



**FACTORS RELATED TO VISION OF THE HEAD OF
HEALTH CENTERS IN PUBLIC HEALTH REGION 4**

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อภินันท์นาถการ

จาก

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

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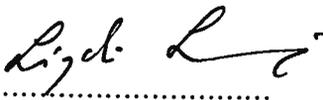
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The purpose of this study was to study factors related to the vision of the head of health centers in Public Health Region 4 and to analyze their vision in the areas of health centers physical infrastructures, technology and resource materials to support the work, health personnel, and organizational management structure. The samples were 334 head of health centers in Public Health Region 4. The data were collected from questionnaires. The data were analyzed by using frequency, percentage, mean, standard deviation, range, pearson moment correlation coefficients and multiple regression analysis.

The study results revealed that most of the head of health centers had a vision of their health centers in all four areas mentioned above. Factors related to the vision of health centers at a statistically significant level of 0.01. were : age, attitude toward the organization of the health center, perception of the strength of the health center, and perception of threat to the health center. Although the age of the head of health center was negatively related to the vision of the health centers, attitude toward the organization of the health center, perception of strength and threat to the health center were positively related. The four factors serve to predict the vision of health centers at the confidence level of 18.4 %, per multiple regression analysis.

The study results suggest that the concerned organizations should develop the capability of older heads of health centers through training by group process, information and leadership development. The organization should support a positive attitude toward the health centers. In order to maintain the strength of health centers, good referral systems should be established because the major threats to health centers are from external factors. Health centers are small organizations. They alone can not control or eliminate external threats because of socio-economic, cultural, environmental and technological changes. However, good referral resources can help health centers meet their demanding and changing needs.

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ยศันย์ เครื่องทิพย์ : ปัจจัยที่สัมพันธ์กับวิสัยทัศน์ต่อสถานีอนามัยของหัวหน้าสถานีอนามัยในเขตสาธารณสุข 4 (FACTORS RELATED TO VISION OF THE HEAD OF HEALTH CENTERS IN PUBLIC HEALTH REGION 4) คณะกรรมการควบคุมวิทยานิพนธ์ : สมหมาย วันสอน, C.A.S., วิชัย โชควิวัฒน์, M.P.H. 104 หน้า ISBN 974-664-612-5

วัตถุประสงค์ของการวิจัย เพื่อศึกษาปัจจัยที่มีความสัมพันธ์กับวิสัยทัศน์ต่อสถานีอนามัยของหัวหน้าสถานีอนามัยในเขตสาธารณสุข 4 จำนวน 334 คน ซึ่งประกอบด้วยวิสัยทัศน์ต่อสถานีอนามัยในด้านโครงสร้างทางกายภาพ ด้านเทคโนโลยีและสิ่งสนับสนุนการปฏิบัติงาน ด้านบุคลากร ด้านระบบงาน และรวมทุกด้าน เก็บข้อมูลโดยใช้แบบสอบถาม วิเคราะห์ข้อมูลโดยใช้ความถี่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน ค่าสูงสุด ค่าต่ำสุด ทดสอบความสัมพันธ์ระหว่างตัวแปร โดยใช้สัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน และหาความสัมพันธ์ระหว่างตัวแปรอิสระกับตัวแปรตาม โดยใช้การวิเคราะห์ถดถอยพหุคูณแบบขั้นต้น

ผลการวิจัยพบว่า หัวหน้าสถานีอนามัยส่วนใหญ่มีวิสัยทัศน์ต่อสถานีอนามัยในด้านโครงสร้างทางกายภาพ ด้านเทคโนโลยีและสิ่งสนับสนุนการปฏิบัติงาน ด้านบุคลากร ด้านระบบงาน และรวมทุกด้าน สำหรับปัจจัยที่มีความสัมพันธ์กับวิสัยทัศน์ต่อสถานีอนามัยรวมทุกด้านอย่างมีนัยสำคัญทางสถิติที่ระดับ .01 ได้แก่ อายุมีความสัมพันธ์ในเชิงลบ ทักษะคิดต่อองค์กรมีความสัมพันธ์ในเชิงบวก การรับรู้จุดแข็งของสถานีอนามัยมีความสัมพันธ์ในเชิงบวก และการรับรู้ภาวะคุกคามของสถานีอนามัยมีความสัมพันธ์ในเชิงบวก และสามารถร่วมกันทำนายการมีวิสัยทัศน์ต่อสถานีอนามัยได้ร้อยละ 18.4

จากผลการวิจัยครั้งนี้ หน่วยงานที่เกี่ยวข้องและสนับสนุนการดำเนินงานของสถานีอนามัยควรพัฒนาความรู้ความสามารถของหัวหน้าสถานีอนามัยโดยเฉพาะกลุ่มที่มีอายุมากให้เป็นผู้บริหารที่มีวิสัยทัศน์โดยการจัดอบรมซึ่งใช้กระบวนการกลุ่ม การนิเทศงานและการพัฒนาภาวะผู้นำในโอกาสต่าง ๆ ในด้านทักษะคิดต่อองค์กรควรเสริมสร้างทัศนคติของหัวหน้าสถานีอนามัยให้เกิดทัศนคติที่เป็นบวกต่อสถานีอนามัย สำหรับจุดแข็งของสถานีอนามัยซึ่งเป็นปัจจัยภายในที่ส่งเสริมให้สถานีอนามัยสามารถบรรลุวัตถุประสงค์และเป้าหมายการดำเนินงาน ดังนั้นจึงควรสนับสนุนให้ทุกฝ่ายที่เกี่ยวข้องรักษาจุดแข็งไว้ให้เกิดความยั่งยืนตลอดไป สำหรับภาวะคุกคามนั้น เนื่องจากเป็นปัจจัยภายนอก สถานีอนามัยซึ่งเป็นองค์กรขนาดเล็กจึงไม่สามารถควบคุมหรือกำจัดภาวะคุกคามได้ เพราะมีสาเหตุเกี่ยวเนื่องกับการเปลี่ยนแปลงทางเศรษฐกิจ สังคม การเมือง วัฒนธรรม สิ่งแวดล้อม และเทคโนโลยี

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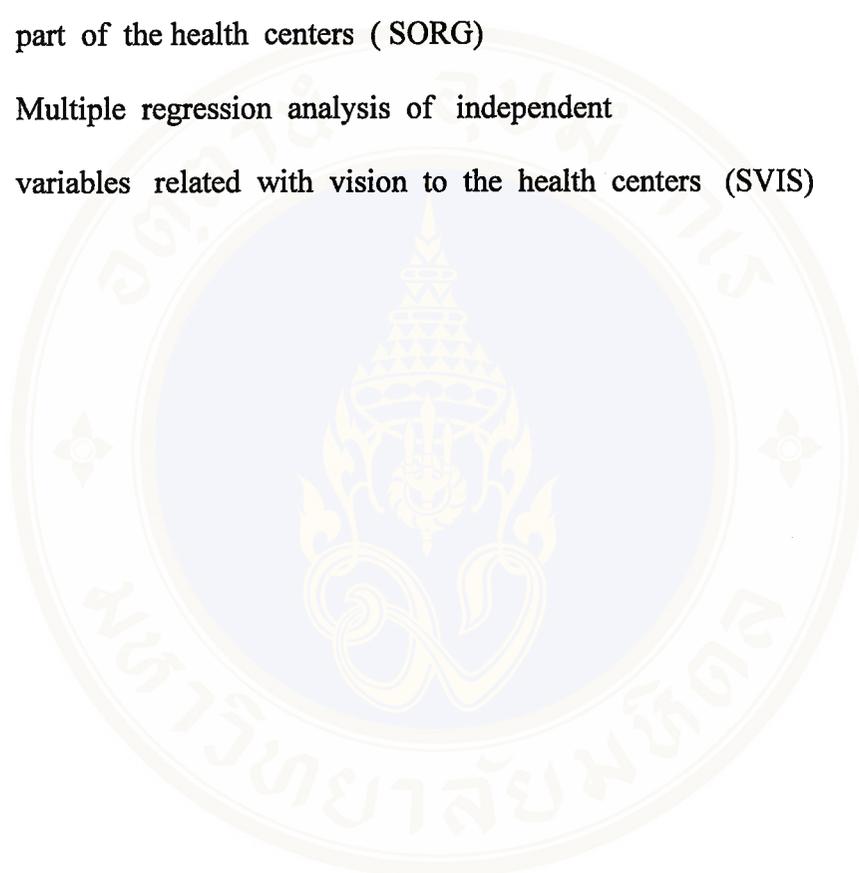
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CHAPTER 1

INTRODUCTION

1.1 Background and significance of the study

1.1.1 State of changing of rural and urbanization

Under the national economic and social development plan (plan 1 in 1961-1964 to plan 7 in 1992-1996) are intent on industrial development. In 1996 it have increase of national income in sector of industrial and services by the proportion of national product is 35 % in sector industrial and 54 % in sector services. In sector of agriculture is only 11 % (Office of the National Economic and Social Development Commission, 1997: 26; Bank of Thailand, 1997: 14).

At first from the beginning, the sector of industrial have expand in Bangkok and the big city. The government need to distribute income to the rural. Because of the labour migration from the sector of agriculture to the sector of industrial increase from 30.01% in 1990 to 32.3 % in 1995 (Thailand Development Research Institute, 1995 cited by Supavong, C., et al., 1996: 13).

1.1.2 Direction of changing and the consequence from development

Globalization is impact accelerate to socio-economic in Thailand. The social change have consequence the relation in community. In the capitalism is emphatic to competition. In the big city have a fight culture. Rate of changing is quickly but the rural have slow in changing (Choochaisangrat, B., et al., 1996: 27).

In the next century, the net work will be link around the world. It brings to develop for changing of industrial. It has necessary to use the many natural resources. The destroy is follow up behind development. However, the conclusion of consequence from development in positively and negatively are follow (Public Health Commission of the Senate, 1997: 120)

1. The country development has the problems about distribution income.
2. In 1997, Thai population have literature rate is 97.41 %.
3. A public utility have distribute to the rural over 98.7 %
4. To increase the decentralization of the administration for the community.

1.1.3 Changing in the way of life

From the process in industrial development, the labour migration have increase. The expand of household is decrease and the single household is instead of it. Size of family decreases from 5:1 to 4:1 in 1980 and forward 20 years decreases only 3:1 (Supavong, C., et al., 1996: 11). It's consequence to the growth from child to adults. The competitive of life is consequence to physic and mental health. The child was increase negligent in the discharge of adult's duty (Department of Public Welfare, 1996: 38). The urban don't completely to manage with the public utility when it expand. The adjust and changing the way of life from the rural to urban has occur. Some migrants have a problem in adjusting. It's bring to problem of physical and mental health.

1.1.4 Basic structure of public health development

Successfully in country development to support in sector of industrial and services help quickly to connect in communication. Population in urban have increase employ in sector of industrial. In development use the resource of development in public health so much. The government have set many public health center example: the health center, the community hospital, the general hospital, the center and specific hospital (Office of the Permanent Secretary for Public Health, 1997: 3).

Since the public health plan 4 (1977-1981) until now, the ministry of public health have built the public health center at all. Besides of successful in physicals, Thailand have succeed to develop in health such as the family planning, mother and child health, vaccination, public health and first line health services (Dejthai, T.1997: 103; Office of the Permanent Secretary for Public health, 1997: 187).

1.1.5 Efficiency of the health centers

The government interested in problem of public health and health services by the Ministry of Public Health have duty in health services such as: the health centers, the community hospitals, the general hospitals, the center and specific hospitals.

The health centers is basic of health services. It have 9,428 health centers distribute over all. One health center have responsibility 4,000 persons (Public Health Commission of the Senate, 1997: 31). Frame of personal of health workers in the health center have 5 position by Office of the Civil.

Service Commission such as:

The head of health center	1	position
Educational health worker	1	position
Community health worker	3	positions

and then, Office of the Civil Service Commission added the dental health worker but not over 5 positions.

The report of Ministry of public health (1999) found that in the final budget year 1998 have 29,823 health workers from 9,428 health centers. The health centers have 5 roles in first line health services as: health promotion, disease control, cure, rehabilitation and service support. The Ministry of public health likely limit from of service of health centers by work 75% in health promotion and disease control work 25% in cure and rehabilitation (Sukhothai Thammathirat Open University, 1996: 252). So the problem of health centers are framing of position in likely all the health centers and the role of the health centers not flexible and imbalance with location.

1.1.6 Vision to develop of health center

From above problem when the socio-economic changing have consequence want to the health services. The others status that go on such as: the expensive in health services, people don't keep on standard of health services, low quality in service, short of personal and efficiency less in health services. So, the solving must to use strategies public health reform. The health centers should set vision for solving in future.

Viboonphonprasert (1996: 43) show the trend of changing in the future and suggestion to develop the health center.

The trend of changing in the future	Suggestion to develop the health center
<ul style="list-style-type: none"> -Thailand is newly industrial country. -People have increase income and want to highly health services. -Most of people graduated in secondary education. -Labour force work high in sector of industrial. -Health problems change to inappropriate of health behavior and accidental. -Decentralization of administration to the region. 	<ul style="list-style-type: none"> -Decrease amount of health center for develop structure and quality services. -Decentralization of administration by appropriate location. -Add capability in cure to the health centers. -Add quality personal and services. -Add the welfare, morals. -Adjust the structure of health centers to appropriate in changing. -Add technology communication in appropriate. -Set time services in appropriate. -Set the enough budget to the health center. -Decrease work of system. -Emphasis in strategies management continuity.

Chindavattana (1990 cited by Viboonphonprasert, S., et al, 1993: 76-79) told that the next century, social status have change from now. The predication have high error and possibility to adjust in basic health services show in figure 1.

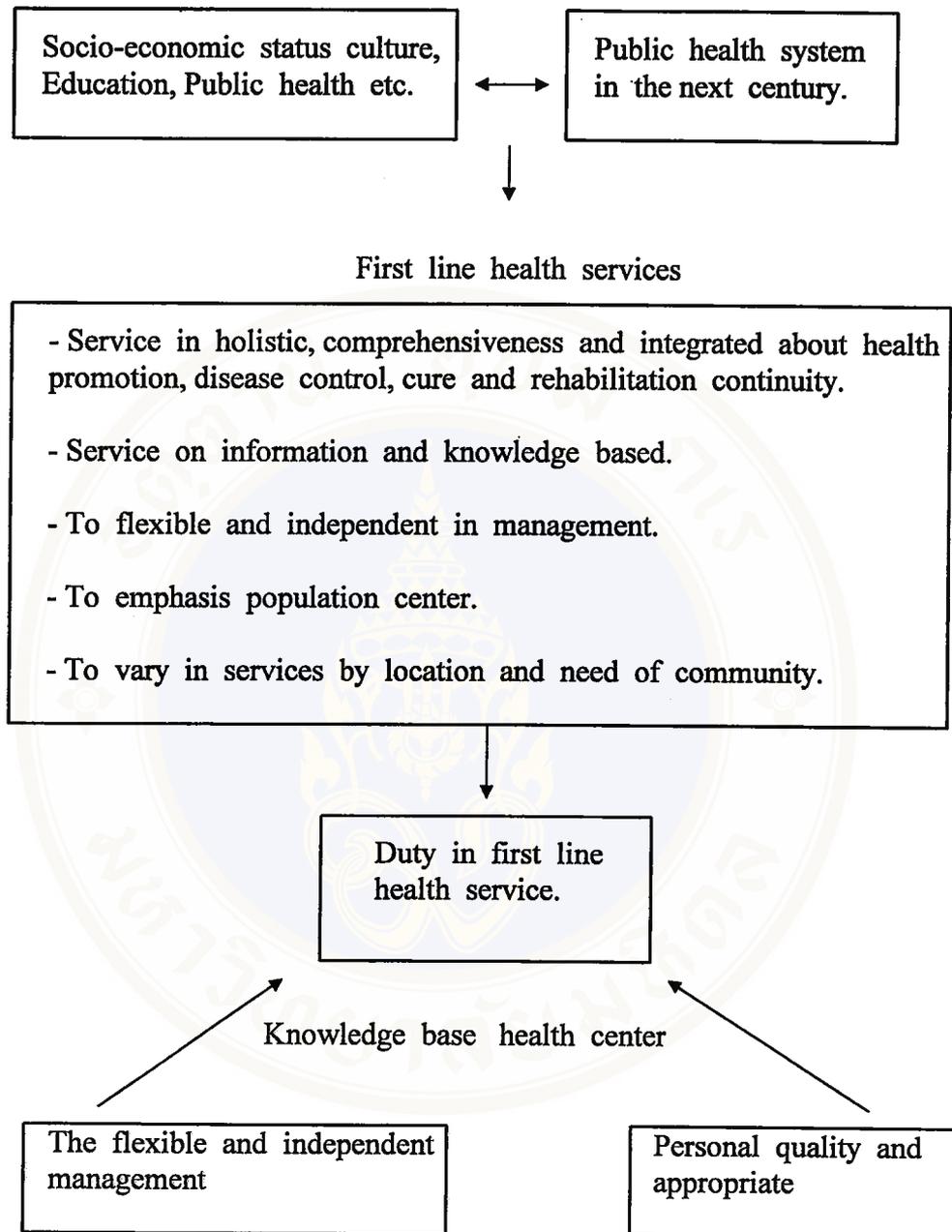


Figure 1 Vision of basic health services and vision of health centers in the next century.

The proceed of health center have limit the role, management, services and supervise from the center but the problem in proceed have different from fact. Because the health works have less in knowledge and skill. It's necessary to develop the health center with balance in management and

health services. So, the researcher interested in the factor related to vision of head of health center for health center in 4 parts such as: the physicals, technology and supportive of working, personal and work of system in Region 4. It consist of Ratchaburi province, Kanchanaburi province, Nakhonpathom province, Samutsakhon province, Samutsongkharm province, Petchaburi province and Prachupkhirikhan province. Because this location get a supportive to investment from office of the Board of investment and to support in distribution income policy. It have a trend to occur with public health problem from the socio-economic changing. The results from this study is guideline in develop the health center in the next future and set a health service with balance.

1.2 Objective of the study

1.2.1 General objective : to study vision of the head of health centers in public health region 4.

1.2.2 Specific objective

1.2.2.1 To study vision of the head of health centers in 4 parts example: the construction, technology and supportive of working, personnel and work system.

1.2.2.2 To study factors related to vision for health centers in 4 parts with demographic variable.

1.2.2.3 To study factors related to vision for health centers in 4 parts with perception variable.

1.3 Research questions

The way of life and needed in health services of population have consequence from changing of socio-economic, technology and environment. So, the health centers where nearly close up with the population should adjust the organization to the changing. It must to service with balance in occur status. Specifically, the head of health centers have extremely role in management and services to community. How are they think to develop the health centers in the future? The research want to know the problem of study as follow.

1.3.1 Dose the head of health centers have vision to the health centers?

1.3.2 How the head of health centers have vision to the health centers in construction, technology and supportive in working, personnel and work system ?

1.3.3 What the factors have related to vision of the head of health centers to the health centers?

1.4 Hypothesis

1.4.1 The head of health centers have vision to the health centers.

1.4.2 The demographic variable as: sex, age, time of work, work experience, level of education, location, minor job, attitude to organization and self-esteem have related to vision to the health centers.

1.4.3 Perception of strength of the health centers have related to vision to the health centers.

1.4.4 Perception of weakness of the health centers have related to vision to the health centers.

1.4.5 Perception of opportunity of the health centers have related to vision to the health centers.

1.4.6 Perception of threat of the health centers have related to vision to the health centers.

1.5 Limitation of the study

This research study to vision of the head of health centers to the health centers in 4 parts example: the construction, technology and supportive of working, personnel and work of system. To study in public region 4 such as: Ratchaburi province, Kanchanaburi province, Nakhonpathom province, Samutsakhon province, Samutsongkharm province, Petchaburi province and Prachupkhirikhan province where have 731 the health centers. How the health centers should change in forward 20 years?

1.6 Agreement of the study

The results of this study show from the questionnaire and

1.6.1 Total health centers have likely general status

1.6.2 The sample in this study have likely knowledge in changing of globalization and socio-economic in Thailand.

1.7 The definition of terms

1.7.1 **Vision** refer to imagine of the head of health centers to the health centers about the physicals, technology and supportive of working, personal and work of system to develop the health centers in balance with occur status in forward 20 years.

1.7.2 **Perception** refer to the knowledge, feeling and to solve with see, hear, about factor to activate sensory organ of the head of health centers.

1.7.3 **Head of health centers** refer to health worker in position of head of health centers working at least 6 months.

1.7.4 **The health centers** refer to basic health services center of Ministry of public health. It has 3 roles as: management, services and technology.

1.7.5 **Age** refer to age of the head of health centers in complete year.

1.7.6 **Time of work** refer to time working start in bureaucracy.

1.7.7 **Level of education** refer to the head of health centers graduated in diploma or degree.

1.7.8 **Location** refer to where the head of health centers stay in along time.

1.7.9 **Minor job** refer to another work bring to income.

1.7.10 **Attitude to organization** refer to comment of the head of health centers for 4 roles of the health center such as: the construction, technology and supportive of working, personnel and work of system to measure by 5 rating scale in strong agree, agree, not sure, disagree, strong disagree.

1.7.11 **Self-esteem** refer to proud of bureaucracy, satisfy in position head of health centers, security in work.

1.7.12 **Work experience** refer to almost time work of head of health centers in complete year.

1.7.13 **Strength of health centers** refer to internal factors to support the health centers success in objective.

1.7.14 **Weakness of health centers** refer to the problems and weak point of the health centers can't success in objective.

1.7.15 **Opportunity of health centers** refer to the external factors can help the health centers success in objective.

1.7.16 **Threat of health centers** refer to the external factors have a consequence to the health centers.

1.7.17 **The construction** refer to office of the health centers, usefulness and environment around them.

1.7.18 **Technology and supportive of working** refer to the mechanics use in the health centers.

1.7.19 **Personnel** refer to the health workers.

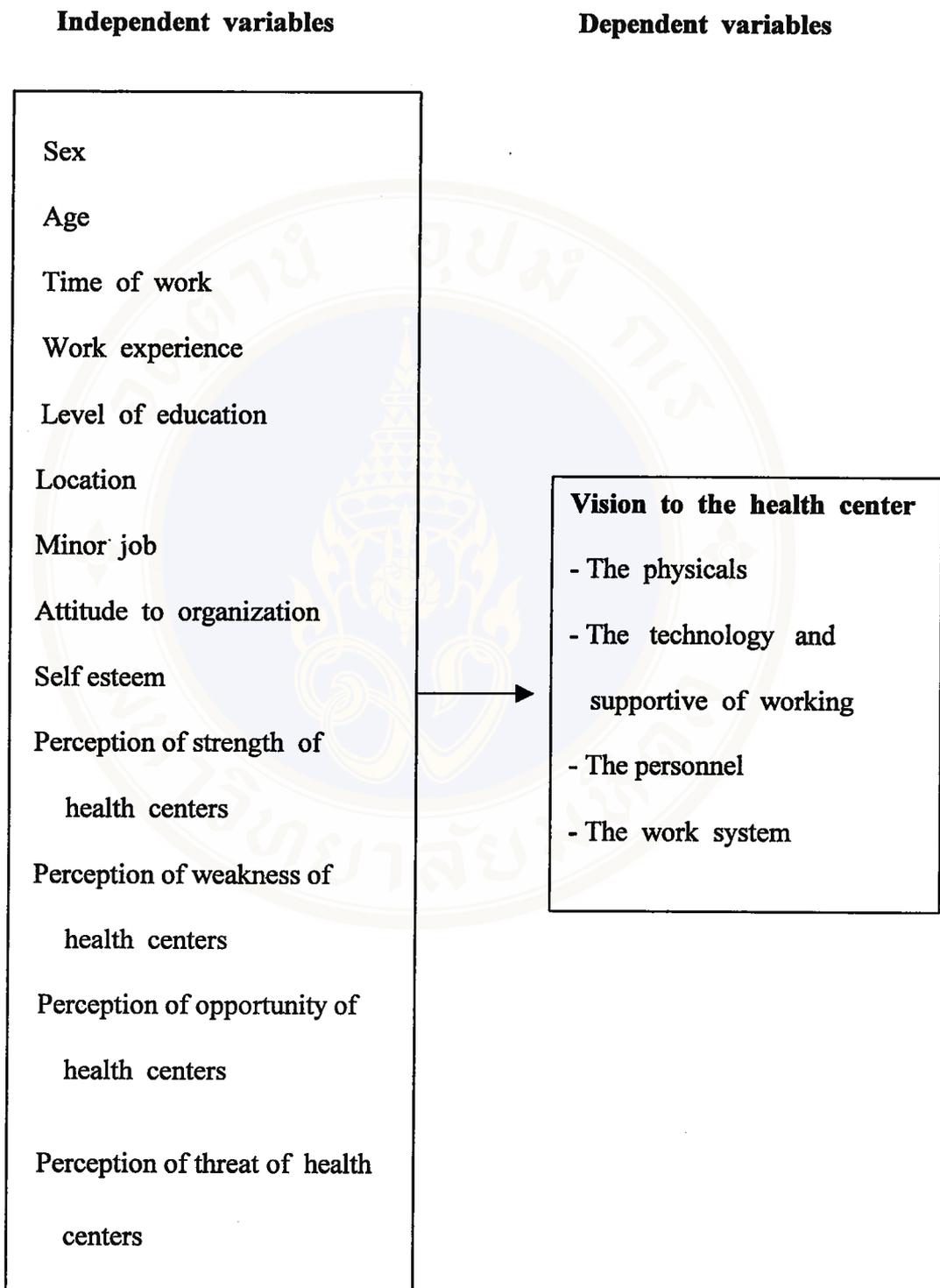
1.7.20 **Work system** refer to structure of organization, management and the role of the health centers.

1.8 The usefulness of the study

1.8.1 To know the information about develop the health centers of the head of health centers and factors related to vision to develop the health centers.

1.8.2 This study is guideline to develop the health centers in future about the physicals, technology and supportive of working, personal and work of system.

1.9 Conceptual framework



CHAPTER 2

LITERATURE REVIEW

This research study factors related to vision of the head of health centers in public health region 4 , literatures and studies related to this topic are reviewed under the following sections:

1. Conception of perception
2. Conception of assessment
3. Conception of vision
4. Health centers development
5. Researches related about this study

2.1 Conception of perception

Perception refer to the meaning related with psychology, social and behavior.

Hutangkul (1956: 22) told that perception is present the activator feedback to the respond reaction and the respond reaction is behavior .

Tharapoth (1989: 156) told that perception is the characteristic of seeing or understand in situation. But the social perception is the social related and when the social perception has occur it mean that to show in human behavior.

Viboonsavat (1985: 121) told that perception is the internal mind event of individual to conclude the activate to the central nerve system to

present understand. This understand is occur by the cognition more than the affect and conation.

Ruktham (1985: 20-21) told that perception is the seeing of human and collect this thing into the conscious and understand with yourself. Perception is the beginning of basic human behavior.

Sonthikasetrin (1982: 179) told that perception is the process of human to learn everything use the sensation as: seeing, hearing, touch, smell.

Phanchareanvorakul (1982: 377) told that perception is the process in cognition and present by the goal. The process of perception is conclude the external and translate the meaning by sensation and memory.

According to the conception of perception above referred that perception is the knowledge, feeling and to solve with see, hear, about factor to activate sensory organ of the head of health centers.

2.2 Conception of assessment

The assessment is activity related with education to fine the real process of social. The nature of assessment has a delicate and concern with another science.

Vangpanich (1990: 24) told that assessment is the process or the decision the characteristic of anything for the value, quality , correct under the criteria.

Stufflebeam (1971 cited by Kanchavasee, S., 1994: 87) told that assessment is setting of the problem, collect the data and present information for a good way of decision.

Tyler (1950 cited by Kanchavasee, S., 1994: 87) told that assessment is compare between what is with what should be and information can't use in

Kanchavasee (1994: 19) told that assessment is the process of study everything use by the methodology. The assessment can check the objective and use the information for decision.

According to the conception of assessment above referred that assessment is the process of sciences for search the fact by use the data compare with criteria for a good way of decision.

2.3 Conception of vision

Merron (1990 cited by Kaewdang, R. 1996: 123) told that vision is the future image of organization from the leader. He found that the success of organization use vision to activate success. Vision component 2 factors as follow:

1. Guiding philosophy component the objective purpose, value and beliefs.
2. Tangible image component the mission of organization and valid description. How the mission refer to the success behavior of organization? see figure 2 as follow:

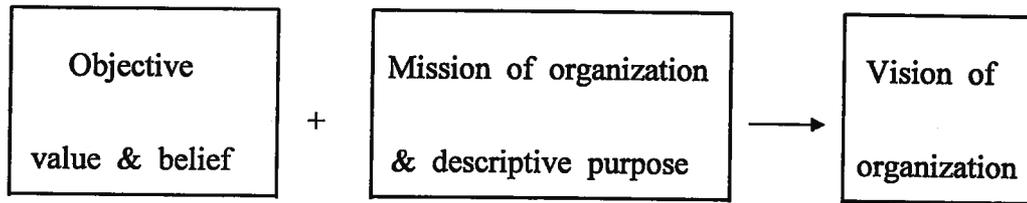


Figure 2 Vision components

Jacson & Frigon (1990 cited by Kaewdang, R. 1996: 125) told that vision is the future image of organization. It has a purpose and possible. Vision is maybe cognitive by instinct or imagine. It has effect from knowledge and experience, to know the direct way or trend in future.

Senge (1992 cited by Kaewdang, R. 1996: 124) told short meaning of vision that it components 3 items as follow:

1. The purpose and mission to answer “why” (Why construct the organization ?)
2. Core value to answer “how” (How do we do ?)
3. Vision to answer “what” (What is the future image of building ?)

Beckard & Pritchard (1994 cited by Kaewdang, R. 1996: 130) told that vision is the future image of organization from seeing of leader. It's possible than the expect because the administrator has a commitment to construct the real vision.

Hammer & Champy (1992 cited by Kaewdang, R. 1996: 135) told that vision is the company' belief to purpose the objective with changing in goal. They told that the meaning of vision should compact, easy to understand and

Kaewdang (1996: 136) conclude the meaning of vision is the future image of organization and the member share the image too. It's link to the objective, mission, value and beliefs , to describe the real way of organization and possible.

2.3.1 Why the organization must to have vision ?

2.3.1.1 Vision give the power to organization. It's depend on many component to construct the power in single way.

2.3.1.2 Vision is useful on competition. In the world of competition, the leader who has a vision is an advantage over another because he can predict the future. Vision makes to aspire to be ambitious.

2.3.1.3 Vision makes the changing. When leader makes to change in organization, it has 3 component such as: vision for future, the real status and the right way to the future.

2.3.2 The process to construct vision

Merron (1990 cited by Kaewdang, R. 1996: 124) told that the efficiency vision should set by the leader who has the power more than the member share the image. Because it is a power of vision but the leader can construct vision by collect concept from member in organization. The efficiency vision is accept by implication.

Merron vision component by to purpose objective, to purpose mission, to analysis organization, to construction vision.

Vision may write in another way but it should component in 3 items as: mission, purpose objective and result.

Vision may write in another way but it should component in 3 items as: mission, purpose objective and results.

Jacson & Frigon (1990 cited by Kaewdang, R. 1996: 126) divide a component of vision in 3 steps as follow:

Step 1 : Data collection.

Step 2 : Brainstorming.

Step 3 : Creating vision.

2.4 Health centers development

Viboonphonprasert (1996: 7) told that the health centers development as: In 1913 the government built the government pharmacy in some province where curing and use to be an office of public health center. And then in 1932, it's change to be a government clinic.

The government clinic component 2 characteristic such as: the first government clinic has a physician to cure the people and the second government clinic no a physician fixed in it. In 1942 Department of Medical Services to take over the first government clinic where built in province and the big city somewhere adjust to be a province or community hospital and hold on responsibility of a local government. The first government clinic where don't hold on a local government is change to be a health centers in 1954, and then next to be a rural health medical center in 1972, and then next to be a medical center and health in 1974, and then next to be a community hospital continuity. The second government clinic almost hold on the Ministry of Public

Health next to be change a second health center in 1952 and next to be a health centers in 1972 continuity.

The office of midwifery were began in 1954 with the reason for decrease infant mortality rate and help mother and child health. In 1982, the 1,400 office of midwifery have lift status to be a health centers. In 1992 the Ministry of Public Healths has a policy to develop health centers. They make a century of develop health centers project between 1992-2001 (10 years). They fixed the health centers 2 characteristic such as: a general and a large health centers.

2.5 Researches related about this study

Auisakul (1989: 157-159) studied with the role of the border polices in population education program. The sample are 393 border polices. The results found that the border polices where have location in the village or the police station built in the headquarters region have a role more than the border polices where have location in the village or police station built out from the headquarters region. Because of the location where the police station built in the village, they have understand and to know the problem of people in the village. They have an opportunity to join with community program. In the part of the expect role found that 86.3 % of border polices have a expect role in population education program by themselves, to compare between the old and now location belong to the headquarters, work experience, marital status, join in community and opening the mass media variables found that the border polices who has now location, leave in belong to the headquarters region and opening mass media by television have a expect role at statistically significance level at 0.05.

Ungomon (1989: 71-81) studied with factors related to the role of head of public health and diseases control of community hospital in the northeast of Thailand. The results found that age has positively related with the administrative role, services, education and all 3 parts. Sex has related with the administrative role. Location has related with the education role and all 3 parts. Age of work has positively related with operating in each role and all 3 parts. Work experience don't related with the role of the head of public health.

Kuhatong (1990: 96-108) studied with the expect role and specialist of public health by self perception. The sample are 270 specialists. The results found that sex and level of education have related with expect role at statistically significance level at 0.05. The expect role of specialist has high than the real role at statistically significance level at 0.05.

Ginggou (1992: abstract) studied with role perception of local supervisor and the operating the trainee midwifery of the public health officer in one province of the northeast of Thailand found that the almost local supervisor have role perception likely in organization management, direction, assessment, report, counseling, trainer, analysis officer. The factors related to the role perception of the local supervisor are attitude, work experience.

Sangratanakul (1992: 107) studied compare between factors ability in human administrative of the head of health centers found that factor have different as: age, marital status, age of work, trainer, member in health center, supervisor, conference and coordinate with outer health centers.

Kerdphon (1996: 197-200) studied with factors related to expect of the head of health centers with public health supervisor system in Lopburi province, to compare the expect average with public health supervisor system of the head of health centers that have different in demographic variables found that who has age, education continue, age of work in different have different expect at statistically significance.

Teayakul (1997: a-b) studied with the expect role and real role of office of public health province in central region with perception of the administrator of ministry, level of province and amphur. The results found that the expect role is high than the real role. The actors related with the expect role such as: experience, work experience, training, age of work, marital status and position.

Karikarn (1998: 101-103) studied with the role of parents about to teach sex education to the adolescent daughter in Bangkok. The results found that factors related with the role of parents about to teach sex education to the adolescent daughter as: knowledge, attitude, age of parents.

Tiemklang (1998: 55) studied with the role of the education officer about conservative environment, the result found that the education officer who has different in age of work, work experience have comment and have a role in conservative environment. Another factors as; level of education, age, experience to inform about environment found that the education officer haven't different role in every parts.

According the literature related about this study found that the factors related about vision to the health centers of the head of health centers such as:

sex, age, time of work, level of education, location, minor job, attitude to the organization and self-esteem.

Pinyosub (1998: abstract) studied with the characteristic of the head of health centers related with family planning service in UdonThani province. The results found that age, experience in family planning service, marital status of the head of health centers have negatively related to the family planning service. Factors income, rate of officer, satisfy in family planning service have positively related to the family planning service.

Sopsamai (1954: abstract) studied with the role operating with supportive responsibility basic health centers of health officer in Ayutthaya province. The results found that factors related with operating with supportive responsibility basic health centers of health officer are attitude to operating, number of basic health centers, age of officer, time of work training, personnel and instrument. The comment with threat problem in operating such as: lack of personal , non- coordinating between office and lack of resources are main problems.

Ratchavat (1995: 134) studied with pattern and accept component of people to the health officer : qualitative research study in industrial sector in Rayong province where a location have a good operate health centers. The research suggestion , the health officer development should be use comment of themselves themselves so we must to develop continuity.

Choochaisaengrat (1996: abstract) studied with health centers development in general and specific location in century of development health centers project.

3.1 Set a clinic about disease from working in health centers.

3.2 Add the specific officer take care of labour' health.

3.3 Should adjust the medical instrument and should set an ambulance care to refer the patient.

According the conception and researches about factors effect to develop the health centers besides the personal factor, it have a location of the health centers, situation, active operating, supportive from head, supervisor, supporting with the people, special project through the pattern in setting public health services to the people. This factors can set a group by conception of SWOT analysis as follow:

1. Strength (S) is ability or situation conspicuous to support with operating in health centers to purpose objective and goal.

2. Weakness (W) is decrease ability, the problem or argument, weak in the health centers. It's cause to fail in efficiency objective or goal.

3. Opportunity (O) is external factor or situation that support and help the success the purpose objective and goal.

4. Threat (T) is external factor or situation that to wear away the successful and progress the purpose objective and goal of health centers.

The results found that the health center must to service many people and the role of health centers must expand to join work in rural too. So, the Ministry of Public Health should fixed the appropriate budget and to broad-minded to the health centers to work by themselves. The health officer who different about age, education, age of work, position have different comment at statistically significance.

Suthivisetsuk (1998: 103) studied with factors effect to level of cure and quality service of the health centers in region 8 found that factors have effect to level of cure and quality service of the health centers such as: maintain money, operating control, instrument, team work, a vehicle, location of health officer and decision.

Nuansripai (1995 cited by Office of the Permanent Secretary for Public Health ,1996: 30-34) studied with the health centers in industrial sector in Ranong province. The research suggest that the vision to develop the health centers in industrial sector forward 20 years as follow:

1. Health centers must to develop construction and environment.
2. Should develop the personal as:
 - 2.1 Should have a physicians fixed in the health centers.
- 2 Should have a nurse to aid the physicians about curing.
 - 2.2 Should have a nurse to aid the physicians about curing.
 - 2.3 Should have a occupational health officer for responsibility about factory and disease control from working.
3. Shold have the service as:

CHAPTER 3

METHODOLOGY

This study was a survey research to collect data by questionnaire. The objective was studied the factor related with vision to the health centers of the head of health centers.

3.1 Population and sampling

Population for this study were head of health centers in public region 4 who worked in this position over 6 months (Office of the Permanent Secretary for Public Health, 1998: 20)

Ratchaburi province	154 persons
Kanchanaburi province	140 persons
Nakhon Pathom province	138 persons
Samut Sakhon province	55 persons
Samut Songkhram province	50 persons
Phetchaburi province	116 persons
Prachuap Khiri khan province	78 persons
Total	731 persons

The minimum sample size required was estimated by Yamane's formula (Yamane, 1973 cited by Kitpreedaborisut, B. 1997: 71) as follow:

$$\text{Formula } n = \frac{N}{1+Ne^2}$$

n = size of population group

N = size of total population

$e = \text{error of random sampling (0.05)}$

Sample in this study were 731 head of health centers(N), replacing N in the formula, we obtain:

$$\begin{aligned} n &= 731 / 1 + 731 (0.05)^2 \\ &= 258.53 \end{aligned}$$

For less error in this study, the researcher use 420 head of health centers. Besides the purpose population in region 4 have a different in location (circumference, city, faraway and normal) where have imbalance population. For the good representative sample, so the researcher use the summarize method (Prasitrathasin, S. 1997: 119) such as: to group the head of health centers by fixed in the city and out of the city then use the purposive sampling and the simple random sampling.

Group 1

Use the purposive sampling to select 158 head of health centers who fixed in the ampherroung of 7 provinces as follow:

Ampherroung ratchaburi	25 persons
Ampherroung kanchanaburi	21 persons
Ampherroung nakhon pathom	30 persons
Ampherroung samut sakhon	24 persons
Ampherroung samut songkhram	20 persons
Ampherroung phetchaburi	23 persons
Ampherroung prachuapkhirikhan	15 persons

Group 2

Use the simple random sampling to select 262 sample by lottery method.

The results of sampling as follow:

Ampherpaktoe Ratchaburi	13 persons
Ampherdumnurnsadoek Ratchaburi	16 persons
Ampherphotharam Ratchaburi	20 persons
Ampherpanomtoun Kanchanaburi	9 persons
Amphertamaka Kanchanaburi	12 persons
Amphertamoeng Kanchanaburi	13 persons
Ampherheuvkrachov Kanchanaburi	5 persons
Amphertongohaphum Kanchanaburi	13 persons
Amphernhonhpreu Kanchanaburi	6 persons
Ampherkumpaengsan Nakhon pathom	18 persons
Amphernakhonchaisri Nakhon pathom	19 persons
Ampherbanglane Nakhon pathom	16 persons
Amphersampran Nakhon pathom	18 persons
Ampherbanpaew Samut sakhon	14 persons
Ampherthavang Phetchapuri	13 persons
Ampherbanlad Phetchapuri	15 persons
Ampherkaengkrachan Phetchapuri	6 persons
Ampherbangsapan Prachuapkhirikhan	8 persons
Ampherbangsapannoi Prachuapkhirikhan	6 persons
Total	262 persons

According the group 1 with the purposive sampling and the group 2 with the simple random sampling are 420 sample, see in figure 3 as follow:

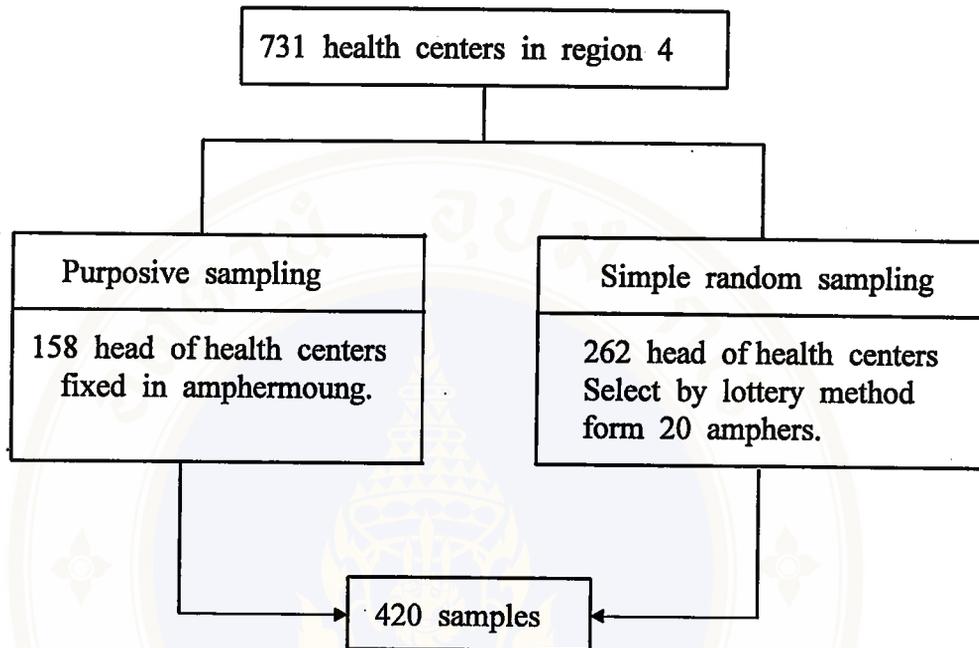


Figure 3 Process selection the sample.

3.2 Research instrument

This instrument is questionnaires. It designed base on conception, literature related, manual, seminar report by AIC Technique (Appreciation-Influence-Control Technique) of the administrator in Ministry of Public Health. And the comment of qualified person use by Delphi - Technique. The questionnaires divide for 4 parts as follow:

Part 1 It is open-end question about expect to vision of health centers should be such as: expect to construction, expect to role and duty management, expect to personal and expect to medical -instrument of health centers.

Part 2 The individual data of head of health centers 9 items such as: age, time of work, work experience, level of education, location, minor job,

attitude to organization and self esteem.

The number 8 is attitude to organization and measure by Likert scale with 20 items. The positive items are 1,2,5,7,8,11,15,16,17,20 and the negative items are 3,4,6,9,10,12,13,14,18,19. Likert scale provide for 5 level as follow (Ketsingha, V. 1987: 80).

Rating Scale	Scoring	
	Positive statement	Negative statement
Strong agree	5	1
Agree	4	2
Not sure	3	3
Disagree	2	4
Strong disagree	1	5

The score between 20-100 scores . Translate the score by max-min criteria and set score in 3 group:

- 20-47 scores indicate negative attitude to the health centers.
- 48-74 scores indicate moderate attitude to the health centers.
- 75-100 scores indicate positive attitude to the health centers.

The number 9 is self esteem of the head of health centers and measure by Likert scale with 20 items. The positive items are 1,2,5,6,9,10,11,15,18,20 and the negative items are 3,4,7,8,12,13,14,16,17,19. Likert scale provide for 5 level as follow (Ketsingha, V. 1987: 80).

Level of value	Positive statement	Negative statement
Excessively	5	1
Much	4	2
Moderate	3	3
Little	2	4
At least	1	5

The score between 20-100 scores. Translate the score by max-min criteria and set score in 3 group:

20-47 scores indicate low level of value self esteem.

48-74 scores indicate moderate level of value self esteem.

75-100 scores indicate high level of value self esteem.

Part 3 The question about strength, weakness, opportunity and threat of the health centers. It components 72 items and to divide as follow:

Perception of strength are number 1-16 = 16 items.

Perception of weakness are number 17-43 = 27 items.

Perception of opportunity are number 44-55 = 12 items.

Perception of threat are number 56-72 = 17 items.

The characteristics of question measure by Likert scale. It can provide for 5 level as follow (ketsingha, 1987: 80).

Level of perception	Scores
Excessively	5
Much	4
Moderate	3

Little	2
At least	1

Translate the perception in each part, calculate the score by max-min criteria and set score in 3 group:

Perception of strength (16 items), the scores between 16-80 scores as:

16-37 scores indicate low level perception in strength.

38-59 scores indicate moderate level perception in strength.

60-80 scores indicate high level perception in strength.

Perception of weakness (27 items) , the scores between 27-135 scores as:

27-63 scores indicate low level perception in weakness.

64-100 scores indicate moderate level perception in weakness.

101-135 scores indicate high level perception in weakness.

Perception of opportunity (12 items) ,the scores between 12-60 scores as:

12-28 scores indicate low level perception in opportunity.

29-45 scores indicate moderate level perception in opportunity.

46-60 scores indicate high level perception in opportunity.

Perception of threat (17 items), the scores between 17-85 scores as:

17-39 scores indicate low level perception in threat.

40-62 scores indicate moderate level perception in threat.

63-85 scores indicate high level perception in threat.

Part 4 80 items about vision of the head of health centers as:

Vision to construction as number 1-23 = 23 items.

Vision to technology and supportive of working as number 24-35 = 12 items.

Vision to personal as number 36-53 = 18 items.

Vision to work system as number 54-80 = 27 items.

The characteristics of question is choose-type, measure by rating scale 10 level as follow (Kitpreedaborisut, B. 1997: 224-225).

Answer 0	=	No needed
Answer 1	=	At least needed
Answer 2	=	little needed
Answer 3	=	Rather little needed
Answer 4	=	Moderate -rather little needed
Answer 5	=	Moderate needed
Answer 6	=	Moderate -rather much needed
Answer 7	=	Rather much needed
Answer 8	=	Much needed
Answer 9	=	Excessively needed

The researcher translate the scores of vision as :

Answer 0-3	indicate the head of health centers have low vision.
Answer 4-6	indicate the head of health centers have satisfy vision.
Answer 7-9	indicate the head of health centers have good vision.

The criteria of vision in each parts use max-min scores and provide in 3 group as follow:

Scores of vision to construction 23 items, the scores between 23-69 as:



- 23-38 scores indicate low vision to construction.
- 39-54 scores indicate satisfy vision to construction.
- 55-69 scores indicate good vision to construction.

Scores of vision to technology and supportive of working 12 items, the scores between 12-36 as:

- 12-19 scores indicate low vision to technology and supportive of working.
- 20-27 scores indicate satisfy vision to technology and supportive of working.
- 28-36 scores indicate good vision to technology and supportive of working.

Scores of vision to personnel 18 items, the scores between 18-54 as:

- 18-29 scores indicate low vision to personal.
- 30-41 scores indicate satisfy vision to personal.
- 42-54 scores indicate good vision to personal.

Scores of vision to work system 27 items, the scores between 27-81 as:

- 27-44 scores indicate low vision to work system.
- 45-62 scores indicate satisfy vision to work system.
- 63-81 scores indicate good vision to work system.

Total scores in 4 parts 80 items, the scores between 80-240 as:

- 80-133 scores indicate low vision in 4 parts.
- 134-187 scores indicate satisfy vision in 4 parts.
- 188-240 scores indicate good vision in 4 parts.

3.3 Instrument construction and development

About this research is factor related to vision of the head of the health centers in public health region 4 studied by conception of SWOT analysis as: strength, weakness, opportunity and threat of the health centers. So, it must to use the process method AIC Technique for correct variables. And then test the data use by Delphi- Technique continuity. The process is pass by step as follow:

3.3.1 To collect secondary data of seminar report of head of the health centers by AIC Technique, for data of strength, weakness, opportunity and threat.

3.3.2 To group data and arrange the important about strength, weakness, opportunity and threat for construct the flow of questionnaires

3.3.3 To check data by the 9 qualified persons, the name of qualified persons appear in the appendix.

3.3.4 To adjust data after check by qualified persons and success in meaning of strength, weakness, opportunity and threat.

3.3.5 To construct the part 3 of questionnaires.

3.3.6 To studied with conception, researches of the health centers for develop the instrument.

3.3.7 To set content about answers of vision to construction, technology and supportive of working, personal and work system.

3.3.8 To consult my or and qualified person for check for test content validity.

3.3.9 To try out the questionnaires with 40 the head of health centers

in Supanburi province. To test the reliability of the indicators was calculated by Cronbach's Coefficient of Alpha (Cronbach 1960 cited by Kulrojanapat, S., 1998: 86). The level of the coefficient was 0.9362.

$$\alpha = \frac{k}{k-1} \left[1 - \frac{\sum S_i^2}{\sum S_x^2} \right]$$

3.3.10 To repeat check the questionnaires by my advisor before collect the data.

3.4 Data collection

3.4.1 To survey and list the name of health centers in 7 province and send to the Office of Public Health in region 4.

3.4.2 To send the letter from faculties of graduate Mahidol University to the head of Office of Public Health in region 4 in 7 province where are the sample in this study.

3.4.3 To send the letter from faculties of graduate Mahidol University to the head of health centers who are the sample.

3.4.4 To send the questionnaires for collect data to the head of health centers and completed in 3 weeks after send the questionnaires.

3.4.5 The process processing data.

3.4.5.1 To check the completed questionnaires.

3.4.5.2 To construct code book.

3.4.5.3 To change the code to the numeric.

3.4.5.4 To save the numeric in diskette.

3.4.5.5 Processing data by program SPSS FOR WINDOWS (Statistical Package for the Social Science Version 6)

3.5 Data analysis

3.5.1 The individual variable and perception to strength, weakness, opportunity and threat of the health centers analyze by percentage, mean and standard deviation.

3.5.2 To analyze correlation between independent variables such as: individual variable, perception to strength, weakness, opportunity and threat variables by the test of Pearson Product Moment Correlation Coefficient.

3.5.3 To analyze relation individual variable, perception to strength, weakness, opportunity and threat variables with vision to the health centers of head of the health centers by Stepwise Multiple Regression Analysis.

CHAPTER 4

RESULTS

This research studied with the factor related to vision of head of health centers for health centers in public health region 4 consist of Ratchaburi province, Kanchanaburi province, Nakhon Pathom province, Samut Sakhon province, Samut Songkhram province, Petchaburi province and Prachup khirikhan province. Use the purposive and simple random sampling to select 420 head of health centers from 27 ampher. The limitation of time and traveling, the researcher must to send the questionnaires to the Office of Public Health and to inform about the questionnaires to the head of health centers. The researcher get feedback 361 questionnaires or 85.95 % of total questionnaires. It can analyze only 334 questionnaires or 92.52 it means that the researcher collect data in period of early retry project on November , some the head of health centers work with this position less than 6 months and they have a lot of work to do. So , their don't feedback in time. The researcher presented the data in 4 parts as follow.

1. The general characteristics such as: sex, age, time of work, level of education, location, minor job, attitude to the organization and self-esteem.

2. Perception analysis as: strength, weakness, opportunity and threat of the health centers.

3. Vision to health centers of the head of health centers analysis such as: construction, technology and supportive working , personal and work system.

4. Factor related with vision to the health centers analysis.

4.1 The general characteristics

Table 1 Percentage distribution by sex, age, time of work, work experience, level of education, location and minor job .

General characteristics	Number	Percentage
1. Sex		
Male	116	34.7
Female	218	65.3
2. Age		
30-39	84	25.2
40-49	116	34.7
50-59	134	40.1
$\bar{X} = 46$ S.D = 7.1 Min.= 30 Max. =59		
3. Time of work		
10-14	30	9.0
15-19	61	18.3
20-24	94	28.1
30 over	77	23.0
$\bar{X} = 23.7$ S.D =6.4 Min.= 10 Max. =38		
4. Work experience		
Under 10	21	6.3
10-14	37	11.1
15-19	71	21.2
20-24	92	27.5

Table 1 Percentage distribution by sex, age, time of work, work experience, level of education, location and minor job. (cont.)

General characteristics	Number	Percentage
4. Work experience (cont.)		
25-29	55	16.5
30 over	58	17.4
$\bar{X} = 21.4$ S.D =7.3 Min.= 2 Max. =38		
5. Level of education		
Under bachelor degree	241	72.2
Bachelor degree and higher	93	27.8
6. Location		
Rural	215	64.4
Sub – urban and urban	119	35.6
7. Minor job		
No minor job	235	70.3
Owner business	51	15.3
Another minor job	48	14.4

The results of the general characteristics from table 1 found that most of the head of health centers are female(65.3 %). Half of them have age group in 50-59 (40.1 %) then are in group 40-49 (37.47 %). The head of health centers have average of age are 46 years. Most of them have work experience over 20 years (72.7 %) and time of work have average 23 years. In the parts of education, most of them graduated under bachelor degree (72.2 %), they

graduated diploma are 10.2 % . The sample were graduated 27.9 % of bachelor degree , they graduated in master degree only 0.9 % . Half of the head of health centers stay in the rural and they don't make the minor job 70.3 % . Only 29.7 % that have a minor job.

Table 2 Number and percentage of attitude to organization with all 4 parts, construction part, technology and supportive working part, personnel part and work system of the health centers.

Attitude to organization	Number	Percentage
1. Attitude all 4 parts		
Negative attitude (20-47 scores)	1	0.3
Moderate attitude (48-74 scores)	292	87.4
Positive attitude (20-47 scores)	41	12.3
$\bar{X} = 67.32$ S.D =6.31 Min.= 47.0 Max. =88.0		
2. Attitude to construction part		
Negative attitude (4-9 scores)	96	28.7
Moderate attitude (10-14 scores)	202	60.5
Positive attitude (15-20 scores)	36	10.8
$\bar{X} = 10.98$ S.D =2.74 Min.= 4 Max. = 20		
3. Attitude to technology and supportive working part		
Negative attitude (6-12 scores)	20	6.0
Moderate attitude (13-19 scores)	253	75.7
Positive attitude (20-25 scores)	61	18.3
$\bar{X} = 16.73$ S.D =2.81 Min.= 6 Max. = 23		

Table 2 Number and percentage of attitude to organization with all 4 parts, construction part, technology and supportive working part, personnel part and work system of the health centers. (cont.)

Attitude to organization	Number	Percentage
4. Attitude to personnel part		
Negative attitude (6-12 scores)	15	4.5
Moderate attitude (13-19 scores)	257	76.9
Positive attitude (20-25 scores)	62	18.6
$\bar{X} = 17.19$ S.D =2.58 Min. = 10 Max. =25		
5. Attitude to work system part		
Negative attitude (6-14 scores)	3	0.9
Moderate attitude (15-22 scores)	165	49.4
Positive attitude (23-30 scores)	166	49.7
$\bar{X} = 22.40$ S.D =2.8 Min. = 13 Max. = 29		

In attitude to organization of the head of health centers in table 2 found that most of them have a moderate level of attitude (87.4 %), the positive attitude are 12.3 % and negative attitude are only 0.3 %. For in each part found that they have a moderate level of attitude all 4 parts as: construction are 60.5 %, technology and supportive of working are 75.5 %, personnel are 76.9 % are 76.9 % and work system are 49.4 %.

Table 3 Number and percentage by level of self esteem of head of the health centers.

Level of self esteem	Number	Percentage
Low self esteem (20-47 scores)	-	-
Moderate self esteem (48-74 scores)	269	80.5
High self esteem (75-100 scores)	65	19.5

$\bar{X} = 68.54$ S.D =7.19 Min.= 50 Max. = 94

From self esteem analysis in table 3 found that most of the head of health centers have a moderate level of self esteem (80.5 %). When we analyze in each item found that the head of health centers have a high level of self esteem to give balance service to every people 35.0 %, they proud of this position 30.5 % and intention to progress in high position 26.0%.

4.2 Perception analysis

Table 4 Number and percentage by level strength perception of health centers.

Level strength perception	Number	Percentage
Low strength perception (16-37 scores)	-	-
Moderate strength perception (38-59 scores)	133	39.8
High strength perception (60-80 scores)	201	60.2

$\bar{X} = 61.22$ S.D =7.88 Min.= 39 Max. = 80

From level strength perception in table 4 found that most of the head of health centers have a high level strength perception (60.2), one-fourth of them have moderate strength perception (39.8 %) and no low strength perception.

Table 5 Number and percentage by level weakness perception of health centers.

Level weakness perception	Number	Percentage
Low weakness perception (27-63 scores)	7	2.1
Moderate weakness perception(64-100 scores)	263	78.7
High strength perception (101-135 scores)	64	19.2
$\bar{X} = 88.60$ S.D =13.12 Min.= 37 Max. = 132		

From table 5 found that the head of health centers to know problem and weak of health centers in moderate level perception (19.2 %) and have a low weakness perception are 2.1 %.

Table 6 Number and percentage by level opportunity perception of health centers.

Level opportunity perception	Number	Percentage
Low opportunity perception (12-28 scores)	21	6.3
Moderate opportunity perception (29-45 scores)	285	85.3
High opportunity perception (46-60 scores)	28	8.4
$\bar{X} = 37.54$ S.D =5.99 Min.= 21 Max. = 60		

From table 6 found that the head of health centers have perception with external factor for success the purpose objective have a moderate opportunity perception (85.3 %), they have a high opportunity perception are 8.4 % and have have a low opportunity perception are 6.3 %.

Table 7 Number and percentage by level threat perception of health centers.

Level threat perception	Number	Percentage
Low threat perception (17-39 scores)	8	2.4
Moderate threat perception (40-62 scores)	241	72.2
High threat perception (63-85 scores)	85	25.4

$\bar{X} = 56.95$ S.D =8.64 Min.= 32 Max. = 85

From the table 7 the analysis of threat of health centers that the external factor to inhibit the purpose objective in operating of health centers , most of the them have a moderate threat perception (72.2 %), have a high threat perception are threat perception are 25.4 % and have a low threat perception are 2.4 %.

4.3 Vision to health centers of the head of health centers analysis.

Table 8 Number and percentage by level of vision to health centers all 4 parts of the head of the health centers.

Level of vision to health centers all 4 parts (80 items)	Number	Percentage
Low vision (80-133 scores)	23	6.9
Satisfy vision (134-187 scores)	105	31.4
Good vision (188-240 scores)	206	61.7

$\bar{X} = 189.42$ S.D =34.07 Min.= 80 Max. = 240

The results of analysis all 4 parts of the head of the health centers found that most of them have a good vision (61.7 %). One-fourth of them have a satisfy vision(31.4 %) and have a low vision are 6.9 %.

Table 9 Number and percentage by level of vision to construction part to health centers of the head of the health centers.

Level of vision to construction part (23 items)	Number	Percentage
Low vision (23-38 scores)	25	7.5
Satisfy vision (39-54 scores)	114	34.1
Good vision (55-69 scores)	195	58.4
$\bar{X} = 55.18$ S.D =10.74 Min.= 23 Max. = 69		

The results of analysis vision to construction part found that half of the head of the health centers have a good vision (58.4 %). Two-fourth of them have a satisfy vision (34.1 %) and have a low vision are 7.5 %.

Table 10 Number and percentage by level of vision to technology and supportive working part to health centers of the head of the health centers.

Level of vision to technology and Supportive working part (12 items)	Number	Percentage
Low vision (12-19 scores)	22	6.6
Satisfy vision (20-27 scores)	51	15.3
Good vision (28-36 scores)	261	78.1
$\bar{X} = 31$ S.D =5.93 Min.= 12 Max. = 36		

The results of analysis vision to technology and supportive working found that one-sixth of them have a satisfy vision(15.3 %) and have a low vision are 6.6 %.

Table 11 Number and percentage by level of vision to personnel part to health centers of the head of the health centers.

Level of vision to personnel part (18 items)	Number	Percentage
Low vision (18-29 scores)	28	8.4
Satisfy vision (30-41 scores)	101	30.2
Good vision (42-54 scores)	205	61.4
$\bar{X} = 42.92$ S.D =9.22 Min.= 18 Max. = 54		

The results of analysis vision to personnel part found that most of the head of the health centers have a good vision (61.4 %). One-fourth of them have a satisfy vision(30.2 %) and have a low vision are 8.4 %.

Table 12 Number and percentage by level of vision to work system part to health centers of the head of the health centers.

Level of vision to work system part (27 items)	Number	Percentage
Low vision (27-44 scores)	39	11.7
Satisfy vision (45-62 scores)	131	39.2
Good vision (63-81 scores)	164	49.1
$\bar{X} = 60.31$ S.D =12.64 Min.= 27 Max. = 81		

The results of analysis vision to personal part found that most of the head of the health centers have a good vision (49.1 %). One-third of them have a satisfy vision(39.2 %) and have a low vision are 11.7 %.

4.4 Factor related with vision to the health centers analysis.

4.4.1 To select the variable to test by Pearson Product Moment Correlation Coefficient.

From literature review found that, the variables related to vision to the health centers such as: sex , age, time of work, work experience, level of education , location, minor job, attitude to organization, self esteem , perception to strength, weakness, opportunity and threat of the health centers (13 variables).

4.4.2 Relation between independent variables analysis

When we analyze the relation between independent variables found that age and time of work have high related at statistically significance level at 0.01 ($R= 0.91$).The independent variables that have a high relation over 0.80 is a multicollinearity, it can't limit the influence of variables and maybe error of coefficient (Prasitrathasin, S. & Sukaseam, A. 1993: 44). So, the researcher cut off age of work from this study because age variable can indicate in experience , calculate time of work and feedback a ability of the head of health centers too.

4.4.3 Independent and dependent variable correlation coefficient analysis.

In correlation coefficient analysis of this study component 13 independent variables with dependent variables by limit meaning of analysis as follow:

Variables in analysis

Symbol	Meaning	Scale of measurement
SEX	Sex	Norminal
AGE	Age	Ratio
GOV	Time of work	Ratio
WORK	Work experience	Ratio
EDU	Level of education	Norminal
LIFE	Location	Norminal
OCC	Minor job	Norminal
SATT	Attitude to organization	Interval
SFE	Self-esteem	Interval
SSTR	Strength	Interval
SWEA	Weakness	Interval
SOPP	Opportunity	Interval
STHR	Threat	Interval
SINF	Vision to construction	Interval
STECH	Vision to technology and supportive of working	Interval
SMAN	Vision to personnel	Interval
SORG	Vision to work system	Interval
SVIS	Vision to all 4 parts	Interval

Because the 4 variables are nominal scale example: sex, level of education, location and minor job must to change in dummy variables as follow:

Dummy variables

Variables	Symbol	Previous code	Dummy variables
Sex	SEX	1= male 2=female	Male=0 Female=1
Level of education	EDU	1=under bachelor degree 2=bachelor degree and higher	Under bachelor degree=0 Bachelor degree and higher=1
Location	LIFE	1=rural 2=sub - urban and urban	Rural=0 Not rural=1
Minor job	OCC	1=no minor job 2= owner business 3=another job	No minor job=0 Have minor job=1

Table 13 Correlation matrix and relation between independent variables with dependent variables

Variable	SEX	AGE	GOV	WORK	EDU5	LIFE5	OCC5	SATT	SFE	SSTR	SWEA	SOPP	STHR	SINF	STECH	SMAN	SORG	SVIS
SEX5	1.000																	
AGE	.226**	1.000																
GOV	.304**	.919**	1.000															
WORK	.212**	.702**	.745**	1.000														
EDU5	-.108*	-.424**	-.410**	-.324**	1.000													
LIFE5	.031	-.021	.015	-.113*	.110*	1.000												
OCC5	-.022	-.052	-.049	-.058	.079	-.031	1.000											
SATT	-.082	-.195**	-.205**	-.212**	.172**	.064	.081	1.000										
SFE	-.057	-.085	-.120*	-.085	.115*	.003	-.073	.126*	1.000									
SSTR	-.067	-.028	-.037	.010	.083	-.004	.046	.081	.417**	1.000								
SWEA	-.081	-.212**	-.190**	-.129*	.137*	.016	.114*	.356**	-.215**	.050	1.000							
SOPP	.047	.115*	.098	.074	-.080	-.065	.016	-.092	.210**	.341**	-.131*	1.000						
STHR	.008	-.025	-.023	.000	.043	.031	-.006	.152**	-.027	.194**	.430**	.159**	1.000					
SINF	-.014	-.231**	-.235**	-.213**	.130*	-.039	.079	.293**	.134*	.262**	.136*	.072	.150**	1.000				
STECH	-.010	-.208**	-.207**	-.186**	.120*	-.087	.061	.273**	.164**	.272**	.148**	.062	.211**	.820	1.000			
SMAN	.034	-.107	-.084	-.062	.089	-.030	.034	.218**	.080	.200**	.141**	.058	.238**	.653**	.736**	1.000		
SORG	-.123*	-.177**	-.170**	-.127*	.141*	-.078	.049	.249**	.051	.203**	.219**	.055	.217**	.680**	.684**	.699**	1.000	
SVIS	-.042	-.204**	-.196**	-.163**	.138*	-.065	.063	.291**	.111*	.259**	.188**	.070	.229**	.887**	.886**	.864**	.894**	1.000

** Statistically Significance Level at 0.01

* Statistically Significance Level at 0.05

4.4.4 Factor relation analysis to vision to the health centers of the head of health centers.

Factor relation analysis to vision to the health centers, the researcher take the 12 independent variables by multiple regression analysis. In this analysis will select one independent variables that most related with dependent variables to the first regression equation, and then to find the second variables add to the first regression equation. It can predict relation with dependent variables. Then the researcher analyze the next independent variables, to present with 5 regression equation as follow:

Regression equation 1 = SINP

Regression equation 2 = STECH

Regression equation 3 = SMAN

Regression equation 4 = SORG

Regression equation 5 = SVIS

Formular for predict vision equation $Y = a + b_i x_i$

Then Y = Dependent variables

a = Constant

b = Correlation coefficient regression of independent variables

x = Independent variables

Statistic in analysis

b = Coefficient regression of raw data

Beta = Coefficient regression of standard data

- Beta = Coefficient regression of standard data
- R (Multiple R) = Correlation relation between independent variables to analysis dependent variables
- R² = Proportion change value of dependent variables that explain by independent variables
- S.E. = Standard error in prediction

Table 14 Multiple regression analysis of independent variables related with vision to construction parts of the health centers. (SINF)

Independent variables	b	SE B	Beta	T	Sig T
SATT	.407	.087	.239	4.669	.000
SSTR	.323	.068	.237	4.725	.000
AGE	-.266	.076	-.178	-3.482	.001
Constant = 20.203	R = .416	R ² = .173			
F= 23.043	Sig F = .000				

From the analysis found that 3 independent variables have related with dependent variables at statistically significance level at 0.01 (P < .01). The attitude to organization (SATT) have high positively related with vision to construction (Beta = .239), age have negatively related with vision to construction (Beta = -.178). The 3 independent variables can predict to vision to construction at the confidence level of 17.3 %.

The regression equation is

$$SINF = 20.203 + .407 SATT + .323 SSTR - .266 AGE$$

Table 15 Multiple regression analysis of independent variables related with vision to technology and supportive of working of the health centers. (STECH)

Independent variables	B	SE B	Beta	T	Sig T
SATT	.192	.049	.204	3.953	.000
SSTR	.169	.038	.225	4.408	.000
AGE	-.131	.042	-.158	-3.108	.002
STHR	.0903	.035	.132	2.567	.011
Constant=8.574	R=.422	R ² =.178			
F= 17.774	Sig F = .000				

From the analysis found that 3 independent variables have related with dependent variables at statistically significance level at 0.01 (P < .01). The attitude to organization (SATT) have positively related with vision to technology and supportive of working(Beta = .204) ,age have negatively related with vision to technology and supportive of working(Beta = -.158).Perception of treat have positively related with vision to technology and supportive of working at statistically significance level at 0.05 (P < .05, Beta = .132). The 4 independent variables can predict to vision to technology and supportive of working at the confidence of 17.8 %.

The regression equation is

$$\text{STECH} = 8.574 + .192 \text{ SATT} + .169 \text{ SSTR} - .131 \text{ AGE} + .0903 \text{ STHR}$$

Table 16 Multiple regression analysis of independent variables related with vision to personnel parts of the health centers. (SMAN)

Independent variables	b	SE B	Beta	T	Sig T
STHR	.193	.057	.181	3.395	.001
SATT	.260	.077	.178	3.390	.001
SSTR	.176	.062	.151	2.845	.005
Constant=3.587	R=.335	R ² =.112			
F= 13.886	Sig F = .000				

From the analysis found that 3 independent variables have related with dependent variables at statistically significance level at 0.01 ($P < .01$). The perception to threat (STHR) have high positively related with vision to personnel (Beta = .181), attitude to organization have positively related with vision to personal (Beta = .178), perception to strength have positively related with vision to personal (Beta = .151). The 3 independent variables can predict to vision to construction at the confidence level of 11.2 %.

The regression equation is

$$\text{SMAN} = 3.587 + .193 \text{STHR} + .260 \text{SATT} + .176 \text{SSTR}$$

Table 17 Multiple regression analysis of independent variables related with vision to work system parts of the health centers. (SORG)

Independent variables	b	SE B	Beta	T	Sig T
SATT	.374	.106	.187	3.523	.000
SSTR	.247	.084	.154	2.938	.004
STHR	.227	.077	.155	2.935	.004
AGE	-.233	.092	-.132	-2.532	.012
Constant=17.845					
R=.367		R ² =.135			
F= 12.789		Sig F = .000			

From the analysis found that 3 independent variables have related with dependent variables at statistically significance level at 0.01 ($P < .01$). The attitude to organization (SATT) have high positively related with vision to work system (Beta = .187), perception to strength have positively related with vision to work system (Beta = .154), perception to threat have positively related with vision to personnel (Beta = .155). Age have a negatively related with vision to personal (Beta = -.132) at statistically significance level at 0.05 ($P < .05$). The 4 independent variables can predict to vision to work system at the confidence level of 13.5 %.

The regression equation is

$$\text{SORG} = 17.854 + .374 \text{ SATT} + .247 \text{ STHR} - .233 \text{ AGE}$$

Table 18 Multiple regression analysis of independent variables related with vision to the health centers. (SVIS)

Independent variables	b	SE B	Beta	T	Sig T
SATT	1.199	.278	.222	4.316	.000
SSTR	.898	.220	.208	4.087	.000
AGE	-.715	.241	-.151	-2.970	.003
STHR	.594	.202	.151	2.940	.004
Constant=52.812	R=.429	R ² =.184			
F= 18.519	Sig F = .000				

From the analysis found that 4 independent variables have related with dependent variables at statistically significance level at 0.01 ($P < .01$). The attitude to organization have a high positively related with vision to the health centers (Beta = .222), perception to strength have positively related with vision to the health centers (Beta = .208), age have negatively related with vision to the health centers (Beta = -.151), perception to threat have positively related with vision to the health centers (Beta = .151). The 4 independent variables can predict to vision to construction at the confidence level of 18.4 %.

The regression equation is

$$SVIS = 52.812 + 1.199 SATT + .898 SSTR - .715 AGE + .594 STHR$$

CHAPTER 5

DISCUSSION

This research study with factors related to vision to the health centers of the head of health centers. How the public health officer have a vision to the health centers ?, such as: vision to construction part, vision to technology and supportive of working part, vision to personnel part and vision to work system. Hypothesis of this study as: the head of health centers have vision to the health centers. The demographic variable as: sex, age, time of work, work experience, level of education, location, minor job, attitude to organization and self-esteem have related to vision to the health centers. Perception in strength, weakness , opportunity and threat of the health centers have related to vision to the health centers. The researcher has discuss as:

1. The general characteristics of the head of health centers.
2. Factors related to vision to the health centers.
3. Factors non-related to vision to the health centers.

5.1 The general characteristics of the head of health centers.

On November 1999, the head of health centers in public health region 4 have average age are 46 years ($\bar{X} = 46.06$, S.D.= 7.19). Most of them are female 65.3 %. time of work and work experience have average 23 and 21 years ($\bar{X} = 23.77$, S.D.= 6.45 $\bar{X} = 21.43$, S.D.= 7.31).Half of them graduated under bachelor degree 72.2 % and stay in rural location 64.4 %. 29.7 % of them have a minor job as: owner business, another job as: to do farming, gardening , service business.

In attitude to organization, most of the head of health centers have a moderate attitude to the health centers 87.4 %. and have a moderate attitude to construction, technology and supportive of working , personnel and work system. The level of self esteem is a moderate level. Perception of strength, half of them have a high perception 60.2 %. Perception of weakness, most of them have a moderate perception 78.7 %. Perception of opportunity, most of them have a moderate perception 85.3 % and perception of threat have a moderate perception 72.2 %.

Vision to the health centers analysis found that most of the head of health centers have a good vision 61.7 %. Vision to construction, half of them have a good vision 58.4 %, satisfy vision 34.1 % and low vision 7.5 %. Vision to technology and supportive of working, most of them have a good vision 78.4 % , satisfy vision 15.3 % and low vision 6.6 %. Vision to personnel, half of them have a good vision 61.4 % , satisfy vision 30.2 % and low vision 8.4 %. Vision to work system, most of them have a good vision 49.1 % , satisfy vision 39.2 % and low vision 11.7 %.

5.2 Factors related to vision to the health centers.

The researcher take independent variables to test the Pearson product moment correlation coefficient with dependent variables for test hypothesis and hypothesis and check variables that related to vision to the health centers.

5.2.1 Multiple regression analysis of independent variables related to vision to construction part independent variables take in equation as: age, work experience, level of education, attitude to organization, self esteem, perception of strength, weakness, opportunity and threat.

5.2.2 Multiple regression analysis of independent variables related to vision to technology and supportive of working part independent variables take in equation as: age, work experience, level of education, attitude to organization, self esteem, perception to strength, weakness, and threat.

5.2.3 Multiple regression analysis of independent variables related to vision to personal part independent variables take in equation as: attitude to organization, perception to strength, weakness, and threat.

5.2.4 Multiple regression analysis of independent variables related to vision to work system part independent variables take in equation as: age, work experience, level of education, attitude to organization, self esteem, perception to strength, weakness, and threat.

5.2.5 Multiple regression analysis of independent variables related to vision to the health centers all 4 parts, independent variables take in equation as: age, work experience, level of education, attitude to organization, self esteem, perception to strength, weakness, opportunity and threat.

Factors related to vision to the health centers discuss as follow:

5.2.1.1 Age the results found that age have negative related to vision to the health centers at statistically significance level at .01. Age have negative related to vision to construction and technology and supportive of working part at statistically significance level at .01, have negative related to vision to work system part at statistically significance level at .05 but non related to vision to personal parts. The discussion are the older head of the health centers have negative vision to the health centers all parts. The younger of the health centers have good vision

to the health centers all parts. Because the older head of the health centers nearly to retirement and needn't to good looking to the health centers but the younger who the new generation need to know about good looking to the health centers in the future. For the part of work system, age non related to vision of the health centers because most of them think that a frame rate of personal also work and complete too. The researches supportive as: Siriapai (1995: abstract) found that age have negative related to role of farming, Kerdphon (1996: 91) found that the head of health centers who have different old have a different role to supervisor of public health, Pinyosub (1989: 83) found that age of the head of health centers have effective to family planning for new married in UdonThani province, Unkomon (1989: abstract) found that age of the head of health education in community hospital in the northeast of Thailand have positively related to the role in management, service and education, Sobsamai (1994: 76) found that age of public health officer have effective to the role to the basic health centers in Ayutthaya province.

5.2.1.2 **Attitude to organization** the results found that attitude to organization have positively related to vision to the health centers and all 4 parts at statistically significance level at .01. It mean that the head of health centers who have a good that attitude to organization have good vision to the health centers and who that have a low attitude to organization maybe low vision to the health centers. Chan-Ame (1981: abstract) told that attitude is direction of cognitive, feeling and of behavior. Kaltz & Scotland (1975 cited by Varanusavat, D. 1981: 2) told that attitude is inclining for value everything or symbol. This results discuss that

the head of health centers who have a good that attitude to the health centers need to develop changing in the future all 4 parts. The researches supportive as: Sobsamai (1994: 78) found that attitude have effective to supportive working of public health officers, Chaysiri (1995: abstract) found that attitude to situation environment of people have effective to the role perception in law of constitution 1991.

5.2.1.3 Perception of strength the results found that perception to strength have positively related to vision to the health centers and all 4 parts at statistically significance level at .01. It mean that when the head of health centers understand with strength, it make understand to develop vision to the health centers. Viboonphonprasert (1996: 75) studied with the future of health centers in century development of health centers project, He analyze by SWOT Analysis found that strength of health centers as: health centers have distribute around the country to close up community, It have a lot of resource. In a whole, the health centers can develop in better too because the people accept the role of service and the important, the health centers is a construction of rural development of Thailand. The researches supportive as: Sangrat (1989: 150) found that factor related to develop the health centers as: the faith' people in service of health centers. Sutthivisetsuk (1998: 103) found that the maintain money , team work and location in community have effective to quality curing service level of the health centers. Pornvongled (1997: abstract) found that environment of working factors have effectiveness to develop health centers.

5.2.1.4 Perception of threat the result found that perception to threat

have positively related to vision to the health centers at statistically significance level at .01. Perception of threat have related vision to personal part and work system part at statistically significance level at .01 and positively related vision to technology and supportive of working part at statistically significance level at .05 but non related vision to construction parts. Perception of threat refer to external factors maybe threat to the health centers not to purpose the objective. From the results present that perception of threat must to know about threat too. Viboonphonprasert (1996: 75) studied with the future of health centers in century development of health centers project. He analyze by SWOT Analysis and told that threat refer to the choice of people and they need many services, the health centers can't support the need of them . The growth in private sector made the weakness of organization. The new technology of the private hospital is a competitor of the health centers and the health centers is less important to the large public health organizations (Supavong, C. et al,1996: 10). So, the health centers must to change the management role because the community have a high changing as: the disease form work, AIDS, epidemics of habit-forming drug. Ratchavat (1995: 138) studied with pattern and component of accept people to the public health officers: case study in social industrial Rayong province found that the risk location ,threat must to consequence to the opinion and need of public health officers to develop the health centers for new better image. Naunsripai (1996: abstract) suggest the vision to develop the health centers in 20 years forward that when health centers get a threat,it should develop in a faith of the construction and environment .The physician and the occupational health officer must fixed in the health centers and the occupational health officer,



develop the medical instrument and set an ambulance car fixed in health centers.

5.3 Factors non related to vision to the health centers

5.3.1 **Sex** the results found that sex haven't related to vision to the health centers. Because vision not depend on sex , it different from the research of Kuhatong (1990: abstract) found that sex have related with the expect role of specialist in public health by self perception. Pattana (1998: 93) found that sex have related with separate behavior of community. Unkomon (1989: abstract) found that sex have related with the management role of head of public health and diseases protection of community hospital. This researches balance with Kumcharean (1997: abstract) found that sex haven't related to pattern of the way of life of the retirement people in Bangkok. For this study most of the head of health center are female so , sex haven't related to vision to the health centers.

5.3.2 **Time of work** the results found that time of work haven't related to vision to the health centers. This researches balance with Beaumoon (1987: abstract) found that age of work haven't related with different to emotion of the public health officer in Prachinburi province. From the results most of the head of health centers have age of work 15 years ago (81 %). It presents that almost the head of health center be used to work system , construction of organization and the role . they don't expect to the health centers too. And they have a little time to work in this position so, they don't need to look a image vision of the health centers.

5.3.3 **Work experience** the results found that work experience haven't

related to vision to the health centers. This study different from Pinyosub (1989: 84) found that work experience to family planing plan have negative related to family planing project of the head of health centers in Udonthani province. Kingkou (1992: 96) found that work experience of the public health officer have related to role perception of the supervisor level tumbol of one province of northeast Thailand. This research balance with Unkomon (1989: abstract) found that work experience of the head of public health officer and diseases protection of community hospital of northeast Thailand haven't related to the role. From the results, the most of the head of health center (82.7 %) have work in along time 15 years ago , the qualification are likely so, this results don't true with hypothesis.

5.3.4 Level of education the results found that level of education haven't related to vision to the health centers. This study different from Kuhatong (1990: abstract) found that level of education have related with the perception role of specialist of public health. Pattana (1998: 98) found that level of education of volunteer have effective to the separate garbage behavior of community. This research balance with Kumcharean (1997: 88) found that level of education haven't related to pattern of the way of life of the retirement people in Bangkok. For this study most of the head of the health centers have graduated under the bachelor degree 72.2 % , they don't different in education . So, this results don't true with hypothesis.

5.3.5 Location the results found that location haven't related to vision to the health centers. This study different from Auisakul (1989: 159)

found that the border police where stay in the village and the police station construct near the headquarter have a expect role in population education program more than the border police where the police station construct far from the headquarter because they contact with condition in the village , it make them understand the many problems of people. For this study location of the head of the health centers haven't relate to vision to the health centers because half of them stay in rural 64.6 % and not far from the health centers where they work. They used to with condition in location so this results don't true with hypothesis.

5.3.6 Minor job the results found that minor job haven't related to vision to the health centers. The only sample 29.7 % have a minor job. Most of the head of the health centers don't to disclose about minor job and for to save the image of them too.

5.3.7 Self esteem the results found that self esteem haven't related to vision to the health centers. Because the only 19.5 % of the head of the health centers have a high level of self esteem , most of them (80.5 %) have a moderate level of self esteem. When considerate with metric relation before run to equation found that self esteem with vision to the health centers all 4 parts is low value (between .01-.19). So, this results don't true with hypothesis.

5.3.8 Perception of weakness the results found that perception to weakness haven't related to vision to the health centers. Because from the results the head of the health centers have a high level perception to weakness only 19.2 % besides most of them have a moderate perception to weakness

(78.7%). When considerate with metric relation before run to equation found that relation of perception to weakness with vision to the health centers all 4 parts is low value (between .01-.19). So, this results don't true with hypothesis.

5.3.9 Perception of opportunity the results found that perception to opportunity haven't related to vision to the health centers. Because the only 8.4 % of the head of the health centers have a high level perception to opportunity. Most of them (85.3 %) have a moderate level perception to opportunity. When considerate with metric relation before run to equation found that relation of perception to opportunity. with vision to the health centers all 4 parts is low value (between .01-.19). So, this results don't true with hypothesis.

CHAPTER 6

CONCLUSION AND RECOMMENDATION

This research study factors related to vision to the health centers of the head of health centers in public health region 4. The researcher provides in 2 parts as follow:

6.1 Conclusion

6.1.1 Summary

The health centers is a basic health service under management of Ministry of Public Health. It's close up to the people and service in along time. The 5 role of the health centers as: health promotion, disease control, curing, rehabilitation and supportive in another part. The role of health promotion and disease control are 75 %. The role of curing and rehabilitation are 25 %. The frame of personal management have 5 personals in the end of 1998. The 29,823 public health officers stay in 9,428 health centers. Under the century to develop the health centers project found the health centers problem 2 items as: construction don't response to service and management system of health centers have single type around the country.

Thailand have changing in socio-economic, political, environment, technology and culture by globalization. The structure of population have change too, the old population are increases. The trend of industrial have higher, the labour in agriculture shift to the labour industrial. The people have changing in the way of life, the hurry life and competition in social, changing in consumption,

the disease from working are increase almost the effect from hi-technology and the expand of the political to decentralization have increase too. So, the head of the health center must to adjust and change the image of the health center or should have a vision to develop the health center. The objective of the research are study the vision to the health center of the head of health center in construction , technology and supportive of working ,personal and work system. The factor may related to the vision to the health center as: sex, age, time of work, work experience, level of education, location, minor job, attitude to organization, perception to strength, weakness, opportunity and threat.

The sample in this study are the head of the health centers in public health region 4 consist of Ratchaburi province, Kanchanaburi province, Nakhon Pathom province, Samut Sakhon province, Samut SongKharm province, Pechaburi province and Prachup khirikhan province. They fixed in this position between from 10 November to 10 December 1999 are 420 persons. The instrument is the questionnaires by Delphi technique. The secondary data collect by seminar report with AIC technique for know the data about strength, weakness opportunity and threat. To adjust the data by 9 qualified persons. The questionnaires provide in 4 parts, to ask about the personal data ,the expect to the health centers ,perception to strength, weakness opportunity and threat and vision to the health center about construction , technology and supportive of working, personnel and work system. To try out the questionnaires with 40 head of the health centers in Supanburi province. To test reliability by Cronbach coefficient. The data feedback are 334 questionnaires. The data analysis use

percentage, mean, standard deviation, max-min, a pearson product moment correlation coefficient and stepwise multiple regression analysis.

6.1.2 Results

6.1.2.1 Vision to construction found that most of the head of health centers have a good vision to construction part. By in the future, the health centers should adjust to good looking of the environment, construct a lodging-house, car park, appropriate light, construct the stairs for the old people and emergency patients, set a seat for the folk, adjust the toilet for patients, add the information room, to separate the room as: labour room emergency room patients room or operating room. Should construct the library room for teach health to the people and set the waste water system. For the reasons to vision to construction are a feedback need to develop the health centers for a good looking and service. Factor related to vision to construction are age, attitude to organization and perception to strength can predict the vision at the confidence level of 17.3 %.

6.1.2.2 Vision to technology and supportive of working found that most of the head of health centers have a good vision to technology and supportive of working part. By in the future, the health centers should have a hi-technology computer - internet for information, the medical instrument for rescue and for check the data around the office. The good vision to the technology and supportive of working will feedback the ability to service the people. Factor related to vision to technology and supportive of working are age, attitude to organization and perception to strength and threat can predict the vision at the confidence level of 17.8 %.

6.1.2.3 Vision to personnel found that found that most of the head of health centers have a good vision to personal part. By in the future, the frame of personal should set with appropriate. The head of health centers should graduated at least bachelor degree, should have a good in English language, to use the computer-internet to processing data, have a good team work, the officer should to train continuity. Besides should add the nurse, the occupational health officer, the education health officer, the promotion health officer, clerk fixed in the health centers. And the marketing officer, they have a comment with necessary fixed. Factor related to vision to personal are attitude to organization and perception to strength and threat can predict the vision at the confidence level of 11.2 %.

6.1.2.3 Vision to work system found that most of the head of health centers have a vision to work system part. By in the future, the health centers should freedom to management, set a public health plan with the local, shift some job to the local organization, provides the work in appropriate, the head of health centers have authority to purchase the material, authority to pay budget, to asset the work of officer, to analyze community about problem by methodology, to give an information to the people. This vision will take the health center to develop efficiency itself too. Factor related to vision to personnel are age, attitude to organization and perception to strength and threat can predict the vision at the confidence level of 13.5 %.

6.1.2.5 Vision to health centers found that the most of the head of health centers have a good vision to health centers. They look image of

health centers forward 20 years by memorize to adjust and develop the construction, technology and supportive of working, personnel and work system.

Factor related to vision to the health centers as:

6.1.2.5.1 Age have negatively related to vision to the health center at statistically significance level at .01.

6.1.2.5.2 Attitude of organization have positively related to vision to the health center at statistically significance level at .01.

6.1.2.5.3 Perception of strength have positively related to vision to the health center at statistically significance level at .01.

6.1.2.5.4 Perception of threat have positively related to vision to the health center at statistically significance level at .01.

The 4 independent variables can predict to vision to the health center at confidence level of 18.4 %.

Recommendation

6.2.1 Policy recommendation

6.2.1.1 Age have negatively related to vision to the health centers. It presents that the old head of the health centers have a low vision to the health centers. They may bored with the job, uninterested to develop the health centers. Most of them graduated under bachelor degree, it made them uncreative to think or have a low vision to health centers too. The public health office and Ministry of Public Health should train the knowledge to the old head of the health centers as: to set seminar by AIC technique, to set organization development program, to develop the leadership too.

6.2.1.2 Attitude to organization have positively related to vision to the health centers. The head of the health centers who have a positive attitude will have a good vision and who have a negative attitude will have a low vision too. Selecting the head of the health centers should considerate about attitude and another qualification. The concern organization should support the ability for effectiveness and efficiency. The environment of health centers should be an example to the people. The role should balance with location of health centers. To promote the active work more than previous. To support appropriate personal and medical instrument. In personal management should develop continuity, to adjust conceptual about qualification of the officer such as: the officer who should have ability to think, management, public relation and marketing knowledge. The budget, should considerate to quantity of work of each health centers, hard or easy of work, situation. The head of health center, should freedom to management, support coordinating of project or plan with local organization. Where the health centers prompt to change hold on the local, should real support. Beside of, should support health education in currently for a source of knowledge to develop public health continuity.

6.2.1.3 Perception of strength have positively related to vision to the health centers of the head of health centers. So, the concern organization must to have imbued to develop the head of health centers policy. It made to help the perception to strength about internal factor. The important, we must to save the promote the health centers to the efficiency service in 24 hours, promote team work, save image of good service continuity, control fee of

health service for fairness, to service immediately and equal. To set the model of health service to respond the need of people. To promote the relationship between health centers and community.

6.2.1.4 Perception of threat found that it have positively related to vision to the health centers of the head of health centers. The head of health centers who have perception threat will have good vision to health centers. the treat is an external factor have effect to wear away the successfulness, the growth and attempt to purpose objective of health centers. Normally, the health centers are a small organization don't control the external factor or threat because the changing of socio-economic, policy, technology, environment, culture through the changing of population structure.

6.2.2 Recommendation to the future research

6.2.2.1 From the results, 4 variables can predict to vision to the health centers of the head of health centers at confidence level of 18.4. So the future research should select the planning, work experience of head of health center position, distance from the health centers to the city, supporting resource from the centers and change of community variables.

6.2.2.2 Should study in qualitative research by use in-depth interview or focus group.

6.2.2.3 Should study the vision to another population example: the education public health officer and public health community officer.

6.2.2.4 Should study the vision to the health centers with exhaustive example: the role to service of the health centers, the role management and

the role of education.

6.2.2.5 Should study the model of public health service of the health centers in vary location example: the health centers in city region and industrial region.

6.2.2.6 Should study image of the health centers with expect role of people. The sample are the people in industrial region, in the city and rural. To study, how the people set the image of health centers?.

6.2.2.7 Should study vision of the administrator of another public health example: vision to the head of public health office and vision to the community hospital director.

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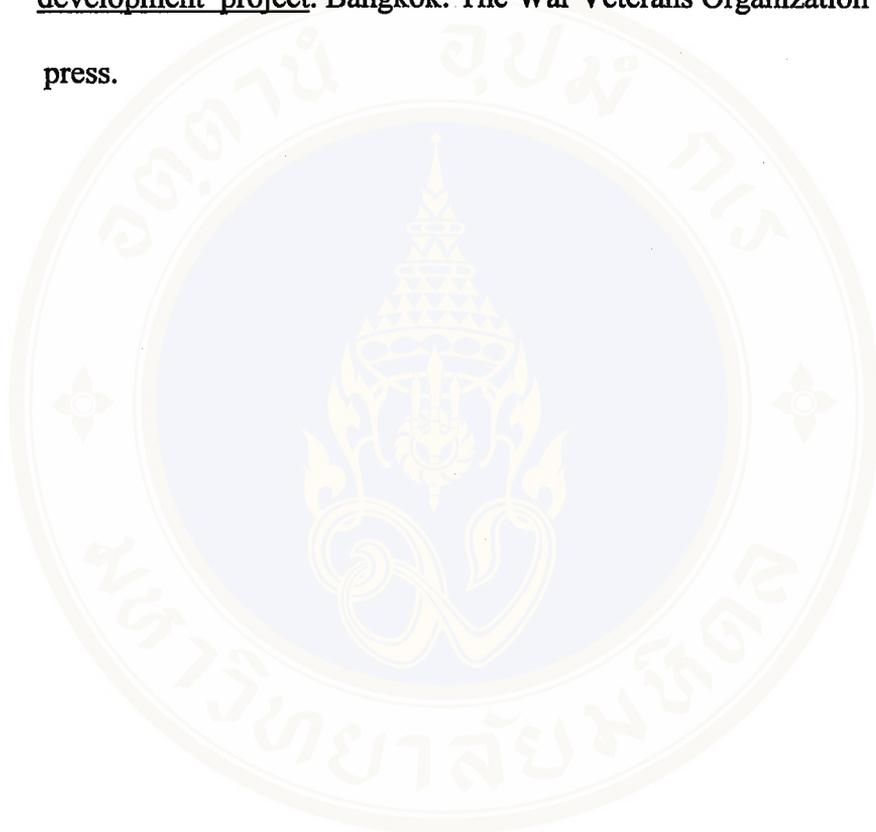
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QUESTIONNAIRE

Factors related to vision of the head of health centers in public region 4

Instruction.

1. This questionnaires for the head of health centers in public region 4
Who fixed in this position at lease 6 months.

2. This questionnaires divide 4 parts as:

Part 1 The expect data in the future of health centers 1 item.

Part 2 The individual data of the head of health centers 9 item.

Part 3 The perception data of external and internal factors.

Part 4 Vision to the health centers of the head of health centers

80items.

3. The researcher asked the head of health centers please to answer the data with the true. You don't sign the name and the researcher analyze in a whole so this questionnaires don't effect to your job. This results will present for development of personal , the physical construction, organization development and develop the role in balance to the situation changing.

Thank you for your answer

Yothisanai Krungtip

Candidate of M.A. (Poulation Education)

Social Sciences and Humanities

Mahidol University

Part 1 The expect data in the future of health centers

Question When your fixed in this position, How do your want to see of the health centers in the future?.

1. The building and place.....

.....
.....
.....
.....

2. The role of duty and management.....

.....
.....
.....
.....

3. The number and characteristics of personal.....

.....
.....
.....
.....

4. The medical and instrument of the health centers.....

.....
.....
.....
.....

Part 2 The individual data of the head of health centers.

Instruction Please signed the √ into or fill in the blank with complete.

1. Sex. Male Female
2. Age in currently.....years old.
3. Your worked in the Ministry of Public Health for.....years.....months.
4. Your fixed in the health center for.....years.....months.
5. High level of education when your received as:
 - 1. Certificate branch.....
 - 2. Diploma branch.....
 - 3. Bachelor degree branch 1.....
 - 4. Bachelor degree branch 2.....
 - 5. Master degree branch
 - 6. The other name.....
6. Your location stay in
 - 1. Rural 2. Urban 3. Sub- Urban
7. Besides of the government service work, Do you have a minor job ?.
 - 1. None
 - 2. Yes. please signed the √ into with the true.

Occupational	Income to compare with the government			
	Higher	Same	Lower	No income
<input type="checkbox"/> 1. Paddy farming				
<input type="checkbox"/> 2. Chard gardening				
<input type="checkbox"/> 3. Cattle				
<input type="checkbox"/> 4. Fishing				
<input type="checkbox"/> 5. Handmade				
<input type="checkbox"/> 6. Owner business				
<input type="checkbox"/> 7. Employed in agriculture				
<input type="checkbox"/> 8. Employed in industrial				
<input type="checkbox"/> 9. Other name.....				

8. How do you feel in attitude to the health center in each part? please signed the \checkmark into \square with your feel. (Please look the health center in a whole).

Attitude with	St. agree	Agree	Not Sure	Dis agree	St. dis agree
1. location don't appropriate to service.					
2. Environment don't sample for health.					
3. The build balance with population structure					
4. Instrument appropriate with pattern of morality of the population .					
5. Area don't balance with the role.					
6. Health center should work with to stand					
7. Health center should freedom in management.					
8. Health center should coordinate with the local organization.					
9. Health center lack of appropriate to set the balance service.					
10. Planning don't coordinate with the another organization.					
11. Quantity of work don't balance with the personal.					
12. Health center haven't necessary the hi-technology of medical instrument.					
13. Health center don't the role about the education.					
14. Personal of health center must to graduated from only health sciences.					
15. Basic knowledge of the officer don't appropriate with the role.					
16. Health center necessary to have the specialist .					
17. Personal of health center must to knowledge of about marketing.					
18. Frame of instrument balance with job.					
19. Health center should get the budget appropriate with the job.					
20. Health center should must to have a hi-technology about information.					

9. How much you have a self esteem in this items?. please signed the √ into

with your assess.

Self esteem to	Excessive	Much	Moderate	low	At lease
1. You proud of the head of health center position.					
2. Your intent to higher position.					
3. Head don't work a lot.					
4. Work in health center have a low honor than the other organization.					
5. Work in time out is the best to community.					
6. You have create job to the head continuity.					
7. You hold on the command of the head in first.					
8. work in community development is outside of your duty.					
9. When you fixes in this position, you have good work so many.					
10. You're happy when work in community.					
11. You willing to service to every patient.					
12. Head of health center should work in only management.					
13. Value in health center less than other organization.					
14. Job in health center don't talent your ability.					
15. Your occupation receive trust from the community.					
16. You don't learn the job from your minions.					
17. Your work as to do thankless for which one gets no credit.					
18. Your give service for everybody by equal.					
19. Service job should to do only minions.					
20. Your promote the relative to work in government service.					

Part 3 The perception data of external and internal factors.

Instruction Please signed the $\sqrt{\quad}$ into \square with level of your perception about the health center (Look in a whole).

Items	Excessive	Much	Moderate	low	At lease
1. To service in 24 hours.					
2. To advance service.					
3. To have zone coordinating.					
4. Have one stop service.					
5. Fee service have appropriate.					
6. To do quickly service.					
7. To service in likely.					
8. To close up people mostly.					
9. To feel warm in relation.					
10. To service as holistic.					
11. To small organization and have efficiency.					
12. The office have special in the blend service .					
13. The occupation trust by the belief of the people.					
14. The refer system have efficiency.					
15. It's the source of data.					
16. Work system are link with other organization.					
17. To receive the low budget.					
18. The instrument are lack of.					
19. Work system have overlap.					
20. The officer made a report by a long time.					
21. The number of office don't balance with job.					
22. The officer have a limit ability in work.					
23. The officer loss in morale.					
24. Area in health center have limit in use.					
25. The building don't help to service.					
26. Don't dexterous and freedom in management.					
27. Some criteria have antique.					

Items	Excessive	Much	Moderate	low	At lease
28.Don't relation of the role.					
29.Medical don't true the need to the people.					
30.Frame of officer don't balance with local situation.					
31.The officer use to with command in work.					
32.The officer have less creative to develop work.					
33.Health center don't have committee come from local.					
34.It have made the data.					
35.Lack of officer who know the discipline.					
36.No blend the data.					
37.People don't participation in work.					
38.Education development don't equal with social changing.					
39.Lack of medical technology.					
40.Lack of manual working.					
41.Assess system don't perfect.					
42.Officer spend the time to make minor job.					
43.Officer lack of marketing and public relation knowledge.					
44.Century development health center project help to develop health center every where.					
45.Local organization support work to health center.					
46.Development project help to develop health center every where.					
47.Committee help to develop health center every where.					
48.Volunreer have important to help the health center.					
49.Health insurance system effect to develop the role.					
50.Supervisor system help to develop health center.					
51.Officer graduated continuity.					

Items	Excessive	Much	Moderate	low	At lease
52. Other main of Ministry help to support job in health center.					
53. To have support policy to local creative development.					
54. Mass media have inform about the health.					
55. Economic crisis made people to fine economic service.					
56. Government, private hospital and clinic are the competitor.					
57. Industrial is expand to rural.					
58. Urbanization is high expand.					
59. People move to industrial and service.					
60. Population structure change to add with the old people.					
61. The deformed people are high than past.					
62. Air and water solution are high than past.					
63. Non-disease control are high than past.					
64. AIDS are high epidemic.					
65. Expect of health service have high than past.					
66. Most illness of people are come from mistake behavior.					
67. Value in curing have high than disease protection.					
68. The habit-forming drug have spread to community.					
69. Mental health problem are high than past.					
70. Slum have spread.					
71. Consumption culture have change.					
72. Foreign labours have effect to public health problems.					

Part 4 Vision to health center

Instruction In 15-20 forward years, do you need to change the health center contrast from now?. Please signed the \surd into \square of number.

Answer 0 = No need

Answer 1-9 = Need to change at least (L) to excessively (E).

Items	No need 0	n e e d								
		L $\xrightarrow{\hspace{10em}}$ E								
		1	2	3	4	5	6	7	8	9
<i>Construction</i>										
1.Aera should wide more 3 square meters.										
2.Around health center should adjust to good looking.										
3.Should built rest area for visitor.										
4.Should built convenience car park.										
5.Should have a light to shire in night.										
6.Should have a sign conduct the way to health center.										
7.Should have vary of plan, don't have single type.										
8.Should have a convenience step for specific patient.										
9.Should have rest area for relation.										
10.The toilet design for specific patient.										
11.Should have the information room.										
12.Should have the education room.										
13.Should have the specific room of each officer.										
14.Should have a dental clinic.										
15.Should have a conference room with complete instrument.										
16.Should have a labour room separate from another room.										
17.Should have a pathology room for basic diagnosis.										
18.Should have a library room.										
19.Should have an observation room.										
20.Should have a demonstration room for set a health environment.										
21.Should have a water waste system.										
22.Type of lodging-house should vary.										
23.Should have garbage waste system.										

Items	No need 0	n e e d								
		L → E								
		1	2	3	4	5	6	7	8	9
<i>Technology and supportive working</i>										
24.Should have a hi-technology for communication.										
25.Should have a patient rescue.										
26.Should have the toxic diagnosis instrument.										
27.To limit the resource by situation.										
28.Expand to use medicine by situation.										
29.Should have a revive instrument to the deformed patients.										
30.Should have a incubator.										
31.Should have complete mass media.										
32.Should have an update officer instrument.										
33.Should have a check and watching the environment.										
34.Should have a computer and link to internet.										
35.Should have an effective vehicle to refer the patients.										
<i>Personal</i>										
36.To set the frame of personal balance with local.										
37.Officer should have at least graduated in bachelor degree.										
38.Officer should have good in English language.										
39.Should have a register nurse.										
40.Should have a disease control specialist.										
41.Should have a environment specialist.										
42.Should have occupational specialist.										
43.Should have a technical officer.										
44.Should have a health promotion officer.										
45.Should have a clerk.										
46.Should have a janitor.										
47.Should have a marketing officer.										
48.Should have public relation officer.										

Items	No need 0	n e e d									
		L $\xrightarrow{\hspace{10em}}$ E									
		1	2	3	4	5	6	7	8	9	
<i>Role of service</i>											
71.To limit form service by situation.											
72.To cure in abnormal labour.											
73.To service the dental and operation.											
74.To have knowledge to cure the aids patients.											
75.To have ability to cure the habit-forming drug patients.											
<i>Role of education</i>											
76.To analyze community problem by methodology.											
77.To have data base to service the people.											
78.To be training and seminar center.											
79.To produce the education media.											
80.To be a research center for public health community.											

SWOT ANALYSIS

Instruction

Yothisanai Kruangtip, candidate of Master of Arts (Population Education) Mahidol University, study with factors related to vision to health center of the health center in public region 4. To construct SWOT analysis instrument for limit independent variables by method of AIC brainstorming of the administrator in Office of the Permanent Secretary for Public Health.

As you are specialist to the health center. Please check about strength, weakness, opportunity and treat analysis of the health center that true with conception and the comment belong of you. Please sigh \surd into \square where you need. Thank you for your help.

S = strength refer to ability and situation in health centers which support the health centers to purpose objective and goal.

W = weakness refer to the risk or loss in ability that effect to the health center don't purpose objective and goal.

O = opportunity refer to the external factor or condition to help the health centers to purpose objective and goal.

T = threat refer to the external factor or condition to break the health centers to purpose objective and goal.

Thank you for your help.

This items, do you think it have to be strength?. Please sigh into

with true by your comment.

Order	Items	Yes	No
1.	To service 24 hours.		
2.	To be active health service.		
3.	To coordinate between health centers by zone system.		
4.	To set the service by one stop service.		
5.	Some service no fees.		
6.	To health service by economic cost.		
7.	To have quickly service.		
8.	To service by familiarly.		
9.	To service with every group.		
10.	To nearly close up the people.		
11.	To warm in health center.		
12.	To service with holistic.		
13.	To call for income to turn about service.		
14.	To have a lodging-house to the officer.		
15.	To be a small organization.		
16.	Officer have knowledge to blend service .		
17.	This occupational have trust by people.		
18.	To have efficiency refer system.		
	Note :Do you think of strength anything else ?.....		

This items, do you think it have to be weakness?. Please sigh into

with true by your comment.

Order	Items	Yes	No
1.	To receive less budget not appropriate to service.		
2.	the instrument not enough		
3.	To limit in fee charge.		
4.	Lack of medical for need of people.		
5.	The reports are overlap.		
6.	Officer have a lot of time to write report.		
7.	Number of officer don't balance with quantity job.		
8.	Ability of officer have limit.		
9.	One officer is responsibility a lot of work.		
10.	Officer have less morale.		
11.	Not clear to divide the job.		
12.	Officers have meeting frequency.		
13.	Area of health center have limit.		

Order	Items	Yes	No
14.	The building don't to convenience service.		
15.	The data don't update and balance with situation.		
16.	Officer work to outdoor so much.		
17.	Officer work by over the role.		
18.	To have limit to use the medicine.		
19.	Salary have low than duty.		
20.	Lack of freedom to management.		
21.	Law of command don't update.		
22.	Line of command have overlap.		
23.	Officers less in responsibility and discipline.		
24.	Officers don't work the trust by people.		
25.	Officers take care of over people.		
26.	Don't relation about role and resulting of work.		
27.	Officers use to work with command.		
28.	Don't have unity between officer.		
29.	Working of health center lack of committee management.		
30.	Officers can't limit the medicine by themselves.		
31.	Low quality data.		
32.	Health centers don't have a specialist.		
33.	Advantage data are less to service to the people.		
34.	Officers don't blend the data and information.		
35.	Officers don't participation with people.		
36.	No education development with social changing.		
37.	Low ability to use the medical technology.		
	Note :Do you think of weakness anything else ?.....		

This items, do you think it have to be opportunity ?. Please sigh √ into with true by your comment.

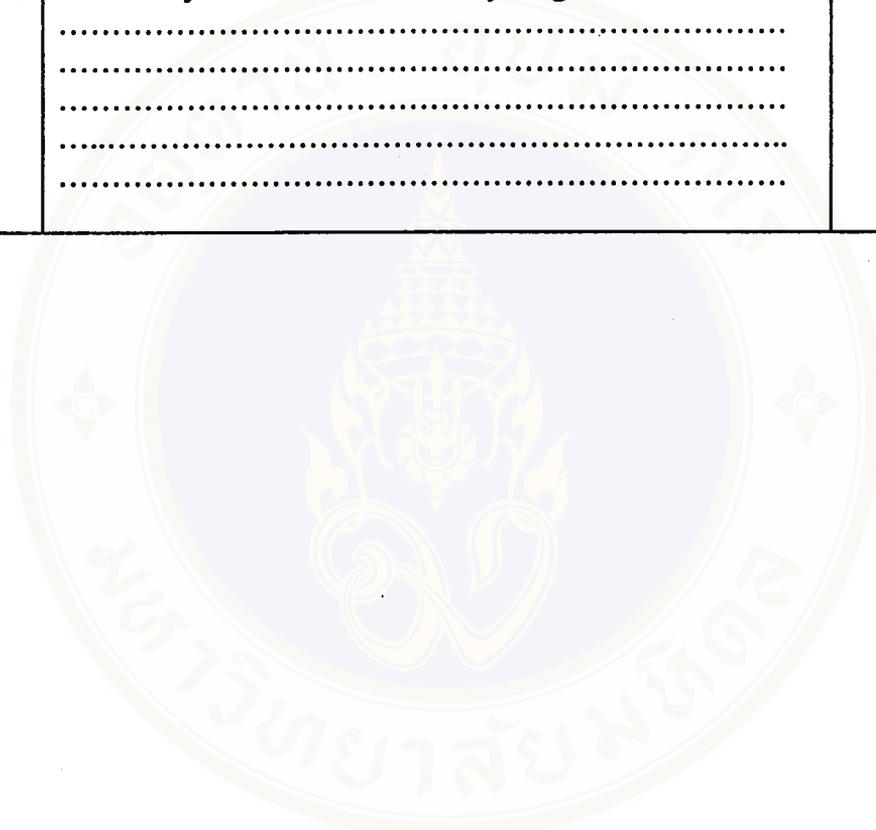
Order	Items	Yes	No
1.	Officer alert for the student trainee to health center.		
2.	To have a century development to health center project.		
3.	To have a public health service by local organization.		
4.	To get support by private organization.		
5.	Working by development health center project.		
6.	Basal community health service station to support work.		
7.	Volunteer link the operation to community		
8.	To have working with the health insurance system.		

Order	Items	Yes	No
9.	To supervise from the centers.		
10.	To have graduated continuity of officers.		
11.	To work in community by another main Ministry.		
12.	To have decentralization.		
13.	People need the nearly service with their home.		
14.	Basal community health service station is the net to service in basic health service.		
15.	The distribute budget from the Ministry are down to the village and district.		
16.	to have a support policy of develop the local thinking.		
17.	To have spread the media of health news.		
	Note :Do you think of opportunity anything else ?.....		

This items, do you think it have to be threat ?. Please sigh √ into with true by your comment.

Order	Items	Yes	No
1.	To have another health service in responsibility area as: government and private hospital, clinic, drug store.		
2.	The factory built in responsibility area .		
3.	To accident in traffic.		
4.	The responsibility local is travel source area.		
5.	The responsibility local is urbanization .		
6.	To have a dangerous as: a storm, flood.		
7.	People employed in high of industrial and service.		
8.	People migrant into the responsibility area .		
9.	Population structure change by increase with old people.		
10.	The deformed people have increase.		
11.	To have a water and air pollution.		
12.	Non-disease control are increase.		
13.	Aids have increase spread.		
14.	People need the high quality health service.		
15.	Most illness in people come from the bad behavior.		
16.	Value of people to curing more than disease control and protection.		
18.	To have spread of the habit-formed drug.		

Order	Items	Yes	No
19.	Mental health of people come from the economic crisis.		
20.	Migration of foreign labour have effect to the public health problems.		
21.	To have slum in the responsibility area.		
	Note :Do you think of threat anything else ?.....		



List of qualified person in process of Delphi technique

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2. Mr.Vichai Chokevivat:

Auditor of Public Health Administration

3. Mr.Thongchai Tawichachat:

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6. Miss.Penjan Pradabmook:

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**List of qualified person in charge of examining
the authenticity of the questionnaire forms**

1. Mr.Thongchai Tawichachat:

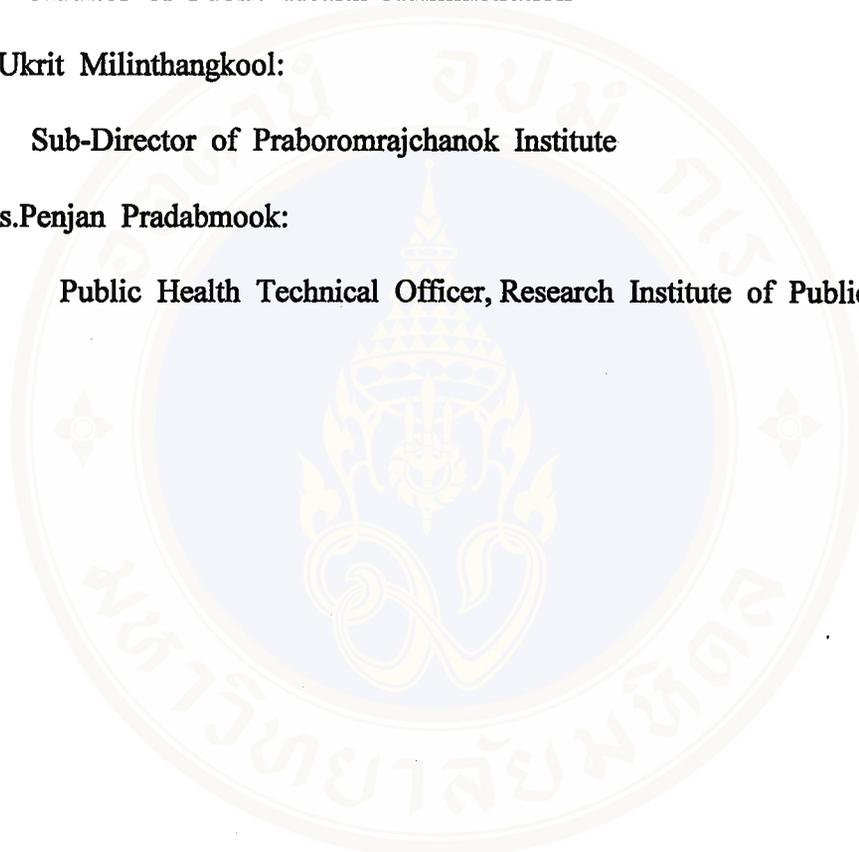
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BIOGRAPHY



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