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ORNWANYA POOMSRIKEAW: A COMPARATIVE STUDY OF
MANAGEMENT AND LEADERSHIP OF HEALTH CENTER HEAD ON DIARRHEA
PREVENTION AND CONTROL IN REGION 6. THESIS ADVISORS: NAWARAT
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Diarrhea has a high incidence rate and the second highest morbidity rate among surveillance diseases. It is a major problem in Thailand. Even though public health officials have tried to address this problem, results have been poor and the problem persists. This is a comparative study of management and leadership of health center heads on diarrhea prevention and control in Region 6. The main objective of this study was to compare management and leadership of health center heads between a low diarrhea morbidity rate group and a high diarrhea morbidity rate group. This was a cross sectional comparative study. The target population consisted of health center heads (n=433). Subjects were divided by Garrett 25% technique into a low morbidity rate group (n=225) and a high morbidity rate group (n=208). The information was collected by mailed questionnaires concerning personal characteristics, management, and leadership. There were 306 completed questionnaires (70.66%) returned for statistical analysis.

The findings of this study showed that the majority of subjects in both groups were female, 31-40 years old, married, holding a lower graduation level than bachelor degree. They had held the position of health center head for 1-10 years. Most had attended a management course; the most commonly attended one was the course "health center head". The overall level of management in both groups was at a low level (57.63 and 55.71 respectively). Large percentages of the high morbidity rate group were at a lower level than the low morbidity rate group regarding the following factors; directing (62.1 and 46.0 percentage, respectively) and co-ordinating (56.5 and 49.1, respectively). Planning in a low morbidity rate group was at the high level more than in the high morbidity rate group (52.2 and 44.1, respectively). Overall management was not significantly different between the groups; directing and co-ordinating in both groups were significantly different ($p\text{-value} < 0.05$), but planning, organizing, staffing, reporting and budgeting in both groups were not significantly different. A study of leadership of health center heads showed that the overall leadership behavior, people-oriented leadership and task-oriented leadership were at a low level for 42.9, 48.4 and 59.0 percent, respectively, of the low morbidity group, and 47.6, 49.7 and 53.1 percent, respectively, of the high morbidity group. Overall leadership behavior, people-oriented leadership and task-oriented leadership were not significantly different between the groups.

The result of this study suggested that health center heads should have the opportunity to participate in management task including staffing, directing, co-ordinating, reporting and budgeting. Health center heads should also be encouraged to continue in a bachelor degree education. Moreover, health center heads should receive continuous training in management courses, especially the first level manager course to instill more knowledge about management and leadership. This should enable health center heads to participate more efficiently in diarrhea prevention and control.