Hospital Administration for Humanized Healthcare in Thailand

Niwatchai Namwichisirikul

Abstract—Due to the emergence of "Humanized Healthcare" introduced by Professor Dr. Prawase Wasi in 2003[1], the development of this paradigm tends to be widely implemented. The organizations included Healthcare Accreditation Institute (public organization), National Health Foundation, Mahidol University in cooperation with Thai Health Promotion Foundation, and National Health Security Office (Thailand) have selected the hospitals or infirmaries that are qualified for humanized healthcare since 2008-2010 and 35 of them are chosen to be the outstandingly navigating organizations for the development of humanized healthcare, humanized healthcare award [2].

The research aims to study the current issue, characteristics and patterns of hospital administration contributing to humanized healthcare system in Thailand. The selected case studies are from four hospitals including Dansai Crown Prince Hospital, Leoi; Ubolrattana Hospital, Khon Kaen; Kapho Hospital, Pattani; and Prathai Hospital, Nakhonrachasima. The methodology is in-depth interviewing with 10 staffs working as hospital executive directors, and representatives from leader groups including directors, multidisciplinary hospital committees, personnel development committees, physicians and nurses in each hospital. (Total=40) In addition, focus group discussions between hospital staffs and general people (including patients and their relatives, the community leader, and other people) are held by means of setting 4 groups including 8 people within each group. (Total=128) The observation on the working in each hospital is also implemented. The findings of the study reveal that there are five important aspects found in each hospital including (1) the quality improvement under the mental and spiritual development policy from the chief executives and lead teams, leaders as Role model and they have visionary leadership; (2) the participation hospital administration system focusing on learning process and stakeholder' needs, spiritual human resource management and development; (3) the relationship among people especially staffs, team work skills, mutual understanding, effective communication and personal inner-development; (4) organization culture relevant to the awareness of patients' rights as well as the participation policy including spiritual growth achieving to the same goals, sharing vision, developing public mind, and caring; and (5) healing structures or environment providing warmth and convenience for hospital staffs, patients and their relatives and visitors.

Keywords—Hospital administration, Humanized healthcare.

I. INTRODUCTION

BASED on people's expectations and their increasing attitudes towards medical services, a number of hospitals in Thailand are readily to enhance the effectiveness of human resources and service systems in order to provide the qualified

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medical service to people and satisfy their needs. This must be dependent upon the professional autonomy and achieve the goals determined by each hospital.

During the shift of paradigm, a number of changes in the hospital service system occurred continuously. Previously, the emphasis was on the development in terms of knowledge and skills. The new devices were then introduced including self-development and hospital quality improvement and accreditation. This was done from August 1st, 1997 to July 31st 2000 by the project called "Hospital Accreditation" (HA), the navigating research project for 35 hospitals in Thailand. The project was funded by Health Systems Research Institute (HSRI) in cooperation with the Thailand Research Fund. In 1999, the Healthcare Accreditation Institute (Public organization) was established to consolidate the knowledge and make use of network system management for medical service development. A case in point was that, at the end of May, 2012, there have been approximately 349 qualified medical service organizations, by accreditation and/or re-accreditation [3]. In addition; the Learning Organization was introduced for knowledge management, self-development, and career advancement. Unfortunately it revealed that some personnel were discouraged by their duties and tired of them, however. The value of their own work seemed to be meaningless from their viewpoint. The new paradigm called Living Organization Development has been introduced since 2011 accordingly.

As for humanized healthcare, it was introduced in 2002 by Professor Dr. Pawase Wasi. He defined such term as the "holistic" medical service system under the feeling of sympathy and humanity in both the givers and the receivers. He said about Modernized Healthcare "good, but not enough" and Humanized Healthcare [1] "believe in the seed of virtue" in 8th HA National Forum, 2007. Nowadays humanized healthcare has been widely implemented by a number of hospitals in Thailand. During 2008-2010, there were 35 hospitals chosen by Healthcare Accreditation Institute (public organization), National Health Foundation, Mahidol University in cooperation with Thai Health Promotion Foundation, and National Health Security Office (Thailand) on account of outstanding performance on humanized healthcare service; most of cases are palliative care, service for dying patients with end-of-life care and with chronic diseases [4].

Interestingly enough, there were some studies about the human resource management and development encouraging the "Awakening Organization" approach in some hospitals [5]. It was manifest that the use of personal spiritual

development tools resulted in the state of mind and the thinking processes of some staffs. Several organizations had an insight that the most important change was from attitudes which are profoundly inside of human mind. Based on the studies about the awakening organization, the results indicated that the staffs' intrinsic value was the crucial factor for their own change no matter what their position was. In the same way, the intrinsic value could be sustainable under the collaborative work together with the concept called network participant as a critical friend [6]. The studies would be the important factor for the palliative care development. Furthermore, the Department of Mental Health had developed the framework of "Spirituality in Healthcare" to be the ways to develop learning organization[4]. The components of the framework were intrinsic value, team work, and core value.

In 2007, Healthcare Accreditation Institute (public organization) was in cooperation with Thai Health Promotion Foundation to propel the healthcare system of the country. This contributed to the project called "*Sustainable Health Care and Health Promotion by Appreciation and Accreditation*" (SHA) that integrates the development of quality by means of mental capacity [3]. The palliative care would be delicate, meaningful and valuable for life. It should be tangibly included in the service, together with the concept of "sufficiency economy." In 2011, there were 124 navigating hospitals, but there are not many hospitals achieving such the idealistic criteria as security, standard, service mind, delicacy, collaboration with community, love and generosity in work, and happiness in both the giver and the receiver [7].

Consequently, the researcher will shed the light on the current issue, characteristics and patterns of humanized healthcare in Thailand. The study will suggest the ways to deal with humanized healthcare suitable for Thai context or Thai society for the development of medical service in future.

II. OBJECTIVE

1.To describe the current issues of humanized healthcare in Thailand.

2.To explain the administration of the hospitals resulting in humanized healthcare in Thailand.

3.To study the pattern or processes of hospital administration resulting in humanized healthcare which is suitable for Thai context.

III. STUDY DESIGN

The study is the qualitative research using the case-study method [8]. The research will provide the study proposition based on the exploratory survey.

A. The Data Collection

The data collection is implemented by document analysis, in-depth interviewing and focus group discussion in order to find the in-depth information (both facts and opinions) relevant to humanized healthcare in Thailand and understand the holistic details for the study.

B. Study Instruments

The instruments of the study include the local or community hospitals under the Ministry of Public Health. The selected case studies are from 4 places including Dansai Crown Prince Hospital, Leoi; Ubolrattana Hospital, Khon Kaen; Kapho Hospital, Pattani; and Prathai Hospital, Nakhonrachasima.

In-depth interviewing will be used. 10 staffs working as hospital executive directors, and representatives from leader groups including directors, multidisciplinary hospital committees, personnel development committees, physicians and nurses in each hospital will be interviewed. (Total=40)

Focus group discussions between hospital staffs and general people (including patients and their relatives, the community leader, and other people will be held by means of setting 4 groups including 8 people within each group (Total=128).

The observation on the working in each hospital will be also used.

IV. RESULTS

Five important aspects are commonly found in each hospital including:

1. The quality improvement under the mental and spiritual development policy from the chief executives and lead teams, the leader groups in each section have to work together with the staffs in their own sections i.e. home visit and home healthcare policy in palliative care in dying patients.

2.The participation hospital administration system focusing on learning process and stakeholder' needs, spiritual human resource management and development in terms of spiritual growth and public mind, special/alternative activities encouraging spiritual development i.e. Spiritual Tool, Spiritual dialogue and Tacit Knowledge or experience sharing, Team work learning, working assessment focusing on the monitoring system, patient suffering exposure via home visit and home care and analysis on the organization atmosphere.

3. Relationship among people in terms of relationship among staffs and team work skills were;

3.1 Mutual understanding i.e. open mind activities; brainstorming; consolidation of intra- and inter personal skills; and knowledge exchange activities beneficial for mental development

3.2 Effective communication i.e. using compliment and spiritual tools; bulletin board or gate announcement broadcasting virtue; and group activities e.g. deep listening, tacit knowledge sharing

3.3 Personal inner-development i.e. orientation; volunteer for community development camp; mind and intellectual development activities e.g. 'spiritual dialogue'; personal development e.g. leadership, special clubs or activities including the meditation, planting trees, etc.; and enhancing self-esteem or self-respect and self-efficacy

4. Organization culture relevant to the awareness of patients' rights as well as the participation policy including

achieving to the same goals, developing public mind, and caring;

5. Healing structures or environment providing warmth and convenience for hospital staffs, patients and their relatives and visitors.

V. CONCLUSION, DISCUSSION AND RECOMMENDATION

The study is revealed that five important aspects found in each hospital including (1) the quality improvement under the mental and spiritual development policy from the chief executives and lead teams, leaders as Role model and they have visionary leadership; (2) the participation hospital administration system focusing on learning process and stakeholder' needs, spiritual human resource management and development; (3) the relationship among people especially staffs, team work skills, mutual understanding, effective communication and personal inner-development; (4) organization culture relevant to the awareness of patients' rights as well as the participation policy including spiritual growth achieving to the same goals, sharing vision, developing public mind, and caring; and (5) healing structures or environment providing warmth and convenience for hospital staffs, patients and their relatives and visitors.

Home visit in palliative care in dying patients was the best activities that induced spiritual growth and public mind in health care officers. Home visit and home health care activities of health care officers in chronic care and palliative care were suffering approach, sensitive – diagnosis – management - evaluation skills, the healthcare officers were healed about open mind and positive thinking.

Recommendation of this study was the limitation of time, money and human being for survey the hospital and community, that how to the hospital administration result in humanized healthcare hospital.

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