



**SELF-DEVELOPMENT NEEDS WITH THE NEW
ROLE UNDER COORDINATION WITH
SUBDISTRICT ADMINISTRATION ORGANIZATION
(SAO.) OF THE HEADS OF HEALTH CENTERS
IN RATCHABURI PROVINCE**

TIPAPORN PISALNUN

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With compliments
of

.....บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.

**THESIS SUBMITTED IN PARTIAL FULFILLMENT
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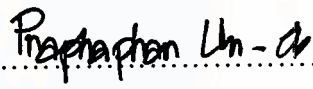
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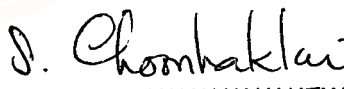
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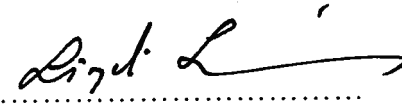

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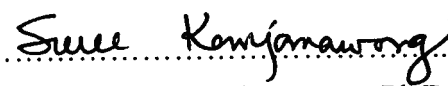

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PROVINCE. THESIS ADVISORS: PRAPHAPHAN UN-OB, Ed.D.,
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The purpose of this study is to determine the perceptions of the heads of health centers in Ratchaburi province regarding their own professional growth and development. These officials now find themselves working in cooperation with local SAO's, a new role for them. The population studied consisted of 161 health center heads who were polled by questionnaire. The resulting data were analyzed by frequency, percentage, arithmetic mean, standard deviation and multiple regression analysis.

The study indicates that the heads of health centers are well aware of their need to improve their professional skills in order to work effectively with SAO's. The single factor most strongly associated with a perception of the need for improvement is the officials' understanding of the centralization project that has shaped the new roles played by health center officials. This factor has a confidence level of 3 percent in its ability to predict a grasp of the need for improvement of professional skills.

The results of this study suggest that the Ministry of Public Health should establish structured programmes for the professional growth of health center officials. An understanding of the goals and benefits of the decentralization project should be emphasized in these programmes.

4137441 SHPE/M : สาขาวิชา : ประชากรศึกษา; ศศ.ม. (ประชากรศึกษา)

ทิพาภรณ์ ไพบาลันท์: ความต้องการพัฒนาตนเองตามบทบาทใหม่ภายใต้การบริหารงานร่วมกับ อบต. ของหัวหน้าสถานีอนามัยในเขตจังหวัดราชบุรี (SELF-DEVELOPMENT NEEDS WITH THE NEW ROLE UNDER COORDINATION WITH SUBDISTRICT ADMINISTRATION ORGANIZATION (SAO.) OF THE HEADS OF HEALTH CENTERS IN RATCHABURI PROVINCE. คณะกรรมการควบคุมวิทยานิพนธ์: ประภาพรรณ อุ๋นอบ, ศษ.ด, วีรพล นิธิพงศ์, ศ.ม. 81 หน้า. ISBN 974-04-1262-9

การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาถึงระดับความต้องการพัฒนาตนเองตามบทบาทใหม่ภายใต้การบริหารงานร่วมกับ อบต. และปัจจัยที่มีความสัมพันธ์กับความต้องการพัฒนาตนเองตามบทบาทใหม่ภายใต้การบริหารงานร่วมกับ อบต. ของหัวหน้าสถานีอนามัยในเขตจังหวัดราชบุรีประชากรที่ใช้ในการศึกษาครั้งนี้คือ หัวหน้าสถานีอนามัยที่ปฏิบัติงานในเขตจังหวัดราชบุรี ซึ่งมีจำนวนทั้งสิ้น 161 คน ผู้วิจัยใช้แบบสอบถามในการเก็บรวบรวมข้อมูล การวิเคราะห์ข้อมูลทั่วไปใช้ค่าความถี่ ร้อยละ ค่าเฉลี่ย และ ส่วนเบี่ยงเบนมาตรฐาน และวิเคราะห์ความสัมพันธ์โดยใช้สถิติวิเคราะห์ถดถอยพหุคูณแบบขั้นตอน

ผลการวิจัยพบว่า หัวหน้าสถานีอนามัยในเขตจังหวัดราชบุรีมีความต้องการพัฒนาตนเองตามบทบาทใหม่ภายใต้การบริหารงานร่วมกับ อบต.อยู่ในระดับสูง ปัจจัยที่มีความสัมพันธ์กับความต้องการพัฒนาตนเองตามบทบาทใหม่ภายใต้การบริหารงานร่วมกับ อบต. คือ ความรู้เกี่ยวกับโครงการกระจายอำนาจสู่องค์กรปกครองส่วนท้องถิ่น โดยตัวแปรนี้อธิบายความสัมพันธ์กับความต้องการพัฒนาตนเองตามบทบาทใหม่ภายใต้การบริหารงานร่วมกับ อบต. ได้ร้อยละ 3

ข้อเสนอแนะที่ได้จากการศึกษาครั้งนี้ ควรมีการให้ความรู้หรือฝึกอบรมแก่หัวหน้าสถานีอนามัยในเรื่องวัตถุประสงค์ เป้าหมาย การดำเนินการของโครงการกระจายอำนาจฯ อย่างลึกซึ้ง และมีการประเมินผลเกี่ยวกับความรู้เกี่ยวกับโครงการกระจายอำนาจฯ ให้มากขึ้น เพราะการสร้าง ความเข้าใจและความถูกต้องในการนำนโยบายไปปฏิบัติให้ตรงกัน จะนำมาสู่การพัฒนาหัวหน้าสถานีอนามัยและเจ้าหน้าที่สถานีอนามัยทุกคนให้มีประสิทธิภาพในการทำงานมากยิ่งขึ้น เมื่อต้องไปทำงานร่วมกับ อบต.ขององค์กรปกครองส่วนท้องถิ่น

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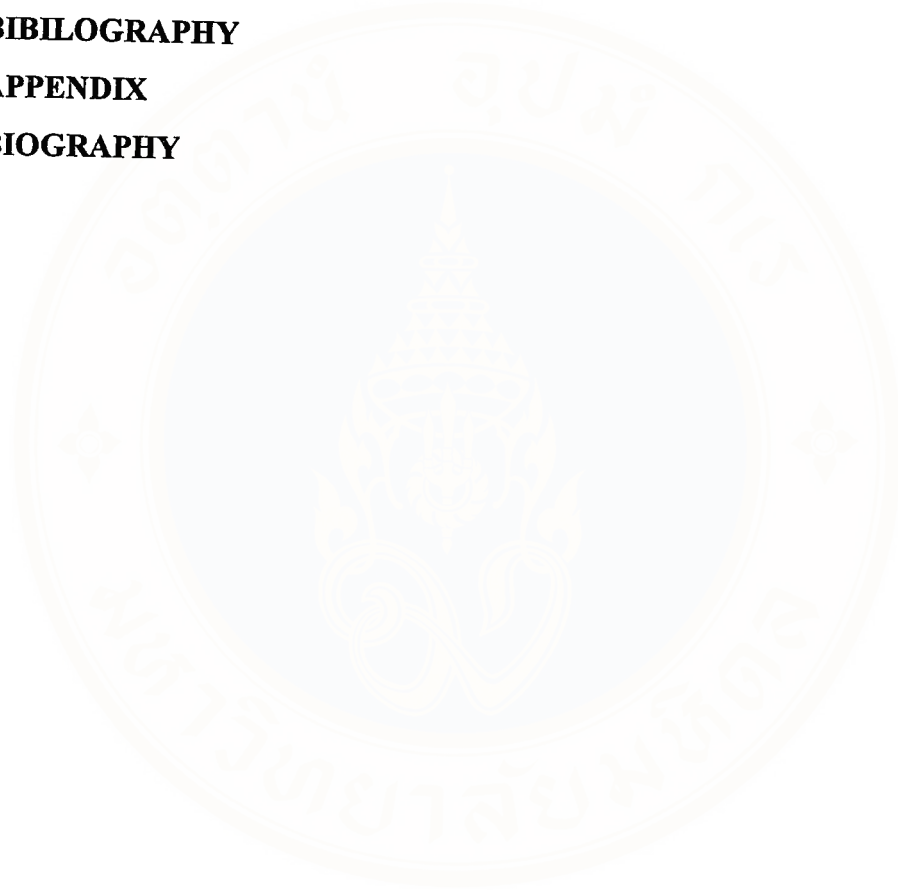
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CHAPTER I

INTRODUCTION

1. Background and significance of study

That human resource is the first factor for country development is true. There are a fundamental factors to the role for improvement. The country which people have a good quality of life and this place have an empowerment for development (Patsorn Limanon, 1997: 1-3).

In Thailand, human resource management is interested by the government during the National Economic and Social Development plan the sixth to the eighth. It is emphasis that people must to train for efficiency and to produce this sources to appropriate with the need of country development. There are many instument bring about socio-economic, politic, education and public health for improvement. They find the problems to occur among the country development that doesn't survival. In the eighth plan, the government object to human development for sustainable development. It is bring about the real quality improvement (Office of the National Economic and Social Development Commission, 1995: E) that emerges in the introduction of preface such as the future of Thai social development and to survive of security economy . These are the human resource development. The government changes from the centralize economic development to central human development. Because it is an important factor to decide for successfulness of

every issues. The economic development is one of instrument for human development and quality of life. It isn't go on unless the respond of the public health officers who provide the good services to another people with balancing (Ampol Chindawattana, 1993: 39-40). It is said that a sound mind is in a sound body for health for all. They must solve the problem that treaten the people or decrease its disappearance (Prawat Wasee, 1993: 3-4).

The main of administrative structures to set the public health system consists of three parts such as central, region and district management. It is controlled by the Ministry of Public Health. This place has responsibility to the central public health management. The province and district public health offices have responsibility to the region and district management by pass the governor. In the district level, the health centers have responsibility to practice the public health policy for development the health of population about health promotion, disease control, cure and health recovering in rural people (Pichit Pavabud, 1991: 1).

From the part to now-a-day, the Ministry of Public Health tries to adjust the plan or policy to go on practical public health with appropriating. In the third plan, there are a lot of medical health centers stand by in the city. It is a main cause which the people migrate into the city. The government must expand and develop the medical centers into the community. There is the hospital and send the high technology to it. However, this management doesn't

distribute to rural people in around. The health centers have a few role to the public health services (Office of Basic Health Commission, 1991: 15).

In the eight plan, it is emphasis that develop the holistic in two parts. The first the public health development relate to the economy, social, culture, behavior and environment that effect to the health problem and the system. Then, it is emphasis that develop population to health promotion and disease control. This hanging is bring about a good health of people (The Public Health Plan, 1997: 5-6).

The health centers are the medical health services that close up with the people in community. People can contact with the health centers easily (Office of Basic Health Commission, 1991: 17). From the data in the end of budget year 1997 of the Ministry of Public Health found that there were 9,428 health centers in around places. These stations service 4,000 people in their responsibility area (The Senate of Public Health Commission, 1997: 44) and connect between community and public health services. The duty is support the health promotion, disease control ,cure and health recovering in rural people. Besides they have a role in training and support the basic health services. To develop health people is efficiency and obtain the target to health for all.

Before the public health centers look after the people. They must to receive training about new and high technology. There are specify the aim for efficiency. The main of Thai public health is the basic of using real method in

order to support the knowledge of culture of every the public health officers (Prawat Wasee, 1993: 3-4).

Behind the administrative changing, the form of operating is still at centralization. Then the world receives the globalization all of the country become the democracy. If Thailand is still in the old administration by centralization. We may demode. Because the district will be develop but the community is weak. There is essential to decentralize for development into general district increaseingly (Orapin Sopchokchai, 1997: 1).

The crisis economy of Thailand has occurred in mid year 1997. The main problem is the government loss the efficiency to manage and to adapt with the change situation in and out country. It is bring about the unemployment problem. The export is 3 % decreasingly. The reserve fund is decrease lower than 100 %. People have a lot of expand for health increaseingly. They choose to receive the services from the public health centers more than the private centers. It brings about an overcrowd. The unemploy group and less income group are increase to face with the health problems (The Secretariat of the Cabinet, 1999: 2-3).

Under this situation, Thailand hurries to adjustment in each parts. The political reform in lately is reengineering the constitution in 1997. The main issue of its is promotion, protection the rights of politic about equality with participation, checking empowerment of the government, the public service

reform. There is improvement to efficiency increasingly. To set up the ethic and moral standard belong to the concerning persons and the public officers to get rid of the dishonest. There are distribute the empowerment for strong district. The work system of public services must be highly efficiency for the need of people. The government hurries to the acts for decentralization by the consitutional issues. To definite the responsibility between the central management and district organization is appropriate in oder to setting the tax allocation as a role into district (The Secreataiat of the Cabinet, 1999: 2-3). There are still the problems about the thinking monopoly. The pub;ic services lack of the participation with the people. The private sectors manage the serrvices invertly contrast from the democracy (The Commission of Public Service Reform, 1997: 11-17). For this reason, the government must to distribute the empowerment to district for operate continuity (Apisit Wechashewa, 1999: 25-27).

With a public health system, there is operation to agree with policy. The Ministry of Public Health prepares operation to distribute the health centers to shift the management for responsibility with the local government and subdistrict administration organization (SAO.). There is promotion between district organization and private organization to work together. The office of the civil service commission have agreement with the conclusion to transfer the work to the district organization. There are 8,513 health centers to transfer under working with SAO. By 7,933 million baths budget. There are 30,372 public health officer to transfer under working with SAO. (Journal of Public

Health, 1997: 6-8). Under transferring, the head of administration is deputy of subdistrict administration organization.

The responsibilities of health centers are service to people in the part of management, services and educations. There are an old duties. In an acts of legislaion the stage of decentralization to district organization 1999, it is emphasis that the SAO. has responsibilities for public services such as public health services, health environment, health family and cure. It is agree with the role adjustment of the civil service commission. In this agreement, it is define that the head of health centers work as the public health counselor for SAO: and the health centers development commission.

The health centers have change the role in two parts:

1. To work as the secretariat of the health centers development commission. There are responsibility such as
 - 1.1 To operate the plan to develop the health centers.
 - 1.2 To control the services of health centers.
 - 1.3 To support the operation of health centers.
2. To work as the public health counselor for SAO. transfers from the health centers as the health promotion, cure, disease control and rehabilitation.

From the improvement the policy of public health has effect to the operation of public health officers without preparation. The other reasons found that the district public health officers don't understand about the structure and empowerment of public health of SAO. (Rugee Jarupart, 1997: 35). Most of the district public health officers have a low perception or don't understand the role in public health and environment of SAO. The member of SAO. have never understand in the public health and environment (Office of the Permanent Secretary for Public Health, 1996: 105-125).

Ratchaburi province which operates along with the policy about reforming is an area of supporting management by decentralization to district. It is essential that develop the efficiency of the public health officers under preparation for changing. The department of man-power development and primary health care unit of Ratchaburi provincial public health officer has a direct role to develop the officers before and after working. To increase the efficiency of the personal is essential. According to the issue, it is reflection to the problems for decentralization. The district public health officers haven't ready for operation. It is emphasis to develop the public health officers as the head of health centers with the efficiency knowledge for operation. Because they are important to change the quality services for all people. The government must to support the need in each persons. Therefore, the researcher interest to study the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. in Ratchaburi province.

2. Objective of the study

2.1 To study the level of the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. in Ratchaburi province.

2.2 To study the factors related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

3. Research questions

3.1 What is the level of needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. in Ratchaburi province ?

3.2 What are the factors related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. ?

- Work experience
- Coordination with SAO.
- Opportunity
- Job security
- Perception with decentralize policy
- Knowledge with public health structure and empowerment of SAO.

- Knowledge with decentralize project

4. Research Hypothesis

4.1 Work experience has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

4.2 Coordination with SAO. has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

4.3 Opportunity has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

4.4 Job security has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

4.5 Perception with decentralize policy has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

4.6 Knowledge with public health structure and empowerment of SAO. has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

4.7 Knowledge with decentralize project has positively related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

5. The definition of terms

5.1 The needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. as:

5.1.1 The role of the secretary of the health centers development commission such as

5.1.1.1 To operate the plan to develop the health centers mean to write the health centers development plan with SAO.

5.1.1.2 To control the services of the health centers mean to evaluate the performance of the public health officers.

5.1.1.3 To support the operation of the health centers mean to procure the budget for development the health centers.

5.1.2 The role as the public health counselor for SAO. in four parts as:

5.1.2.1 Health promotion means counseling for SAO. about the aging people to exercise.

5.1.2.2 Cure means counseling to the commission of SAO. about a first aid.

5.1.2.3 Prevention and controlling mean counseling to the commission of SAO. about the blood sugar test process.

5.1.2.4 Rehabilitation means counseling to the commission of SAO. about work of the disable people.

5.2 The head of health centers mean persons who work as a head of health centers at least 6 months.

5.3 Work experience means total of the years that work in the Ministry of Health.

5.4 Coordination with SAO. means period of time that the head of health centers work with SAO.

5.5 Opportunity means the perception in position progress after work with SAO.

5.6 Job security means the perception in retiring.

5.7 Perception with decentralize policy means the opinion with the decentralize administration project by the act of legislation the stage of decentralization to district organizaion 1999.

5.8 Knowledge with public health structure and empowerment of SAO. means the knowledge of the health system, family health care.

5.9 Knowledge with decentralize project means the knowledge of the objective, target of the decentralize project by the act of legislation the stage of decentralization to district organizaion 1999.

6. The usefulness of the study

6.1 To understand with the needs of the head of health centers in professional growth in Ratchaburi province.

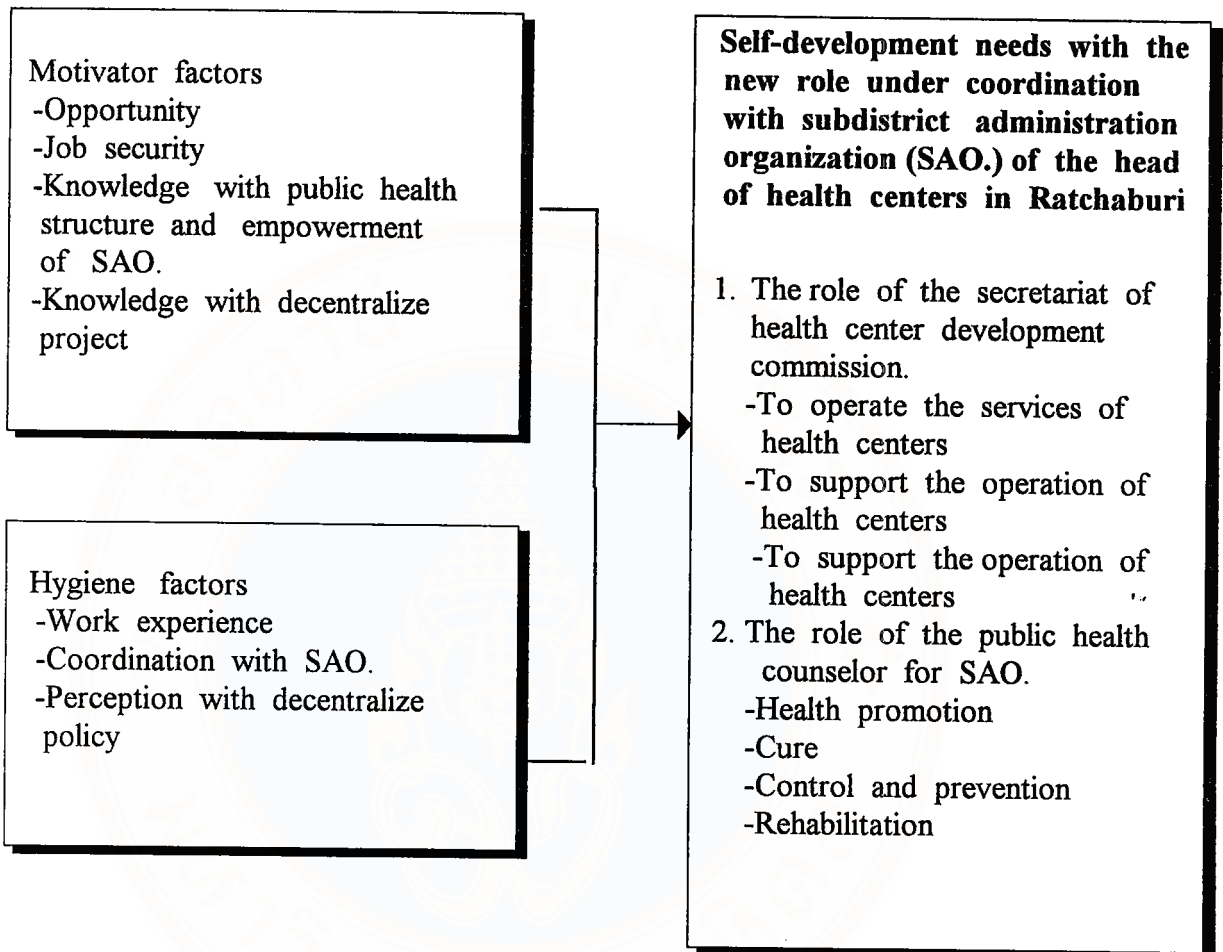
6.2 To guideline for development the head of health centers are highly efficiency in Ratchaburi province.

7. Conceptual framework

According to the conceptual theory summaries about self-development needs with the new role under coordination with subdistrict administration organization (SAO.) of the head of health centers in Ratchaburi province. From review conceptual theory to study the variables, the research divides the independent variables into two groups such as: motivator factors and hygiene factors. The motivator factors are opportunity, job security, knowledge with public health structure and empowerment of SAO. and knowledge with decentralize project. The hygiene factors are work experience, coordination with SAO., perception with decentralize policy. So, the conceptual framework of this study is show as:

Independent variables

Dependent variable



CHAPTER II

LITEARATURE REVIEW

About the study of self-development needs with the new role under coordination with subdistrict administration organization (SAO.) of the heads of health centers in Ratchaburi. The researcher chooses the theory and conceptual related with this study such as:

1. Concept and theory of human resource development.
2. Concept and theory of development needs.
3. Concept of decentralization.
4. Concept of health centers and the role of the head of health centers.
5. Concept of variables and related researches.

1. Concept and theory of human resource development.

1.1 Meaning of human resource development

Nadler (1980: 5) means the human resource development is the way to practice the officers for learning and experience.

Killian (1984: 7) means the human resource development is a plan for each officers to develop work in their responsibilities.

Sompong Kasemsin (1973: 157-258) the personal development is many ways to develop skill, knowledge and experience for increasing their responsibility.

Jermchan Tongwiwat (1984: 3) the human resource development is the future planing with each persons in organization to work completely.

Tongfoo Chinachote (1988: 158) the personal development is adjustment of manpower to balance with position. The factors related with personal development is the economic growth, the expanding of location, technological changing and development of administrator.

Arune Raktham (1992: 59) the personal development is the process of knowledge, skill and attitude development to change work behavior with condition of organization in the present and future.

Choochai Smithikrai (1995: 2) the personal development is the systemic process for supporting and adjustment the personals.

Boonlert Pirin (1995: 1) the human resource development is the behavioral change process such as knowledge, ability, skill, attitude under other learning processes.

Danai Tienput (1998: 150-151) the personal development is the restoration by development and training. The occupational development and organize development are the object to adjust the teams or persons and the profit of organization.

According to the meaning summarized of human resource development refer to the systematic process for knowledge, skill and add efficiency of persons in organization. For the head of health centers in Ratchaburi province, they should develop themselves for professional growth in light of their new roles working in coordination with SAO.

1.2 The essential for human development

Office of the National Economic and Social Development Board (1986: 12) say that the essential of human resource developments are

1. To develop the less ability person.
2. To put the right man on the right job.
3. When persons change his jobs, they can work in the right job with efficiency.
4. To change condition of work.
5. When they want to develop the new method of the jobs.

Sumran Thavornyut (1988: 11) say that the essential of human resource developments are

1. They must pass the selection process. They have the ability, good attitude and virtue. Therefore, the organization must to develop the officials.
2. In the globalization, we have to adjust ourselves for the changing evidence.
3. However, we have a good attitude and ability to work . we have essential to develop with continuity.

Uthai Sudsuk (1980: 179-180) say about development in public health officials that is important to improve the public health structure.

According to the issues, public health officials development is the process to support the promotion and relationship with organization. To give

the training and education are the way to develop the personals to work with efficiency.

1.3 The aims of human resource developments

Arune Raktham (1992: 2) say that the aims of human resource developments are

1. The majority aims.

- 1.1 To make interesting.
- 1.2 To advice the good working.
- 1.3 To improve working.
- 1.4 To reduce the accident in work.
- 1.5 To set the standard of work.
- 1.6 To develop the skill.
- 1.7 To managerial development.
- 1.8 To practice the personals for promotions.
- 1.9 To present the good service to the public.

2. The individual aims of government officials.

- 2.1 To progress in promotion.
- 2.2 To develop personality.
- 2.3 To develop skill in probation.
- 2.4 To practice the decision-making.
- 2.5 To learn about the job and reduce a risk.
- 2.6 To adjust the condition of work.
- 2.7 To support moral.
- 2.8 To understand in policy and aims of organizations.
- 2.9 To make a satisfy in working.

According to above, human resource development is a process to support in performance both of organization and personals. For this research is to study the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. that have and essential to develop the head of health centers that have a quality of work. It is bring to develop the quality of people life, too.

1.4 The usefulness of human resource development

1. It is to change the attitude for work with efficiency (Choochai Smithikrai, 1995: 3; Surasak Nananukul, 1990: 7-15).

2. It is to save and to reduce the cost of work for personal training and it is to save the time for training the new officials (Kreawan Limapichart, 1988: 6; Choochai Smithikrai, 1995: 3; Payom Wongsansri, 1995: 171).

3. It is to help the superiors for advisement to the subordinates (Choochai Smithikrai, 1995: 3; Payom Wongsansri, 1995: 171).

4. It is to push up to work with hasten for progress in working (Tongfoo Chinachote, 1988: 55; Pepper, 1992: 139).

5. It is to open up his mind to learn about a new knowledge and technology (Choochai Smithikrai, 1995: 3; Surasak Nananukul, 1990: 7-15; Donalson & scannell, 1987: 1; Pepper, 1992: 139).

1.5 Human resource development process

Human resource development process means the process of systemic personal development.

Sompong Kasemsin (1973: 261-262) defines this mean that human resource development is relate with policy, characteristic of jobs, the superiors and join together.

1. It is begin to analyze the development needs.
2. To check the development needs with characteristic of jobs is important that all of job must to develop urgent or not.
3. To put the human resource development into the project must to realize about a characteristic and the type of development.
4. When survey the essential project and then present the project for the committee.
5. To set the order in appropriate working
6. Evaluation is checking the process of performance and test the efficiency.
7. At last, it is follow up the work of officials.

Choochai Smithikrai (1995: 6-7) present the concept of human resource development in 4 steps such as:

1. Survey and find the development needs.
2. To set the personal development plan.
3. To select the perfect of personal development project.
4. To evaluate this project, it is to learn about outcomes, problems and solving.

According to the way of personal development, it is important that analyze the problem condition, goal and objective from the development. So, to develop the head of health centers must to analyze the development needs in professional growth in light of their new roles working in coordination with SAO.

2. Concept and theory of development needs

2.1 The hierarchy of Maslow theory (1970: 158) sets the needs of human into 2 parts such as:

2.1.1 Low-order needs are the physiological needs and safety or security needs.

2.1.2 Higher-order needs are the esteem or egoistic needs, social or belonging needs and self actualization or self realization.

From this theory, the researcher chose the issues to study with variables such as job security, opportunity and experience with SAO.

2.2 The motivation of Herzberg theory (1971: 45-49) or the two factors is divides into the two groups such as:

The motivator factors are related with internal job content as: successful, interesting, promotion and satisfy in work.

The hygiene factors are related with external job content to reduce unsatisfied in work as salary, incomes, job security, relation between co-workers and opportunity.

For this theory, the researcher selects the job security, opportunity and experience with SAO. variables to study in conceptual framework.

3. Concept of decentralization

Charun Suwanmala (1998: 11) say that the decentralization means to decentralize the power to the local about decision-making. It is opposite of centralization that the government has a majority of empowerment and decision-making all of issues.

3.1 The aims of the decentralization.

The economists belief that the decentralization is support the efficiency in organization working. The local has ability to management Charun Suwanmala (1998: 13-14)

3.2 Policy and decentralize health care service to local organization

From the policy and decentralization to the people have a high decision-making in political and local management. It has empowerment and autonomy to set the public health services in their community. The government have to aware to push up for this policy (Chaiwat Pattanachareun, 1997: 1-5).

The objective of the transferring mission is to give the good service for public in community. In the past, the power was set on the central. In the present, the decision-making process is shorter than the past. So, the community can decision and solve the problem immediately to reduce the complicated work. The mission are transfer such as:

1. The mission should positively concern with specificity community.
2. The mission is economy for management.
3. the local organization has ability to manage a public health service.

The aim of decentralization is to support the public health service in appropriately (Ubon Rajathani Provincial of Public Health Officer, 2000: 1-3).

3.3 The local organization and public health services

The Ministry of Public health is responsibility to set a health services to people in every areas. The jobs are support the quality of life that concern with the public health services such as:

3.3.1 Public health and Medical services

1. The Act of Public Health in 1992.
2. The Ministry of Public Health.
3. The complicated works are manage to the local.
4. The transferring mission are transferred to the Bangkok, The municipality and SAO.
5. The locals can manage the mission by themselves.
6. The limit of transferring, the primary health care units transfer from the health centers to the municipality and SAO. The community hospitals transfer jobs to the municipality and the general hospital. The especial hospitals transfer jobs to the PAO.
7. the time of transferring, the first it is transfer before the budget year 2001. The complicated jobs are transfer to the 1st, 2nd SAO. For the officials, they can transfer or still belong to the Ministry of Health The second, from 2002 to 2006 it is transfer the complicated jobs from the health centers and the hospital to the local organizations. The third, from 2005 to 2010 the most complicated jobs and the officials have to transfer to the local organizations (Ministry of the Interior, 2000: 15-17).

4. Concept of health centers and the role of the head of health centers.

4.1 The health center development.

In 1972, the health centers were called as the second house or the health unit. It was ordinary developed until the 5th and 6th public health development plan. In 1982, the 1400 midwifery centers were pass up to the health centers. In 1990, there were 7,880 health centers all of country from 6,855 Tambols. The health centers have an responsibility care 5,781 people per one station. It is negative from standard to 3,000 people per one station. The frame of position in health centers are 3-5 officials standby into here. They also graduated lower than bachelor degree. The health centers also lack of the instruments, the convenience and the officials. In 1992, The Ministry of Public Health is push up the decade of health center development. The type of health center divide into characteristics.

4.1.1 The main health centers, the criteria of its are: the health centers will set up in the center of community. It may set up in the risk area. It have at least the subordinate primary public health officers in responsibility.

4.1.2 General health centers means another centers that still work in the same standard of services.

4.2 Concept of transferring to SAO.

Transferring the officials to SAO. is change from the Ministry of health belong to the SAO. but the responsibility still similar works. There are three steps for changing (Office of the Permanent Secretary for Public Health, 1997: 39-42).

1. The three steps of transferring.

- 1.1 There is to push up the Act for setting the public health.

- 1.2 The opportunity in SAO., the head of public health officers must to high in level 7 -8 and work as the assistant district officer.

- 1.3 The SAO. can work in public health services.

2. The Ministry of Public health must to give he budget from the health centers to SAO.

3. The Ministry where have a health budget must to sent to SAO.

For the structure deputy changing, The community hospital still work in similar jobs but it have an efficiency medical higher than the health centers and support health education, prevention disease. So, I the district level doesn't belong to the Ministry of Public Health (Office of the Permanent Secretary for Public Health, 1997: 44-45).

4.3 The roles of the head of health centers.

The responsibility of the head of health centers are develop the health centers in a 9 main jobs such as (Muntana Praprasen, 2000: 26-28).

1. Reproductive health
2. community mental health.
3. Consumer protection.
4. Environment quality control.
5. Counseling.

6. Precaution health status.
7. Reduce the risk disease.
8. Rehability the aging.
9. Participation community development.

They control their officials to work with efficiency. In the decade of health center development, they have 3 important jobs such as management, services and education (Office of the Permanent Secretary for Public Health, 1992: 2-5).

However in the future, the roles of the health centers must to change by the Act of decentralization to local organization. The SAO. has to be responsible to set the public health services, family health care, environment care and medical care.

The roles of the health centers have a new roles in the committee of health centers development who consist of (Ministry of Public Health, 2000: 22-24)

1. The board of SAO. (Chairman)
2. The committee consist of
 - 2.1 The village volunteer 1 person
 - 2.2 The official
 - 2.3 The chairman of SAO., The community leader.
3. The head of health center (Secretary)
4. The public officers (Assistance secretary)

The health centers have change the role in two parts:

1. To work as the secretariat of the health centers development commission. There are responsibility such as
 - 1.1 To operate the plan to develop the health centers.
 - 1.2 To control the services of health centers.
 - 1.3 To support the operation of health centers.
2. To work as the public health counselor for SAO. transfers from the health centers as the health promotion, cure, disease control and rehabilitation.

So, the researcher interest to study the self development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. I choose Herzberg and Maslow theory , concept of decentralization to synthetic the variables for study such as work experience, coordination with SAO., opportunity, job security, perception with decentralize policy, knowledge with public health structure and empowerment of SAO. and knowledge with decentralize project.

5. Concept of variables and related researches.

5.1 Independent variables

5.1.1 Work experience

Prasit Jiewlian (1996: Abstract) studied the agriculture skill development needs of the 140 teachers in the 5 education areas found that long work experience had positively related with the agriculture skill development needs at statistic significance 0.05.

Amornrat Phupat (1990: Abstract) studied the needs of information training of the 200 agriculture officers on North, South and North - East found that work experience had positively related with studied the needs of information training at statistic significance 0.05.

So, the researcher assume that the work experience have related with the self development needs with the new roles under coordination with SAO. of the head of health centers in Ratchaburi province.

5.1.2 Coordination with SAO.

Amornrat Phupat (1990: Abstract) studied the needs of information training of the 200 agriculture officers on North, South and North - East found that the officers who had been in this work had positively related with studied the needs of information training at statistic significance 0.05.

Nuntawan Jaturanvanich (1990: Abstract) studied the training needs of 270 nurses at Taksin hospital found that nursing experience have negatively related with the training needs of nurses at statistic significance 0.05.

So, the researcher assume that coordination with SAO. have related with the self development needs with the new roles under coordination with SAO. of the head of health centers in Ratchaburi province.

5.1.3 Opportunity

From the 4th level of Maslow theory, esteem or egoistic need, self confident, opportunity have related with the motivative Herzberg theory. Most of factors support the need of ability development.

Panomkorn Sunthonnun (1994: Abstract) studied the environment and training needs of 146 woman workers in television manufacturing found that opportunity have positively related with the environment and training needs of woman workers in television manufacturing at statistic significance 0.05.

So, the researcher assume that opportunity have related with the self development needs with the new roles under coordination with SAO. of the head of health centers in Ratchaburi province.

5.1.4 Job security

From the Maslow theory in the second hierarchy such as life security are similar to the motivative Herzberg theory about about external content such as salary, job security, relation ship of co-workers, management policy.

Panomkorn Sunthonnun (1994: Abstract) studied the environment and training needs of 146 woman workers in television manufacturing found that job security have positively related with the environment and training needs of woman workers in television manufacturing at statistic significance 0.05.

So, the researcher assume that job security have related with the self development needs with the new roles under coordination with SAO. of the head of health centers in Ratchaburi province.

5.1.5 Knowledge with decentralize project

The constiution of Thailand has intention to decentralization the power to local. To expect for local organization have an empowerment to decision-making, management to serves the good service

for people. The coordination between the Ministry of Public health and the Ministry of Interior has agreement to decentralization and transfer the complicated mission to local organization (The Ministry of Interior, 2000: 1-3).

Taweeep Vongchaleekul (1995: Abstract) studied the training needs of 128 agriculture teachers in the 8th education area found that knowledge of agriculture have related with the training needs of agriculture teachers in the 8th education area at statistic significant 0.05.

So, the researcher assume that knowledge with the decentralization project have related with the self development needs with the new roles under coordination with SAO. of the head of health centers in Ratchaburi province.

5.1.6 Knowledge with public health structure and empowerment of SAO.

From the concept of public health structure and empowerment of SAO. of the Act of decentralization to local organization in 1999, show that the local organization has ability to set the public health services, family health care, environment care and medical.

Apinun Hoikeaw (1999: Abstract) studied the decision-making to transferring belong to the SAO. of officials in Nakorn Srithammaraj found that knowledge of transferring has related with the decision-making to

transferring belong to the SAO. of officials at statistic significant 0.05. such as the knowledge in structure and empowerment of SAO.

So, the researcher assume that knowledge with public health structure and empowerment of SAO. have related with the self development needs with the new roles under coordination with SAO. of the head of health centers in Ratchaburi province.

5.1.7 Perception with decentralize policy

The decentralization of decentralize project is to decentralize the empowerment to the local organization with continuity by the constitution and the Act of decentralization to the local organization in 1999. The Ministry of public health aware to the empowerment in management. So, it is push up the transferring the complicated mission to local organization (The Ministry of Interior, 2000: 4-5).

5.2 Research related

Prasit Jiewlian (1996: Abstract) studied the agriculture skill development needs of the 140 teachers in the 5 education areas found that most of teachers have average experience 8.32 years. They have a skill in work 7.04 years. They needs to develop highly practice skill with agriculture.

Amornrat Phupat (1990: Abstract) studied the needs of information training of the 200 agriculture officers on North, South and North - East found that the officers have less experience to development and information (95 %). So, they needs to develop the planing knowledge, information management and project evaluation.

Nuntawan Jaturanvanich (1990: Abstract) studied the training needs of 270 nurses at Taksin hospital found that the most of nurses need to develop in planing, personality, responsibility and the knowledge of medical science.

Taweep Vongchaleekul (1995: Abstract) studied the training needs of 128 agriculture teachers in the 8th education area found that most of teachers have average experience 13 years. Most of them don't receive a training in agriculture. So, they needs to develop the training, the performance and agriculture information technology.

Panomkorn Sunthonnun (1994: Abstract) studied the environment and training needs of 146 woman workers in television manufacturing found that the woman workers want to train for self skill work development and knowledge with electronic circits. The studied for environment , satisfy found that the job security , opportunity, relationship between personals, incomes have related with training needs.

Apinun Hoikeaw (1999: Abstract) studied the decision-making to transferring belong to the SAO. of officials in Nakorn Srithammaraj found that 23 % of public officers have decision transfer to SAO. They have a low knowledge with SAO. (42.5%). The factors related with decision-making to transferring belong to the SAO. of officials in Nakorn Srithammaraj are age, educaton, knowledge of decentralization.

Vanee Vongtunyoo (1999: Abstract) studied the needs of efficiency development of the educational officials at Sukothai Thammathirat open

University found that the educational officials who are a educational counseling, analysis officers, libralians, needs to develop highly efficiency in work The systemic information officers, the educational officials needs to to develop highly efficiency in work, too.

According to conclusion from review literature, it can present as table 1.

Table 1 Concept, theory and related research of variables

Independent/Dependent Variables	Concept/Theory/Research
<p>1. Self-development needs with the new role under coordination with subdistrict administration organization (SAO.) of the head of health centers in Ratchaburi province.</p>	<p>1. Concept of Human Resource development</p> <p>2. Concept of decentralization</p> <p>3. The roles by the Act of decentralization in 1999</p> <p>4. Prasit Jiewlian (1996)</p> <p>5. Amornrat Phupat (1990)</p> <p>6. Nuntawan Jaturanvanich (1990)</p> <p>7. Panomkorn Sunthonnun (1994)</p> <p>8. Taweep Vongchaleekul (1995)</p> <p>9. Apinun Hoikeaw (1999)</p> <p>10. Ranee Vongtunyoo (1989)</p>



Table 1 Concept, theory and related research of variables (Cont.)

Independent/Dependent Variables	Concept/Theory/Research
2. Work experience	<ol style="list-style-type: none"> 1. Prasit Jiewlian (1996) 2. Amornrat Phupat (1990)
3. Coordination with SAO.	<ol style="list-style-type: none"> 1. Amornrat Phupat (1990) 2. Nuntawan Jaturanvanich (1990) 3. Taweepong Vongchaleekul (1995)
4. Opportunity	<ol style="list-style-type: none"> 1. Maslow theory 2. Herzberg theory 3. Panomkorn Sunthonnun (1994)
5. Job security	<ol style="list-style-type: none"> 1. Maslow theory 2. Herzberg theory 3. Panomkorn Sunthonnun (1994)
6. Knowledge with decentralize project	<ol style="list-style-type: none"> 1. Concept of decentralization 2. Taweepong Vongchaleekul (1995)
7. Knowledge with stricture and empowerment of SAO.	<ol style="list-style-type: none"> 1. The roles by the Act of decentralization in 1999 2. Apinun Hoikeaw (1999)
7. Perception of decentralize project	<ol style="list-style-type: none"> 1. Concept of decentralization

CHAPTER III

RESEARCH METHODOLOGY

This study is explanatory research. It is objective to study the level and the factors to relate with the needs of the heads of health centers in professional growth in light of their new roles working in coordination with SAO. such as the work experience, coordinating with subdistrict administration organization (SAO.), opportunity, job security, perception with decentralize policy, knowledge with public health structure and empowerment of SAO., knowledge with decentralize project. The researcher uses the questionnaire to collect the data.

1. Population

Population for this study are 161 persons who works into the head of health centers in Ratchaburi province.

2. Research instrument

2.1 Instrument structure

The researcher divides the questionnaire into 7 parts such as:

Part 1

There are general information such as sex, age, level of education, salary, age of work, work experience, coordinating with SAO.

Part 2

It is the questionnaire with opportunity that consists of 4 items.

Part 3

It is the questionnaire with job security that consists of 3 items.

Part 4

It is the questionnaire with perception with decentralize policy that consists of 6 items.

From part 2 to part 4, the score is divide to 5 level of rating scale as;

Rating scale	Score
Strong agree	5
Agree	4
Not sure	3
Disagree	2
Strong disagree	1

The criteria for dividing with the answer level is range that calculates by below formular (Nitaya Jearanaiprem, 1990: 65)

$$\begin{aligned}
 \text{Range} &= \frac{\text{Top score} - \text{Least score}}{\text{Level}} \\
 \text{Add value} &= \frac{5 - 1}{3} \\
 &= 1.33
 \end{aligned}$$

The criteria of the level of opportunity, job security and perception with decentralize policy are divide below;

1.00-2.33 points indicate low level of perception.

2.34-3.66 points indicate medium level of perception.

3.67-5.00 points indicate high level of perception.

Part 5

It is the questionnaire about knowledge with public health structure and empowerment of SAO. that consists of 6 items.

Part 6

It is the questionnaire about knowledge with decentralize project that consists of 8 items.

From part 5 to part 6, it is the close-end question. The score is divide into 2 parts as; yes or no.

Answer yes is 1 point.

Answer no is 0 point.

Part 7

It is the question to measure the level of self-development needs with the new role under coordination with SAO. of the head of health center into 2 parts such as the secretarial role of the health center develop committees and the public health counselor to SAO. that consists of 13 items. This part is divide to the statement and the need to develop. The score is 4 level by likert scale such as;

The statement in present:

High indicate 4

Medium indicate 3

Low indicate 2

The need to develop:

High indicate 4

Medium indicate 3

Low indicate 2

No indicate 1 No indicate 1

The criteria of the level of self-development needs with the new role under coordination with SAO. of the head of health center is divide below;

1.00 - 2.00 points indicate low level of need to develop with the new role under coordination with SAO.

2.01 - 3.00 points indicate medium level of need to develop with the new role under coordination with SAO.

3.01 - 4.00 points indicate high level of need to develop with the new role under coordination with SAO.

2.2 Instrument development

2.2.1 The researcher collects data from the documents and research issues concern with this study.

2.2.2 To do the questionnaire before the data collection.

2.3 Instrument test for validity and reliability

2.3.1 This instrument was submitted by the qualified persons to examine and to make correct consistency according to the project's purpose (content validity).

2.3.2 To try out the instrument with 30 heads of health centers in Nakorn pathom province.

2.3.3 To find the discrimination power is intra-test validity by t-test.

2.3.4 To test the reliability of indicators was calculated by Cronbachs Alpha such as ;

The reliability of oppoturnity items is 0.931 (Alpha = 0.9319).

The reliability of job security items is 0.9278 (Alpha = 0.9278).

The reliability of perception with decentralize policy items is 0.8825 (Alpha = 0.8825).

The reliability of knowledge with public health structure and empowerment of SAO., knowledge with decentralize project items is 0.7892 (Alpha = 0.7892).

3. Data collection

3.1 The faculty of Social Sciences and Humanities sent a letter to public health physical director of Ratchaburi Province.

3.2 Co-ordination to the public health district office checks the conference day of heads of health centers.

3.3 To collect the data by myself and the assistants for tow weeks (from 1 August 2001 to 14 August 2001).

4. Data analysis

To analyze data with micro computer, SPSS / PC program for window as follow:

4.1 Statistical analysis with general information are frequency, percent, min - max value and standard deviation.

4.2 Independent and dependent variables analysis are mean value and percent.

4.3 To analyze the relation between independent variables and dependent variable use by multiple regression analysis (MRA). The significant level was fixed at 0.05.

CHAPTER IV

RESULTS

This research collect the data from 161 heads of health centers. The researcher present the result in 4 parts.

1. General characteristics.

2. Independent variables

2.1 Opportunity

2.2 Job security

2.3 Perception with decentralize policy

2.4 Knowledge with public health structure and empowerment

2.5 Knowledge with decentralize project

3. Self-development needs with the new role under coordination with (SAO.) of the heads of health centers in Ratchaburi.

4. Analysis of factors related the self-development needs with the new role under coordination with SAO. of the heads of health centers in Ratchaburi.

1. General characteristics.

The results found that more and a half of population (59.6%) are female. They have age group in 51 - 60 years (37.3%) and average age 46 years ($\mu = 46.2$, $\sigma = 8.08$). Most of them (57.8%) graduated in diploma of nursing. work experience in the Ministry of Public Health are 21-30 years (42.9%). They work as a head of health centers 15 years ($\mu = 15.8$, $\sigma = 4.30$). Most of them (85.7%) have been work with SAO. Their income are 10,001-15,000 bahts. The details show in table 2.

Table 2 Frequency and percentage of the heads of health centers by general characteristics.

General characteristics	Frequency	Percentage
1. Sex		
male	65	40.4
female	96	59.6
2. Age (years)		
21 - 30	1	0.6
30 - 40	50	31.1
41 - 50	50	31.1
51 - 60	60	37.3
$\mu = 46.2, \sigma = 8.08$ Max.= 60 Min = 27		
3. Level of education		
Certificate	93	57.8
Diploma	8	5.0
Bachelor degree	60	37.3
4. Work experience (years)		
0 -10	8	5.0
11 - 20	51	31.7
21 - 30	69	42.9
31 - 40	33	20.5
$\mu = 24.08, \sigma = 7.46$ Max.= 39 Min = 4		

Table 2 Frequency and percentage of the heads of health centers by general characteristics (Cont.)

General characteristics	Frequency	Percentage
5. Work as a head of health centers		
(years)		
0 - 5	65	40.4
6 - 10	38	23.6
11 - 15	24	14.9
16 - 35	34	21.1
$\mu = 1.58, \sigma = 4.30$ Max.= 33 Min = 3		
6. Experience with SAO.		
have never been worked	23	14.3
have been worked	138	85.7
7. Incomes (bahts/month)		
5,000 - 10, 000	4	2.5
10,001 - 15,000	69	42.9
15,001 - 20,000	61	37.9
20,001 - 25,000	27	16.8
$\mu = 16,138.01, \sigma = 3414.46$		
Max.= 22,000 Min = 6,530		

2. Independent variables.

2.1 Opportunity

The result of the level of opportunity work with SAO. found that most of the heads of health centers (81.4%) have a medium level of opportunity. 12.4 % of them have a high level of opportunity and 6.2 % have a low level of opportunity. They defined that not sure for high promotion, the salary will high, receive a merit in work and the opportunity is high (76.4 %, 72.7%, 72.0 % and 71.4 %). The details show in table 3 - 4.

Table 3 Frequency and percentage of the heads of health centers by level of opportunity

Level of opportunity	Frequency	Percentage
Low (score 1.00 - 2.33)	10	6.2
Medium (score 2.34 - 3.66)	131	81.4
High (score 3.67 - 5.00)	20	12.4

Table 4 Frequency and percentage of the heads of health centers by items of opportunity

Statement	st. agree	agree	not sure	dis agree	st. disagree
1. The opportunity is high.	4 (2.5)	28 (17.4)	115 (71.4)	9 (5.6)	5 (3.1)
2. You can receive promotion.	6 (3.7)	17 (10.6)	123 (76.4)	10 (6.2)	5 (3.1)
3. You can receive a merit in work.	4 (2.5)	23 (14.3)	116 (72.0)	15 (9.3)	3 (1.9)
4. The salary will high.	6 (3.7)	24 (14.9)	117 (72.7)	11 (6.8)	3 (1.9)

2.2 Job security

The result of the level of job security work with SAO. found that most of the heads of health centers (49.1%) have a medium level of job security. 46.0 % of them have a high level of job security and 5.0 % have a low level of job security. Most of them defined that can work until retirement, work with SAO. don't bring the effect to welfare and, work with SAO. don't bring the effect to salary (53.4%, 47.8 % and 46.6%). The details show in table 5-6.

Table 5 Frequency and percentage of the heads of health centers by level of job security

Level of job security	Frequency	Percentage
Low (score 1.00 - 2.33)	8	5.0
Medium (score 2.34 - 3.66)	79	49.1
High (score 3.67 - 5.00)	74	46.0

Table 6 Frequency and percentage of the heads of health centers by items of job security

Statement	st. agree	agree	not sure	dis agree	st. disagree
1. Work with SAO. don't bring the effect to salary.	5 (3.1)	75 (46.6)	65 (40.4)	14 (8.7)	2 (1.2)
2. Work with SAO. don't bring the effect to welfare.	3 (1.9)	65 (40.4)	77 (4.8)	14 (8.7)	2 (1.2)
3. You can work until retirement.	6 (3.7)	58 (36.0)	86 (53.4)	10 (6.2)	1 (0.6)

2.3 Perception with decentralize policy

The result of the level of perception with decentralize policy work with SAO. found that most of the head of health centers (49.1%) have a medium level of perception with decentralize policy. 46.0 % of them have a high level of perception with decentralize policy and 5.0 % have a low level of perception with decentralize policy. Most of them defined that this project can support the decision-making in local organization, can solve any problems in local organization and has appropriates for personal development (45.3%, 44.7% and 41.6%). On the other hand, they defined that this project has appropriates for Act, can reduce the complicated jobs and has appropriate for management (48.4 %, 41.0 % and 39.8 %). The details show in table 7 - 8.

Table 7 Frequency and percentage of the heads of health centers by level of perception with decentralize policy

Level of perception with decentralize policy	Frequency	Percentage
Low (score 1.00 - 2.33)	8	5.0
Medium (score 2.34 - 3.66)	79	49.1
High (score 3.67 - 5.00)	74	46.0

Table 8 Frequency and percentage of the heads of health centers by items of perception with decentralize policy

Statement	st. agree	agree	not sure	dis agree	st. disagree
1. This project has appropriate for personal development.	6 (3.7)	67 (41.6)	64 (39.8)	21 (13.0)	3 (1.9)
2. This project has appropriate for the management	7 (4.3)	62 (38.5)	64 (39.8)	25 (15.5)	3 (1.9)
3. This project has appropriate for the act.	6 (3.7)	54 (33.5)	78 (48.4)	20 (12.4)	3 (1.9)
4. This project can solve any problems in local organization.	14 (8.7)	72 (44.7)	58 (36.0)	13 (8.1)	4 (2.5)
5. This project can support the decision-making in local organization.	17 (10.6)	73 (45.3)	53 (32.9)	14 (8.7)	4 (2.5)
6. This project can reduce the complicated jobs.	17 (10.6)	63 (39.1)	66 (41.0)	13 (8.1)	2 (1.2)

2.4 Knowledge with public health structure and empowerment of SAO.

The result of the level of knowledge with public health structure and empowerment of SAO. found that most of the head of health centers (52.2%) have a medium level of knowledge with public health structure and empowerment of SAO. 47.8 % have a low level of knowledge with public health structure and empowerment of SAO. Most of them defined the correct items that it can control the communicated diseases, it is managed with public system in itself and it can control the family health care in community (84.5%,

75.8% and 72.0 %). They wrong in the items as it can control the services in the health centers and it can do a cure plan (51.6% and 47.2%). The details show in table 9 - 10.

Table 9 Frequency and percentage of the heads of health centers by level of knowledge with public health structure and empowerment of SAO.

Level of knowledge with public health structure and empowerment of SAO.	Frequency	Percentage
Low (score 0.00 - 0.30)	77	47.8
Medium (score 0.31 - 0.60)	84	52.2
High (score 0.61 - 1.00)	-	-

Table 10 Frequency and percentage of the heads of health centers by items of knowledge with public health structure and empowerment of SAO.

Statement	Yes.	No.
1. It is managed with public system in itself.	122 (75.8)	39 (24.2)
2. It can do a cure plan.	85 (52.8)	76 (47.2)
3. It can control the family health care in community.	116 (72.0)	45 (28.0)
4. It can control the family planning.	110 (68.3)	51 (31.7)
5. It can control the communicated diseases.	136 (84.5)	25 (15.5)
6. It can control the services in the health centers.	78 (48.4)	83 (51.6)

2.5 Knowledge of decentralize project

The result of the level of knowledge of decentralize project work with SAO. found that most of the head of health centers (81.4%) have a medium level of knowledge of decentralize project. 11.8 % of them have a high level of knowledge of decentralize project and 6.8 % have a low level of knowledge of decentralize project. Most of them defined that it is to decentralize for a local with continuity, it is guideline for direct decentralization, to guideline the way of transferring the empowerment from center to local, to transfer the complicated mission to the local inside 4 years, the new decentralize project can supplied the needs of people, SAO. can develop with continuity, there is the study and try to scope the appropriate the project in the interested areas and there is follow up and evaluation this project (91.9%, 88.8 %, 87.6%, 78.3%, 76.4%, 75.2%, 72.7% and 70.8%). The details show in table 11 - 12.

Table 11 Frequency and percentage of the heads of health centers by level of knowledge of decentralize project

Level of knowledge of decentralize project	Frequency	Percentage
Low (score 1.00 - 2.33)	11	6.8
Medium (score 2.34 - 3.66)	19	11.8
High (score 3.67 - 5.00)	131	81.4

Table 12 Frequency and percentage of the heads of health centers by items of knowledge of decentralize project

Statement	Yes.	No.
1. To decentralize for the local with continuity.	148 (91.9)	13 (8.1)
2. It is guideline for direct decentralization.	143 (87.6)	18 (11.2)
3. To guideline the way of transferring the empowerment from center to local.	141 (87.6)	20 (12.4)
4. To transfer the complicated mission to the local inside 4 years.	117 (72.7)	44 (27.3)
5. The new decentralize project can supplied the needs of people.	126 (78.3)	35 (21.7)
6. SAO. can develop with continuity.	123 (76.4)	38 (23.6)
7. There is the study and try to scope the appropriate the project in the interested areas.	121 (75.2)	40 (24.8)
8. There is follow up and evaluation this project.	114 (70.8)	47 (29.2)

3. Self-development needs with the new role under coordination with (SAO.) of the head of health centers in Ratchaburi.

The results found that the head of health centers have a level of prompt in present roles in medium (82.0 %). 13.0 % have a low level of prompt in present roles and 5.0 % have a high level of prompt in present roles.

The needs of self-development found that they have a high level (78.9 %) of self-development under the new roles. 20.5 % have a medium level of self-development under the new roles. The details show in table 13 - 14.

Table 13 Frequency and percentage of the heads of health centers by level of prompt in present roles

Level of prompt in present roles	Frequency	Percentage
Low (score 1.00 - 2.33)	21	13.0
Medium (score 2.34 - 3.66)	132	82.0
High (score 3.67 - 5.00)	8	5.0

Table 14 Frequency and percentage of the heads of health centers by level of self-development needs

Level of self-development needs	Frequency	Percentage
Low (score 1.00 - 2.33)	1	0.6
Medium (score 2.34 - 3.66)	33	20.5
High (score 3.67 - 5.00)	127	78.9

They defined that have a medium level of prompt in the secretary as to writing the health center plan, to survey the health status, work evaluation of public health officers supervision, supply budget and training for volunteers (42.2 %, 52.2 %, 54.7 %, 57.1 %, 44.1 % and 59.6) and they needs to develop themselves in high level all of the roles too (59.0 %, 54.7 %, 47.8 %, 37.9 %, 67.7 % and 54.7 %).

In the roles of counseling for the SAO. found that they have a medium level most of the roles as exercise counseling for the aging, nutritional counseling for the aging, first-aids counseling, prevention diabetes counseling, checking the blood sugar in urine counseling, rehabilitation counseling and training occupational counseling for the disable people (54.0 %, 51.6 %, 46.6 %, 49.1 %, 52.2 %, 53.4 % and 42.2 %). However, they have a high level to develop themselves in the roles of exercise counseling for the aging, nutritional counseling for the aging, first-aids counseling, prevention diabetes counseling (51.6 %, 50.3 %, 49.7 % and 48.4) and they have a medium level to develop themselves in the roles of checking the blood sugar in urine counseling, rehabilitation counseling and training occupational counseling for the disable people (49.1 %, 50.9 % and 46.6 5). The details show in table 15.

Table 15 Frequency and percentage of the heads of health centers by items of prompt in present roles and self-development needs by items

Statement	Present				Needs			
	no	less	me dium	high	no	less	me dium	high
The new role of the secretarial of develop the health centers.								
1. To writing the health center plan.	22 (13.7)	34 (21.1)	68 (42.2)	37 (23.0)	6 (3.7)	7 (4.3)	53 (32.9)	95 (59.0)
2. Survey the health status.	3 (1.9)	21 (13.0)	84 (52.2)	53 (32.9)	-	8 (5.0)	65 (40.4)	88 (54.7)
3. Working evaluation of public health officers.	10 (6.2)	22 (13.7)	88 (54.7)	41 (25.5)	7 (4.3)	8 (5.0)	69 (42.9)	77 (47.8)
4. Supervision.	10 (6.2)	28 (17.4)	92 (57.1)	31 (19.3)	7 (4.3)	9 (5.6)	84 (52.2)	61 (37.9)
5. Supply budgeting.	14 (8.7)	52 (32.3)	71 (44.1)	24 (14.9)	1 (0.6)	7 (4.3)	44 (27.3)	109 (67.7)
6. Training for volunteers.	6 (3.7)	14 (8.7)	96 (59.6)	45 (28.0)	-	12 (7.5)	61 (37.9)	88 (54.7)

Table 15 Frequency and percentage of the heads of health centers by items of prompt in present roles and self-development needs by items (Cont.)

Statement	Present				Needs			
	no	less	me dium	high	no	less	me dium	high
The new role of the public health counselor for SAO.				1				
1. Exercise-counseling for the aging.	12 (7.5)	29 (18.0)	87 (54.0)	33 (20.5)	-	10 (6.2)	68 (42.2)	83 (51.6)
2. Nutritional counseling for the aging.	11 (6.8)	23 (14.3)	83 (51.6)	44 (27.3)	1 (0.6)	14 (8.7)	65 (40.4)	81 (50.3)
3. First-aid counseling.	5 (3.1)	21 (13.0)	75 (46.6)	60 (37.3)	4 (2.5)	7 (4.3)	70 (43.5)	80 (49.7)
4. Prevention diabetes Counseling.	6 (3.7)	26 (16.1)	79 (49.1)	50 (31.1)	3 (1.9)	6 (3.7)	74 (46.0)	78 (48.4)
5. checking the blood sugar in urine counseling.	7 (4.3)	26 (16.1)	84 (52.2)	44 (27.3)	1 (0.6)	8 (5.0)	79 (49.1)	78 (48.4)
6. Rehabilitation counseling.	9 (5.6)	33 (20.5)	86 (53.4)	33 (20.5)	-	8 (5.0)	82 (50.9)	71 (44.1)
7. Training occupational counseling for the disable people.	26 (16.1)	52 (32.3)	68 (42.2)	15 (9.3)	4 (2.5)	17 (10.6)	75 (46.6)	65 (40.4)

4. Analysis of factors related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi.

This research uses relation analysis by multiple regression analysis. The indicators use in this research such as:

b	=	regression coefficient
Beta	=	standard regression coefficient
R ²	=	Multiple coefficient of determination
Multiple R	=	Multiple coefficient of correlation
Sig. T	=	statistic significance to test hypothesis

The researcher fixed the measurement of variables as:

Variables	Code	Measurement
Work experience	EXP	Ratio scale
Coordination with SAO	COORD	Nominal scale
Opportunity	OPPU	Interval scale
Job security	JSEC	Interval scale
Perception with decentralize policy	PERP	Interval scale
Knowledge with public health structure and empowerment of SAO.	KOST	Interval scale
Knowledge with decentralize project	KORP	Interval scale
Self- development needs	NEED	Interval scale

Besides the assumption of multiple regression analysis, the measurement have to stable in the interval or ratio scale. But in this research, it has one variable which measures in nominal scale as the coordination with SAO. It have to change by dummy variable.:

coordination with SAO. = 0 have never been work
1 have been work

For a high creditability, the researcher tested the simple correlation. The analyze found that no variables have correlation. The results show as table 16.

Table 16 Correlation matrix and relation of independent variables

variables	EXP	COORD	OPPU	JSEC	PERP	KOST	KOPR
EXP	1.000						
COORD	-0.097	1.000					
OPPU	-0.064	0.188	1.000				
JSEC	-0.047	0.116	0.477**	1.000			
PERP	0.008	0.085	0.417**	0.419**	1.000		
KOST	-0.059	0.046	0.368**	0.318**	0.242**	1.000	
KOPR	-0.002	0.035	0.285**	0.255**	0.194*	0.349**	1.000

** Statistically Significance Level at 0.01

* Statistically Significance Level at 0.05

Analysis uses the multiple regression found that the knowledge with decentralize project has positively related with the self-development needs with the new role under coordination with (SAO.) of the head of health centers in Ratchaburi. ($b = 0.491$, $p < 0.05$, $\beta = 0.181$). This variable explain the variance of self-development need with the new role under coordination with (SAO.) as 3 % ($R^2 = 0.033$). The analysis shows in table 17.

Table 17 Analysis of factors related the self-development needs with the new role under coordination with SAO. of the heads of health centers in Ratchaburi province.

Variable	b	Beta	T	Sig.T
knowledge with decentralize project	0.491	0.181	2.319	0.022
Constant	41.199		28.767	0.000

Multiple R = 0.181 R^2 = 0.033
 F = 5.376 SE = 5.7700
 $p < 0.05$ Significant F = 0.022

CHAPTER V

DISCUSSION

From the research question, what is the the level of the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. in Ratchaburi province? and what are the factors related with the needs of the heads of health centers in professional growth in light of their new roles working in coordination with SAO.? The researcher can explain for these question such as:

1. Self- development needs with the new role under coordination with (SAO.) of the heads of health centers in Ratchaburi province.

2. Factors related with self -development needs with the new role under coordination with (SAO.) of the heads of health centers in Ratchaburi province.

3. Factor non-related with self-development needs with the new role under coordination with (SAO.) of the heads of health centers in Ratchaburi province.

1. Self-development needs with the new role under coordination with SAO. of the heads of health centers in Ratchaburi province.

The results found that the heads of health centers have a high level of self-development needs under the new roles. They defined that have a medium level of prompt in the secretary as to writing the health center

plan, to survey the health status, work evaluation of public health officers supervision, supply budget and training for volunteers (42.2 %, 52.2 %, 54.7 %, 57.1 %, 44.1 % and 59.6) and they needs to develop themselves in high level all of the roles too (59.0 %.,54.7 %, 47.8 %, 37.9 %, 67.7 %, and 54.7 %).

In the roles of counseling for the SAO. found that they have a medium level most of the roles as exercise counseling for the aging, nutritional counseling for the aging, first-aids counseling, prevention diabetes counseling, checking the blood sugar in urine counseling, rehabilitation counseling and training occupational counseling for the disable people (54.0 %, 51.6 %, 46.6 %, 49.1 %, 52.2 %, 53.4 % and 42.2 %). However, they have a high level to develop themselves in the roles of exercise counseling for the aging, nutritional counseling for the aging, first-aids counseling, prevention diabetes counseling (51.6 %, 50.3 %, 49.7 % and 48.4).

According to the results, the head of health centers have a medium level in the present roles. Because they worked by the roles, order and policy of the Ministry of Public health, it called the routine work. In the future, they have a high level to develop themselves in working.

2. Factors related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi.

From analysis to multiple regression analysis, the knowledge of decentralize project has relate with self-development needs with the new

role under coordination with SAO. of the heads of health centers in Ratchaburi province. Because most of them have a high level in knowledge of decentralize project. This factor is a part of motivative factors of Herzberg theory. When they understand about this project, it make them to develop themselves. The basic of decentralize project is the most important for decentralization and practice. The true knowledge is bring about the good attitude for organization management. It can help them to work with efficiency when they coordinate with SAO. This result similar to Apinun Hoikeaw (1999: Abstract) study about the decision- making to transferring belong to SAO. of the officials in Nakorn Srithammaraj. The results found that knowledge with decentralization of the public health officers has relate to the decision- making to transferring belong to SAO. On the other hand, this result similar to Pirin Boonnak (1993: Abstract) study about the environmental management training need of the administrator in public organization. The results found that environmental technology and environmental work knowledge have related with environmental management training need.

3. Factors non related the self-development needs with the new role under coordination with SAO. of the heads of health centers in Ratchaburi province.

Factors non related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province such as work experience, coordination with SAO.,

opportunity, job security, perception with decentralize policy and knowledge with public health structure and empowerment of SAO.

Work experience haven't related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. Because more and a half of the head of health centers (42.9 %) have a long work experience in 21 -30 years. They have a high in work experience, so they may be not to develop themselves. The result found that most of them have a medium level in the present roles. They can decide about their work and their responsibility when they have to work with SAO.

Opportunity haven't related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. Because most of them (81.4 %) have a medium level in opportunity and 73.4 % of them have an opinion not sure to get a high promotion under work with SAO. 72 % commented that not sure to get a merit in work. From the seminar in the health reform of the Ministry of public health found that most of the public health officers don't sure in a job and opportunity under work with SAO. (Office of the Health Reform, 2000: 7).

Job security haven't related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. Because most of the head of health centers (49.1 %)

have a medium level in job security and only 46.0 % have a high level in job security. They defined that work with SAO. don't effect to welfare and salary. From the issues in the Act of decentralization to local organization defined that don't change in a welfare and salary of the public health officers (Office of the Health Reform, 2000: 7). It means that all of them still similar to job security.

Coordination with SAO. haven't related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. Because most of the head of health centers (85.7 %) have been work with SAO. They have average in period of work time in 1-2 years. They defined that work with SAO. has a command from the central administration but it don't work with together. The new roles as a secretary of the develop the health centers committee, they have been work and similar to a duty. They can work and understand to practice from their experience.

Perception with decentralize policy haven't related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. Because most of the head of health centers (49.1 %) have a medium level in perception with decentralize policy. They don't sure in order, management and reduce the complicated job of decentralize project. It may be unclear of this project. The

role structure have unclear to performance and unclear of the issues in the Act of decentralization to local organization (Armorm Raksasat, 2000: 100).

Knowledge with public health structure and empowerment of SAO. haven't related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. Because most of the head of health centers (52.2 %) have a medium level in knowledge with public health structure and empowerment of SAO. They have been trained with the public health structure and empowerment of SAO. but they don't interest with public health structure and empowerment of SAO., too. Because the decentralize project is unclear about transferring the responsibility.

CHAPTER VI

CONCLUSION AND RECOMMENDATION

Self-development needs with the new role under coordination with subdistrict administration organization (SAO.) of the heads of health centers in Ratchaburi province, the objective of this study are

1. To study the level of the needs of the heads of health centers in professional growth in light of their new roles working in coordination with SAO. in Ratchaburi province.

2. To study the factors related with the needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO. such as the work experience, coordinating with subdistrict administration organization (SAO.), opportunity, job security, perception with decentralize policy, knowledge with public health structure and empowerment of SAO., knowledge with decentralize project.

Population for this study are 161 persons who works into the head of health centers in Ratchaburi province. The researcher uses the questionnaire to collect the data. To analyze data with micro computer, SPSS / PC program for window. Statistical analysis with general information are frequency, percent, min - max value and standard deviation. Independent and dependent variables analysis are mean value and percentage. To analyze the relation between independent variables and dependent variable use by multiple regression analysis. The significance level was fixed at 0.05 .



1. Conclusion of general characteristics.

Most of the head of health centers (59.6%) are female. They have age group in 51 - 60 years (37.3%) and average age 46 years ($\mu = 46.2$, $\sigma = 8.08$). Most of them (57.8%) graduated in diploma of nursing. work experience in the Ministry of Public Health are 21-30 years (42.9%). They work as a head of health centers 15 years ($\mu = 15.8$, $\sigma = 4.30$). Most of them (85.7%) have been work with SAO. Their income are 10,001-15,000 bahts.

2. Conclusion of independent variables.

2.1 The results found that the head of health centers have a medium level of opportunity.

2.2 The results found that the head of health centers have a medium level of job security.

2.3 The results found that the head of health centers have a medium level of perception of decentralize project.

2.4 The results found that the head of health centers have a medium level of knowledge with public health structure and empowerment of SAO.

2.5 The results found that the head of health centers have a high level of knowledge with decentralize project.

3. Self-development needs with the new role under coordination with SAO. of the heads of health centers in Ratchaburi province.

The head of health centers have a high level of self-development needs with the new role under coordination with SAO.

4. Factors related the self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi.

From analysis to multiple regression analysis, the knowledge of decentralize project has relate with self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. This result is get a long with the Maslow theory and the motivative Herzberg theory. Because when they understand about this project, it make them to develop themselves. The basic of decentralize project is the most important for decentralization and practice. The true knowledge is bring about the good attitude for organization management. It can help them to work with efficiency when they coordinate with SAO.

5. Policy recommendation

5.1 The head of health centers. The result found that the knowledge of decentralize project has relate with self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. The Ministry of Public Health should hurry to develop the public health officers. The method of development are seminar or

training about the true information of the aim, the roles management of decentralize project. It should be assess the knowledge with decentralize project of the head of health centers and the public health officers. This is to prepare a confident of the persons to work with SAO.

5.2 The SAO. The result found that the knowledge of decentralize project has relate with self-development needs with the new role under coordination with SAO. of the head of health centers in Ratchaburi province. The Ministry of Public Health should sent the officers that pass to train about the decentralize project for SAO. to get along with the head of health centers and the public health officers. The SAO. have to know about the true decentralize project and have a good attitude for decentralization.

6. Recommendation for the future research

6.1 This study chooses 7 variables into the conceptual framework. In order that of the Maslow theory and motivative Herzberg theory may be another variables that relate with the self development need of the head of health centers such as self-confident, attitude to decentralization, management ability.

6.2 It should be study the knowledge of decentralize project of SAO. such as the deputy of SAO., the chairman of SAO. that has ability to coordinate with the public health officers. How they have understand the decentralize project ?. How the Ministry of Public Health should support or develop the knowledge of decentralize project to the SAO.?

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บัณฑิตวิทยาลัย มหาวิทยาลัยเกษตรศาสตร์.



APPENDIX

RESEARCH INSTRUMENT

**Subject: SELF-DEVELOPMENT NEEDS WITH THE
NEW ROLE UNDER COORDINATION WITH SUBDISTRICT
ADMINISTRATION ORGANIZATION (SAO.) OF THE HEADS
OF HEALTH CENTERS IN RATCHBURI PROVINCE.**

Part 1. The general information.

Instruction: Please insert information in the place, or give a check mark in the bracket corresponding to the selected answer.

1. Sex

1. Man 2. Woman

2. Age _____ years.

3. Level of education.

1. Certificate of _____.
2. Diploma of _____.
3. Bachelor degree of _____.
4. Master degree of _____.
5. Another identify _____.

4. Salary _____ bath per month.

5. The period of time work in Ministry of health _____ years.

6. The period of work as the head of health center _____ years.

7. Have you been worked with SAO. ?

1. Never, because _____.
2. Yes, _____ years.

Part 2 Opportunity

If you must to work with SAO. What do you think of the opportunity?

Statement	St. agree	agree	not sure	dis agree	St. disagree
1. The opportunity is high.					
2. You can receive promotion.					
3. You can receive a merit in work.					
4. The salary will high.					

Part 3 Job security

If you must to work with SAO. What do you think of the job security?

Statement	St. agree	agree	not sure	dis agree	St. disagree
1. Work with SAO. don't bring the effect to salary.					
2. Work with SAO. don't bring the effect to welfare.					
3. You can work until retirement.					

Part 4 Perception with decentralize policy.

What do you think of the decentralize policy ?

Statement	St. agree	agree	not sure	dis agree	St. disagree
1. This project has appropriates for personal development.					
2. This project has appropriates for the management	1				
3. This project has appropriates for the act.					
4. This project can solve any problems in local organization.					
5. This project can support the decision-making in local organization.					
6. This project can reduce the complicated jobs.					

Part 5 Knowledge with public health structure and empowerment of SAO.

Statement	Yes.	No.
1. It is managed with public system in itself.		
2. It can do a cure plan.		
3. It can control the family health care in community.		
4. It can control the family planning.		
5. It can control the communicated diseases.		
6. It can control the services in the health centers.		

Part 6 Knowledge with decentralize project

Statement	Yes.	No.
1. To decentralize for the local with continuity.		
2. It is guideline for direct decentralization.		
3. To guideline the way of transferring the empowerment from center to local.		
4. To transfer the complicated mission to the local inside 4 years.		
5. The new decentralize project can supplied the needs of people.		
6. SAO. can develop with continuity.		
7. There is the study and try to scope the appropriate the project in the interested areas.		
8. There is follow up and evaluation this project.		

Part 7 The needs of the head of health centers in professional growth in light of their new roles working in coordination with SAO.

Question : When you work with SAO.,

1. Do you prompt with the new role that work with SAO. ?

2..Do you want to develop yourself with the new role ?

Statement	Present				Needs			
	No	Less	Medium	High	No	Less	Medium	High
<p>The new role of the secretarial of develop the health centers.</p> <p>1. To writing the health center plan.</p> <p>2. Survey the health status.</p> <p>3. Working evaluation of public health officers.</p> <p>4. Supervision.</p> <p>5. Supply budgeting.</p> <p>6. Training for volunteers.</p>								

Statement	Present				Needs			
	No	Less	Medium	High	No	Less	Medium	High
The new role of the public health counselor for SAO.								
7. Exercise-counseling for the aging.								
8. Nutritional counseling for the aging.								
9. First-aid counseling.								
10. Prevention diabetes counseling.								
11. checking the blood sugar in urine counseling.								
12. Rehabilitation counseling.								
13. Training occupational counseling for the disable people.								

*****Thank you for your answers.*****

**List of quality persons in charge of examining
the authenticity of the Questionnaire forms:**

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1. Mr. Pulsak Pumwiset	Office of the Permanent Secretary for Public Health, Ministry of Public Health
2. Mr. Suphan Srithamma	Department of Medical Sciences, Office of the Permanent Secretary for Public Health, Ministry of Public Health

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