Perceptions of primary health care managers in leading and managing primary health care reform in Thailand

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Abstract

Primary health care (PHC) is crucial to the overall functioning of a health system. Like many developing countries, Thailand has adopted PHC principles in its national health policy. PHC managers are the largest management group in Thailand's healthcare system. They have leadership roles and management functions within the organization, among stakeholder organizations, and in the catchment community. Their roles and functions are currently changing as a result of the government "Sub-district Health Promoting Hospital Policy" (SHPH policy), implemented in 2009, to upgrade 9,769 Primary Care Units (PCUs) at the sub-district level to Sub-district Health Promoting Hospitals (SHPHs) with an emphasis on health promotion.

Since the 2009 SHPH policy reforms, studies have been conducted in an attempt to evaluate the success and challenges of implementing the policy and to identify the competencies of health professionals working at the SHPHs. Most of these studies were conducted based on the quantitative approach and there is no study that has empirically examined the perceptions of PHC managers regarding the important leadership roles and management functions that are necessary for them to work effectively during the transition period of the implementation of the SHPH policy. Therefore, the aim of this qualitative study is to explore the leadership roles, management functions, challenges and training needs of PHC managers working at SHPHs and implementing SHPH policy in Phitsanulok Province, Thailand.

An eclectic theoretical framework was used combining complex adaptive systems theory, neo-institutional theory and typology of archetypes, and diffusion of innovations theory to better understand the transition occurring in SHPHs. This qualitative case study applied a hermeneutical phenomenological approach to narrate the actual lived experiences of seventeen PHC managers by using semi-structured interviews and thematic analysis of the data from this purposeful sample.

Four main themes emerged from the analysis. Firstly, the experience of constant change, particularly in implementing the SHPH policy, presented several significant challenges to PHC managers, including human resources shortages, financial constraints, and high expectations from clients. Secondly, passion, altruism, the desire to be a leader and the

opportunity for advancement in career path were important values for PHC managers to enter this role and to work with satisfaction in their position. Thirdly, PHC managers emphasized that everyone in the organization had to work sincerely and respectfully together as a team to meet agreed goals with limited available resources. The last theme suggests that PHC managers need to network with stakeholders in order to work productively in the community.

The study concludes that PHC managers have to demonstrate three components of self-management, team-management and network-management leadership adapted to a Thai cultural setting in order to confront the four challenges: 1) constant change in the district health system, 2) financial constraints and human resources shortages, 3) rising clients‘ expectations and 4) development of integrated comprehensive PHC services. The study further presents implications that public participation and effective policy diffusion are crucial in health policy reform. Policy, planning and strategy are required for human resources development. There should be professional development opportunities for PHC managers and a district network for developing integrated healthcare.

This study is one of the first qualitative case studies in Southeast Asia, and especially in Thailand, to provide insights into the working experiences of PHC managers, but it is limited to one Thai Province. Future research should be conducted in other settings and with other stakeholders to enable greater generalization of findings. There is a need to develop the curriculum content and training programmes most suitable for PHC managers. The structure, roles and responsibilities of a district network for developing integrated healthcare need to be explored. In developing networks in PHC in Thailand, policy diffusion and implementation need to be considered and resourced.

Certificate

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

Wutthichai Jariya

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Abbreviations

CASs	Complex Adaptive Systems
CEO	Chief Executive Officer
CESs	Complex Evolving Systems
CNO	Chief Nursing Officers
CPHC	Comprehensive Primary Health Care
CUP	Contracting Unit of Primary Care
DHSM	Doctor of Health Services Management
DOCASs	Dynamic Open Complex Adaptive Systems
DRGs	Diagnostic Related Groups
GP	General Practice
GPN	Global Professional Network
HIT	Healthcare Information Technology
HPH	Health Promoting Hospital
ICU	Intensive Care Unit
IIT	Intensive Insulin Therapy
KPI	Key Performance Indicator
LHA	Local Health Authority
MAP	Multi method Assessment Process
MDGs	Millennium Development Goals
MPB	Managed Professional Business
MoPH	Ministry of Public Health
NHSO	National Health Security Office
P^2	Professionalism and Partnership
PC	Primary Care
PCU	Primary Care Unit
PHC	Primary Health Care
RAP	Reflective Adaptive Process
SDH	Social Determinants of Health
SEARO	South-East Asia Regional Office
SHPH	Sub-district Health Promoting Hospital
SPHC	Selective Primary Health Care
TQM	Total Quality Management

UCS	Universal Coverage Scheme
UHC	Universal Health Coverage
ULTRA	Using Learning Teams for Reflective Adaptation
VHCs	Village Health Communicators
VHVs	Village Health Volunteers
WHO	World Health Organization