THE VISION OF PUBLIC HEALTH ADMINISTRATORS ON THE DISTRICT HEALTH OFFICE IN SAMUT-PRAKARN PROVINCE

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IN SAMUT-PRAKARN PROVINCE

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My success in this opportunity is owed to the support and motivation from my family specially my parents who provides me with great love, brother and sister who facilitated me everything in this occasion.

Patcharee Lertthitinunkul
This is a qualitative research done with the objective of studying the visions of health administrators in Samut Prakarn Province on the District Health Office in 4 areas: 1. Visions on the administrative and organization structure, 2. Vision on the health human resources structure, 3. Vision on the infrastructure and environmental condition, 4. Vision on the equipment and supportive technology.

The information was collected by means of in-depth interviews of 19 key informants and then we employed content analysis of the data.

The research results founded that a group of the key informants had envisioned the administration of the District Health Office in which the size of it should be established according to the population size and the organization structure and the rank of the District Health Office should match the district's size. In the area of infrastructure, those administrators who presented a vision said that the design and space dividing the buildings shouldn't be fixed but instead depend on the role and responsibilities of the organization and be in accordance with the cultural background of the community. In the area of resources and supportive technology some administrators said that the office should have enough equipment necessary to perform the mission efficiently. In terms of health human resources, health administrators felt that the number of officer should be appropriate for the population size and their future mission. Also the permanent employees of the District Health Office should be more specialized and professional in specific areas.

On the other hand, there is a group of key informants who have a different vision and they said that the District Health Office is not capable of leading its own way yet due to the transition stage of restructuring. They also think that the way it is working now was good enough and that it depended on the managerial procedures of the organization director.

Regarding the policy formulation and planing it should be revised for authority and decision making regarding infrastructure and equipment of the District Health Office. This should be done by establishing the appropriate figures matching the population size and the complexity and seriousness of public health conditions in each district instead of doing so by using the facilities from the central authority.
การวิจัยนี้เป็นการวิจัยเชิงคุณภาพ มีวัตถุประสงค์เพื่อดึงสิทธิพื้นที่ของผู้บริหารสาธารณสุขต่อสานักงานสาธารณสุขจังหวัดสมุทรปราการ โดยศึกษาวิสัยทัศน์ 4 ด้านประกอบด้วย 1. วิสัยทัศน์ด้านบทบาทหน้าที่ และการบริหารจัดการองค์กร 2. วิสัยทัศน์ด้านบุคลากร 3. วิสัยทัศน์ด้านโครงสร้างพื้นฐาน และสภาพแวดล้อม 4. วิสัยทัศน์ด้านครุภัณฑ์และเทคโนโลยีสารสนเทศ ของสานักงานสาธารณสุขจังหวัดสมุทรปราการ เรียบเรียงโดยการสัมภาษณ์จิตเล็ก จากผู้ใต้บังคับบัญชา 19 คน วิเคราะห์ข้อมูลโดยใช้ความเคารพในแนวแบบการวิจัยเชิงคุณภาพ

ผลการวิจัยพบว่า ผู้บริหารสานักงานสาธารณสุขจังหวัดสมุทรปราการมีวิสัยทัศน์ที่เห็นาว่าสานักงานสาธารณสุขจังหวัดสมุทรปราการมีการกำหนดแผนงานขององค์กรโดยใช้จานวนประชากรเป็นตัวกำหนด โครงสร้างการบริหารขององค์กร และระดับตำแหน่งของสานักงานสาธารณสุขจังหวัดสมุทรปราการ มีการกำหนดจังหวัดประชารัฐและการจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจังหวัดสมุทรปราการต้อง มีความรู้ความเข้าใจจากประชาชนตามภาคส่วน ด้านโครงสร้างพื้นฐาน ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัฒนธรรมขององค์กรสามารถเข้าใจได้จากผู้ใต้บังคับบัญชาที่มีประสบการณ์การทำงานในสานักงานสาธารณสุขจังหวัดสมุทรปราการ เท่านั้น ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัดผลงานเป็นจุดประสงค์ขององค์กร และการสื่อสารกับประชาชน การจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจังหวัดสมุทรปราการต้อง มีความรู้ความเข้าใจจากประชาชนตามภาคส่วน ด้านโครงสร้างพื้นฐาน ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัดผลงานเป็นจุดประสงค์ขององค์กร และการสื่อสารกับประชาชน การจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจังหวัดสมุทรปราการต้อง มีความรู้ความเข้าใจจากประชาชนตามภาคส่วน ด้านโครงสร้างพื้นฐาน ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัดผลงานเป็นจุดประสงค์ขององค์กร และการสื่อสารกับประชาชน การจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจังหวัดสมุทรปราการต้อง มีความรู้ความเข้าใจจากประชาชนตามภาคส่วน ด้านโครงสร้างพื้นฐาน ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัดผลงานเป็นจุดประสงค์ขององค์กร และการสื่อสารกับประชาชน การจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจังหวัดสมุทรปราการต้อง มีความรู้ความเข้าใจจากประชาชนตามภาคส่วน ด้านโครงสร้างพื้นฐาน ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัดผลงานเป็นจุดประสงค์ขององค์กร และการสื่อสารกับประชาชน การจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจังหวัดสมุทรปราการต้อง มีความรู้ความเข้าใจจากประชาชนตามภาคส่วน ด้านโครงสร้างพื้นฐาน ผู้บริหารมีวิสัยทัศน์ที่เห็นว่า วัดผลงานเป็นจุดประสงค์ขององค์กร และการสื่อสารกับประชาชน การจัดเก็บบุคคลลูกค้าจังหวัด็บานสานักงานสาธารณสุขจ
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CHAPTER I
INTRODUCTION

1. Rationale and justification

According to the District Health Office, the Ministry of Public Health is one part of the government service that received an analysis and criticism on the role, functions and responsibilities and potential of the organization. It is a result from the ideal to reform of government official system and the decentralization. The process of development both the economy and society, and the population changes has extreme importance and effect the District Health Office in the quantity, skills and quality of health human resources that is more likely to match with the mission and responsibilities in the future.

Apart from that, the District Health Office should be equipped with modern technology to support their functions; specially technology, laboratory, field operations resources and audiovisual since the infrastructure and environment of the organization is also an important factor that makes the organization fulfill its functions and goals.

In order to present the importance and necessity of studying the vision District Health Office the following important points are presented.

1.1 External factors

1.1.1 The government official system reform

The Thai government service has been set up for various centuries and it has been considered as one important factor for the lives of the nationals. Because the government service has to be responsible for working in the society, culture, education, public health, economy, environment and others. These responsibilities are going to be determined according to the constitution which has only been changed and supervised since the year 1932. This responsibility is conceded to the
government, which has to ensure the wellbeing, happiness, quality of life and their importance in the development of the country.

But at this point many research affirm that the Thai government is falling in a process of “Failure” (Thipawadee Mekhsawan, 1998: 33). The government service system of these days is facing a lag and a lack of development which many researchers have come up with a conclusion of what are the main problems of the government system. (Rung Keowdeang, 1995:32-63) These problems are: The lack of efficiency, using resources in excess and getting low results, low work quality, slow work processes, and there are red tape steps as well. For example, a task that should be done in one day sometimes is finished in a week or more. The quality of the service is very slow and inefficient and it is a system of the power exercises. The government officers have employed a large number of manpower, which creates a huge expenditure on salary rather development.

Chaianan Samutwanit has done research on the main problems of the public sector service and they found that the Thai public sector is lacking goals and clear policies; the power is centered in only a group of few where the ordinary staff has no opportunity to participate in decision making, planning and policy formulation; the procedure order has too many steps and the legislature are outdated and obsolete for the changing society of today. Added to all this problems the management of the human resources is lacking a balance between the workers and their workloads, which affects their motivation and feelings and lead them to the road of corruption and dishonest behavior. (Prayong Temchawala, 1999: 5-6)

The government service has also suffered on an expansion, which in some cases cause the repetition of one task several times by different people and organization. For example the education affairs are taken care by work units in different ministries, which leads the national education system to a lack of competitive quality. This is also the case of public health affairs where there are difficulties on gathering the work and on solving health problems because of the lack of efficiency and it doesn’t have suitable benefit for the society, as it should. This is also kind of an extra load because there is an increase in the costs of salaries in an average of one percent each year whereas in neighbor countries like Malaysia those costs tend to decrease every year and also there are some proportions that are lower.
than in Thailand. Comparing the budget for expenses of the employees in the years 1993 and 1997 the difference is 37 and 42 percent respectively (Prayong Temchawala, 1999: 10).

In conclusion we can see that all the problems mentioned are a result of a government service that is too big and has over staffing than needed who are too attached to old norms and policies. This is a problem very difficult to solve if there is not a reduction of the officer, decentralization, and management of the resources towards the accomplishment of a more democratic and efficient community (Witayakorn Chiangkul, 1994: 80). For this reason, the important strategy for the improvement of the government service could be the adjustment of the role and the decentralization to assure the achievement of having Thai people living a quality life in happiness and with a high qualification to compete in an international stage. (Committee for the development of the government service, 1998 : 39)

1.1.2 The decentralization

The 1997 Thai constitution article 78 and 284 declare the issue of the decentralization of authority towards the local community. The 1953 municipality, the Act district council and the Sub-district Administration Committee of the year 1995 specify the authority to be able to collect local income tax and local resources for the development of the community from their own wealth. These two acts also determine the local authority in providing public health services, family health and medical treatments. Which will produce various effects in the change process of the district health office in the future.

1.1.3 The impacts of the socio-economic development process

The development of the country in the previous period after the introduction of a National Socio-Economic Development Plan 1 – 8 produce various effects of the development either positive and negative.

Some of the positive effects are for example the continuous growth of the economy, the huge investment on the industry and services sectors especially in the big cities. The rapid expansion affects the increasing amount of migrants to in the big cities and withdraw workforce from the agricultural sector to the industry. (Chuchai Suphawong, et al., 1996: 13) The improvement of infrastructure, the rapid
expansion of urban, the changing ways of life, employment and higher consumption can also count from these development plans.

Apart from all that the economic growth there are also negative affects on the deterioration of the environment; forests, pollution, garbage problem, water resources pollution, problems in the security of life and properties which affects the overall quality of life for Thai people. The changing role of the family institution and community structure (Chuchai Supawong, et al., 1996: 11) A pattern of single families has effects in the people of older and children both physically and psychologically which generate some other problems as well.

1.1.4 The population changes

Upon the declare of country population policy in 1970 which was specified reduction of the population growth rate by promoting and implementing the use of all kinds of family planning to reduce the natural growth rate from 2.76 percent per year in 1970 to 1 percent per year in 1999 (Institute Population and Social Research, Mahidol University, 1999: 22).

Even the country has successes in reducing the population growth rate, it has been found that the population increased from 34.3 million in 1970 to 61.7 million in 1999 (Institute for Population and Social Research, Mahidol University, 1999). The population trends to increase in the future, which means that Thailand is not yet able to achieve a zero population growth rate and a stable population. It was projected that the population will increase 70.5 million in the year 2020 (National Economic and Social Development Broad, 1995: 7).

The past population changed has affected the age structure in ways that the proportion of people of ages lower than 15 began to decrease from 38.3 percent in the year 1980 to 27.1 percent in the year 1997 and in the year 2001 there will be only 25.2 percent. On the other hand, the proportion of elder people ages (60 years over) increased from 4.9 percent in 1970 to 8.2 percent in 1999 (Institute Population and social Research, Mahidol University, 1999) and it was projected that the elder population will increase to 9.6 percent in 2010 (National Economic and Social Development Broad, 1995: 82).

The maternal and infant mortality rates have decreased significantly due to the improvement of health and others development. The maternal and infant
mortality rate has been decreased from 2.3 percent in 1970 to 0.1 in 1997 and the infant mortality rate has decreased from 25.5 percent in 1970 to 5.8 in 1997 (Ministry of Public Health, 1997: 16-17).

Table 1 The changes of the population natural growth rates, life expectancy, infant and maternal mortality rates in the period between 1970 - 1997.

<table>
<thead>
<tr>
<th>Year</th>
<th>The Number of Population (1)</th>
<th>Natural Growth Rate % (1)</th>
<th>Life Expectancy (1)</th>
<th>Infant Mortality Rate (2)</th>
<th>Maternal Mortality Rate (2)</th>
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<tr>
<td>1970</td>
<td>34,397,374</td>
<td>2.76</td>
<td>57.70</td>
<td>25.5</td>
<td>2.3</td>
</tr>
<tr>
<td>1980</td>
<td>44,824,540</td>
<td>2.68</td>
<td>58.63</td>
<td>13.3</td>
<td>-</td>
</tr>
<tr>
<td>1990</td>
<td>54,548,530</td>
<td>1.44</td>
<td>61.75</td>
<td>8.0</td>
<td>0.2</td>
</tr>
<tr>
<td>1997</td>
<td>60,466,243</td>
<td>1.16</td>
<td>69.97</td>
<td>5.8</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Source: 1. Public Health Statistics, 1997: 5,16-17
2. Public Health Calendar Diary, 1999: 192

The other affects of past development integrate with the population increase created both push and pull factors in rural and agricultural sector to the cities and industrial zone. These pull factors are job opportunities, employment, education and the modernization of life style. These factors also lead to a bigger gap between the urban and the rural and agricultural and industry which especially generate. The large volume of migrants from the rural workforce population in the city. (Sanae Jamarik, 1988: 3).

The mass exodus from rural to urban setting affect the family structure, who lack the potential for the development and create the big portion of urban poor population and its changes mentioned before, it has been generated a principal effect which is the rapid urbanization of the cities like Bangkok, which is considered the primate city of the country with 5.5 million person in 1997 but on de facto basis there may be more than 10 million where as Nakhorn Ratchasima (second largest city of the country) had only 2.5 million population in the same year or only 45 percent of the population in Bangkok.
Apart from that other provinces that are mainly industrial have a faster increase in the population growth rate due to migration for example in the provinces in the vicinity of Bangkok. Observe the provinces that have an industrial expansion in the Table 2.

Table 2 Comparison between the number factories and percentage of population changes of some province in the years 1980 and 1996.

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of Factories *(1996)</th>
<th>Number of Population **</th>
<th>Population change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*(1996)</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19,727</td>
<td>4,697,071</td>
<td>5,604,772</td>
</tr>
<tr>
<td>Bangkok</td>
<td>7,419</td>
<td>1,948,287</td>
<td>2,494,516</td>
</tr>
<tr>
<td>Nakhornratnasima</td>
<td>5,347</td>
<td>484,829</td>
<td>956,266</td>
</tr>
<tr>
<td>Samutprakarn</td>
<td>2,299</td>
<td>247,168</td>
<td>407,146</td>
</tr>
<tr>
<td>Samutsakorn</td>
<td>1,885</td>
<td>525,906</td>
<td>753,599</td>
</tr>
<tr>
<td>Nakornpathom</td>
<td>1,873</td>
<td>693,510</td>
<td>1,028,625</td>
</tr>
<tr>
<td>Chonburi</td>
<td>1,480</td>
<td>319,674</td>
<td>592,328</td>
</tr>
<tr>
<td>Pathumtani</td>
<td>1,333</td>
<td>369,777</td>
<td>800,741</td>
</tr>
<tr>
<td>Nontaburi</td>
<td>1,033</td>
<td>339,196</td>
<td>504,631</td>
</tr>
</tbody>
</table>

* Regional Statistics Information from 1996.
** Province Information Statistics from 1980 and 1996.

From the several changes in the population mentioned above; population rates, characteristics of the population, death rates, the expansion of the age structure, etc; we can see conclude that these are related with the role of the health human resources of the district health office in the way that they are in charge of taking care of the health, prevention of communicable diseases, health promotion, medical care
and other health related development. All these responsibilities of the district health office require the revision of their role in order to match with responsibility amount of population and health problem.

1.1.5 The prevalence and incidence pattern of sickness

Apart from the high competition generated by the fast growth of development in the past decade, the migration of the agricultural workforce generates a change in the working style of the profession of people who now has to trudge harder and for longer time. The change in the eating habits of people who now prefer the western fast food while they perform fitness exercise less. For these reasons the health problems are more complexity since it has been found that the problems of the public health in Thailand are those characteristic of a new industrialized country. The most frequent diseases are chronic diseases generated by the deterioration of the organism. Cancer and other health problems are some of the diseases caused by the new main priority problems of public health such as the use of pesticides and hallucinating drugs, radioactive, toxic substance, road accidents and the polluted environment. From all that it is clear that Thai people has a higher rate of death from non infections diseases.(The Ministry of Public Health, 1997: 4).

The top five causes of death in 1997 were heart diseases, accidents, all cancers, hypertension and cardiovascular diseases, and suicide (Ministry of Public Health, 1997: 86)

The trends of illness of Thai people caused by the industrialization in general might have a cause from the environmental problem and an unhealthy behavior characterized by a group of diseases such as: 1) diseases caused by different kind of occupation, 2) diseases caused by risk eating habits, 3) Non-infection diseases like diabetes and hypertension, 4) Accidents, 5) diseases from risk behaviors e.g. AIDS 6) mental health diseases, 7) drugs addiction, 8) diseases among of the elderly such as corneal ulcer, articulations problems and 9) the leave away of children and the elderly (Committee of Public Health, 1996: 122).
1.2 Internal factors

1.2.1 Health human resources of District Health Office

Human resources are considered the main aspect of the organization. They are the main principle that will help the organization to fulfill all its responsibilities with efficiency, success, and future prosperity and long ability to satisfy the people who use the service and the work unit involved both internally and externally in the system. Especially in the fact that there is a hard competition between each other, deceptions in the quality of the service more than average.

Since the chart of power rank is able to have only seven ranks, and observing the role and responsibilities of the employees in providing excellent results for the District Health Office system and the life quality of the people we can see that the employees still lack connection with their responsibilities and the quantity of work.

The main reason to organize the structure of the organization is in order to make people come and work according to the network, plan to obtain good results. Also because of this the manager must be ready since the process of careful selection and appointing starts in order to hire the people who has knowledge, numerous abilities for a job which is neither hard nor easy; in other words using the principle of “putting the right man on the right job”. All that implies that the people must be chosen very carefully so that there won’t be problems in people’s abilities not being related with their jobs. The abilities of the workers must include technical knowledge, thinking power, and attitude in every situation, which are qualities that are difficult to detect clearly. For this reason the selection of right people for the right job has immense importance and in the world of today filled up with modern technology and hard competition the people of the organization gains more and more importance (Tongchai Sintiwong, 1997: 83). That consequently has effects in the quality of work. According to the conclusion of Chaianant Samutwanit and his colleagues after their study of the main problems of the Thai public sector service there are four principles and some of them are the problem in managing manpower, the lack of balance between the job and the worker, the managerial behavior is not helpful. For example the public sector system is a system of manpower with connections, which effects and efficient selection of personnel and the work of the official service do not respond to
the policies of the government and the necessities of the people; instead they give more importance to the people that controls them (Prayong Temchavala, 1999: 7).

In this conclusion it is also seen clearly that the work of the manpower of the District Health Office in terms of manpower ratio still has not think of the amount of population of each district, the area and pattern of the territory and its development. Apart from not having a balance in the delegation of the officer in respect to the amount of population and the pattern of development of each territory, the manpower ratio in terms of number of positions and requirements for each position leads to have very similar personnel. From the study done by Woradet Jantason about the human resources management by evaluating from the people who work in the District Health Office, it was found that 47.9 percent of the officers agree that the selection of the human resources is not suitable to the problem. (Woradej Jantarason, 1998: 109)

Even though there has been support in the process of instruction of many areas, various high-ranking administrators of the ministry analyzed in depth the low abilities of the District Health Office personnel to research and it makes them incapable of being an analysis unit or to connect a problem with the means to solve it by themselves. (Woradej Jantarason, 1998: 103)

We are talking about the amount of personnel, the qualification of personnel, skills and abilities of the personnel that are not balanced or connected with the role and responsibilities of the organization. The image and size of the problem in the District Health Office is likely to continue the same, where apart from the structure, the personnel is going to act the same way and perhaps this could generate some effects in the lack of efficiency and weakness of the organization. The vision of each individual of the District Health Office personnel is an important factor when the limited number of personnel seems to need more connection with the development process of the government service. The personnel that stays must have suitable abilities for the role and responsibility conferred and knowledge in the use of technology to support the work and achieve efficiency. (Prayong Temchavala, 1999: 21)

1.2.2 The District Health Office management

The management or organization of the government service-working unit has a big difference in infrastructure, provision of information, the preservation
of social traditions and respectful manners, Thai culture because of its roots on respectfulness and politeness, honorable of the elder people and the negative response to changes. All of those also cause a lack of development in the service and it is called “Managing following attached to a train car” which means that they go on their work just barely and they can not complete the cycle and it leads to a contradiction among the management, the theory and the concepts and to a lack of continuity in the management process to complete the cycle. When the work is done there should be an evaluation, education, research, and experiment to develop the organization.

The organization of the government service administration order by the Ministry of Public Health was done based on the ground administration order of the government service, which contains the basic management structure for the government service. This structure consists of three parts, which are the middle part management, the regional service and the community management. The Ministry of Public Health and the department under its control are in charge of the management of the Public Health in the middle part; moreover the managing power of the regional service is divided in the levels of province and district. The governor of each province has personnel in the Provincial Public Health Office and District Health Office as support personnel, and in the level of county the work of the public health is given to the Health Center.

The personnel of the District Health Office are the replacement of the ministry of public health in the district and their role and responsibilities include the control and support of the Health Center to ensure their strength and quality in order to accomplish a complete healthy population in Thailand and a better life quality. Moreover, the Health Center have received development programs for decades by the District Health Office, which has autonomy in controlling directly these stations. Although if we compare the Community hospitals which are in the same level but are controlled by the Provincial Chief of Medical Officer, we can see that these stations are not as developed. They have big differences in the amount of personnel, resources, and the quality of their work (Sumroeng Yaengkratok, 1992: Introduction).

The organization structure of the actual working organization had the following aspects: 1) The administration, 2) Health promotion and treatment, 3) Health planning and evaluation, 4) Sanitation and environmental health, 5) Communicable
diseases control, 6) Pharmaceutical health, 7) Personnel and development. The personnel in the district health office consists of 7 positions.

Even though the actual frame of manpower has been transformed three times already, it is still undeveloped because it contradicts with the amount of work of the District Health Office, which has developed in terms of amount and quality. For this reason, there should be an organization and development of the power of the organization, structure control, development of the planning and control of the work, evaluation and information as well as an introduction of new technologies to improve the efficiency of the work.

The District Health Office is low in setting control and supervision procedures and the line of command and the line of supervision are under the personnel of the Province Chief of Medical Officer. According to the study of Woradej Jantarason about the opinions of the personnel of the District Health Office all over the country. In terms of suitability of the structure and working procedures of the personnel of the District Health Office, 53.5 percent of the respondents agree that the structure and work procedures of the District Health Office personnel are not suitable and this relates also to the interview in depth with the high level managers of the ministry who said that the District Health Office and the Health Center are in crisis and for this reason a solution must be found quickly (Woradej Jantarason, 1998: 81). The structure and working procedures mentioned above could also generate difficulties in the process of control, report, continuity and evaluation of the work which is another important aspect that needs to be adjusted.

1.2.3 Resources and technology of the District Health Office

In the principle of managing the organization in order to achieve the goals following the four Ms constituted by Man, Money, Material, and Management. The equipment is set to be an important component of the role and responsibilities to enhance the facilities for the organization to work and achieve the goals rapidly and accurately.

The standard frame of the present materials of the District Health Office a frame that lacks modernity. The resources that would facilitate the work and make it more accurate like computer are not in the components of the District Health Office. The medical instruments received are not so trustworthy and in general all the
instruments including those used for the diffusion of information, which are extremely important in this era of globalization and do not respond to the necessities of the people who are more interested in quality than in quantity.

Rung Keowdaeng has said that the Thai government service was designed in the time were technology was not implemented, and in which people were the main workforce and it was cheap. However, the present Thai workforce is no longer cheap, the salaries of the employees of the public sector service represent 40 percent of the increase in the overall budget of the country. For that reason in order to increase the efficiency of the public sector service, it is necessary to introduce technology because if compared with the cost of contracting people, the costs that are saved by using technology are higher. (Rung Keowdaeng, 1995: 131)

In the present all the organizations have accepted the fact that technology is a factor that is gaining more and more importance and is an important aspect which managers must have in mind when taking decisions in two aspects. (Tongchai Santiwong, 1997: 57)

1. Choosing the level of technology that is more suitable to the organization.

2. Method to introduce modern technology to work and get results.

The District Health Office is an organization that is currently decentralizing the power towards the community in order to enable the organization to work with pride and efficiency. It should adjust to the modern technology in order to provide confidence and faith to the people and the work unit.

1.3 The leadership and vision

The resulting vision from the current globalization, the information expansion, the technological revolution specially in information technology, have an effect in the change of working patterns of the organization and the people as well. Facing the instability of the environment creates confusion within the organization since as a fact the District Health Office directors in the current globalization have to acquire more and burden some responsibilities.

The most important factors for servicing in order to enable the organization to achieve its goals depend largely on human resources, especially on the paradigm of
thinking process that shift from conventional to excellency and competitiveness. The vision of the leader become the most crucial issue to bring the organization to a compatible level and sustain development.

Apart from all that, having a vision leads to synthesize in order to generate maturity, dare to change the way of thinking from existing to challenge oneself to succeed or defeat the past as well. (Teanchai Wongchaisuwan, 1996: 2).

The study of vision is becoming a highlight among scholars and interested bodies even the terminology that convey the similar meaning like future studies, scenarios could also be applied.

Samut -Prakarn province is considered an industrialize and urbanize one. The process of industrialization and urbanization of this province has long been emerge in the past decades since it is a satellite of Bangkok, and the ocean gate to the foreign countries. Klong – Toey harbor is still the busiest one of the country. The expansion of industry into area produce several consequences in this province; huge slum areas, the transform of land use from agriculture to factory plants and business building, the missing of mangrove, traffic congestion, pollution of all forms, garbage and refuse, crime, social tension. It also draw thousands of population into the area in responding to the demand of labor. Some district in Samut -Prakarn Province is even larger than some province in the country in term of population size. Samut-Prakarn Province is considered as an unplanned change. There are 6,529 factories in 1998 (Samut - Prakan Provincial Public Health Office, 1999: 95 ). The expansion of the industry sector in this province has also generated an increase of the population in the province because of the need of workforce. The population has grown from 484,829 people in 1980 to 956,266 people in 1996 (National Statistics Office, 1980: 32).

The industry is characterized for being responsible for many of the problems such as the deterioration of the natural resources and the environment, pollution, polluted water, garbage which have many effects in the health and hygiene conditions of the people. The seriousness of the problems will have stronger effects in the future. The District Health Office is a working unit that has a role in being responsible for taking care of the health and hygiene of the people by acting as a comptroller and supervision of the health center in coping with the health problems.
in the area. The organization system of the District Health Office is similar all over the country but its actual problem and the size of the population tend to be the biggest difference.

There should be a readjustment of the role of the District Health Office in order to handle the future health situation in difference setting. This modification depends on the vision of the health administrators.

2. Research objectives

To study the vision on the District Health Office of the Public Health Administrators in Samut-Prakarn Province in terms of organization system administration, health human resources, infra-structure and environment, and the equipment and supportive technology.

3. Research questions

The public health Administrator in Samut - Prakarn Province have a vision on the development of the District Health Office and this vision is divided in four aspects as follows:

1. The Organization Management: in terms of how the Man power size, style, and the position level should be. How the managerial structure and the setting of norms should be in order to conform a quality by using Man power less. How should the role and responsibilities of the District Health Office be modified so that it would match with the public health problems in the future.

2. Health Human Resources: in terms of how the quantity, types and quality of the personnel should be for them to be in accordance and to fit with the role of the District Health Office.

3. Infrastructure and environment: in terms of area of the place and how this area can be set up according to mission and the role and what parts can be fit as well.
4. Equipment and supportive technology: in terms of what and in which quantity and quality the implements, stationary, scientific implements, medical implements, information technology and in general all the instruments needed to fulfill the objectives and the role of the District Health Office.

4. Research boundary

1. This research is a study of the vision on the District Health Office through the reflection of the administrators of the District Health Office in Samut-Prakarn Province only.

2. This research is the reflection of Public Health Administrators exclude other related organizations such as the District’s Directors who is the direct controller of the District Health administrator.

5. Limitation of research

There are several limitations of this research that will effect the research results and it’s application.

1. This research was conducted in a specific intended of selection of the province that may not represent the province which contain difference structure and characteristics.

2. This research was conducted among the limited health administrators at the same level in a specific period of time that the respondents may present a homogeneity idea rather than the reflection of innovation and challenge visions.

3. Under time restriction that the research can not re-interview the key informants to affirm the answers. Their truly visions so that the clear and precise expression could be unexpected.
6. The definition of terms

1. **Vision**: means a dreaming or expectation of the possible future that the organization should be under the actual circumstance and the changing of external factors.

2. **Vision on District Health Office**: means future figure of the District Health Office in term of the organization system management, health human resource, infrastructure and environment and technology support to achieve their missions.

3. **Vision on health human resource**: means the number, qualification and skills require to perform and carried out the mission of District Health Office.

4. **Vision on infrastructure and environment**: means the architectural design and space of the organization location of building, the surrounding environment suitable to the mission and the satisfaction of the customers.

5. **Vision on resources and supportive technology**: means the instruments office automation and appropriate technology needed facilitate the work in supporting the District Health Office to perform there mission successfully.

6. **Vision on organization system management**: refers to divisional structure, role and regulation, financial management, rank and positioning, career ladder, tasks and responsibilities, ethical and justice, as well as material and supply management.

7. **The public health administrators**: refer to the high level administrators in the provincial health office. They are the provincial chief medical officers and the public health experts of health development, the sheriff, community hospital directors, and district health directors under the ministry of interior as direct boss of the district office in every district of Samut-Prakan Province.
7. Usefulness of research

1. The research result could be applied for the policy formulation on district health office in term of there mission; management system of organization, health human Resources, infrastructure and environment, resources and technology support,

2. The changing pattern of health human Resources at District Health Office level in accordance to the population size, industrialize and urbanize differentiate of the district health office. The provision of allocation of technological resources for the District Health Office in difference setting.

3. The research result way impulse or accelerate the modification of District Health Office to cope with the local health implication and level of development.

4. This research can be used as the fundamental for the future preparation and study of health resources organization develop to match with the trends of urbanization and industrialization.

8. Research conceptual framework

Concept 1 Administrative and organization structure.

1.1 Organizational and structure the organization size. (large, medium and small size of the district health office.)
1.2 Line of authority and supervision.
1.3 Tasks and expertise skills of the district health office.
1.4 Health Human Manpower Structure and rank of the District Health Director.

Concept 2 Health human resources of District Health Office.

2.1 Number of health manpower.
2.2 Health human resources in term of types and qualification differential.
2.3 Quality and performance of the manpower.
Concept 3 Infrastructure and environment.

3.1 Architectural design and operating spaces of the District Health Office.

3.2 Location and environment.

Concept 4 Equipment and supportive technology.

4.1 Number and types of office automation supply.

4.2 Number and quality of appropriate technology.
CHAPTER II
LITERATURE REVIEWS

The concepts, theories, and the methodology related documents research results about the vision related the District Health Office has been divided as follows:

1. The necessity for government official system reform.
2. The decentralization.
3. Concept of modern organization management.
4. The study of visions and leadership.
6. The development of the District Health Office in Ubon-Ratchathani Province.
7. Profile of the Public Health in Samut-Prakan Province.

1. The necessity for government official system reform

1.1 The objectives of government official system reform

The improvement of the government civil service is a change in the characteristics of the government service on the role and function, organization structure in the different levels, the administration processes and the working styles. The revision of manpower structure and management, the rules and regulations, discipline, culture and value of service minded in order to cope with the gold, customers' satisfaction and competitiveness. (Thipawadee Meksawan, 1997: 34)

Government official system reform is an effort to change the government service at the macro in order to produce a change in the development of the managerial structure to allow it to adjust and respond to the social mobility and compete internationally by shaping important points of interest. For example: (Prayong Temchawala, 1999: 23)
1. In order to develop the managerial system so it can have efficiency and modernity.

2. In order to develop responds to development in politics, society and economics.

3. In order to improve of the proves of the development of the country in having high potential and being able to compete internationally.

4. In order to develop the quality of the government officers so they can have virtues and abilities in servicing.

5. In order to set a quick managerial system, durable, virtuous, transparent and satisfactory.

6. In order to support the decentralization and more participation of the people in the administration and work of the government official.

1.2 The results from the government official system reform.

After the government service has been reform, there will be important improvement characteristics such as efficiency, result, worth while for the taxes, credibility, responsibilities, open mind, modernity, protection of the people’s values and dignity, receiving credibility, and the respective from the people of the service quality, efficiency and virtues. (Thipawadee Meksawan, 1998: 35-37)

1.3 Guidelines for the government official system service reform.

The reformation of the government official system reform has to cover the modification of the services in general (Thipawadee Meksawan, 1998: 37-42)

1. The improvement of the government’s role by revising the role and mission, the modification of the authority and organization structure and the responsibility at the difference levels of the government, cabinets and government officers.

2. The improvement of the financial management, personnel, secretarial and paper work, the regulation and the change towards a goal and outcome management system.
3. The improvement of the organization structure by dividing the work procedures from the policies, setting up a clear relationship between the middle level and the local and the design of a more diverse organization.

4. The improvement of the method and the rule conscription allows to identity a work procedure that helps the managers to have more freedom in managing and to have a good reporting system that is provision to release more information to the public.

5. The improvement of the government official service system by strengthening the potential of the government officers. The improvement towards a more qualified and virtuous system, having a personnel management that is appropriate according to the local skills and professions in the society. Having an appropriate size of manpower as well.

6. The improvement of the organization’s culture by building up a working culture that is strengthen in the abilities, results and the honesty, transparency, and building up a working environment in which the staff dare to create and act promptly as well as to spell out opinions and recommendation.

7. The improvement of the information technological system and the incorporation of information technology to a more accurate, reliable, coverage and up to date.

1.4 The participants in government official system service reform.

Since the issue of the government official system service reform is a big issue it has to be a process that involves all parties concern, the private sector and people involves. However, the most important actors are the government sector and the people as a first hand receives the direct effects from the improvement. They should have a role in supporting, controlling and helping in the reform process.

Rung Keowdeang(1995: 180) affirmed that the participants who should be involved in that government reform has to be composed of:

1. The people who receives the service because they have the rightful to choose and to complain if it is not satisfy.

2. The mass media because it is a group that has influence in requesting and voice for a official system service reform.
3. The government body itself in responding to the satisfaction of its service and to meet the international standard.

2. The decentralization

By the preliminary principles almost all of the government service was accepts to centralization. It creates the over size of staff and consumer huge portion of fiscal budget but low efficiency. Under this tradition principle and and financial produce an unmet to the needs and coverage of the overall communication. For those reasons there should be a decentralization in order to allow the community to have higher involvement and commitment in the governing procedures. (Pratan Konglitsuesakan, 1991: 6)

2.1 Concept of decentralization of authority.

Trakoon Meechai (1995: 1-9) has gathered up the meaning of decentralization as follows.

Worapot Wisarutpit gave the meaning and the positive and negative effects of the decentralization of authority as follows.

The meaning and characteristics of decentralization of authority are described first as an endorsement of public activities in some aspects or the middle governing organization allows the different local communities of more flexible to take their own responsibility and make it freely from the government conducts and control. This makes the decentralization of authority have two aspects, which are:

1. The decentralization of authority towards the local community administration. This is the release of authority and endorsement of some public activities and decision upon their local resources and development.

2. The decentralization of service or in the technically aspect is the endorsement of some public activities from the central government to other working units so they can take responsibility and liberating from the center.

Shusak Thiangtong (1988: 15) has criticize about the governing methods of following the decentralization principles government that the administration process which is not able to provide the public service efficiently and with quality to the
necessities of the people in every region. The local authority then should create, evaluate and decide in every aspects. There should be a new method in the governing procedures and in the management of the country. The government should preserve the authority and command only in the necessary aspects regarding the freedom of the country and have effects in the people who has opinions in the community of the country.

According to the meaning of decentralization of authority mentioned above, there will be an important characteristic for a local self-governing where there is delegate of authority for example local politics in election, the setting of local policies, and the community political participation.

The word devolution, which means the allocation of local authority so they can govern themselves either politics and overall development process.

2.2 The objectives of decentralization

The objectives of decentralization has been divided in three principal objectives as follows (Uthai Hiranto, 1990: 10-17)

1. In order to decongest the public services that are gathered us responsibilities or mission of the government towards to local.

2. In order to allow the people to participate in the government programs in the local according to the evaluation of the community on the necessities and problems of them self.

3. In order to accelerate the process of decentralization towards to local as quickly as possible.

2.3 The public health with decentralization

From the study of the records related to the public health work from past years to the present it could be said that the modification of the Public Health Ministry structure between the years 1972 and 1974 is an improvement that has importance and is considered an example by the committee in two important aspects. These aspects are: (Prayong Temchawala, 1999: 41)
a. The decentralization of authority that there is a division of power from the center in the Ministry of Public Health to the provincial health office by having provincial health administrator who has the full responsibilities directly.

b. The provincial health administrator is in charge of full managing and controlling the work procedures of the District Public Health in the provinces rather than just taking the role of supervision.

In the eight national economic and social development plan the Ministry of Public Health has tried to decentralize by employ strategies as following:

1. Develop and increase the efficiency and ability in the health services
2. Develop the processes of health behavior in order that the communicable to control diseases and health promotion.
3. Develop the protection of the people who receive services and health products.
4. Develop the production and the health manpower.
5. Establish and improvement health behavior that is more convenient.
6. Study and research the health products and the health technology
7. Improve the managerial health system.
   7.1 Decentralize the authority, decision power and the health resources to local in different regions and private institutions.
   7.2 Improve the financial system by focusing on the development of the efficiency and the honesty in managing the of the public health resources.
   7.3 Decrease the rules that are obstacles for the development including laws and codes in the managerial procedures and the beginning of the public health laws having true results in controlling and increasing efficiently the use of modern technology and promote the participation of system like the private sector.
   7.4 Support the coordinating network in which everybody cooperates in all levels such as the government, the business private sector, instructors, people's institutions and the mass media.
3. Concept of modern organization management

3.1 Management in the globalization influence

In the beginning of the new millenium the world has changed to an era of “globalization” in which the world is more united and closeness of global community by the advancement of information technology. There are changes in politics, societal setting, consumption pattern, technology way of life, culture and traditions are becoming more and more unified.

The consumers are more and more educated and so decision-making situations are more obsolete. That is why the word ‘quality’ is the first word in which every administrator should think of before start working and it should be a main principle for every organization in the new millenium.

The modern managing methods are under the managerial concepts according to each situation. The working procedures that are in the hands of the management by giving the organization the ability to adjust itself to the new and modern situations efficiently under the new patterns are: (Thongchai Santhiwong, 1997: 42-43)

1. Corporate planning: it is the strategy planning for the organization so it can adjust using an efficient and systematic plan.

2. Marker-driven Organization structure design: it is the re-engineering of the organization making it attractive to the market, the modification of the system and working methods so that people and equipment can work efficiently.

3. Corporate culture: it is the establishment of a working culture and values in every department of the organization in order to support and serve as a pattern for all the employees and so they can have a single goal to fight for everyone.

4. Total Quality Management (TQM): it is a management system where quality is the heart of every activity and the most important principle for the organization. Quality needs to be focused in every process from the production to the managing so that the organization can succeed and compete strongly.

5. Re-engineering: it is a focusing on following a process for the management more than dividing the work according to the responsibilities.
All these because a new working process is needed to accelerate the work, make it more efficient and be able to respond to the necessities of the customers and overtake the competence.

The modification mentioned before is not avoided in the new era where the competition is hard and the new information technology advances are almost essential and in which the employees should be trained so that they can work and complete the cycle and try to compete harder every time.

3.2 Human resources management in the globalization era

Under the variety of changes, the factor that has more changed is the human resources, which considerate the most important factors that accelerate the development and even though technology can be very advanced if there weren't people who knew the use of it the organization could not succeed anyway.

The concept of managing human resources consists depend largely on the administration giving importance to the employees and recruiting the person who have new and good skills in order to ensure success for the organization. Employing people of different qualification background is also good because then they can be assigned jobs that fit their specific qualifications and making a good working team task.

For the reason expressed above, the administrator who have vision should give the human resources the first place of importance in the organization if they want to succeed.

The three factors that have effects in the human resource management are:

1. The effects from the globalization make that the competition appears everywhere and so that an adjustment is necessary

2. The necessity of human resources with good skills and knowledge make a new condition.

3. The results from the influence of abundant work have changed and now people expect more freedom and access to new things leaving behind the old ways of working.
What ought to be done in human resources management:

1. There should be interest in establishing a capacity plan especially analyzing the capacity of the new generation people who has special skills that need to be discovered and improved.

2. There should be interest on setting a modern work condition and boundary. Motivate and give satisfaction to the young people who decide to come and work and especially giving them freedom to work and modern technological instruments for them to use.

3. The abilities of the employees should be developed and this is considered as an investment for the professional growth of the employees.

4. The payment method should be adjusted and modernized so it is more personalized and is able to be used for employing necessary personnel and can be saved as well.

In the modern organizations where people with deep knowledge in different areas are needed, a modern organization chart is also essential with a modern salary structure.

In the preliminarily mentioned way to set an organization, the person who establishes the organization has to have concepts on that establishment in order to have high efficiency giving the organization accuracy, clarity, and ability to adjust itself to the internal and external changes. In the mean time there should be a mechanical for the working structure to allow the employees to work in a team as whole. (Thongchai Santhiwong, 1997: 121-122)

The principles for designing a good organization structure should be efficiently shorter line of authority and few levels as possible with delicate of responsible to each group with optimum workload. The level of control should also be effectiveness.

The design of the organization structure should be more focused on the work necessities than in responding to the personnel equipped.
3.3 The modern organization structure

The enlarging organization structure also increases in activities and complexity meanwhile there are also changes in the external factors especially the technical and technological ones. These two have effects in the organization structure, the working procedures and the personnel as well. The administrator to be efficient without trimming down the structure and being adjustable to the modernity. (Thongchai Santhi Wong, 2541: 132)

The new organization structure has to be adjusted in several parts. The strategy to adjust it can be:

1. Revise organization the structure as a matrix organization that has a working program or what is called a project organization by having work assigned from the matrix program to the ordinary function in order to mobilized the resources and aim to work according to a bigger and newer program with the time and outcome set so that the program can be completed in that amount of time.

2. The design of the organization structure focused on a working team, which gets everything ready to make successful businesses. The working team should take responsible for the total activity and management of the instrument budget, and the permission to do what is planned as well as goals.

3. The work flow and working methods that try to be efficient, accurate, standard quality and control.

4. The market-driven organization design, which is a design, based on knowing the obstacles that may appear especially the ones that would influence on the organization and the administration. After knowing them they are incorporated to the establishment of the organization so that they can work and defeat those obstacles.

However under the current developments the structure tends to have clear changes because of; the use of computers in the processing of information applicable to the replacement of personnel is becoming expand in all section of the organization to ensure the fast, accurate, of the organization decision-making.

3.4 The office technology

Even though the government is slower than the private sector in introducing office technology to be used in the management and public service. Under the
technological era the modern technology is placing more and more necessary in the public management in general. Apart from the government service to have introduced computers for the keeping of historical records and identification records in general, the government service has also introduces information technology to be used increasing the efficiency in servicing the people.

1. Focus on the bonds between the external units and the public in order to enable the evaluation of the environment.

2. Focus on cooperation with other units no matter if they are public or private in order to have cooperation in the use of resources that are limited to give efficient services to the people.

The information technology should be introduced as a strategic weapon that the managers in the government should use also for a strategic thinking and planning in order to controvert the mixing of the different services of the government and give them to the people according to their specific necessities. Apart from that the concept of strategic thinking also means that the managers should have an extensive vision in seeing the relationship of different things at far levels, seeing the relationship among the past the present and the future. Having an appropriate vision means for the government managers to have a conception of the development of the quality of the products and the public services that are in their own frame of responsibilities. Focus on searching and building up a cooperation among units in both the government and the private sector in order to adjust the quality of the products as mentioned. (Thonchai Wongchaisuwan, 1997: 59-65)

4. The study of visions and leadership

4.1 The vision

Vision is a word widely used in the present and which according the Webster’s dictionary means the ability of seeing the picture, appearance, and future, the deep thoughts about the future situations. (Webster’s dictionary, 1992: 1100)

Harry K. Jackson, Jr. & Normand L. Frigon gave as meaning for the word mission “the future picture of the organization that should be or could be possible in the future. A vision might appears from a certain situation or remembrance which
appears as a result from many information and knowledge collected making us to know the way or the tendencies that will occur in the future.”

Michael Hammer & James Champy said that a vision is the thing that any company thinks has to be accomplished and for which there should be adjustments so that the goal is achieved.

Richard Beckhard & Wendy Pritchard said that a vision is a picture of the future organization that lets us see how the organization is going to be in the future according to the aims of the manager. It is a picture that could become real more than a dream or an hallucination because the managers have a commitment that make the vision can put into action and become reality.

Both said about the vision that it doesn’t have to be a long message but a message that inspires, easy to understand, with a meaning focused on the work and the goals and measures necessary to do the job. The message needs also to give strength and cheer up the people. An example of vision is the one used by United Parcel Service Express, which says “ We are going to take the mail of our customers to their hands at 10:30 tomorrow morning.”

Jira Hongladarom (1995: 8) said that a vision is an important point of reference that shows commitment, confidence, or how the things should be in the future by looking at it from the evaluation of the real situation externally and internally focusing on the excellency and the opening of opportunities. However, even if we already have visions we still need to realize those in order to set a mission and work hard to realize the vision.

Rung Keowdeang concluded the meaning of vision as a picture in the future of the organization that the leaders and every associate help create based on the present situation. This vision joins goals, mission, fame, and conveyance in order to see the desires of the organization to be the best and give the best to their customers.

Vision means a point of reference that will become real depending on each person’s hard work to realize it in the future. (Wirawut Makasilan, 1998: 12)

A vision is a picture projected to the future as the condition that should be accomplished and which is product of the acknowledgement, information synthesis, and the different situations and it is also product of the analysis of the present...
projected to the changes of the future. (Thai Scholarship Students Association, 1998: 12)

From the definitions of vision mentioned above it can be concluded that vision is a picture in the future that should be accomplished and which the leaders and the associates helped to build to become reality.

4.1.1 The establishment of the vision.

Where does the vision mentioned come from? This question has been asked for long time. Some people says that the vision comes from the feelings and oneself when developed at high levels; some others say that the vision is a projection that appears in humans and which has to be established as follows:

1. Analyze the past situations in order to understand the culture and procedures and see if there is any change needed to crate a specific vision.

2. Analyze the present condition in order to discover the main factors that would influence the success or defection of the organization.

3. Analyze the future and see what sort of things are going to have effects in the success of the organization for example the tendency of changes in the society, economy, politics and technology as well as the people structures. Analyze also the internal factors of the organization.

4.1.2 The application of a vision.

Organization leaders and managers wouldn’t succeed without a vision and they wouldn’t also be directed towards a clear goal or objective. Without a vision there is confusion and a little bit of anarchism because the people don’t know where they are going to exactly and they don’t know what exactly do they need to develop and improve. All this generates consequent problems that need to be solved later on. (Thai Scholarship Students Association, 1998: 22)
In the prospective of the managers, and leaders of all levels they share the same vision and they have an understanding that everybody has to work together to construct a better future and realize the vision in their heads. They also share similar goals, working patterns and decisions that would help them to accomplish the goals set for the future and they will also succeed in the management and development of the personnel quality. They will also work for a peaceful prosperous and stable society where the youth can use their knowledge and quality completely. (Thai Scholarship Students Association, 1998: 22)

The result of a work done with vision and development activities will have a creative development and prosperity as it is shown.
The success of introducing a vision in the working procedures depends on the changes and adjustments of the way of thinking and the role of the administrator first. In the present there are several advises on how to modify the paradigm process of the managers from the control paradigm to the commitment paradigm which is strong in building up commitment inside the organization and interest and importance for the education. Having a communication system open the possibility of giving importance to establishing a cross-functional structure. The empowerment of the employees generates interest in the customers of the organization and a separation of the work matters from the personal life of the employees. It also produces innovations in the personnel or patterns for the managers to change from their boss personality or autocracy to a leader personality who is able to motivate, listen and coach his staff so they can be more productive with their potentials. The professional managers who change their way of thinking and their role would be able to acquire and use four skills such as technique skills, public relations, concepts frame, articulation and role model skills. He can use those skills in doing the most important activities that will lead to the success of the introduction of a vision in the working procedures. The most important activities considered here are presented as follows.

<table>
<thead>
<tr>
<th>Main skills</th>
<th>Main activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Technical skill</td>
<td>1. Acceptance in value and vision</td>
</tr>
<tr>
<td>2. Relationship skill</td>
<td>2. Positioning</td>
</tr>
<tr>
<td>3. Conceptual skill</td>
<td>3. Learning</td>
</tr>
<tr>
<td>4. Presentation skill</td>
<td>4. Communication</td>
</tr>
</tbody>
</table>

Figure 3 Shows the use of administrators’ skills in order to introduce a vision in the working procedures.

Source: Thongchai Wongchaiswan, 1997: 32
The principal activity after promoting the acceptance and value of the vision on the personnel is to ensure that the organization is in a position where it can achieve the set goals. The managers should know how to expel the sectionalism that appears inside the old organization structure when there is a new style of organization. They should also try to form cross-functional teams and generate a reduction of the control levels. The managers need to empower the personnel also because these activities are necessary to be done in cooperation of all sectors. Managers and personnel have to study and learn more and more new things every day so that the can form a learning organization. The managers can change their role of boss to a role of coach in which he will work helping other people find new work methods and working as a team. In their new role as coaches the managers have to have training as well and this training is not going to help only him but also the personnel of the organization.

4.1.3 The types of vision.
No matter if it is the people or the organization, if there is an intention for the future it is considered to be a vision and it can be divided in two kinds (Wirawut Makha - Silanon, 1998: 12-14)

1. Personal vision: in everybody’s life there must be an intention for the future that should be accomplished for example a vision on the construction of the future. A person who has a good vision or intention for the future and accomplishes it’s benefits himself, the organization and the society. The personal vision has a great importance in everybody’s life at any age, which motivates us to achieve our goals. Most of the personnel vision depends solely on the leader.

2. Organization vision: any organizations is conscious that there is a future and that they need a good outcome so they have to have a good vision too. This vision is going to be a starting point for success in the development of the different sectors of the organization.

4.1.4 The process of establishing a vision.
Marron said that the vision that has influence should be set by the leader and at the level of a leader because he/she is going to have the authority to conduct the process better than if everybody in the organization has involvement in that. If everybody in the organization gets involved in the process of setting the vision
then it will be less influent where as if the leader sets it with the opinions of the people in the company it will have more influence. The following are the steps to set a vision according to the advice of Marron (Wirawut Makha - Silanon, 1998: 25-28).

1. To identify clear objectives.
2. To identify the mission clearly.
3. Analyze the organization.
4. Set the vision.

4.1.5 The introduction of a vision in the working procedures in order to realize the objectives of the organization.

Thongchai Wongchaisuwan has compiled the concepts of foreign instructors about the introduction of a vision in the working procedures in order to realize the objectives of the organization and he has expressed the following: (Thongchai Wongchaisuwan, 1997: 31-34).

4.2 The leadership

4.2.1 Importance of leadership.

Leadership involves influencing a person or group toward the accomplishment of certain goals. It involves the behavior of a leader and followers in a specific situation. From the large numbers of leadership training programs and the persisting number of organizational decisions that depend on a manager’s leadership abilities, it is clear that leadership is important.

Leadership is the process of providing direction, energizing others, and obtaining their voluntary commitment to the leader’s vision. A leader creates a vision and goals and influence others to share that vision and work toward the goals. A vision is an articulated picture of the future that conveys purpose, direction, and priorities. It illuminates the conditions, events, products, and qualities that could be attained through focused human energy and selective use of resources. Leaders are thus concerned with bringing about change and motivating others to support that vision of change. (Coole, 1998: 463)

4.2.2 The leader’s vision as the source of power.

The leader who offers a clear vision that is both coherent and credible, and who lives by a set of values that inspire imitation, has a fundamental source of
power. Power can be defined as “the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet.” This is an excellent working definition of power for operating people in an organization. A broader definition of power is the basic energy to initiate and sustain action translating intention into reality, or put another way, the capacity to translate intention into reality and sustain it. Power flows from vision. The leader’s power is sub-optimized unless it empower others. The leader arouses confidence in his followers.(Joeseph, 1993: 10-11).

4.2.3 Vision as the key leadership attribute.

Ferry International recently reported on a survey of 1500 senior leaders, 870 of them CEOs, from 20 different countries. The leaders were asked to describe the key traits or talents desirable for a CEOs today and important for a CEO in the year 2000. The dominant personal behavior trait most frequently mentioned, both for now and expected in the year 2000, was that the CEO convey a “strong sense of vision” (see Table 3). A rather 98 percent saw that trait as most important for the year 2000. When the leader were asked to cite key knowledge and skills for CEOs of the present and future, “strategy formulation” to achieve a vision was seen as the most important kill for now and in the year 2000, by a margin of 25 percent over any other skill.
Table 3 Shows traits CEOs have and will need. Percent describing traits or talent dominant now in the CEO and important for the CEO of 2000

<table>
<thead>
<tr>
<th>Personal Behavior</th>
<th>Now</th>
<th>Year</th>
<th>Knowledge and skills</th>
<th>Now</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convey Strong Sense of</td>
<td>75%</td>
<td>98%</td>
<td>Strategy Formulation *</td>
<td>68%</td>
<td>78%</td>
</tr>
<tr>
<td>Vision *</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Links Compensation to</td>
<td>66%</td>
<td>91%</td>
<td>Human Resource</td>
<td>41%</td>
<td>53%</td>
</tr>
<tr>
<td>Performance *</td>
<td></td>
<td></td>
<td>Management *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate Frequently</td>
<td>59%</td>
<td>89%</td>
<td>International Economics</td>
<td>10%</td>
<td>19%</td>
</tr>
<tr>
<td>with Employee *</td>
<td></td>
<td></td>
<td>and Politics *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emphasizes Ethics *</td>
<td>74%</td>
<td>85%</td>
<td>Science and Technology</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Plans for Management</td>
<td>56%</td>
<td>85%</td>
<td>Computer Literacy *</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Succession *</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate Frequently</td>
<td>41%</td>
<td>785</td>
<td>Marketing and sales ⊗</td>
<td>50%</td>
<td>48%</td>
</tr>
<tr>
<td>with Customer *</td>
<td></td>
<td></td>
<td>Negotiation ⊗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassign or Terminates</td>
<td>34%</td>
<td>71%</td>
<td></td>
<td>34%</td>
<td>24%</td>
</tr>
<tr>
<td>Unsatisfactory Employees*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward Loyalty ⊗</td>
<td>48%</td>
<td>44%</td>
<td>Accounting and Finance ⊗</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>Makes all Major Decisions</td>
<td>39%</td>
<td>21%</td>
<td>Handling Media and Public Speaking ⊗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaved Conservatively ⊗</td>
<td>32%</td>
<td>13%</td>
<td>Production ⊗</td>
<td>21%</td>
<td>9%</td>
</tr>
</tbody>
</table>

* Increasing in importance ⊗ Decreasing in importance

Source: Vision, 1993: 8
5. Current missions of the District Health Office

The health personnel of the District Health Office form a working-in-charge of the Ministry of Public Health over the district level. The health officers in charge of the management, control, supervision, monitoring and evaluation of the work done by the Health Centers in that district.

5.1 The role and function of the District Health Office.

According to the health manpower frame round 3 (1995-1997) assigned the responsibilities of the health personnel as follows:

5.1.1 Responsible and coordinate the public health work in the district area.

5.1.2 Superintend, take care, and support the work of the responsible for the district area by working together and dividing the function structure in the following levels:

5.1.2.1 Administration: it has the responsibility to register important documents, accounting, finances, inventory, and equipment. They also take care of the employee’s organization, information, communications, and the setting of rules, supervision, monitoring and evaluation of the public health situation or any related subject.

5.1.2.2 The health promotion and medical treatment: it has a role and responsibilities in presenting support plans to help the work on health promotion and medical care in both the physical and the psychological aspects of the people in the community. It also supports the research on the methods to improve health and medical treatments, orientation, employees and community training, provision of health education on maternal and child health, family planning, school health, health promotion among the low income groups, medical care through the radio, and public health related activities in general.

5.1.2.3 The communicable diseases control: this section has a role and responsibilities on designing plans on development and procedures to control the infectious diseases in the district, incorporate the work on the control of these diseases to the work of the district committee, province and village. They also are in
charge of orientation, pursue, control, and evaluation of the work done on controlling infectious diseases in the district. They support the work on controlling those diseases in the scientific terms, equipment, pharmacy and chemistry, and health education to develop the method and standard. The control of the infectious diseases in the district following the law and rules concerning this kind of work.

5.1.2.4 The sanitation and environment health: this section has a role and responsibilities on planning the activities of environmental sanitation, support the studies on these activities, to orient, pursue, evaluate and follow the advice of the supervisions on how to do those activities. Other responsibilities are giving training to the officers and people on, sanitation activities, analysis of information and reports about the sanitation for example the environmental sanitation, the development of the personnel, the improvement of the sanitation, the location, control of pests, manage of sewage and garbage, and school health, environmental. neighborhood sanitation, food sanitation, environment control and in general all the special programs on sanitation.

5.1.2.5 The pharmaceutical section: it has a role and responsibilities on planning, orientation, implement, evaluation and advice on the pharmaceutical work as well as the pharmaceutical storage in the district. Anther responsibilities are the public health customer protection, scientific research, and training in the uses of the medicines, the study of traditional herb medicines, and other kinds.

5.1.2.6 The planning and evaluation has to do with the public health planning, the public health statistics and information, orientation, control and evaluation of the work. Also the diffusion of knowledge and special programs and the cooperation with the Health Center and other units are responsibilities.

5.1.2.7 The personnel development and primary health care: this section is responsible for education, training on the public health methods, health study, communications, and the health education.
5.2 The role of the administrator of District Health Office.

The full staff of the District Health Office is 7 persons regardless of size of population and geographical setting. Meanwhile the District Health Office director is under the District Sheriff of Ministry of Interior in term of authority and command. They also take care of all public health activities in the station and in the sanitation area within the district; they are responsible for working following the policies established by the Ministry of Public Health and the province in working planning, controlling, pursue and evaluation. They also support the work of the service centers in the district, which is in charge of management, service and instruction and the gathering of the work done by four ministries and working units related. For that reason if the responsibilities of the district public health increase then this institution has to acquire more knowledge and abilities on managing servicing in every aspect related to the public health. The District Health Office needs to establish the positions as well being the managers of class 7.

6. The development of the District Health Office in Ubon Ratchatanee Province

The District Health Office was established approximately thirty years ago but its potential hasn't been improved completely in order to enable it to respond efficiently to the public health and medical necessities of the current situation of the community especially the personnel of the District Health Office in Ubon Ratchatanee province. It was concluded that the district health office is lacking of 6 M managerial factors which are Dr. Samroeng Yeangkrathok:

1. Health human resources: It is lacking in the appropriate size. The full staffing of 5 to 7 persons to each District Health Office but only 3 to 5 working persons. These health personnel mostly withdraw from the Health Center to work at District Health Office.

2. It is lacking materials, instruments and transportation means. It is needed typing machines, communication technology, cars principally.

3. The budget is not enough to solve the real problems of the area.
4. The managerial system doesn’t help much the development process of the public health, as it should; it is only acting as a middleman.

5. The style of the activities or the methods for solving the problems do not have enough quality because they were set to be only parts of each section and it is better if they were just one single group.

6. Most of the health workers lack motivation because they lack direction on their responsibilities and the role of their positions as workers for the well being of the community.

For that reason the District Health Office need to be developed quickly. According to the study by the Dr. Phongpisut Jongudomsuk director of the Trakanpechphol Hospital it was concluded:

1. Most of the District Health Officer have roles that do not generate an efficient work for example they do not have a role in analyzing problems, they are just small participants of programs that have been already set. The support to the public health station is not real in general they focus on supervising and controlling.

2. The organization structure of the District Health Office does not have a characteristic of being a team, they do not have decision authority, they don’t have budget for the working unit and they lack equipment and materials to support the management such as communication technology, typing machines and automobiles.

3. There is a lack of development in the District Health Offices, the changes of the Provincial director have effects directly to the district health director.

The Ministry of Public Health has tried to solve the problems and obstacles mentioned above by adjusting the structure, role and responsibilities of the District Health Offices in order to expand the health manpower in each position clearly. However, the internal management of most of the District Health Offices is not too different from the usual and the abilities of the managers and officers are still the same.

In 1991 the Provincial Public Health Office of Ubon-Ratchatanee Province established a more managerial sections, which are the management section and the instruction section. The management section is composed by the general management, which takes direct responsibility. The instruction section takes care of the instruction, orientation, planning and evaluation where the instructors are the direct responsible.
The Provincial Chief of Medical Officer in Ubon-Ratchatanee Province has motivate the District Health Office to work as a team and divide the managerial work in two sections as mentioned above. There task are:

1. Establish the work, role and responsibilities in the general management and the technical officer establish the work and role of the instruction section.

2. Selecting some health assistants and health technical officer from every districts by written examination and interviews, review their background of the person and the results of their work.

3. Arrange technical meetings every month especially for the health assistants with the chief of administrative section in community hospital and the health technical officer of the District Health Office with the chief of the health promotion section and the chief of the sanitation section of the community hospital.

The results of the structure adjustment mentioned above in the period of one year showed that the efficiency of works increased satisfactorily.

For that evidence the Provincial Chief of Medical Officer in Ubon-Ratchatanee Province announced policies for the District Health Office in district to dividing the management work into seven sections : 1. management section 2. planning and evaluation section 3. health promotion and medical treatment section 4. communicable disease control section 5. sanitation and environmental health section 6. pharmaceutical section 7. personnel development section.

6.1 Organization structure of the District Health Office.

In order to fit it with the development concept in the District Health Office of Ubon Ratchatanee Province, which started developing the district working units in terms of human resources, equipment, and budget, etc. For this reason there should be an establishment of the internal management structure of the district health similar to the structure of the Provincial Public Health Office in order to acquire orientation, evaluation, and support from the different departments at the provincial level.

6.1.1 Line of command.

The District Health Offices have health assistants in the management and are head officers of others managerial departments in different positions. There are also health technical officer who are assistants in the technical and are head
officers of planning and evaluation section. The control of the Health Centers and the head officers of the different section is the responsibility of the District Health Office and the control of this district health is the responsibility of the sheriff as usual.

6.1.2 Supervision and coordination which of section has to district health coordination committee by position.

6.2 Role and responsibilities of each section.

1. Administrative Section: In charge of document registration, administration, finances, accounting, inventory equipments, transportation, construction, and infrastructure.

2. Planning and Evaluation Section: In charge of health planning, health information, supervision, evaluation and special programs.

3. Sanitation and Environmental Health Section: In charge of environment, sanitation, potable water, food sanitation, occupational health control of the environment quality, allay of the public dangers and special programs.

4. Health Promotion and Medical Treatment Section: In charge of maternal and child health, family planning, dental health, schools health, mobile medical service unit, health insurance, medical treatments through radios communication.

5. Pharmaceutical Section: In charge of the district’s medicines deposit, village medical fund consumers protection, and psychological treatment.

6. Communicable Diseases Control Section: In charge of the immunization infectious diseases transmitted by bugs, general infectious diseases, communicable diseases, surveillance, control of Aids.


7. Profile of the public health in Samut-Prakarn Province

Samut-Prakan province is located next to Bangkok to the south; its area is 1,004 square kilometers and it is next to the mouth of Chao Praya river and at the

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north of the gulf of Thailand. It is also located between the 13-14 degrees of latitude and 100-101 degrees of altitude to the east. It is 25 kilometres far from Bangkok. It is one of a prefecture or satellite of Bangkok.

Samut-Prakarn Province is an industrial province compose of 6 districts and of 999,842 population in 1999. 48.62 percent are males and 51.38 percent are female. There are 1,002 population per square kilometer who live mostly in private houses commercial buildings, condominiums, and apartments. There were approximately more than 250,000 households.

Former government policies to promote the industrial investment since 1960, which has generated an expansion of factories and changing land use pattern from agriculture for industrial building. The rapidly increase number of population working and living in the province. According to information given by the population register office in Samut-Prakarn Province there have been 200,000 immigrants and 50,000 out-migrants a year which is 30 percent the 1995 census there was 25 percent illegal inhabitants of the population who haven’t been registered in Samut-Prakarn Province. 38.5 percent are between the ages 0-1 year, 37.2 percent are between the ages 20-24 years and 37.4 percent are between the years 25 to 29 years, which is a population that is destined to work and children to take care of. Since there is also an increase of the aged population, the needs for public services increase too and the resources to fulfill these necessities are not enough. The main necessities are in drinking water, trash recollection, flood prevention, traffic congestion and water environmental pollution control.

There are 674,542 people working in 6,259 factories. They are working in the factories such as chemical, plastic, petroleum, cement, bricks, metal, electronics, sea food, automobiles etc. The expansion in the industry business makes the Samut-Prakarn’s GDP in 1999 equivalent to 192,638,685 million Baht. The per capita was approximately 203,635 Baht per person per year and the most important jobs were in the industry 75.13 percent, followed by commercial and services with 23.74 percent and only 0.94 percent of agriculture.
7.1 Economic structure

Industry: there were 6,259 factories that received license to work in 1999 until October and there were 674,542 workers. There were 2 mini factories and the total tax were 115,572,496 million Baht or 59.99 percent of the total of the province.

The environmental changing conditions and the economic development generate effects in the health and hygiene of the people being the main illnesses of population in Samut-Prakarn Province the respiratory diseases in 24,680.90 person, digestive illnesses in 8,362.62 person and skin problems in 5,258.33 person. (Samut-Prakarn Health Office 1999:56).

Apart from the polluted environment, dirty water, excessive in migration to Samut-Prakarn Province the main cause of death is hearth diseases in 136.32, transit accidents in 68.86 and hypertension and cardiovascular diseases in 26.23. (Samut-Prakarn Health Office 1999:56).

1. Managerial structure of the province public health in Samut-Prakarn Province

Samut-Prakarn Provincial Health Office is considered as a replace for the Ministry of Public Health in the province and there are doctors and medical staff who control under the supervision of the province governor. After the province public health office there is the district and sub-district public health office. There are 6 district offices and 61 health centers and 4 community hospitals controlled by the doctors directly.

The establishment of the internal institution of the provincial health in Samut-Prakarn should be characterized by being able to receive planning, programs, and ministerial offices in order to acquire clarity in policy settings, empowerment and introduce this to the work in every section as follows:

1. At the province level establish the institution as a public health problem-solving faculty especially a goal group or area such as school sanitation faculty or community service in the areas of less fortunate people.

2. At district level composed by hospitals and district public health offices that take care of the people in the area in order to have efficiency in solving problems and planning in 5 levels in the districts: Ampoaer muang, Bangbo, Bangpli, Prapradeang and Prasamuchedi.
3. At the village level a community institution should be established so that everyone can cooperate to the problem solving in the public health centers in the village.

7.2 Public health service system

7.2.1 The provinces level.

There is one general hospital with 325 beds with specialized doctors and in general there are 51 doctors who have to take care of difficult and confusing responsibilities where advanced technology is needed and refer patient from the community hospitals and the public health centers and they give attendance to people with all kind of illnesses and diseases and give the same services as the community hospitals making the people choose them over the other centers. There is also a general hospital in Prapradeang, which takes care of general diseases and the Yuwaprasat-whiteyopatam hospital which take care of mental health.

7.2.2 District level.

There are four community hospitals; one with 90 beds, other with 60 beds and the two others with 30 beds each. The community hospitals take care of the ill people that are necessary to attend and they don’t get too busy and confused and unnecessary to use high technology because they are just refer from the health center where the ill patients are sent to the general hospital. The doctors in the community hospital are not specialized either and there are 16 doctors for a population of 80,000 to 200,000 people and the rate of people they attend is about 100,000 people.

7.2.3 Tumbon level.

Samut -Prakarn province has 61 public health centers of which 31 are big and the other 30 are normal size in the 50 tumbon. We can see that the number of centers exceed the number of villages and this is against the policy that establishes that each village must have only one public health center no matter the amount of population. But actually each public health center must attend approximately 16,391 people which implies that there should be an increase of the number of public health centers in order to make better and more efficient the service of the public health centers. Now in each center there approximately 4 people only.
7.2.4 The village level.

It is a direct responsibility of the public health centers and the public health ministry has some policies that focuses on allowing people from the village help themselves, their families and the community by health volunteer and establishing public health centers service in the community.

7.2.5 Private sector

Apart from that the public health services in the province are also responsibility of the private sector. There are 22 private hospitals and 234 private clinics distributed in every district with 9 operating in the Ampoer Muang. Most of the doctors in the clinics are part of the government service who have some free time and decide to work with the private sector; this is very appreciated by the community. However there are some problems because the services in these hospitals and clinics are businesses whereas in the other general hospitals and centers there is community work.

7.3 Health human resources

The Provincial Public Health Office of Samut-Prakan Province had a capacity rate of 1,792 people in 1999 (from this number 911 people where employees of the general hospital) from where 1,240 people were government official, (539 in the general hospitals) 271 permanent employees (182 people in the hospital) and 281 temporary employees (190 in the general hospital). This group was composed by the following public health personnel:

- Doctors 66 persons Rate per people 1:15,149
- Dentists 17 persons Rate per people 1:43,471
- Pharmacists 23 persons Rate per people 1:2,857
- Community health worker 241 persons Rate per people 1:4,184
CHAPTER III
RESEARCH METHODOLOGY

1. Type of research

This research is a qualitative research and an organization policy research to predict the future possibility of the reorganization of the District Health Office in order to carry out the ultimate goal of all for health.

2. Population

The population in this research is high-level public health administrators. The Provincial Chief of Health Office, Community Hospital Directors, and District Health Director and District Sheriffs of all district in Samut-Prakan Province. These population employ as key informants. They are:

1. One provincial chief of Public Health Office.
2. Two provincial chief of executive department.
3. Four community hospital directors.
4. Six district sheriff.
5. Six district health directors.

In total there were 19 key informants.

These key informants purposive selection by position wise because before becoming the administrators they have expose to a long and extension experience in public health problems solving and administration. These key informants comprehensive experience will assure the accurateness interviewing the future of District Health Office.
3. Research instruments

The instruments used in this qualitative research was a set of interviewing guideline or question structure taken from the concepts of vision in four area. The development of research instrument was systematically step by step as follow:

3.1 In-depth interviewing guideline.

The construct the in-depth interview questions structure following the concept of the research to collect the information related to the research questions and objectives. The following interesting guideline covered.

3.1.1 Administrative and organization structure.

3.1.1.1 The structure and code of the District Health Office, the decision of labor, task and jobs description.

3.1.1.2 Organization structure and position levels.

3.1.1.3 Line of command and supervision.

3.1.1.4 Improvement of potential, research, and training, support the technical, supervision, monitoring and evaluation in strategy.

3.1.2 Health human resources structure for District Health Office.

3.1.2.1 Suitable number of health human resources to perform District Health Office mission.

3.1.2.2 Qualification of health human resources that is appropriate to the role and mission of the government service effectively.

3.1.2.3 Health human resources’ competency and skills to carried out the mission competitively.

3.1.3 Infrastructure and environment.

3.1.3.1 Appropriate design, architecture and space of the buildings to serve the role and responsibilities of the District Health Office.

3.1.3.2 Scenery and arrangement of the environmental condition as a healthy work place.
3.1.4 Office automation Equipment and supportive technology.

3.1.4.1 Modernity and number of office automation, instruments or equipment needed such as transportation, computers, copiers, telephone, audiovisual technology and other sanitation and environmental surveillance equipment.

3.1.4.2 Quantity and quality of the information technology and information processors.

3.1.4.3 Medical science equipment and other equipment for public health.

3.2 Reliability and validity testing.

The researcher pretest the instrument constructed in 3.1 to test the reliability and validity as follows:

3.2.1 The research advises make several revision before pre-testing.

3.2.2 Five key informants of the same qualification and outside the study location were interviewed using the research guideline structure for the question and clarification of the term which will reflect the clear conclusion.

3.2.3 Review the instrument by the evaluating the content validity and reflection of clear answer.

3.3 Cassette tape recorder to record the overall in-depth interviews.

4. Data collection

To ensure the quality of data in conducting qualitative information should be performed as follow:

1. Make appointment with each key informants by allowing enough and flexible data and time to assure that his/her will fell easiness to explain during the in-depth interview process.

2. The arrangement of in-depth interview surrounding environment to be free from interference. The in-depth interview room is full of comfortable furniture and environment.
3. The permission to use cassette tape record during the interviewing was approved before the starting of the discussion. The objective and purpose of research was clearly explain to provide the promptness and confidential of information. The length of interview was flexible until the discussion saturate.

4. The in-depth interview then begin with the general discussion until it emerge into the specific concept one by one. The interviewing process may jump back and fort or flexible enough to make it smoothly and informally until the discussion become saturate concept by concept. The probing and pausing techniques was employed. Rather than using cassette tape recorder the short note taking of key concepts and non verbal language also did along the interviewing process.

5. At the final stage of in-depth interview there also an agreement for reviewing: if needed to affirm the clarity and fulfillment of information. The words of thank also given on his / her cooperation and time devotedness.

5. Data analysis

By employing the qualitative research technique the whole recorded information by cassette tape records and note taking was transform to written language directly word by word from the first key informant until the last one. The information was grouping into an orderly from the Provincial Chief of Public Health, Community Hospital Directors, District Health Office Directors and District Sheriffs.

All of the hand written papers typed and printed for easiness of analysis. The analysis of qualitative data could be applied on Ethnograph Program but due to the volume of information gathered of this research considerate small enough for using such program. The hand tabulation was employed by reading out all information analyze and tracing for the similar or duplicate of word, phrase, sentence which reflect the clarity of each concept about the vision of District Health Office.

The analysis of information was done separately of each key informants by assign code name for each of them as follows:

DH 1 is the District Health Director in Aumphoe Meang.
DH 2 is the District Health Director in Praphradang District.
DH 3 is the District Health Director in Bangplee District.
DH 4 is the District Health Director in Prasamut chadee District.
DH 5 is the District Health Director in Bangbo District.
DH 6 is the District Health Director in Bangsaohong District.
PH 1 is the Provincial Chief of Medical Officer.
PH 2 is the Provincial Chief of Medical Protection.
PH 3 is the Provincial Chief of Technical Health Officer.
DO 1 is the District Sheriff in Aumphoe Meang.
DO 2 is the District Sheriff in Praphradang District.
DO 3 is the District Sheriff in Bangplee District.
DO 4 is the District Sheriff in Prasamut chadee District.
DO 5 is the District Sheriff in Bangbo District.
DO 6 is the District Sheriff in Bangsaohong District.
CH 1 is the Community Hospital Director in Bangchak Hospital.
CH 2 is the Community Hospital Director in Bangplee Hospital.
CH 3 is the Community Hospital Director in Prasamut chadee Hospital.
CH 4 is the Community Hospital Director in Bangbo Hospital.

Whole information then put together, analyze and conclude into vision in different aspects and non vision of each concept.
CHAPTER IV
RESULTS

This research is a study of the vision of the health administrators regarding the future development of the District Health Office in Samut-Prakarn Province. This is a qualitative research in which it was employed in-depth interviews of 19 health administrators in Samut-Prakarn Province and the research results are divided into two parts. The first part is the general characteristics of the health administrators (individually) such as marital status, age, education level, working experience and periods in their actual job position. The second part is the health administrators' visions, which are divided into clear visions and no-vision.

Part 1 General characteristics of the health administrators

There are 19 health administrators in Samut-Prakarn Province interviewed who are 3 provincial level Administrators, 6 Sheriffs, 4 Community Hospital Directors, and 6 District Health Directors. There are 14 males and 5 females. The average age of these administrators is 49 years where the oldest administrator is 58 years old and the youngest 38 years old.

There are 12 of them whose education level is college degree, 5 of them are master degree and work in the provincial Administration and as Sheriffs. The District Health Directors' education is lower than bachelor degree. The average working year in the government service is 22 years where the most experienced has been for 38 years and the least experienced for 8 years. The average year in the present position is 9.5 years where the most permanent has been for 25 years in the position and the least is for 3 months.
Table 4 Characteristic of health administrators

| General characteristic | DH | DH | DH | DH | DH | DO | DO | DO | DO | DO | DO | CH | CH | CH | PH | PH | PH | MEAN |
|------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|
| 1.1 Sex                | M  | F  | M  | F  | M  | M  | M  | M  | F  | M  | M  | M  | M  | F  | M  |     |     |     |      |
| 1.2 Age (year)         | 2  | 2  | 4  | 5  | 7  | 55 | 5  | 45 | 58 | 46 | 38 | 49 | 40 | 43 | 49 | 47 | 49 | 46.6 |
| 1.3 Education          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | Bachelor |
| - Lower than bachelor  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | /     |
| - Bachelor             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | /     |
| - More or equivalent   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | /     |
| 1.4 Working period (year) | 25 | 29 | 25 | 38 | 31 | 29 | 36 | 16 | 19 | 20 | 22 | 8  | 18 | 15 | 17 | 25 | 18 | 27 | 23.5 |
| 1.5 Administration experience (year) | 25 | 5  | 15 | 3  | 7  | 4  | 11 | 12 | 6  | 7  | 13 | 14 | 17 | 6  | 6  | 19 | 18 | 20 | 14.5 |

DH = District Health, DO = District Officer (Sheriff), PH = Provincial Chief of Medical Officer, CH = Community Hospital Director

Part 2 Health administrators' visions

According to the study of the Health Administrators' vision regarding the future development of the District Health Office in Samut-Prakan Province, these visions can be divided into two groups as follows:

1. Clear vision.
2. No vision

There are four main concepts regarding on the District Health Office’s visions rather than just one comprehensive vision that may hardly apply in the development of District Health Office. These principles are mission and administration of District Health Office, health human resources, and infrastructure and equipment and supportive technology. The research results found that:
1. Administrative and organization structure

1.1 District Health Office structure and size.

According to the past development process apply to Samut-Prakarn Province presented the rapid urbanization and industrialization compared to the other provinces or agricultural area. Since industrialize and urban life are predominant the small agricultural area has great importance for the province especially in districts such as Bangplee, Bangboo and Bangsaonthong district. Apart from that it was found that the expansion and area occupied by the community has increased because of workforce in-migration to the area from other provinces.

The consequence arise from the growth and expansion of industry and urban inhabitants effect the pattern of sickness of the people in this area. The response to this public health problem require the restructuring of the District Health Office urgently.

1.1.1 Clear visions on District Health Office structure.

The health administrator had a vision focused on a differentiation of the District Health Office because each district has different development levels, population size and different problems. The areas can be divided into urban areas, industrial areas and rural areas taking on account the population sizes population density, working outreach and the difference of it’s characteristics.

The key informants in this group present that there shouldn't be similar administration models throughout the province and the size of District Health Office should be divided into 2 or 3 sizes. The difference between the organization sizes would influence the establishment of the health human resources structure, budget and other resources. The clear visions are presented as follows.

Group 1: Want to differential size of the District Health Office.

PH 1: There should be two to three types of District Health Office considering local of the office such as rural, urban and industrial areas. The urban area should focus on the consumers’ protection and the industrial area should focus on the environmental sanitation.

DH 1: Regarding the type of the District Health Office it should be into two types one rural and one urban depending on the population density.
DH 2: However, if we could restructure, I think many factors would be involved such as population size, work complexity, regional characteristics, and it should be divided into three sizes. A big size should be assigned when the population size is 200,000 or more, medium size when the population is around 100,000, and small size when population size is less than 100,000 persons. The health manpower in these three sizes of District Health Offices shouldn’t be equally; there should be ten persons in the big size, seven in the medium, and five in the small one.

DH 4: Our government system applies the same organization structure throughout the country, which I think should be different in each district because the local of work between districts is different as well as the population size. The population size and amount of work load should be taken into account, with the work quality evaluation in order to revise the size of each District Health Office. I think there should be two sizes even though I don’t know what they called.

DH 6: I think there should be a size divided but taking on account the amount of work and the population size. Regarding the rank of the administrators, I think they should be determined according to the size of the district.

DO 1: There should be a divide of size. The three sizes should be the big for when the population is around 100,000 and up, middle size when the population is between 50,000 and 100,000 thousand, and the small size for a population size less than 50,000.

DO 3: I think they should be since long ago because in big districts with bigger populations size it is not possible to give attention to all of them like in small population districts. If there is a division of sizes then I think there has to be a study of the service capacity and the size of the population receiving the service.

DO 6: There should be a divide of the District Health Office’s size using the geographical area and population they are in charge of.

CH 1: This depends on different factors, in some places the population is big but their problems complexity is common enough. So I think the divide should be made according to the population size, work difficulty, and work load.

Group 2: Don’t want to differential size of the District Health Office. Some of the administrators thought that there should be a district size divided but this shouldn’t be an exactly. The divided should be flexible according to
the area, health problems because in some areas the population may be big and their simple problems as shows in following.

PH 2: I don’t want a fixed size but a divided that is made according to the real necessities because sometimes there are big districts with big District Health Offices but their problems are not very complex so they don’t need to be of a big size. On the other hand the districts that have a bigger complexity of health problems should be evaluate first before concluding.

DH 5: I think it doesn’t matter if the districts are big or small they still have to work and if the district is small then the personnel should focus on the quality of the work. There shouldn’t be difference on the rank of the administrators it should be the same for everywhere.

DO 2: There shouldn’t be a change on the rank of the District Health Office director but there should be an increase of number of personnel; the divided of the district level would cause a serious competitive for rank competence positions. The number of personnel should be in accordance to the amount of work and the rank should be still the same. The skills of the personnel should be related to the problems that have to be handled by the District Health Office.

DO 4: I don’t agree with the size divided and the levels differentiate because it makes people look at on the others just because of their position. For example the district sheriffs are all level 8 throughout the country but still some are considered more important because their district is bigger. The same thing could happen to the District Health Office if it is divided into sizes because then some offices would think they are more important than the other is.

1.1.2 No vision on structure District Health Office.

There shouldn’t be a differentiation of the size of the District Health Office according to district areas. The actual working procedures and situations are appropriate because now a day the highly populated districts receive numerous resources and other less populated districts that receive less resources. Those districts have better commodities and working support elements; but that doesn’t mean that they work at the same level. The divided of different sizes could cause competition for rank positions at the high one.
PH 3: I think they should be the same no matter if the district is big or small. Big districts should have more health human power and facilities and shouldn’t be divided in sections but instead have team works especially one for consumers’ protection and one for environment protection.

1.2 Organization structure and position level.

In the divided of the work levels in the District Health Office structure there has been and establishment of a role and function of the organization according to the act of District Health Office settling and the government service division. That was done in order to allow the organization to perform its role and function efficiently and obtain prosper results. In establishing an organization network it is necessary to establish appropriate organization structure that fits the load and complexity of work for each role and function taking on account also the number and type of personnel that is in charge. The development of public health is done in accordance with the abilities to solve health problems is the main reason which is the Health Center’s responsibilities. The District Health Office must design an appropriate internal structure that fits the real situation of the community in order to generate positive results in solving health problems and providing satisfaction health services. From the study was found that:

1.2.1 Clear visions on organization structure and position level of the Director: they think that there should be an assign of the job positions rank for the administrators according to the size of the district. For big size districts the rank of the positions should be higher than the position rank for smaller districts according to the organization size, the amount of work and an appropriate number of health personnel according to the population size and amount of work.

DH1: The district health office should be divided in sections but not as much as in the provincial health office. There are no more than five sections. According to the number of sections the problems increase or decrease and when they increase there are no unity among sections and more competition

DH 2: I think that there should be a clear division into three sections that are administrative, service, and instruction sections.
DH 3: We have a division in three groups that are management, service, and technical group and each one has two people responsible for it.

DH 4: The level of the administrators shouldn't be the same everywhere because some offices would be bigger than the others and would have more or less work than others.

DH 5: There shouldn't be difference on the level of the administrators it should be the same for everyone.

1.3 Line of authority and supervision

In the administration process of every organization it is very important having authority and supervision in order to ensure the accomplishment of the organization goals and objectives. It is very important since the personnel in different organizations have different roles and functions and different amount of work. The District Health Office is a middle organization between the Provincial Public Health Office and the Health Center.

The organization also has a discipline code applicable to its working procedures and to the establishment of the administrative pattern and a modern line of authority in which it is necessary control and supervision of the work in order to ensure the efficiency of the personnel. The new concepts of democratic administration and decentralization make possible a new administration concept called 'bottom up' which is opposite to the 'top down' concept. Also the vertical to horizontal management concepts from decentralization have been introduced more in the present. These principles represent the basis in exploring health administrators' visions on the District Health Office as follows:

1.3.1 Clear visions on line of authority, supervision and administration:

A group of the key informants present that the District Health Office should be in direct charge of the Provincial Chief of Medical Officer and under the supervision and control of the Ministry of Public Health only. Other ministries should only be in cooperation of work.

Group 1: They want to change the line of authority and supervision.
DH 1: It should be changed because up to the present even the District Health Office has been under the supervision of the district sheriff which in truth is under the supervision of the provincial chief of medical officer.

DH 4: In the present we are under the control of the district sheriff because we work in the districts territory anyway I think we should be under the supervision and authority of the Provincial Chief of Medical Officer because we are a health services organization.

PH 2: The line of command and supervision shouldn’t be under the district sheriff because he only provide command through document work and the provincial health office does the real supervision.

DH 2: We should be under the supervision of the provincial health office only because the district sheriff doesn’t understand our work responsibility which makes our work harder.

Group 2: One of the health administrators said the district health office should be included as one part of the hospital as follow.

CH 3: the District Health Office should be part as a section of the community hospital and the director doesn’t matter if is a doctor or just anybody who has knowledge on management, competency.

1.3.2 No-vision on line of authority, supervision.

Most of the key informants present that the actual supervision and line of command which is the responsibility of the district sheriff is suitable because they have better managerial knowledge than the Ministry of Public Health personnel who are medical science oriented. The fact that the District Health Office is under the control and supervision of the district sheriff is favorable join together with other organization.

Regarding the current working procedures the key informants in this group said that the Provincial Chief of Medical Officer are supervising the health office work anyway. Apart from this some administrators think that it is good for the District Health Office to be under the control and supervision of the ministry of interior as well as the Ministry of Public Health because the personnel can look for higher job positions. In order to aspire for managerial positions it.
DH 3: The way it is now is good enough. There is going to be a delegate of authority because at the Provincial Chief of Medical Officer must be doctors and they don’t acquire managerial skills where as the government officer in Ministry of Interior have studied management directly management strategy.

DH 5: We actually seem to be more under the control of the Provincial Public Health Office but we are supposed to be under the direct control of the district sheriff because that is the regional government policy and the sheriff doesn’t praise or criticize us.

DH 6: I think it is good that now we are under the control and supervision of the district sheriff because we work in his region and also when we need advice on discipline procedures we have him to help us. Apart from that the other organization are under his control as well.

PH 3: On the other hand the Ministry of Interior is more open to accept people with different profession be provincial administrators. One of the problems that we have now is that the budget passes through the Provincial Public Health Office and not direct through the district sheriff and that doesn’t give us complete freedom to work.

1.4 Administrative role and coordination.

The District Health Office is a unit that administrative, health promotion, and supports the work of the subordinate personnel. The District Health Office must have research competencies because in the past this issue has been forgotten and in the work of the District Health Office the research processes are very important in order to come up with more choices for solving problems and/or improving the working pattern.

Apart from that the work cooperation with other government organizations is also beneficial in solving health problems and especially the ones concerning the health law applied to industrial factories, agriculture and housing where diseases may appear and other risks are present too. The places where those diseases and risks appear the most are in the industry and urban areas where population densely. This role, function and network of the District Health Office must be operated with accuracy and responsibility.
1.4.1 Clear visions on Administrative role, work coordination.
Most of the administrators present that in the future the District Health Office must adjust its health educational role and the way in which they make their documents using more research results. The District Health Officer must be capable in analysis, planning skills and when working in cooperation with other organizations. The District Health Officer doesn't have to do all the work but they must be skillful when gathering all the work done.

DH1 : Up to the present most of the District Health Officer have worked well on those public health related problems and especially by having a working committee.

DH5 : In the future our role as instructors should be stronger especially in the environmental issues through the cooperation with others.

DO1 : It has to be stronger in provision of knowledge the personnel must be trained to work as technical helping the community.

1.4.2 No vision on Administrative role, work cooperation.
One of the administrators thinks that the working procedures cannot be changed unless the national policies are changed.

CH1 : the working procedures cannot be changed unless the national policies are changed.

2. Health human resources structure

Comparing the number of personnel in the Provincial Public Health Office with the number of personnel in the District Health Office it can be seen that the first one is a lot bigger. There are 124 person at the Provincial Public Health compare to only 7 person to each District Health Office. The District Health Office in general should have the appropriate number of personnel preventing either overstaffing or work load.

Samut-Prakarn Province has a complexity health problem. The public health personnel require specific knowledge but several times one person performs different task and responsibilities or replaces mismatch person on his job making their work inefficient and unsatisfactory for the community.
In order to acquire the appropriate number of personnel it is necessary to have a plan for recruitment even though the organization is able to work by contracting out personnel. In case of personnel reduction it must be done taking on account the efficiency standards that must be kept. The District Health Office also losess personnel when they order to move to other offices or transfer to other units.

The information system is important for the development of the District Health Office so personnel with specific skills are needed. For example health statistics specialists, epidemiologist, toxicologist, occupational health, environmental specialist, etc. In the case of changing people's health behavior it is necessary to have an effective health education process and personnel skilled on the area of health education or personnel with some training on the subject.

Comparing the amount of work in the public health and the number of people to take care of with other units such as the government teachers in the education system who work in a ratio of one teacher per 27 students compare with the public health personnel who work in a ratio of one person to more than 5,000 people risk for all health problems. The health human resources in term of quantity, quality, and distribution is crucially importance.

2.1 Clear visions on number of health human resources.

The key informants in this category said that the health manpower should be in accordance with the population size. However, some of the administrators think that 7 health personnel is enough number if they have good quality and good work and management methods. Other key informants think that in order to acquire more efficiency in their work there should be 7 to 10 health personnel. Some key informants also think that in the calculation of the health manpower it would be better to use the number of villages as reference having one person in charge of each one of them.

DH 1: In Samut Prakarn Province the rural areas are not so complex as the urban ones where the District Health Office personnel work very hard and are still not well recognized by the Government Officer Board. In districts where the population size is bigger there should be at least 7 to 10 health personnel.
DH 4: We have to look at the amount of work, if the district is big and the mission should be divided into health promotion, medical treatment, sanitation, and environmental health in order to increase efficiency.

DH 5: I think it doesn't matter if the districts are big or small they still have to work and if the district is small then the personnel focus on the quality of the work. There shouldn't be difference on the level of the administrators it should be the same for everyone.

2.2 Clear vision on health human resources in term of types and qualification differential.

Some of the administrators reflect that the health personnel of the District Health Office should have specific skills and knowledge that allows them to handle the public health problems of the district. Samut-Prakan Province needs professionals in the areas of environmental health, and sciences to work permanently in the District Health Offices. Having these personnel will make work more efficient and solving health problems easier and quicker. At the least a District Health Office personnel should finished bachelor's degree.

DH 4: We have to look at the load of work we have, if the district is big and the work should be divided into health promotion, treatment, sanitation, and environmental health in order to increase efficiency. The specific qualifications that the personnel should have would be in the areas of occupational health, science, and the people working in planning should be specialists in statistical analysis.

DH 5: I pay a lot of intention to this aspect because in solving specific problems is better to have specialists to solve them so if we can train the staff we have now or if we can hire specialized personnel it would be great.

DO 4: In this province where problems are complex it would be better to have specialized personnel. In every district doesn't needed be specialized personnel but just for the areas where they are really needed like for example in Samut Prakan specialists are in the areas of the environment, industry, chemicals and pollution control.

The knowledge and abilities of the District Health Office personnel must match the problems of the community but it is not necessary to have specialists in
specific areas because the actual personnel can be trained on those. Taking on account the actual personnel reduction can be replace by to contract out temporary personnel for certain activities instead of recruiting too many permanent personnel.

DH 2: The environment issue is very important so we need the skillful personnel and equipment to make this work easiness.

DO1: It is necessary Samut-Prakarn Province has a big environmental problem and so the personnel must have extensive knowledge on the subject. The District Health Office should also be divided in sections, an environment section, a treatment section, and so on. The personnel we now are health administrator and two to three officers; one of them could be working on the financial part and the others are regular employee.

DO 3: But I still think that the District Health Office should have personnel with special skills to solve the main problems of the region. And another important thing is that the District Health Office and the community should try to work harder on prevention of communication diseases.

2.3 No-vision on number of health human resources and health human resources in term of types and qualification differential.

PH 1: I think the district health offices should have as a standard number 7 people. Specialists are not necessary because other units can have them and the District Health Office just work in cooperation with them.

3. Infrastructure and environment of the workplace

The performance of the organization also depends on infrastructure of the office the design, architecture and office space of the workplace where the District Health Office is located taking on account the comfort and functionality needed in order to work efficiently and satisfactorily for the customer. This building must be equipped with operating information center, Technical rooms, and laboratory for environment to make sure the well being of people using it. The appearance of the building is also important in order to give a good attraction to the community making use of it. So in general the building must be arranged as a healthy workplace.
3.1 Clear visions on Infrastructure and operating environment.

The key informants in this category present that the location of the District Health Office shouldn't be at the district administration office. They think that the District Health Office should have its separate building with a modern design according to the role and function of this organization. What they want in the building is enough space for the personnel and the customers who come to receive their services. The design of the building should also be decided independently by the district health office in each district instead of being decided by the Ministry of Public Health to be just one model because some districts can use more or less budget than others.

DH 2: The District Health Office should be at an appropriate location and independent building. The District Health Office needs meeting rooms, health education rooms and operating rooms with evaluation instruments. The new building doesn’t have to have an original design depending on the budget of the District Health Office.

DH 4: The design of the building shouldn’t be determined by the ministry of Public Health but just allocate us the construction budget and we take care of the design. The appearance of the building doesn’t have to be the same throughout the country because some offices have different needs in terms of their workspace. Since in the future our role should be stronger in education we need to designs areas for demonstration purposes. Right now we are located at the Ministry of Interior district office but if it were possible then I would prefer to have an independent building.

DH 5: We used to be located at the District Administration Building but now our location is independent. Although there some offices that are not yet independent so if in the future the role and functions of the District Health Offices expand they are going to need a larger location and office space so they should be at an independent location. Health technical room should be available at these buildings and the design and distribution should be up to each office’s role and business.

DO 1: if the District Health Office has a location where to move to then it is good because the District Health Office has a lot of workers. In terms of design I think it could be an original design or could be the same design for every location it depends. What is important is that the distribution of the space is made taking on
account the future roles of the District Health Office so for example technical rooms should be located in the building.

The administrators with visions in this category think that the District Health Office should be located independently from the district administration office but the design of the new building should be the same throughout the country and it should have the same office spaces. The concept of healthy workplace is important though because it influences the efficiency and quality of the work.

DH 3: It is better to have some offices independent, being in their own location where they have enough space and arrangement.

CH 5: The District Health Office should be located at and isolate location. The inside arrangement of the space I don’t know how should it be. If needed the District Health Office could use the meeting rooms and laboratory at the community hospital.

DO 4: There are two prospective regarding this point because I think the office should have its own building, which is symbolic of the District Health Office. But on the other hand what if every unit wanted to move out to their independent locations then the district administration office would be empty and plus the units have to work in cooperation. In the case of the District Health Office it is acceptable to move out because it has a number of staff and independent mission.

3.2 No vision on infrastructure and environment.

Most of the administrators classified in this category are district sheriffs who don't need the location of the District Health Office to be far from the district administration office because when the District Health Office has to work in cooperation with other units it is easier to contact them. Apart from that the communication and work conjunction among units would be better if they were located together and the District Health Office could save budget because as these administrators think there is enough space at the district administration building.

DH 1: I think the District Health Office should be located at the district administration office because then it can save on budget and also it is easier when contacting and working with other units located at the district administration building.
DH 6: the District Health Office should have two vehicles because even now we still borrow the vehicle from the health center because one vehicle is not enough and the terrain in Samut-Prakarn Province is not good for using motorcycles. The office equipment such as copying machine is not necessary because be just rent the service and save on repair costs, etc if we had one. Regarding the environment evaluation instruments they are necessary but we don’t have the skilled personnel to use them so if we had budget we could contract private services to do that job.

PH 3: We should stay at the district administration building because we are public health advisors for the district and so we need to be close to its administration. Maybe when we stay at the district administration building we don’t have a location distributed as we like but if we combine our budget with the district then maybe we can decide how to distribute our space the way we like.

DO 3: It doesn’t matter where it is located as long as it is easy for the community to access them. So the best location for the District Health Office is at the district administration building because when the people needs to contact the government services they can do it all at the same location for one stop service.

4. Equipment and supportive technology

In the present the modernity of science and technology especially the health technology is very advanced and even though it is expensive but necessary for every organization in order to work easier and quicker, and effectively. The standard equipment used in the District Health Office for data processing and information storage is computers and also audio visual equipment used for the health promotion are necessary at the District Health Office. Other elements used for monitoring and assessing the health situations of different things are also needed especially for the provinces like Samut-Prakarn Provinces where there are a lot of complex health problems.

4.1 Clear visions on resources and supportive technology.

Most of the administrators present that an supportive technology system is very important so all the District Health Offices in Samut-Prakarn Province are
equipped with office automation and computers which have access to internet providing them with innumerable information resources and communication with other organization. There was one provincial administrator who thought that at the province level there should be teleconferences and the District Health Offices should be provided with audio-visual rooms that can be used for educational purposes to modify health behavior of the people. Apart from that the District Health Offices need to be equipped with more vehicles and sciences instruments for environmental surveillance inspection as follows.

DH 4: The IT. system is very important and the equipment we have now are not enough. We should have instruments for the environment assessment and if they cannot be provided then at least we should have the money to contract private services to handle that part. In the present we have access to the Internet and we already have a web page that the community can consult at anytime.

DH 5: The equipment that supports the work should be increased, right now we have fax, computers, telephones, internet access, etc. In the future more equipment should be provided in order to make our work more accurate and speedy. In terms of transportation we should have at least two vehicles, modern audiovisual equipment is necessary also because the District Health Office has a mission as health educator that must be improved.

PH 2: Vehicles are very necessary, at least one vehicle should be available for each district and if the district is getting bigger and there is more work then may be two or three vehicles are needed. In terms of technology like computers our province is advanced on that. We also are working on the possibility to have teleconferences that help save time to the people who need to receive the information from the conference because they just watch the conference on the T.V available at their workplace. Other equipment that the District Health Offices should have is an modern and advance audiovisual instruments.

DO 1: The District Health Office should have three vehicles in order to make work more dynamic, computers, copying machines, telephones and any other instrument that makes work more efficient must be provided to the District Health Office. Audio-visual equipment is necessary as well as instruments for the assessment of the environmental situation.
The administrators classified in this category present that vehicles are very important and that there are needed more that the existent. Some equipment is not necessary for the District Health Offices to buy because it can be rented when needed. Some of the administrators think that the District Health Offices don't need to examine their equipment and that communications equipment is not necessary. Other administrators present that the District Health Offices need audio-visual equipment to be used for health promotion and education as follows.

DH 6: The District Health Office should have two vehicles because even now we still borrow the vehicle from the health center because one vehicle is not enough and the terrain in Samut-Prakarn Province is not good for using bicycles. The office equipment such as copying machine is not necessary because be just rent the service and save on repair costs, etc if we had one. Regarding the environmental assessment instruments they are necessary.

PH 1: I don’t think it is necessary to have separated rooms for computers because that would mean spreading out and the laboratories are not really needed because they required a high expenses that we don’t have and also specialists that we are not able to hire.

PH 3: We need to have computers at least one for every three people, we need fax, copying machines, radios, and refrigerator to keep environmental samples because the district health office should receive support in working for the environment. Other instruments we need are camera, one car and one motorcycle.

4.2 No visions on office automation equipment and supportive technology.

The administrators classified in this category present that the equipment and technology used in Samut-Prakarn Province is enough to work because some of the elements can be borrowed from other units or private sectors. Some administrators present that the possession of new equipment and technology depends on the personnel abilities to use it for the benefit of the community. A hospital director present that the equipment that is to be used at the hospital is not necessary to be available at the District Health Office.
DH 1: Actually we have most of the essential equipment such as computers, copying machine, fax and telephones. Other instruments apart from these are not needed permanently so when we need instruments we don’t have we just borrow it from other organization.

DH 2: In terms of transportation there should be three pick up trucks available, and motorcycles should be available for transportation to areas where cars cannot pass or when there is no budget for the expensive pick up then they must be rented in order to make the work efficient. Chairs and tables must be enough because in the present they are still not enough in some places. Communication advises are also needed for example citizen band radios, audiovisual equipment used for health education. Instruments for the environment assessment are needed, the five computers available now are not enough and we need to connect with other organization to join together with so internet is necessary as well as a website helpful in maintaining people informed about the District Health Office.

DH 6: the District Health Office should have two vehicles because even now we still borrow the vehicle from the health center because one vehicle is not enough and the terrain in Samut Prakarn. The office equipment such as copying machine is not necessary because be just rent the service and save on repair costs, etc if we had one. Regarding the environmental assessment instruments they are necessary but we don’t have the skilled personnel to use them so if we had budget we could contract private services to do that job.

DO 2: I see is more needed are audiovisual instruments (not audiovisual room), transportation, computers, databases are very important to storage necessary information, and environmental assessment instruments are necessary but they must be provided to the health centers.

DO 3: All the equipment that makes work easier and more efficient is necessary but only the instruments that are related to the work the office has to do. And this equipment should be provided taking on account the proportions of each district like the personnel. All the instruments that help us work more efficiently in solving the health problems of the community are necessary.

DO 4: The modern working organization need to have enough computers in their office. The District Health Office should have a more clear mission in the
environmental protection and assessment so equipment for this should be provided but taking on account three points. First the government policies, second the disposability of the building and third the awareness of the personnel because if the equipment is provided but the personnel don’t know how to use it then it has no benefit at all.

DO 6: The most necessary instrument is the computer, it is also needed copying machines, telephones, cars, and audio-visual equipment to be used for educational purposes.

CH 2: I think we have some advantages over other provinces; we have computers for every office but we still need a web site and access to e-mail so we can send information more easily and quicker to other organization. If the District Health Office is prepared then I think equipment for the environmental assessment should be provided because if we were more concerned about that kind of health problems then we would have a better condition.

CH 5: I don’t know what to answer because up to the present I don’t really know what is available. However, I would think that modern office equipment is necessary for making work easier and quicker and some of the equipment that is expensive to get can be used with the hospital, etc.

CH 4: I can’t vision because I don’t know what equipment of District Health Office have now.
Chapter V
Discussions

This research is focused on the study of the visions of the health administrators regarding the development of the District Health Office in four areas. These areas are: 1) Administrative and organization structure, 2) Health human resources structure for District Health Office, 3) Infrastructure and environmental, 4) Office automation equipment and supportive technology. The research is qualitative and the information is collected from 19 key informants by employing in-depth interviews technique. The information was content analysis to find the key words, phrases which reflect the visions.

Globalization makes the advances of science and technology spread worldwide and making use in any organization. The advances on health technology have made the public health work a successful strategy that has enhanced the population health condition notably. Globalization has also impulse cooperation and knowledge exchange among countries trying to generate an international health standard so that every country works the same target for their public health policy. The main standard codes are the International Standard Organization (ISO), Hospital Accreditation (HA) and a new issue which is of great importance for the world such as the environmental condition and the integration of industry, agriculture, banking and public health. The public health system in Thailand also follows this guideline.

In the solving of public health problems and efficiency generation it is necessary the development of a health information system. This health information must comply not only illness and disease contraction but also information about the risks that some elements represent for health for example pesticides, artificial colorings, customers’ precarious information, and transportation. Apart from all that, the changes in society, way of life, population structure, migration and illness modifications as mentioned in Chapter 1 allow the administrators to foretell the future adversities and be prepared to handle them efficiently.
The foretelling of future situations are visions and for organization leaders to have visions or not depends on their conception regarding the principle mentioned in the first stage.

The key informants interviewed are classified in four groups which are 1. Province Public Health Administrators, 2. District Sheriffs who are the district health controllers according to government service order, 3 District Health Officers Directors and 4 District Hospital Directors. From the information collected it was found that there are matching and un-matching visions and those who are considered to have visions expressed concern about the present condition and presented options for the future (Thai Government Scholarship Students Society, 1997: 21). From the group of key informants divided into each category in four major concept of clear visions and no vision. Perhaps one of the reasons for some key informants to have no-visions is because the management system of the Ministry of Public Health centralizes the power of thinking, decision making and planning on the high ranking administrators only and this makes the lower level administrators less used to thinking, deciding and planning processes. Another reason could be that the health administrators work too attached to the strict norms and that doesn’t allow them to think and come up with solutions on their own. The suggestion from the bottom influence less meaning to the top. It is a very top down and concentration of centralization.

Dumrong Bunyun (1999: 30) ex-Communicable Disease Control Department Director stated that the centralization of planning, budgeting and decision making, makes the administrators at different levels unable to use their own skills and decision-making abilities in their work. If they did it would make the management of the organization more efficient and more beneficial for the community. Lastly, the study by Somchai Prommanee (1998: a) on the management procedures of the District Health Office in Pitsanulok Province found that the District Health Office doesn’t have any prove of establishing big goals for the organization at all.
1. Vision on administrative and organization structure

The key informants who had clear visions on this category also considered extra points that include the organization structure, norms and the size of the organization. They express that the arrangement of resources for the organization should be evaluated according to each area because they have different size of population and different public health problem complexity. The District Health Offices shouldn’t use the same pattern everywhere in the country and their size should be based on the health human resources structure and population size. In the present the health human resources structure do not consider the number of population size which makes the District Health Office personnel in Samut Prakarn Province unmatching the bigger amount of work because the number and type of is the same as other district regardless large or small. This supports with the study results by the Health System Research Institute (HRSI) which presented main strategies for the health care reform that say that the reform of the health care should be in accordance with the population structure in the present (Health System Research Institute, 1998: 27).

From the study of the problems and obstacles in the management of the District Health Office in the Northeast done by Prathip Chansamai (1997: c) it was found that one main problem in the work of the District Health Office is the deficit of working personnel. Krit Keawmanee (1994: a) evaluated the new internal structure of the District Health Office in Ubon-Ratchatani which was changed in 1993 and found that the administrators at all levels were satisfied with the new change in the structure of the district health office.

Regarding the health personnel structure and the position level of the District health Director the groups of key informants who had a clear vision said that the position rank should be given according to the amount of work. Therefore in districts that have more populations the director should be at higher position rank. By having the same rank director everywhere in the country there is no competition for efficiency in doing the job. There was one of the key informants who had another type of vision, which contemplated the idea of include the District Health Office as a
section to the community hospital. This could result from the decentralization, which is not clearly concluded yet for the District Health Office revision.

Regarding the same factor there are some other key informants who stated that the District Health Director should be at the same level and this shows that their way of thinking is still based on the old ways imposed by the Ministry of Public Health. Meanwhile the situation of the district health office has been changing rapidly and in order to match them together the personnel structure should be evaluated as well as the position levels.

On the other hand the key informants who didn’t express any vision is because they think that the way things are working in the present is good enough and that if there is a change, specially in the position levels, there is going to be a hard competition and un-equity.

Regarding the administration and authority of the District Health Office, the key informants who had clear visions said that the District Health Office should be under direct the line of command of the Provincial Public Health Office. Also the organization should have more professionals and specialists and among ministries the task and job descriptions should be clearly cut rather overlapping among the ministries. This would help the achievement of accuracy and convenience in management and work development and problem solutions. Being under the control of too many bosses like now, which is under the authorize of the district sheriff, who isn’t a professional in public health doesn’t help in the analysis and health problem solving of resources and development planning. For those reasons the high level administrators shouldn’t be just rubber stamp or pass away but should have technical knowledge and a real understanding of the health problem.

The key informants with clear visions regarding the technical role, work coordination and the role following public health laws said that the District Health Office has to have a clear role in the future specially technical capability. The District Health Office has the responsibility of being supportive of the work of the public health officers in the community which until now hasn’t been so efficient.

From the study of Thamrong Srimanee (2000: c) on the knowledge and opinions of the District Health Officer regarding their working according to the public health laws from 1992 in Ranong Province, it was found that they have very poor...
knowledge on the subject especially regarding activities that are dangerous for health. The study relate with the study of Patcharin Buripukdee (1998: e) who studied the enforcement of health laws at District Health Offices and Health Centers in Patani Province and found that the knowledge on the subjects should be improved as soon as possible in both organization.

2. Vision on health human resources structure

One group of the key informants had a vision in which they thought that the number of health personnel in the District Health Office should be established according to the population size. The advantage of that would be that the community will get a more quality service than quantity. According to the Guidelines for Health Manpower Planning of the World health Organization manpower planning should take into account four factors: 1) the health necessity of the population, 2) number of people receiving the service, 3) population size, 4) work quantity.

Apart from the manpower, the same group of key informants had a vision on the role and responsibilities of the District Health Office personnel. They said that the personnel should have specific skills and knowledge needed to solve specific health problems. For example specialists on environmental issues which in the case of Samut Prakarn are urgently needed due to its condition of industrial province and the pollution it causes. This group of administrators suggested that the personnel recruited should have degrees on environmental health studies in order to perform work more efficient.

The key informants who presented visions regarding specific skills of the personnel said that the current personnel should have the opportunity to receive training to upgrade and update their skills instead of looking for new specialized personnel. This vision is more realizable in practice especially due to the current zero growth and down sizing of personnel by the government policy. However human resources management is one of the most important factors for efficient goal achievement. That matches the concept of Tongchai Suntiwong (1997: 122) who says that the modern organization management needs people with deep and specific knowledge on each area. Yachai Unchit (1997: f) found that they distributed the
work by looking at each employee’s ability and needs which made work efficient. From the study “A Model Analysis and Development Guidelines for Health Planning for District Health Office in the Central Region” by Somchai Rukwongwan (1998: e) it was found that the problems and obstacles for the development of the District Health Office were in the lack of skills for health planning of the instructors. Therefore, in the case of Samut Prakarn Province if District Health Office wants to increase efficiency, it should provide serious training for the personnel in the areas most needed to solve the health problems of the province.

3. Vision on infrastructure and environment

Most of the district health Directors present that the District Health Office should be independent from the district administration building to make the work more appropriate and the design of the building shouldn’t be the same everywhere in the country. The design of the building should follow the cultural background of the region or even the development level. This version matches the conception of Kasem Wattanachai who says that the infrastructure of the health centers should be different depending on the conditions of the area (Ministry of Public Health's Policy and Planning Office 1996: 158). According to the study by Prathip Chansmai (1997: c) on the problems and obstacles of the District Health Office management following the instructions of the district health administrators in the Northeast area the main problem is the unproductiveness of the District Health Office personnel and problem of location independence.

Perhaps one of the reasons why the district health Directors showed a clear vision regarding these factors is because they look for in the future of the especially in its role of health promotion and diseases prevention which are the principal roles of the District Health Office Consequently, the District Health Office should have a place where to give health education models or make demonstrations for the public interests in order to generate knowledge and preferable health behaviors. On the other hand, the districts Sheriff's vision do not match those of the district health Directors. They think the District Health Office should be in the district administration building for the convenience of the community and as a way to save
budget used for construction expenses, cleaning, and environmental management. The District Sheriffs' visions could be attributed to the current economic crisis of the country and so all working units should cooperate in the saving of budget by being gathered in the same area.

4. Vision on equipment and supportive technology

The key informants with visions of this topic suggested that the has to District Health Office reform its role deeply. One of the administrators said, “now our role can not be staying quiet and slow like before”; the District Health Office should be more automated having copying machines, fax, audio-visual equipment, transportation vehicles etc in order to generate accuracy and be fast out reach in servicing the community. The number of automobiles should be enough for the amount of work, as one of the administrators said, “there should be at least one automobile per district, and in big districts where there is a lot of work there should be two or three; in small districts one is enough but small districts shouldn’t be the last to get it.”

All of the key informants agreed that computers are very necessary and fortunately Samut Prakan Province is a province that has an advance on that. In Samut Prakan Province every District Health Office and every health center have computers.

All of the key informants agreed that technology is very important and necessary for the organization because it can be used for data collection, analysis and health information formulation. According to the modern organization management concept of Thongchai Wongchaisuwan (1997: 63), information technology is a strategic tool that allows the connection of services given by the government and the fast transmission to the community.

Moreover there was a group of administrators who think that audiovisual rooms are necessary for the District Health Office. The motive for them to have this vision is perhaps the need of the District Health Office for modern audiovisual rooms and equipment to provide health education to the people of different groups effectively, which can help improve their health behavior.
CHAPTER VI
CONCLUSION AND RECOMMENDATION

1. Conclusion of research

The objective of this research is to study the visions of the health administrators in Samut-Prakarn Province regarding the development of the District Health Office in terms of administrative and organization structure, health human resources structure for District Health Office, infrastructure and environmental, Office automation equipment and supportive technology. This study can be useful as a pattern for the development of the District Health Office in both the urban and rural areas.

The population employed in this research as key informants are the health administrators in Samut-Prakarn Province composed of three provincial administrators, six sheriffs, four hospital directors, and six district health office administrators. An in-depth interviews of each key informants was used. The information was collected by cassette-tape recorder and note-taking. The information was analyzed by content analysis to explore the visions of each category.

1.1 General information of the key informants.

Most of the health administrators in Samut-Prakarn Province are males, their ages are between 45 to 55 years, most of them have finished only until bachelor's degree and the duration of working year in their actual job position is five to fifteen years.

1.2 Visions on the development of the District Health Office.

1.2.1 Administrative and organization structure.

Most of the health administrators think that there shouldn't be changes in the health human resources structure, the organization size should be determined by the number
of population and the development level of the district. Regarding the supervision and managerial model, some administrators think that the district health office should be authorized directly by the Provincial Health Office Director rather than the district sheriff. Some others think that the District Health Office supervision and management should be seized by the district’s sheriff as usual and the District Health Office should focus more on the instructive aspects on the future so they can become protectors of other organizations and authority decentralization can be possible.

1.2.2 Health human resources structure for District Health Office.

The administrators agreed that the number of personnel should be determined according to the population size. Regarding the qualifications of the personnel some administrators think that the District Health Office should have specific abilities especially in environmental issues and occupational health. Other administrators think that the actual personnel could be trained to make their work more efficient rather than new recruitment. The administrators agreed that the District Health Office personnel should have abilities in technical and research analysis.

1.2.3 Infrastructure and environmental.

Most of the health administrators from the District Health Office present that the District Health Office should be independent from the district administration building because the space is too small and they cannot work plenty. On the other hand the district sheriffs think that the District Health Office should stay at the district’s administration building because it is more comfortable for the community to receive its services and also to working in connection with other organization would be easier and more economic in maintenance expense.

1.2.4 Equipment and supportive technology.

Most of the health administrators think that computers are necessary instruments needed for a modern District Health Office even in Samut-Prakarn Province every District Health Office is equipped with computers. Regarding scientific instruments used for environmental assessment some administrators thought they are necessary since Samut-Prakarn Province is presenting a lot of environmental problem. Some health administrators think that those instruments are not necessary because in the District Health Office there isn’t personnel specialized on the area. Most of the administrators agreed that audiovisual equipment is necessary
at the District Health Office in order to make more efficient the health education and promotion. The administrators think that in terms of transportation every district health should have at least two vehicles.

2. Recommendation

2.1 Recommendations for being used in terms of policies implication.

2.1.1 There should be a change in the usual policies on the administration and health human resources structure, and administration model that is the same used throughout the country should become more flexible. If this happens the directors would be more aware of the population size and the public health problems of the different districts.

2.1.2 There must be an improvement of the District Health Office structure according to the changes generated in society such as changes from rural agriculture to industrial and urban. All the population changes size and structure should be foreseen by the health organization so that it can adjust itself to future situations.

2.1.3 The complexity of the public health problems in the present needs to be treated by specialists as for example the problems of the environment and consumer protection. It is also necessary to introduce modern and efficient technology to the District Health Office in order to enable them to analyze and report the influencing factors that affect the community health.

2.1.4 The top down management model consists on the high-ranking managers having total control of the policies' establishment. Lower-ranking employees should have the opportunity to take part in the policy formation. The bottom up management model on the other hand is efficient in solving health problems in different regions benefiting the community in general.

2.2 Recommendations for further researches.

2.2.1 The study of visions should be done in divided groups according to their position as for example groups of only doctors, or only sheriffs or even stakeholders in order to get the comprehensive ideas of the group.
2.2.2 The expectations of the people in the community towards the District Health Office should be studied because the health problem in each location does not necessarily be the same as the others.

2.2.3 There should be a study of the visions from the local director after the decentralization occurs because there might be assigns the authority on the District Health Office by those organization in the future.

2.2.4 There should be a experimental research in which a new model of District Health Office can be designed appropriateness because the effect of the development on social and economic that present variety of urbanization and industrialization which affect the ways of life of the local people.

2.2.5 The research design to get clear vision on each category could be get from other. There must be in these cases a valid key informant who can be under-secretary of state, a past under-secretary of state or trustworthy people from the public health. There must also be a correct process for finding the key informant because the seniority administrators contain and extensive experiences that can foresee accurateness the future changes of the District Health Office.

2.2.6 Using the focus group method instead of in depth interviews can collect more valid and reliable information because they can come up with discussion exchange of ideas and unify conclusion because in the focus group process the key informants can interact and defend his / her idea or experiences about the visions before conclusion.

2.2.7 Double and triple check is important when collecting information as well in order to reconfirm the expression of the key informants.
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