

Book Reviews

Edited by : Tipaporn Karnchanarach

CIVIL SOCIETY: THE VIEW OF THAI LEADING THINKERS

**Dr. Chuchai Suphawong M.D., Yuwadee Kadkarnklai, Published by Matichon Company Ltd. (Public),
12 Tasabannarumol Rd., Prachanivas 1, Jatrujak, Bangkok, Thaliand. Original : Thai.**

At this century where we are stepping into the world of information age, people become more educated, more communicated. Unfortunately government organizations still slow in catching up new techniques to tackle community problems, however Community action, named variously by different authors and scholars, was proposed by WHO to be one of the important PHC strategies to solve the problems of health service development in achieving HFA. However, in most developing countries, community actions are mainly actions of the community organized by the government officials. The word community actions used in the health field may be equated with the word civic movement or civil society movement in social science. Civil Society, existed in most developing countries for decades without obvious understanding and recognition, has been proved for its work in solving many local community problems, e.g. forest conservation, irrigation system. This word may not be familiar to most people in the health field. *CIVIL SOCIETY: THE VIEW OF THAI LEADING THINKERS* has gathered interviews of 6 Thai leading thinkers i.e. Prof. Prawase Wasi, Prof. Chaianun Samudwanich, Prof. Niti Aew-Sriwong, Asso. Prof. Anaek Loathummathut, Dr. Chatchai Na-Chiangmai, Dr. Kasien Taechapeera about their general opinions toward what civil society is, how does it work, and how to strengthen it. The interviewees also give their criticism on the views of Thai civil society, its history, on going and possible future trends. Besides the interview, at the end of the book definition of civil society and various similar terms are given. To shape readers' concept of civil society, again, the book closes with an informative article on this issue digested and analyzed from many books and articles. This book is recommended not only for managers but for every Thai or world citizen.

HEALTH POLICY AND SYSTEMS DEVELOPMENT ; AN AGENDA FOR RESEARCH

Katja Janovsky, Published by WHO, Geneva, 1996. 245 pages ; Original : English.

The highest achievement of health service system is to be able to deliver quality service in an equitable, efficient and responsive way. In order to meet this goal, we must start from intelligent policies which supported by reliable and informative data. HEALTH POLICY AND SYSTEMS DEVELOPMENT : AN AGENDA FOR RESEARCH is where intelligent policies starts. This book has identified some of the most important issues in the development and reform of health policies and systems, and the kind of research needed to help move forward.

The contents of this book are divided into 14 chapters including important issues in Health System Development e.g. Priority setting, Financing, Public/Private Mix, Decentralization, Quality of Health Services, and Policy process. In this book, authors have explained research needs, reviewed relevant researches both from published and unpublished papers, and proposed priority research topics suggested to be conducted to support health policy and system development. It also recommends certain methods for each kind of research suggested. And to keep readers in track, a conceptual map of each subject area mentioned is also presented. Beside, what kind of researches should be conducted, or how to conduct certain researched, this book also give examples of where to use certain research in decision-making. As health policy and systems research priorities are mainly defined by national policy makers, international agencies and bilateral donors, both at the global and at the national level, this book is recommended for these groups, as well as for health systems researchers.

The 7 HABITS OF HIGHLY EFFECTIVE PEOPLE

Stephen R. Covey, Published by Simon&Schuster; New York, 1990. 358 pages, Original : English.

Translated Thai version by Songkran Jitsuthi Phakorn, Published by SE-EDUCATION Public company limited, 1996.

".... Our mission is to empower people and organizations to significantly increase their performance capability in order to achieve worthwhile purposes through understanding and living principle-centered leadership" Stephen R. Covey, Chairman of the Covey Leadership center.

Human Resource Development is a prime concern in most countries e.g. in the 8th National Socio-economic Development Plan for Thailand, the focus is on human development . What human resource development actually means is not just to equip people with up to date knowledge and modern technology, besides, to improve quality of individuals. The inside potential in every human being is much more than one can imagine, if we can decapsuled this potential, it would be a major gear wheel in every step of development, not only in health care aspect. *The 7 HABITS OF HIGHLY EFFECTIVE PEOPLE* , recommended as a manual for individual improvement and teaching tool in class and training ,contains principles, methodologies and strategies important for efficient habit forming, which have been used by many of those who are highly effective. The book is divided into four parts. Each part introduced related habits i.e. *Part I Paradigms and Principles*,giving an overview of the seven habits, *Part II Private victory*, introducing habits of (1) **Be proactive**,thru the principle of personal vision, (2) **Begin with the end in mind**, thru the principle of personal leadership; (3) **Put first things first**, thru the principle of personal management *Part III Public Victory* introducing habits of (4) **Think win/win**, thru the principle of interpersonal leadership; (5) **Seek first to understand, then to be understood**, thru the principle of emphathic communication ; (6) **Synergize** thru the principle of creative cooperation *Part IV Renewal* introducing habits of (7) **Sharpen the saw**,thru the principle of balanced self-renewal. The world today are full of conflict and ineffeciency. Development of these 7 habits proposed by Covey will facilitate peaceful conflict resolution and promote effeciency at work. This book was written with not only interesting and convincing concepts and techniques, but also with various examples for easy understanding. It is recommended for anyone who want to development himself toward a more mature, peaceful and effective citizen.

HEALTH CARE REFORM : AT THE FRONTIER OF RESEARCH AND POLICY DECISIONS

Dr. Sanguan Nitayarumphong, Published by Office of Health Care Reform, Ministry of Public Health, Tivanont Rd, Nontaburi ,Thaliand 11000, 1996, 188 pages. Original : English.

*“.....Research has an important contribution to make at all stages of the health care reform process. It can assist in the design of reform policies, and in the monitoring and evaluation of reforms. It can help increase an understanding of the reform process and the role of different stakeholders, and shed light on appropriate process and mechanisms for health care reform “**Korat Statement**, 1996.*

Over the past few years health care reform has emerged as a prime concern in many countries. Especially in developing countries, health sector reform is considered as a part of wider structural adjustment policies. However, systematic reforms have not been familiarized in these countries yet. A book summarising the papers presented at the international workshop on “Health Care Reform”, held at Simathani Hotel, Korat Province, Thailand on 22nd - 24th January 1996 - *Health care reform: At the Frontier of Research and Policy Decisions* -will facilitate the understanding of what health care reform is, why it is necessary to reform health care system. Knowing that without rational evidences to guide countries, an effective reform could not happen, this book gives importance to evidence-based reform. It also suggests possible ways for effective reform thru research and policy decision. It enlightens readers’ idea regarding the kind of research needed for evidence-based health care reform, including priority research topics etc, the book is divided into four parts : (1) conference consensus statement, (2) health care reform: key speakers, (3) health care reform: current experience,(4) results of group discussion.This book is useful not only for researchers or policy makers but also for researchers and everybody involved in health care reform. Additionally, what is nice about this book is that it does not require readers of good background in public health in order to understand the content. This book already contains all necessary information to form basic understanding.

A BRIEF REPORT ON THE EVALUATION OF THE DECADE OF HEALTH CENTERS DEVELOPMENT PROJECT, 1996.

Suwit Wibulpolprasert, Ampol Jindawathana, Boonroeng Chuchaisaengrat, Sunee Wongkongkathep et al., Published by Bureau of Health Policy and Plan, Ministry of Public Health , Tivanont Rd, Nontaburi Thaliand 11000, 30 pages. Original : English.

“ ...We need a strong but flexible front line health army with potential to adopt itself to the need of people, provide quality service of health promotion, disease prevention, curative service and rehabilitation, which satisfy clients to acheive the final goal of our policies of “not ill, not crowded”

Vitura Saengsingkaew, Permanent Secretary, Ministry of Public Health, Thailand.

Health center is importance as the first gate to public health service system. In Thailand, since the 4th National Health Development Plan, Ministry of Public Health had stressed the importance of health care accessibility thru increasing the coverage of health centers and community hospitals combine with PHC service in the village, development activities resulted finally in universal coverage of health service infrastructures down to the village level. The next step of development, which is in this decade, is that of quality concern. Thus in 1992, Ministry of Public Health declared the years 1992-2001, **a Decade of Health Centers Development** (Begin on 1st October,1991). During this period all aspects related to quality improvement of health centers has been stressed e.g. facilities, supportive system, especially man power development.

A BRIEF REPORT ON THE MID-TERM EVALUATION OF THE DECADE OF HEALTH CENTERS DEVELOPMENT PROJECT 1996 summarized the result of a study done in 1996 showing what have been done during the first half of the decade of health centers development. It also proposes what should be done in the second half, which focus mainly on decentralization, efficiency improvement, quality improvement and model development. This book is the fourth volume among 4 reports of the study. The others are : **Volume I Future of Thai Health Centers : An Overall Aspect, Volume II Evaluation of the Progress of the Decade of Health Centers Development Project, Volume III Development of Health Centers in the general and specific localities.** These 3 volumes are available only in Thai language. Eventhough this report aims at improving policy implementation, it is useful not only for policy makers but also for health administrators and health staff at all levels. It is also useful for the health system researchers as the methodologies used in this evaluative study include both quantitative and qualitative (interview and participatory observation) analysis.

GENERAL PRACTICE SERVICE SYSTEM IN THAILAND : SITUATION ANALYSIS AND PROPOSAL FOR DEVELOPMENT.

Supathra Sriwanichakorn, Sanguan Nitayarumphong, Piyathida Sriruksa and Prapapan Comekom.

Published by Health Systems Research Institute, Thailand, 1996. Original : Thai, 149 pages.

General practice is a major base of medical service system. General practitioners, should be the first group of physicians to be consulted when people need primary care services. What noticeable is that while the emphasis of health care is on promotion not curative service, and on primary care not tertiary care, the number of general practitioners in Thailand is increasing at a decreasing rate, paradoxically the rate of increase of medical specialists is much higher. This resulted in gradually decline in the proportion of GP among Thai physician. How could this paradoxical trend happen? Are we on the right direction? *GENERAL PRACTICE SERVICE SYSTEM IN THAILAND : SITUATION ANALYSIS AND PROPOSAL FOR DEVELOPMENT* could overcome you with these questions. The contents of this book starts from general introduction of general practice, the meaning, evolution, comparison of general practice service system in both developed and developing countries. Then it proceeds to analysis 6 case studies of general practice service system in Pranakorn Sriyutthaya Nakornrachasima Khonkaen Nakornsawan Hadyai and Nopharatrachathanee hospitals. Besides, there are 3 analyzing chapters on related issues i.e. situation of general practice in Thailand, education system and training related to general practice, and other relevance systems to support general practice. The book closes with several proposals for future development of general practice system i.e. reconceptualization, restructuring, rewards and recognition, resource development, and research and model development. This book is useful for understanding of the concept, and situations of GP in Thailand, especially for policy makers, practitioners, and related organizations involving both directly and indirectly in the development of health care delivery systems.

Articles Review

Edited by : Tipaporn Karnchanarach

MOTIVATING STAFF THROUGH TEAMWORK : PROCESS REVIEW AND DATA DISPLAY

Human resource is one of the most important key element in every quality management system. The quality of health care delivery is as well depend on how effective the staffs perform their own function as other efficient management activities. However, it is often found that after shouldering a burden load of work for sometimes, facing obstacles repeatedly time after time, the health staffs tend to loose their willingness or attempts to effectively perform their functions. This may be a normal evidence, however, it would not be allowed to happen in an effective workplace. A process review by *Koch* has proposed four interventions for motivating staff, thru teamwork, which can be utilized by any team work of the service in hospitals and community health facilities. These four interventions are : (1) understanding the psychology of excellence in teams, (2) establishing cross-functional quality improvement teams, (3) understanding and reviewing process of care and service, (4) using data display to motivate. Although, in this article, only surface of each intervention has been scratched, flowcharts, comparision charts, fish bone charts, are presented to ease readers in drawing a practical conclusion which can be used for immediate implementation. In most hospitals and health service facilities, many health professionals have to work together to deliver best service to the patients. Teamwork building is thus one of the most important key tools for management. Koch's review paper is an attempt that may be benifited by all health managers and professions.

Hugh C.H.Koch, Health Manpower Management Vol.2 No.4,1995 pp 32-36

NURSE STAFFING PATTERNS AND HOSPITAL EFFICIENCY IN THE UNITED STATES

Nurses are a major group of health profession required for health care delivery at all level. However, both developed and developing countries have been facing a problem of shortage of this profession. To tackle this problem, each country has seek various methods. For example, in Thailand, it is allow to hire nurses from other hospitals to work evening and night shifts. In Israel where nurses are paid by hour of working, this pay rate is double during weekend and even triple during religious holiday to attract nurses, additionally, foreign nurses are being imported. What have been done are mainly short term solutions. However, in the long run, the economic evaluation on different management measures should be taken into consideration. The exploratory study conducted by Bloom, Alexander and Nuchols aimed to assess the effects of four nurse staffing strategies on the efficiency of patient care delivery in the hospital. These strategies include (1) the use of temporary nursing agencies, (2) the use of part time nurses, (3) increased skill mix of the nursing staffs (proportion of registered nurses), and (4) increased experience mix of the nursing staffs. The Transaction Cost Analysis is employed to determine the effects of these staffing patterns on personnel, and benefit costs and on non-personnel operating costs. The finding provides evidence that there is a significant relationship between staffing patterns for both hospital personnel and operating costs. It reveals that the use of career part-time RNs and experienced staff reduced both personnel and benefit costs, as well as total non-personnel operating costs, while the use of temporary agencies for RNs increased non-personnel operating costs. An RN rich skill mix is not related to either measure of hospital costs. However, the finding does not peak directly to issues of hospital effectiveness or whether staffing strategies have different implications for quality of care. This paper is useful for employment restructuring in the future and worth to be review by policy makers and managers.

Joan R. Bloom, Jeffrey A. Alexander and Beverly A. Nuchols, Soc. Sci. Med. Vol. 44, No.2, pp 147-155, 1997

PRACTITIONERS RESEARCH THEIR OWN PRACTICE: COLLABORATIVE RESEARCH IN FAMILY PLANNING

It is observed that many public health related researches have very little impact on the health condition of public. What is claimed to be a major contribution to this failure is the inefficient utilization of the results of researches by policy makers, programme planners, and implementers. Improve health condition of the public requires collaboration among related organizations, both inter and intra sectoral, and individuals at all levels from planning down to site practice operation. The research conducted by Aubele and Niang has shown the difference from many others' in term of project focus. In most research projects, the focus is on the product of the research such as the findings, while this research gives attention to the research process. In their study, Aubele and Niang illustrated use of collaborative research approach thru a study conducted in Senegal of midwives' interpersonal communication behaviour during family planning consultations. Two key features of the methodologies which differ from conventional approaches to health sector research were also adopted. Firstly, a close collaboration between the social scientist-researchers and the programme practitioners in all phases of the research process—in keeping with a collaborative research approach. Family planning programme staffs were expected to participate in developing the study methodologies and to take primary responsibility for coordinating the implementation and completion of the research. Secondly, the role of the social scientist-researchers was that of “facilitator” and “capacity builder”. For framework of research methodology, a sequence of 7 steps was proposed:- (1) identify research team members, (2) develop research methodologies, (3) train observers, (4) conduct observations, (5) tabulate and analyze data, (6) formulate conclusions and programme recommendations, (7) develop plan to disseminate research results. This paper not only shows an example of how to strengthen the link between programme research and its application in programme implementation but should also stimulate public health providers to carry out applied research with the attempt to solve health problems in their setting. Furthermore, it shows the concept of **interactive learning thru action** which members of the team share experiences and learn together from their routine work. This method will encourage them to utilize acquired knowledge and skill from researches that they involved in a real situation at workplace.

Judi Aubele and Aminata Niang, Health Policy and Planning; Vol.11 No.1, pp.72-83, 1996

THE DEVELOPMENT OF A TRAINING MODEL TO IMPROVE HEALTH PROFESSIONALS' SKILL, SELF-EFFICACY AND OUTCOME EXPECTANCIES WHEN COMMUNICATING WITH CANCER PATIENTS.

Noncommunicable diseases became leading causes of death in developed countries for decades, and in the era of epidemiological transition the developing countries are also catching up. Cancer, one major group of noncommunicable diseases, became one of the top three leading causes of death in many developing countries. This group of disease represent multidimensional, multidisciplinary and multicausal health problems. Apart from physical problems, affective disorders and psychological problems are great burden to cancer patients. Although modern medical technology can cure or prevent the spreading of disease, it is not able to stop psychological concern of patients. Only thru providing true information with appropriate manner would help. Health professionals are in an expected position to help reduce the high prevalence of affective disorders and psychological problems. However, it is observed that this role is inhibited by ineffective communication practices. In this study by Parle and Maguire, the conceptual model of communication behavior-- taking into account the role that the knowledge and skills, self-efficacy and outcome expectancy beliefs, and perceived support plays in the abilities and willingness of health professionals to assess patients' concern-- was proposed. To investigate how this model works, then, workshop is held. In workshop, participants, drawn from doctors, nurses, social workers and chaplains involved in cancer care, were asked to identify the communication tasks, the most that they need help with, when talking to cancer patients, relatives, or colleagues. After problems have been clarified, various teaching methods e.g. cognitive overview, video demonstration, small group work, emphasizing on integration of physical and psychological assessment, are used to improve knowledge and skill, and to change beliefs and attitude, self-efficacy and outcome expectancy. To make sure that the newly acquired skills and knowledge would be transferred into a real work environment, the participants were asked to identify opportunities to implement their new skills and likely barriers to this. Problem-solving methods were used to provide solutions to their anticipated problems. At the end of the workshop, skills, self-efficacy, and outcome expectancy beliefs were evaluated once. And again these variables were reevaluated three months later. This paper does throw more light for the development of our concepts and skills to better the care for cancer patients.

Michal Parle, Peter Maguire and Cathy Heaven, Soc. Sci. Med. Vol. 44, No.2, pp 231-240, 1997

CLINICAL TRAINING OPPORTUNITIES FOR THAI MEDICAL GRADUATES IN THE UNITED STATES.

Three decades ago, Thai medical graduates easily got admitted into Residency Training Program in the USA. Certain batches of some medical schools graduates even chartered flights to continue their career. This affected severe brain drained of physicians from Thailand. At present, there are still more than 1,000 Thai physicians practice in USA. However, the situation changed during the past decade, when it was more and more difficult to be admitted into Residency Training Program in the USA, inspite of more need for continuing training abroad. Many Thai physicians, university lecturers, can not find a suitable place for continuing training in th USA., due to lack of appropriate information and contacts. This paper on **Clinical Training Opportunities for Thai medical Graduates in the United States, by Nuchprayoon I.**, is useful for every physician who would like to further his training in USA. In this paper, author has reviewed general information about clinical training in the United States in the past decade. The author also compares similarity and difference of medical education system between that of USA and Thailand's. Besides, acceptance, certification, and application for certain programmes are also available.

Issarang Nuchprayoon, M.D., J.Med.Assoc.Thailand, October, 1996.

INTEGRATING LAY AND NURSE-MIDWIFERY INTO THE U.S. AND CANADIAN HEALTH CARE SYSTEM.

Health care providers are those who involved in delivering health services, some are professionals some are not. Nevertheless, for provision of appropriate health services, we need good mix of various health cadres, professionals and non professionals, working in team. Looking at the evolution of health personnel production those non-professional auxilliary health personnel i.e. without practise license, often emerge during the period when the country face with the shortage of health professionals, Theoretically, in providing health service they must work under the supervision of the higher level health professionals. However, due to their working in remote area and high demand for health service, auxilliary health personnel are thus practically provide health service independently. Once the country can produce sufficient health professionals, those auxilliary health personnel are being bit by bit replaced and turned or developed to do something else. What happening now in U.S. and Canada is paradoxical. Recently, in these two countries, there have been efforts to integrate midwives into health care systems, eventhough prior to the 1970s the practice of midwifery other than by licensed physicians was illegal in Canada and in several areas of the U.S.. The paper on INTEGRATING LAY AND NURSE-MIDWIFERY INTO THE U.S. AND CANADIAN HEALTH CARE SYSTEM, by Bourgeault and Fynes has analized the development and organization of nurse-midwifery and integration of lay and nurse-midwifery into health care system in U.S. and Canada. This reverse trend in provision of primary OB-GYN care in developed countries like USA and Canada should be and important experience to be learnt by health managers in developing countries.

Bourgeault and Fyne, Soc.Sci.Med. Vol44, No. 7 pp1051 - 1063, 1997.