Quality of Public Health Services Following Decentralization Policy of Pattaya City, Thailand

Potjanawan Tantiwat
Candidate Doctor of Administrative Science,
Faculty of Administrative Science,
Universitas Brawijaya

Bambang Supriyono, Bambang Supriyono, M.R. Khairul Muluk
Faculty of Administrative Science,
Universitas Brawijaya

Abstract
Public health services is an essential mission that all local government units must take the transference of this mission from the central government to service the people in their areas with their potential along personnel, budget, and management. This research focused on 4 purposes which are 1) to describe and analyze the implementation of public health service in Pattaya City, 2) to describe and analyze the improvement of public health services following decentralization policy of Pattaya City, 3) to analyze the quality of public health services in Pattaya City based on standard indicators, 4) to synthesize and promote the ideal scenario for improving public health service quality of Pattaya City and as a likely model for other local government units to follow. The type of this research is a qualitative research of which the data were collected from two groups of people dealing with public health services provided in Pattaya City; the local people using the services and the key informants who deal with public health services such as public health officers and public health volunteers. Moreover, the data related to this study were collected from documents provided by Pattaya City, Pattaya City Hospital, Chonburi Provincial Health Office and some other resources that are beneficial to this study. The result revealed that Pattaya City has taken the transference of public health services which was divided into three periods from the central government since 2001. By the first period, there was the lack of personnel, budget and good management and only a simple primary care was handled. During the second period, public health services was improved far better than the first period in the aspects of personnel, budget and management. There has been a great change in period three since the beginning of the period like hiring an outsource to run Pattaya City Hospital and increasing the number of public health personnel and budget to create good management and good service of public health services. There was the assessment of public health service using SERVQual Model of which the result reflected that service users gave a high satisfied level and this result was also supported by some key informants.

Keywords: Public Health, Transference of Public Health Service, Quality of Services, Public Health Service Quality of Pattaya City
1. INTRODUCTION

Public health service is one of the hot issues that nearly every country is concerned about and it is the problem to handle it in both developed and developing countries. Thailand is a developing country to provided public health services. By the time of public health reform, it aimed to promote people to have good health namely, physical, mental, emotional and spiritual state of health in Thailand following the fourth national developing plan. Ministry of Public Health is the main unit to be responsible for this plan throughout the country focusing on supporting fundamental public health. Moreover the justice and equity for all people to access public health services are strongly promoted. Public health services provided by government health centers and hospitals throughout Thailand were assessed periodically and it has been found out that the system to control and support public health services has not worked well, especially for medical services. It is also found that most public health services in Thailand have various disadvantages towards service quality.

Public health services in government sectors have weaker points than Public health services in private sectors or private clinics and hospitals with a high competition of servicing customers in many ways. This problem frequently occurs in small hospitals scattered all over the country. [2] Significantly, the promulgation of 1997 Thai Constitution mentions that public health services must be transferred to be under the responsibility of all kinds of Local Government Units in order to serve local people in the areas more efficiently and effectively under Decentralization Act. The procedures of decentralization of public health were divided into 3 periods in order to make ease for the related organizations to follow.

1.1 Public Health Service System Problems

The government has spread out public health services throughout the country in order to help people easily access the services wherever they are [4], but it is found that there is not a justice for people to access good public health services due to insufficient physicians, dentists, pharmacists, nurses and related field personnel, primary service system is not qualified though there is an encouragement of this affair.

Pattaya City is the one to take the transference of public health services. Formerly, Pattaya City had to do it with the cooperation of Ministry of Public Health since it must operate and follow laws and regulations of Ministry of Public Health. One factor that is not similar to other local government unit is that health centres of Pattaya City have to take care of the patients who are tourists. Accordingly, Pattaya City must adjust its administration system for public health services by amending laws related to public health services to lead people to have good public health service quality by engaging new public management approach to solve the problems and increase efficiency and effectiveness of servicing local stakeholders. [4]

Pattaya City hospital was established to provide services that other health service centres are unable to handle. [5] However, there are not adequate physicians and other related personnel to serve people. There are only 12 physicians, 5 dentists, 7 pharmacists, 25 nurses and 7 other officers for servicing public health in Pattaya City area. The lack of physicians is severe when comparing to the ratio of the country.

To sum up, all data mentioned above is an interesting issue for further study, and the researcher is eager to study about the Quality of Public Health Service of LGUs in Thailand, by taking Pattaya City as the study site expecting that this would be the best guideline of practice to other organizations. In addition, this research will also reveal the appropriate method to guideline practice to other organizations in transferring of public health services to local government units. Finally, this dissertation research is entitled “Quality of Public Health Services Following Decentralization Policy of Pattaya City, Thailand”.

2. THEORETICAL CONCEPT

2.1 A decade of Health-care Decentralization in Thailand

Developing countries in Asia started implementing the health-care decentralization policy in the 1990s [6]. Thailand implemented the decentralization policy slowly even though it was clearly stated in the Constitution since 1997. According to the Decentralization Action Plan, there was a need to transfer all public health facilities to the LGUs. However, there were a few transferred during 2007–2008 [7]. In 2000, health facilities owned by LGUs accounted for only 2.74%, 0.41% and 5.23% of the total public health facilities at the levels of HC, district and general hospitals, respectively. [8]

The approach used to transfer a responsibility to LGUs did not fit well with health services in the beginning because of unclear steps. The Ministry of Public Health (MOPH) still insisted on maintaining an integrated health-care system while this approach forced a system to be separated by transferring different
levels of health facilities to different LGUs. The HC would be transferred to Sub-district Administration Organization (SAO) at sub-district level while the district hospital would be transferred to municipality and the general hospital to the Provincial Administrative Organization (PAO).

All health-care decentralization movements were suspended in late 2002. [9] The progress during the second Decentralization Action Plan was only the devolution of 28 HCs from 9762 HCs nationwide to SAOs in 2007–2008 with some positive results. [10] The third Decentralization Action Plan has been approved since 2012 without a major change, but for a model of transfer of a network of provincial health facilities to PAO in big provinces is proposed again as an alternative.

2.2 Decentralized Public Health Policy in Thailand
2.2.1 Fundamental of Decentralization of Public Health Service
Public health service and medical treatment are essential functions dealing with lives and they are complicated jobs that need knowledge, expert at special technique, independent treatment, transferring patients from a beginning step to a higher step or from a higher step to be taken care of at home or the place nearby in the community including serious awareness of diseases with full readiness at all time and able to take actions immediately with high effectiveness.

The targets of decentralization policy implementation towards public health service targets are aimed at equality of good health of people in all area, solving public health problems supporting real needs of local people, good quality and satisfaction of services provided to local people and decision making for utilizing resources for solving public health problems effectively shared by local people.

2.2.2 Transferring of Human Resources
From 2001 to 2007, the number of health staff transferred from the MOPH to LGUs increased year by year. Most of them were from the HCs and district hospitals transferring to municipalities and from 2008 to 2011, the number of transferred health staff also increased year by year. Municipalities and SAOs were the most popular places for the staff transferred. The decentralization of public health services to local government units is separated into 3 periods as follows:

**Period 1.** The first 4 years (2001 – 2004). The process and steps of decentralization to local government units were limited and focused on the improvement of job systems in the central government, region government agencies, and local government units.

**Period 2.** This step started 10 years later (2005 – 2010) after the first period ended. This step was the transference of power and authorities with the cooperation of the central government, the region government agencies, local government units and people sector to learn the process of decentralization together.

**Period 3.** After the ten year period (from 2011). It is aimed that all local people in the area will have good quality of life and can access public health services thoroughly and equitably and have a chance to make decision, examine the administration system and support the activities of local government units.

2.2.3 The Principles of Transferring Missions
The principle for transferring missions to local government units is to consider the framework, the independence to issue policy and administrate local government units to be able to stand on their own, performing in charge of the central government. The central government will only do the missions that local government units cannot do. The main stream of decentralization is to serve better public services to local people, the transparency of administration of local government units.

2.2.4 The Principles of Transferring Personnel
The office of Local Government Personnel Administration Standard (2000) has proposed the guideline of transferring personnel to local government units concerning on the vision of transferring personnel to local government units, the framework of transferring personnel to local government units, the burdens and conditions of transferring personnel to local government units that will be encountered, the mechanism to support personnel transferred, and timing of the transfer.
2.3 Public Service Quality

2.3.1 Public Service Concept
All kinds of goods and services provided by the government were defined as public service. Moreover, public service can be defined as providing service to a person or society. Penelope Furey [11] claims that public service is as a treasured part of a genuinely democratic lifestyle. It begins with an individual willing to make a difference by getting involved. It expresses how the public can become actively involved in transforming their communities.

2.3.2 Public Service Performance
Public service performance results the quality of public service provision that finally affects society's satisfaction as service a consumer, so controlling of public service performance is significant. This can be assessed by measuring public service performance itself. Most of performance instruments in this practice still focus on government performance assessment in general. Nevertheless, there is a standard of service performance assessment instrument for private sector that has been developed by Zeithaml and colleagues which is more well-known as SERVQUAL. This standard has been widely used around the world.

2.3.3 The Concept of Service Quality
According to Zeithaml, Parasuraman and Berry [12] (1990), service providers can get their competitive advantage by using the technology for the purpose of enhancing service quality and gathering market demand. For decades, many researchers have developed a service perspective. [13] [14] (Zeithaml and Bitner, 2009, Ramsaran and Fowdar, 2005). Chang [15] (2008) describes that the concept of service quality should be generally approached from the customer's opinion since they may have different values, different ground of assessment, and different circumstances. Parasuraman, Zeithaml and Berry [12] (1990) mention that service quality is an extrinsically perceived attribution based on the customer's experience about the service that the customer perceived through the service encounter.

2.3.4 Public Service Performance Assessment
Public service performance assessment can be conducted by using service performance assessment instrument that has been developed by Zeithaml, Parasuraman & Berry [12] using 5 service performance indicators which are tangibility, reliability, responsiveness, accessibility, and empathy.

2.4 SERVQUAL Measurement and Significance of SERVQUAL Model
The SERVQUAL instrument is a standardized and reliable instrument that identifies five different dimensions of service quality and validates those dimensions in different service situations [16], [17], [18]. The SERVQUAL model, identified five dimensions viz. responsiveness, reliability, assurance, tangibles and empathy on the basis of which customers’ expectations and perceptions are measured. Babakus and Mangold [19] identified SERVQUAL as a reliable and valid model in the hospital environment. O'Connor [20] found SERVQUAL instruments suitable to analyse the perceptual gap in understanding patient expectation among health care stakeholders. Pakdil and Harwood [21] found SERVQUAL a useful model to measure the differences between patients’ preferences and their actual experiences. The diagram of SERVQUAL dimensions based on a gap model by Parasuraman [22] is illustrated in figure 1 below.
3. RESEARCH METHODOLOGY

3.1 Data Collecting Method

The data collection techniques the researcher used are 1) Interviews of ones who are responsible for decentralization of public health services and 2) Documentations which are data collection techniques in a way to collect material from various documents.

3.2 Data Analysis Method

According to Miles, Huberman and Saldana [41], it is observed that qualitative data analysis is a continuous, iterative enterprise. Issues of data condensation, display, and conclusion drawing/verification come into play successively as analysis episodes follow each other. Such a process is actually no more complex, conceptually speaking, than the analysis modes the quantitative researchers use.
4. RESULTS AND DISCUSSION

4.1 The Providing of Public Health Services of Pattaya City following Decentralization Policy

In 1999, the Act of decentralization steps was legislated mentioning the system of public policy management which are two plans of decentralization to follow, namely, the master plan consisting of criteria, visions, guidelines and procedures directing the ways of decentralization and the action plan consisting of details of jobs, budget and personnel transference to local government units following the three period plan.

4.2 Analysis of the Improvement of Public Health Services Providing in Pattaya City

Pattaya City has been providing public health services under decentralization policy since 2002 and there has been obvious improvement along structure, personnel, budget and management that will be separately illustrated into three periods, namely OPA, NPM and NPS.

4.2.1 The comparison of the 3 periods; OPA, NPM and NPS, of public health service providing showing the improvement along the organization structure.

The first period (OPA). The missions of public health services were conducted by Ministry of Public Health and controlled by Provincial Health Office with one public health centre to service people.

The second period (NPM). The Division of Hygiene and Environment was changed to Department of Public Health and Environment.

The third period (NPS). The office turned to be Department of Public Health responsible for Pattaya City Hospital and two public health centres supplying primary and secondary care.

4.2.2 The comparison of the 3 periods; OPA, NPM and NPS, of public health service providing showing the improvement along the personnel.

OPA (2001 – 2004). There were only 29 officers and small budget was allocated for public health jobs (19,447,645.00 baht or US$555,647).

NPM (2005 – 2010). There were more officers, but still not adequate. Personnel began transferring from other work units (39 officers) and more budget was allocated, but still insufficient (105,164,200.00 baht or US$3,004,691.43).

NPS (2011 – 2015). There were more personnel, but still insufficient. An outsource was hired to run the hospital (40 officers of Pattaya City and 342 outsource officers). The Budget was added up for constructing the buildings for servicing people and hiring outsource personnel to service people (177,850,810 baht or US$5,081,451.71).

4.2.4 The comparison of the 3 periods; OPA, NPM and NPS, of public health service providing showing the improvement along the management.

OPA (2001 – 2004). It was a small unit named “Division of Hygiene and Environment” controlling a health centre providing local people primary services of health care.

NPM (2005 – 2010). It was still a primary care level, but the services had more potential than the first period. New building for servicing was built, public health personnel began to transfer from other government agencies, new equipment and technology were utilized for public health services, some public health personnel from MOPH and other LUGs began to transfer to work with Pattaya City. Division of Hygiene and Environment was changed to Department of Hygiene and Environment which is bigger than the first period.

NPS (2011 – 2015). Some jobs were transferred to another department to make ease to fully service public health services right to the needs of people in the area and tourists. “Department of Public Health of Pattaya City” was established to look after only public health services. Pattaya City Hospital has started providing public health services, especially specific medical treatments. Primary health care and secondary health care are able to be provided. And Koa Larn Public health Center has been transferred from MpH to be under Pattaya City.

4.2.5 Quality of Public Health Services Providing at Pattaya City Hospital

There have been two assessments done in 2015. The first assessment aimed to assess people’s satisfaction with the services providing using both Likert’s norm and SERVQUAL Model as the instruments to gather the information what level of quality of services Pattaya City Hospital was by asking the sample group
of random people coming to have public health services at Pattaya City Hospital. The result of Likert’s Norm was at a high level (75.8) and by SERVQUAL Model was at a satisfied level since the scores of SQE and SQM were above “1”, in other words, the service users were able to accept the services provided by Pattaya City Hospital as they expected and “Reliability” was rated at the first order.

It is clear that Pattaya City has improved public health services through the aspects of organization, personnel, budget and management throughout the three periods of Public Administration Paradigm, namely, Old Public Administration (OPA), New Public Management (NPM) and New Public Service (NPS). Importantly, Pattaya City is capable of handling public health services to serve local people focusing on the principles of managing good public services.

Table 10. Comparison of the Empirical Aspect to the Theoretical Aspect towards the Quality of Public Health Services of Pattaya City

<table>
<thead>
<tr>
<th>Theoretical Aspect</th>
<th>Empirical Aspect</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The theory of “Old Public Administration” mentions that it is the continuous</td>
<td>1. By the first period of taking the transference of public health services,</td>
<td>1. The study points out that Pattaya City implemented and operated the</td>
</tr>
<tr>
<td>active business part of the government, concern with carrying out the law, as made</td>
<td>Pattaya City could not operate the missions as demanded since it had to strictly</td>
<td></td>
</tr>
<tr>
<td>legislative bodies and interpreted by courts, through the processes of organization</td>
<td>follow laws and regulations under Ministry of Public Health.</td>
<td>follow laws and regulations under Ministry of Public Health.</td>
</tr>
<tr>
<td>and management. (International Encyclopaedia of the Social Science : 1968)</td>
<td></td>
<td>Obstacles found.</td>
</tr>
<tr>
<td>2. The theory of “New Public Management” points out that the government sector</td>
<td>2. Pattaya City started operating public health services depending on its</td>
<td>1. Lack of personnel, and budget to run public health services.</td>
</tr>
<tr>
<td>treats the people as customers waiting for consuming what the government thinks</td>
<td>potential. It still followed the laws and regulation, but it was more</td>
<td>2. Unable to formulate rules to facilitate the operation of public health</td>
</tr>
<tr>
<td>being important for them like the merchants push their goods into the market</td>
<td>independent to operate the missions like intergovernmental operation. The jobs</td>
<td>services.</td>
</tr>
<tr>
<td>(Lance : 2000)</td>
<td>Pattaya City handled were more proactive projects to response the people’s voice.</td>
<td>3. Less reliability of stakeholders.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obstacles found.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Still inadequate budget and personnel to speed up the service to catch up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the rapid growth of the population.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Much money spending on hiring outsource because of unable to put the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>personnel to Pattaya City because of the law of spending the budget.</td>
</tr>
</tbody>
</table>
3. The theory of "New Public Service" points out that the services provided by the government sector are to support real local people's needs and also create democracy atmosphere, especially the ways to allow people to participate the activities arranged for them (Janet V. Denhardt and Robert B. Denhardt: 2007).

3. Pattaya City manages public health services with the cooperation of local stakeholders. Moreover, Pattaya City is able to provide projects of the primary and secondary care right to the people’s needs.

3. Pattaya City is able to conduct providing public health services following the theoretical principle of the new public service. However, there is an obstruction that the laws of allocating the budget for personnel payment must not exceed 40% of the investment budget of each local government unit. Obstacles found:
   1. Insufficient personnel and budget are still the problems.
   2. Overflow of non-registered population in the area to service.
   3. The limitation of law of 40% to spend on personnel salary is still the problem.

4.2.6 Existing Problems of Public Health Service Providing in Pattaya City

Research finding illustrates that the existing problems of providing public health services in Pattaya City are providing public health services ineffectively, lacking of service quality assessment procedure, and lacking of stakeholders' participation.

4.2.7 The Recommended Ideal Model for Improving Public Health Service Providing of Pattaya City

From the study following the conceptual analysis above, the researcher has found out that there has been a great change and improvement in public health services provided by Pattaya City since the first period of the implementation along personnel in public health service jobs, budget allocated for supporting public health service jobs and the management to facilitate public health service jobs. The researcher would recommend the model to manage public health services of Pattaya City under the following model.

Figure 10. Model for Improving Public Health Services of Pattaya City
The model can be clarified that Pattaya City should take stakeholders; local people, Non-registered population, private sectors, public health volunteers and other government agencies as the core of public health service management strictly focusing on the following factors:

- New public service. The components of this factor are citizenship, outsource, facilitator, information technology, one-stop service
- Good governance. The components of this factor will make people feel happy to come to use public health services are rules of law, transparency, responsiveness, participatory, and effectiveness and efficiency.
- SERVEQual Model. This is the good instrument to allow people to assess the quality of public health services provided by Pattaya City. The components of this factor are tangible, reliability, responsiveness, assurance and empathy [29].
- Good Quality of Public Health Services of Pattaya City. This is the result of the practice of the three aspects, namely, if Pattay City takes the action of New Public Service to provide public health services following Good Governance and being assessed the quality of services by SERVQual Model, the stakeholders will receive “Good Quality of Public Health Services.”

5. CONCLUSIONS AND SUGGESTIONS

5.1 Conclusions

Based on the results of research and discussion has been done with regards to the Quality of Public Health Services Following Decentralization Policy of Pattaya City, Thailand and to realize the roles of stakeholders in public health services implementation, then it can be inferred as below.

5.1.1 The Providing of Public Health Services of Pattaya City Following Decentralization Policy

Pattaya City took the transference of public health services from the central government under 1997 Thai constitution under Act 282 and 290. The providing of public health services following decentralization policy was also divided into three periods of stages; the first stage was a preparation stage, the second stage was a role adjustment of government agencies and the third stage was good governance stage.

5.1.2 Improvement of Public Health Service Providing of Pattaya City

It is obvious that Pattaya City has been improving providing of public health services from the first period until present. The core problems, namely, personnel, budget and management along providing public health services, especially in the third period. Pattaya City is capable of handling both primary and secondary care. Pattaya City has also hired outsource physicians, nurses and medical technicians from a private hospital to work in Pattaya City Hospital. And Pattaya City has already taken the transference of Koa Larn Public Health Centre from Ministry of Public Health to be under the management of Pattaya City.

5.1.3 The Quality of Public Health Services Providing by Pattaya City

Pattaya City has assessed if the people coming to have public health services at Pattaya City Hospital are satisfied with the services using Likert’s Scale and also assessed the quality of public health services as a whole using SERVQual Model as the instruments. The result of the assessment using those two instruments revealed that service users satisfied with public health services provided by Pattaya City. Moreover, most key informants commented that public health services provided by Pattaya City were in good quality and reliable.

5.2 Suggestion

Based on the research results and observation, there are several suggestions as follows:

- Personnel. Pattaya City should create and develop local people by providing sponsor to students who have good academic reports in Pattaya City schools to study in the fields related to public health and come back to work with Pattaya City.
- Budget. Pattaya City should thoroughly collect taxes to increase revenues to support public health services and the allocation of budget should be concerned with people’s quality of life rather than spending more budget on building infrastructure.
- Management. Pattaya City should promote the projects to provide knowledge of keeping strong health rather than curing sickness and all officers servicing people should be trained to perform mannerly services to all people equally and the administration should follow good governance process.
- Stakeholders’ Role. Pattaya City should persuade local people to participate in activities dealing with public health affairs and allow them to take part in making public health policy and become a committee managing public health projects.

- Public Health Service Quality Assessment Procedure. The appropriate and reliable ways and instruments to assess public health services in Pattaya City will reflect what Pattaya City has been done through the three periods of providing public health services and it will also reflect stake holders' satisfaction towards the services.
References


