadership is the use or possession of influences over mechanism of processes in an organization and make individuals in the organization be willing to work for the organization's goals. And according to Sherman & Dobbins (2002: 2), the managerial competencies reflect seven broadly defined categories: Leadership Skills, Instructional Leadership, Resource Management and Allocation, Staff Supervision, Program Monitoring and Reporting, Professional Development Practices, Community Collaboration.

Summary

Chapter 5 talks about many discovered issues concerning human resources management, managerial competency in terms of success attainment, interpersonal understanding, directiveness, and leadership. It is anticipated that if there is improvement in practices that are seldom performed effectiveness of work implementation in governmental primary care units in Samutprakarn will escalate. In Chapter 6, study conclusions and recommendations will be presented.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

This research was aimed to analyze effectiveness in work implementation of Samutprakarn provincial primary care units, to measure the level of effectiveness in work implementation of government primary care units, to measure the level of resources administration, to measure the level of managerial competency and to examine relationships of effectiveness in work implementation of Samutprakarn provincial governmental primary care units.

The research was a quantitative study using cross-sectional survey. Populations were 57 government primary care units and the data were collected from 329 officers working in the government primary care units. The instruments employed were questionnaires whose reliability was 0.89. 270 copies of complete questionnaires were returned or in percentage 82.06. Statistics used to analyze relationships between dependent and independent variables was Pearson's product-moment correlation coefficient. The research's results are as follows.

Research Results

In respect to officers in governmental primary care units, most respondents are female aged between 25-30 years old. 18.9 % are the heads of units while the rest are officers in the units. Most are bachelor's degree holders and have worked in health public field for 1-5 years. About resources administration, the overall practice is at the fair level and its mean is 0.63. The strongest point of resources administration is physical resource in the part that the units have enough tools for medical examination and treatment. The mean is 0.83. For the weakest point, it is associated with human resources. There are not enough officers in the primary care units and the officers do

not obtain enough knowledge about computer operation and service according to the standard of the primary care unit.

In terms of managerial competency of the heads of units, the capability is at the moderate towards good level or the mean is 3.38. All sub-factors, which are capability in achievement attainment, interpersonal understanding, leadership, and directiveness, are also at the moderate level.

Concerning effectiveness of working implementation, first, the servicing capability is at the moderate level; the mean is 3.61. Next, the satisfaction of officers in the primary care units is at the indifferent towards like level; mean is 4.93 and last, work implementing outcome according to goal is at the moderate level; the mean is 2.30. The relationship between overall resources administration and overall effectiveness of work implementation in the governmental primary care units does not support the hypothesis no. 1. Only human resources have low-level relationship with capability regarding servicing. Last, the relationships between overall managerial competency and all variables and overall effectiveness in work implementation in government primary care units are in consistent with hypothesis no. 2.

Recommendations

The results of this research provide guidelines to develop work implementation in Samutprakarn provincial primary care units to be more effective. The following are three recommendations from the researcher.

1. Policy recommendations

1.1 It is recommended that manpower plan be made to solve the problem on shortage of personnel and that more officers be formed to meet the increasing number of population. It is assumed that in 2006 many people will move to Samutprakarn due to the opening of Suvarnabhumi Airport. All public health centers should be aware of the possible increase of patients in quantity and prepare public health officers both in regard to quantity and competency in service.

1.2 The primary care units' officers should be enhanced their body of knowledge and ability in transferring knowledge about breast cancer, cervical

cancer, diabetes, and care for mothers after delivery to health public volunteers, female leader in the community, and health club.

2. Academic recommendations

2.1 There should be a plan to develop public health personnel to have knowledge about analyzing financial cost and benefit in the primary care units and about chest checking skill and then they will be able to transfer the knowledge and skill to public health volunteers, female community leader and health club.

2.2 The primary care units should make a subdistrict operation plan with Subdistrict Administration Organizations and private agents concerned to inform and make those organizations understand and see importance of projects aimed to solve problems in area level so that they will support additional budget for projects of primary care units.

2.3 Teamwork should be promoted and officers should make work implementation plan of the primary care units together. Seminars for officers should be held by focusing on interpersonal relationship and communication between superiors and subordinates.

2.4 Administrators should continuously carry out supervision on work practice of officers in the government primary care units particularly on work that have low practice outcome in order to enhance and stimulate practice and help solve problems in work. Besides, there should be coordination with parent hospital to set up a lecture to recover knowledge and ability in service practice regarding screening chest cancer, two provisions of care for mothers after delivery, screening diabetes and screening cancer of cervix.

3. Operational recommendations

3.1 It is advised that operational meeting be held to recover the officers' knowledge about use of computer and service rendering according to standard of primary care units.

3.2 All primary care units in Samutprakarn should receive support or coordination to get telephone installed.

3.3 There should be lectures that give knowledge about cost-benefit analysis in the primary care units and the system to monitor, control and follow up financial situations with monthly reports.

3.4 Researches should be conducted such as research about cost-benefit analysis so that the units can make use of the study results in financial management and working system improvement or development.

3.5 The supervisors of the primary care units should attend the lecture on motivation in work in order to learn how to stimulate subordinates and make their practices meet utmost effectiveness.

Recommendation for Further Researches

1. This kind of research is suggested to study different factors that affect effectiveness of practice in the primary care units such as profitability, manpower retention and survival and it should be quantitative research to find more explicit relationship.

2. This research investigated only in Samutprakarn so there should be a research undertaken in broader area or in regional level to check if resources administration, managerial competency and effectiveness of work implementation in various areas are different or not and if they are correlated. This will be benefit for further development planning.

3. To obtain more detailed data, observation in the real situations and interview are suggested to be used as additional instruments for data collection.

4. The research on the topic of information and technology management focusing on data management should be conducted for the benefits concerning work development in the future.

5. The research on effectiveness of community health center, data should be analyzed in consideration of community size to get the precise and specific research results. In addition, the analysis should be covered both government and private community health center.

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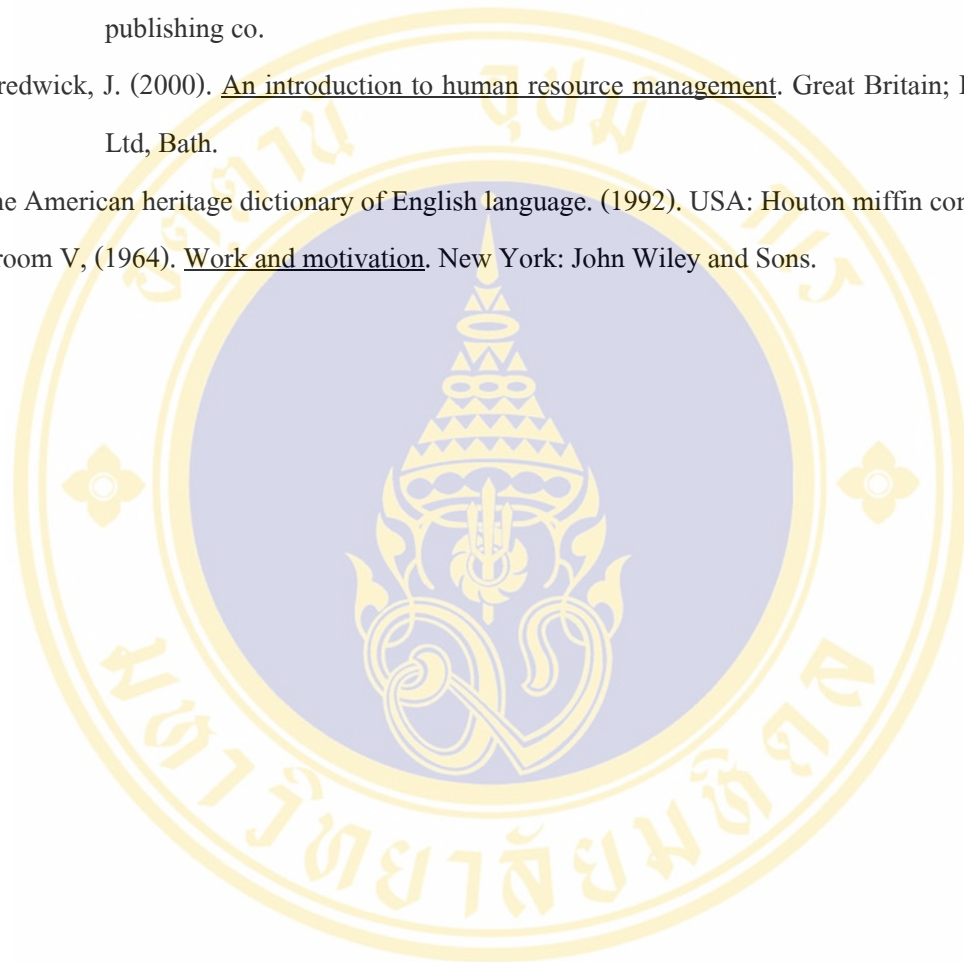
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QUESTIONNAIRE

Operational Effectiveness of Governmental Primary Care Units under the Universal Coverage Health Insurance Policy in Samutprakarn Province

This Questionnaire is divided into 6 part :

- Part 1 Servicing Capability
- Part 2 Work outcomes according to goal
- Part 3 Job Satisfaction
- Part 4 Resources Administration
- Part 5 Managerial Competency
- Part 6 Personnel Characteristics

This questionnaire is used for analyze the effectiveness of operational government primary care units in Samutprakarn province. Please answer all questions with facts. Your answers will be kept confidential and data will be analyzed and interpreted as a group. Your response will not have any impacts on your working position.

Please answer each question in all parts. The research will not be able to interpret the data even if only one question missing.

Thank you for your cooperation

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Primary Care Unit's name.....in the Service Network of the Hospital.....

District Samutprakarn Province

Part 1 Service Capability

Instruction Please read each statement carefully and mark ✓ in one box □ that most represents the fact in your Primary Care Unit (PCU).

Service capability of the Unit is classified into 5 levels as follows:					
5 =	high	Have high capability, approximately 80% and higher	4 =	rather high	Have rather high capability, approximately 60-79%
3 =	moderate	Have moderate capability, approximately 40-59%	2 =	rather low	Have rather low capability, approximately 20-39%
1 =	low	Have low capability, approximately lower than 20%			

5	4	3	2	1
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Servicing capability in Primary care units		5	4	3	2	1
1.	Target population gain physical, emotional, social and family service					
2.	Data system is set up for the search for information of risk group and patient group					
3.	Sickness data of patients can be applied to help prevent the problems.					
4.	The unit has the service system of medical treatment, health promotion, disease prevention, health recovery, and emergency care.					
5.	Service users have knowledge about dental health.					
6.	Materials to be examined are stored correctly.					
7.	Service users receive correct medicine.					
8.	Thai medical service/alternative medical treatment is					

		5	4	3	2	1
	provided.					
9.	The care before the delivery are given to all pregnant women in the responsible area completely as the criteria set					
10.	All children aged 0-5 years in the responsible area grow appropriately according to the standard criteria.					
11.	All children aged 0-5 years in the responsible area receive vaccination completely according to EPI program.					
Capability to render continuous service						
12.	providing and using personal record					
13.	providing people with consults					
14.	Having a qualified and rapid transferring system for both outbound and inbound trip in case of emergency					
15.	Officers in your PCU are able to explain physical and mental care for urgent and emergency patients in the cases that are often found.					
16.	Having a home visit servicing and have a continuous service for people with health problems.					
17.	Having a home visit servicing and have a continuous service for people with the handicapped.					
Servicing capability in community						
18.	People participate in planning and doing public health activities in their own community.					
19.	The parties/units concerned participate in organizing activities to promote health and prevent disease.					
20.	Public health volunteers in the village can explain about health care					
21.	Shops or stalls that sell cooked food have the standards according to Safe Food Project.					
22.	The family folder is used.					

Part 2 Implementation Effectiveness of the Primary Care Unit according to work outcomes according to goal in the Fiscal Year 2004

Work / Activity		Goal	Result of Work	%
1. Medical Treatment Work				
1.1	New out patients in the area			
1.2	High blood pressure screening			
1.3	Diabetes screening			
1.4	Cervical cancer screening			
1.5	Breast cancer screening			
1.6	Care for patients suffered from traffic accidents			
2. Disease Prevention and Control Work				
2.1	Provide vaccination for 0-5 year old children completely according to Pediatrics Immunization Table.			
2.2	Pregnant women receive tetanus toxoid completely.			
2.3	Provide a complete set of hydrophobia vaccine.			
2.4	Have a campaign to prevent dengue hemorrhagic fever in the village.			
2.5	Have a campaign to prevent dengue hemorrhagic fever in the school.			
3. Health Promotion Service Work				
3.1	Provide development check-up for 0-5 year old children.			
3.2	Provide health assessment check for 6-24 year old children.			

Work / Activity		Goal	Result of Work	%
3.3	Provide 4 nursing cares for pregnant women as criteria set.			
3.4	Provide 2 nursing cares for women after delivery as criteria set.			
3.5	Provide dental related promotion and prevention service.			
4. Rehabilitation Service Work				
4.1	Rehabilitation service for the handicapped and counseling service.			
4.2	Counseling service.			
5. Community Service Work				
5.1	Visit a risk group of people and general residents or families.			

Part 3 Job Satisfaction of the Primary Care Unit's Officers

Job satisfaction of the primary care unit's officers means that total emotional feeling associated with physical and environmental aspect causes working performance of the officers in the primary care unit to meet the goals of the unit. This reflects that the officers in the primary care unit are satisfied with their working performance.

The statements
..... 5. I dislike my work more than most people dislike theirs
..... 6. I dislike my work much more than most people dislike theirs
..... 7. No one dislikes his work more than I dislike mine

Part 4 Resource Administration

1. Data about Human Resources

Instruction Please fill in the blank and mark ✓ in () based on what you know from working in your Primary Care Unit (PCU).

1. Number of officers in the PCU (yourself included) in total.....
2. Is the knowledge obtained from a lecture on rendering service in accordance with standards of PCU enough for carrying out service?
 - () Yes, enough
 - () No, not enough because ... (can choose more than 1 choice)
 - () 1. there are too few lectures provided.
 - () 2. an interval from the latest course study/lecture until now is too long.
 - () 3. Others (please identify)
3. Is the knowledge obtained from a lecture on computer operation for the officers in PCU enough for working?
 - () Yes, enough
 - () No, not enough because (can choose more than 1 choice)
 - () 1. there are too few lectures provided.
 - () 2. an interval from the latest course study/lecture until now is too long.
 - () 3. Others (please identify)

4. Do you have enough ability for solving problems occurring when carrying out service in PCU?

- Yes, enough
- No, not enough because of...(can choose more than 1 choice)
 - 1. few skills in working.
 - 2. lack of confidence in working.
 - 3. Others (please identify)

2. Data about Financial Resources

Instruction Please fill in the blank and mark ✓ in () based on what you know from working in your Primary Care Unit (PCU).

- 1. Do the Sudistrict Administration Organization organizations support additional budget for work practice in PCU?
 - No, not support Yes, support the budget in total.....baht
- 2. Control budget and receive productivity and output as set.
 - Control by using method
 - Not control because.....

3. Data about Physical Resources

Instruction Please fill in the blank and mark ✓ in () based on what you know from working in your Primary Care Unit (PCU).

- 1. Are there enough medical equipment for rendering service?
 - Yes, enough
 - No, not enough
please identify inadequate equipment.....
- 2. Vehicle(s) used for working in your PCU is/are O motorcycle(s) How many?
..... O Pick-up Truck How many?..... O bicycle How many?..... Are there enough for working?
 - Yes, enough No, not enough

3. Do the medicines received from allocation suit the needs/purchasing plan?
() Yes () No (Please identify names of medicines in 3.1, 3.2)
3.1 Necessary medicines which are in short apply
3.2 Allocated medicines which are more than enough.....

4. Do the allocated hardware—examination couch, dental master unit, autoclave, and refrigerator, suit the needs/purchasing plan?
() No. Please identify.....
() Yes.

4. Data about Information Resources

Instruction: Please fill in the blank and mark ✓ in () based on what you know from working in your Primary Care Unit.

1. Your PCU connects and forwards data to the network conveniently.
() Convenient
() Inconvenient because.....
2. Your PCU connects and forwards data to the network rapidly.
() Rapid
() No rapid because.....

Part 5 Data about Managerial Competency

Instructions Statements in this part describe the head of PCU’s managerial competency. Please consider how often that the Head shows stated capability and mark ✓ in one box □ that most represents the fact in your Primary Care Unit (PCU).

The levels of practice are classified into 5 levels as follows:					
5 =	Extremely Frequently	Almost every time, approximately 76–100%	4 =	Repeatedly at Various Times	Many times, approximately 51 – 75 %
3 =	Occasionally	On some occasions, approximately 26–50%	2 =	Once or Twice	Once or Twice, approximately 1 – 25 %
1 =	never	Not at all, = 0 %			

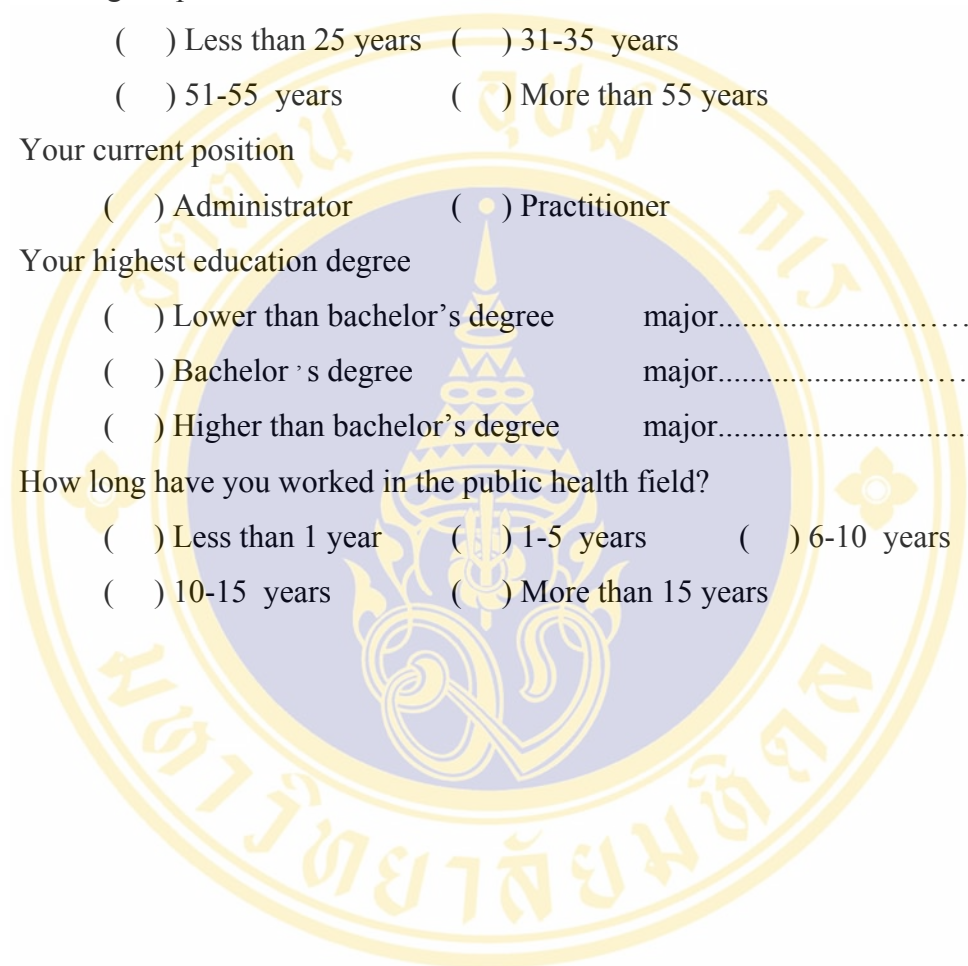
Example

		5	4	3	2	1
Achievement Orientation						
1.	Search for methods to improve works in PCU.					
2.	Be able to make decision and order the significance of tasks.					

Part 6 Personal Characteristics

Please check “✓” in the () and complete all questions with facts.

1. Sex () Male () Female
2. Your age at present
() Less than 25 years () 31-35 years
() 51-55 years () More than 55 years
3. Your current position
() Administrator () Practitioner
4. Your highest education degree
() Lower than bachelor’s degree major.....
() Bachelor’s degree major.....
() Higher than bachelor’s degree major.....
5. How long have you worked in the public health field?
() Less than 1 year () 1-5 years () 6-10 years
() 10-15 years () More than 15 years



BIOGRAPHY

NAME	Mrs. Jiraporn Pomin
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INSTITUTIONS ATTENDED	<p>Ramchamkang university, 1987-1989</p> <p>Bachelor of Health education</p> <p>Baromratchonnanee Nursing College, 1994-1996</p> <p>Diploma in Nursing and Midwifery (Equivalent to Bachelor of Science in Nursing)</p> <p>Mahidol University, 2002-2004</p> <p>Master of Science (Public Health)</p> <p>Major in Health Administration</p>
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