

Strengthening District Health System Competency Management to Supply Needs of Youth Females, Teen Moms, and Families

Phitsanu Aphisamacharayothin*
Faculty of Social Sciences, Naresuan University

Received: 9 October 2019

Revised: 25 November 2019

Accepted: 3 December 2019

ABSTRACT

The research aims to study needs of youth females, teen moms, and families on district health system management to strengthening district health system competency management. The researcher used questionnaires and interviewed with 200 youth females, 100 teen moms, and 200 families and public health volunteers. The data was analyzed using descriptive statistics and content analysis. The results showed that the samples had needed on behavioral items of the providers at a high level ($\bar{X} = 3.55$), involved with attitude, skills and capability at high level, and knowledge and abilities at moderate level ($\bar{X} = 3.75, 3.58, 3.52, 3.45$ and 3.43) respectively. The needs on key tasks of the providers included position of leader, figurehead, entrepreneur, policy developer, planner, liaison, monitor, disseminator, spokesperson, and evaluator. The samples had needed on core competencies of the providers at a moderate level ($\bar{X} = 3.49$). It was including leadership, professionalism, self-management, and changing management at high levels ($\bar{X} = 3.55, 3.55, 3.55$ and 3.50) respectively. The most challenges facing the district health service management to supply needs of youth females, teen moms, and family were the attitude toward and acceptance of the organization, the challenge of health problems, and the challenge of service and client's satisfaction.

Keywords: Competency management, District health system, Families, Teen moms, Youth females

*corresponding author; Email: phitsanua@nu.ac.th

Introduction

The development of health care reforms and the modification of the management structure is a global phenomenon (Aphisamacharayothin, 2017). It is generally acceptable that a health service reform is also includes changes in the performance under the challenges faced (Liang, 2006). The important factors of health care reform were the workforce development as well as the strengthening district health system competency management that will help to supply the needs of stakeholders and clients which including youth females, teen moms, and families in the community. The health service management is required to focus on the role according to the relevant leadership in the field of essential behavioral items, core competencies, key tasks, and challenges facing (Aphisamacharayothin, 2019). The community or district health management is essential to ensure proper response to the needs and balance with limited health resources (World Health Organization, 2016).

The impacts of youth teen mom increasing have influenced to health care service. The number of youth females had increasing to 47.9 per 1,000 youth females aged between 15-19 years (Reproductive health Office, 2014). By, the delivery rate of youth females in Phitsanulok was as much as 47.0 per 1,000 youth females aged between 15-19 years, which is close to the statistic in the overview of the country level (Phitsanulok Social Development and Human Security Office, 2016). This was impacting to youth females, teen moms, and family. They also face with the trends of serious of health problems, stigmatization and discrimination. Even today, the government agencies of Thailand includes the Office of Social Development and Human Security and the Provincial Health office are continuously strive to drive various operational plans, however, although there is a policy associated with promoting and resolving the problem, it may not be undeniable that youth females, teen moms, and family have equally received a good quality of service. So, it is necessary to encourage the development of knowledge and research related to the strengthening workforce's competency. This will be able to take advantage of the information for the application to determine the policies involved in the development of district health and promote the quality of health services for youth females, teen moms, and family. It is important to focus on providing services that cater to the needs of the vulnerable groups (Aphisamacharayothin, 2017). This is a challenge to set up a plan and to put into practice under the emphasis on quality of service and sustainability of competency management in order to create a full strengthening of the health care for youth females, teen moms, and family. It is an issue that necessary to pay attention and focus on the present. Each country aims to achieve sustainable development goals (SDGs), which is vital to the sustainable development of community health (Bureau of International Health, 2015). It is

including the development of health and wellbeing of vulnerable groups including youth females, teen moms, and family. The demand for increased health services in both quantity and quality has a huge impact on management. We should emphasize on quality, fairness, and efficiency that are still challenging (Health System Research Institutes, 2015).

Bangkok Declaration of health management offers a strategy for the administration policy by provides a healthy and extended quality service to all groups in society. Nowadays, the needs of the public health service which includes the demands of youth females, teen moms, and family have continually increased. So, it is important to improve the competency of the health services management. Therefore, researchers would like to conduct a study on the strengthening district health system competency management to supply needs of youth females, teen moms, and families. This research aims to study needs of youth females, teen moms, and family on district health system management to strengthening workforce's competency including behavioral items, core competencies, key tasks, and challenge facing that it will help to provide information from knowledge management to take advantage of public policies for providing effectively services of health care in the community of Thailand.

In general, the necessary behaviors or behavioral items contain skills, abilities, knowledge, attitudes, and capability. And, it is involved the main tasks or key tasks required by the organization. The key tasks of health care workforce are including the leader, the figurehead, the entrepreneur, the policy developer, the planner, the liaison, the monitor, the disseminator, the spokesperson, and the evaluator. For the main capacities or core competencies contain the competencies of leadership, professionalism, political awareness, leading and managing change, self-management and resilience, evidence-decision making, public and industrial relations and networking, operation administration and resource management, knowledge of organization's environment, interpersonal management, relationship management, and communication qualities (Aphisamacharayothin, 2019). The competency is the characteristic of the ability that is required by the roles in the organization, in which the tasks may be a list of duties and responsibilities in accordance with each individual's position in the organization, but the competency is as virtual as a list of the capabilities required to meet the main burden or obligation (Public Health Medicine Competencies, 2006). The competency is relevant to the knowledge and skills that are specific to and in relation to the tasks which varies according to the professional standard level or the organization's requirements (National Training Board, 1991). Competency is still a minimum standard for knowledge, skills and abilities that each person must have to respond to the organization's operations and needs (Wallick, 2002). Management

competency is an important tool to help achieve the efficiency operational of the organization (Lucia and Lepsinger, 1999).

Research Objective

The research aims to study needs of youth females, teen moms, and family on district health system management to strengthening workforce's competency.

Research Methodology

Research Design

This research was a survey study that focuses on the use of both quantitative and qualitative methodology.

Population and Sample

The samples of this research were selected to be samples by using simple random sampling technique. The samples size was calculated from totally 604,295 populations in Phitsanulok province. The researcher set a sample size as a case study of totally 500 samples. Because of the proportion of overall population including youth females, teen moms, and families were about 40%, 40%, and 10% respectively, researcher was selecting samples as a case study that were including 100 teen moms, 200 youth females, and 200 representatives of families in Phitsanulok province. The inclusion criterion is a teen mom aged 20-25 years, a youth female aged 20-25 years (according to the definition of UNICEF, 2008), and a representative family aged 20 years or above who willing to participate in the research. The exclusion criterion is the person who cannot read and have not enough of time to complete the questionnaire.

Research Instrument

The researcher was using provided questionnaires and interview recording forms to collect data. The quality was found by an analysis of content validity from 3 experts and the values of Index of Item Objective Congruence were between 0.60-1.00 in all factors. For the questionnaires, the discrimination analyzed by using correlation test had values more than 2.0 in all questions. In addition, the reliability analyzed by using alpha coefficient test (Aphisamacharayothin, 2019) had values more than 0.75 in all factors. The totally reliability of the questionnaire was equal to 0.98.

Data Collection

The researcher conducted a collection of data by performing ethical procedures and taking into account of the ethical issues and ethics in researching and protection of rights. This research

was approved in ethical certification from Naresuan University with the COA No. 014/2019; IRB No.0826/61.

Data Analysis

The quantitative data was analyzed by using statistics of frequency, percentage, mean and standard deviation. And, the qualitative data was analyzed by using content analysis.

Variables

The researcher had determined the variables in this study by applied the concept from the study of Aphisamacharayothin (2017) as shown in Figure 1.

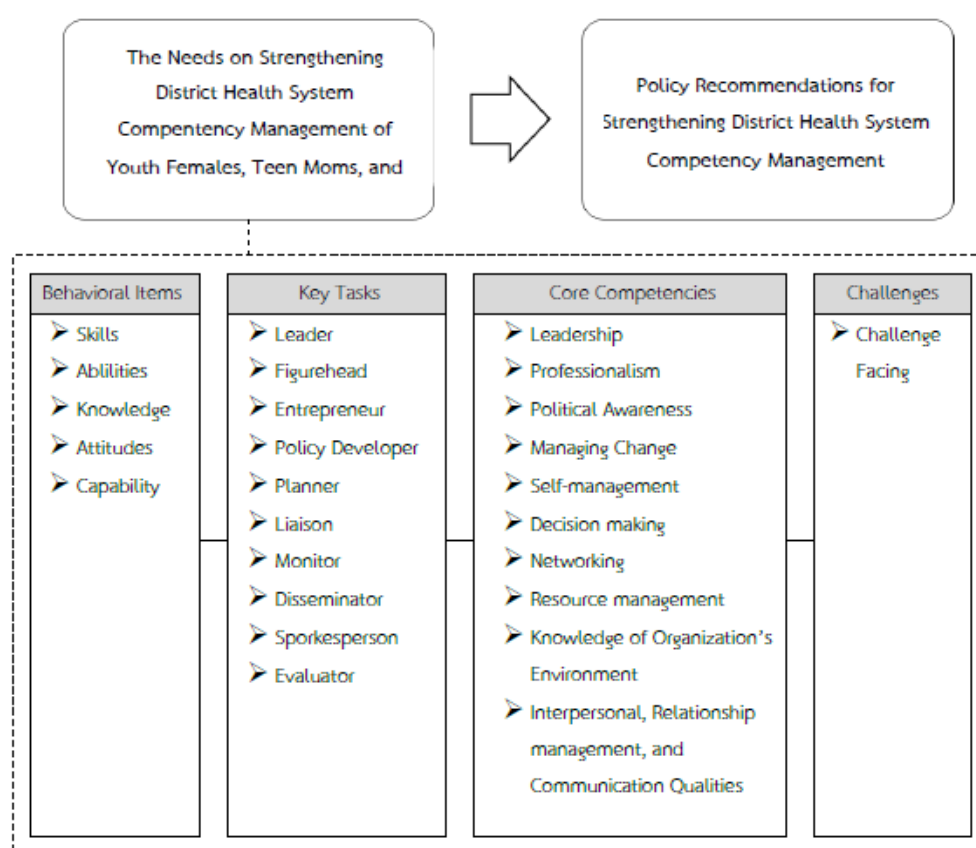


Figure 1 The Variables of the Study

Findings

Workforces in the field of health service management should have significant competences on competencies (Liang, Peter and Lee, 2012). The administrative workforces of the health organization are expected to be able to perform variety of their duties in accordance with the main tasks and roles in order to fully fulfill the competency. It is necessary to fulfill their own roles which will be relevant and in relation to workforce's behaviors, skills, abilities and knowledge. In addition,

the attitude and competency can affect to individual competency and can achieve to the organization's potential. So, the results of the study were focus on the needs on the needs on behavioral items, key tasks, core competencies, and challenges facing, as the following.

1. Behavioral Items

The needs of youth females, teen moms, and families on the behavioral items of district health system management workforce in the overview can consider as in Table 1.

Table 1 The important behavioral items of the workforces.

Items (n=500)	\bar{X}	S.D.	Level
1. <u>Skills</u>	<u>3.58</u>	<u>0.562</u>	<u>high</u>
1) Social relations skills	3.65	0.633	high
2) Technology skills	3.63	0.757	high
3) Creative skills	3.63	0.685	high
4) Adaptive skills	3.62	0.708	high
5) Teamwork management skills	3.62	0.739	high
6) Systematic thinking skills	3.60	0.671	high
7) Effective perception	3.57	0.700	high
8) Ability of working skills	3.52	0.742	high
9) Planning skills	3.52	0.737	high
10) Critical thinking skills	3.46	0.763	moderate
2. <u>Abilities</u>	<u>3.45</u>	<u>0.672</u>	<u>moderate</u>
1) Participation management	3.56	0.795	high
2) System analysis	3.49	0.734	moderate
3) HR management	3.46	0.833	moderate
4) Organization management	3.45	0.842	moderate
5) Strategic management	3.43	0.781	moderate
6) Monitoring management	3.43	0.791	moderate
7) Network management	3.38	0.821	moderate
8) Research management	3.38	0.847	moderate
9) Budget management	3.37	0.779	moderate
10) Risk Management	3.34	0.834	moderate

Table 1 (continued)

3. <u>Knowledge</u>	<u>3.45</u>	<u>0.634</u>	<u>moderate</u>
1) Health prevention knowledge	3.56	0.753	high
2) Health promotion knowledge	3.52	0.747	high
3) Health caring knowledge	3.49	0.789	moderate
4) Environmental health knowledge	3.47	0.763	moderate
5) Client protection knowledge	3.46	0.804	moderate
6) Health management knowledge	3.45	0.727	moderate
7) Occupational health knowledge	3.44	0.790	moderate
8) Epidemiology knowledge	3.44	0.829	moderate
9) Organization management knowledge	3.38	0.703	moderate
10) Researching knowledge	3.33	0.796	moderate
4. <u>Attitude</u>	<u>3.75</u>	<u>0.604</u>	<u>high</u>
1) Attitude to respect for others	3.88	0.722	high
2) Attitude to kindness and help others	3.85	0.715	high
3) Attitudes towards self-pride	3.81	0.755	high
4) Attitude to work focusing	3.77	0.742	high
5) Attitude to the need for progression	3.76	0.805	high
6) A positive attitude	3.75	0.806	high
7) Attitude to desire on acceptance	3.71	0.784	high
8) Attitude to acceptance of failure	3.70	0.825	high
9) Attitude to work satisfaction	3.66	0.766	high
10) The feelings as a part of the organization.	3.59	0.739	high
5. <u>Capability</u>	<u>3.52</u>	<u>0.624</u>	<u>high</u>
1) Commitment to success	3.57	0.857	high
2) Analysis of work system	3.57	0.779	high
3) Teamwork and network coordination	3.56	0.724	high
4) Planning of operation and decision	3.55	0.721	high
5) Communication management	3.54	0.791	high
6) Ethical management	3.53	0.816	high
7) Enterprise management	3.49	0.774	moderate
8) Good corporate governance	3.47	0.797	moderate
9) Budget and risk management	3.45	0.773	moderate
10) Research and knowledge management	3.45	0.818	moderate
Average Behavioral Items	3.55	0.619	high

From the Table 1, the needs of samples on the behavioral items of district health system management workforce in the overview were at a high level ($\bar{X} = 3.55$, S.D. = 0.619). It was including attitudes ($\bar{X} = 3.75$, S.D. = 0.604), skills ($\bar{X} = 3.58$, S.D. = 0.562), and capability ($\bar{X} = 3.52$, S.D. = 0.624) at high level and was including knowledge ($\bar{X} = 3.45$, S.D. = 0.634) and abilities ($\bar{X} = 3.43$, S.D. = 0.672) at moderate level respectively.

2. Key Tasks

The needs of youth females, teen moms, and families on the key tasks of district health system management workforce in the overview were including the leader, the figurehead, the entrepreneur, the policy developer, the planner, the liaison, the monitor, the disseminator, the spokesperson, and the evaluator. The most important key tasks of management workforces were the effective operations that are responsible for the leadership and organization's target. The most important key tasks of the figurehead were the responsibility to taking into account and the consciousness on the basis of position.

Then, the most important key tasks of the entrepreneur were taking into account of the service benefits and focusing on the satisfaction, standard, and quality of the service. The most important key tasks of the policy developer were the situation analysis and policy development that focuses on the needs of people in the community and the needs of youth females, teen moms, and families. The most important key tasks of the planner were the proper planning by analyzing the problems and needs of the community, and offering a clear approach to problem solving. The important key tasks of the liaison were the ability to coordinate with relevant agencies and all relevant parties as well as effectively cooperation. The most important key tasks of the monitor were the evidence of controlling and monitoring according to goals and standards.

Besides, the most important key tasks of the disseminator were the focusing on accurate and reliable information that should be easy to understand and must be validated before presenting. The most important key tasks of the spokesperson were the effective public relation and publish information to stakeholders by refining the accurate data, as well as the responsibility of the accessibility. And, the most important key tasks of the evaluator were the adherence of honesty and fairness.

3. Core Competencies

The needs of youth females, teen moms, and families on the core competencies of district health system management workforce in the overview can consider as in Table 2.

Table 2 The important core competencies of the workforces.

Core Competencies (n=500)	\bar{X}	S.D.	Level
1. Leadership	3.55	0.732	high
2. Professionalism	3.55	0.724	high
3. Self-management	3.55	0.741	high
4. Managing changing	3.50	0.731	high
5. Research management	3.49	0.756	moderate
6. Political awareness	3.49	0.787	moderate
7. Knowledge of organization's environment	3.45	0.780	moderate
8. Networking	3.45	0.783	moderate
9. Decision making	3.44	0.772	moderate
10. Interpersonal, relationship management, and communication qualities	3.43	0.755	moderate
Average Core Competencies	3.49	0.602	moderate

From the Table 2, the needs of samples on the core competencies of district health system management workforce in the overview were importance at a moderate level ($\bar{X} = 3.49$, S.D. = 0.602). It was including leadership ($\bar{X} = 3.55$, S.D. = 0.732), professionalism ($\bar{X} = 3.55$, S.D. = 0.724), self-management ($\bar{X} = 3.55$, S.D. = 0.741), and managing change ($\bar{X} = 3.50$, S.D. = 0.731) at high level. In addition, it was including resource management ($\bar{X} = 3.49$, S.D. = 0.756), political awareness ($\bar{X} = 3.49$, S.D. = 0.787), knowledge of organization's environment ($\bar{X} = 3.45$, S.D. = 0.780), networking ($\bar{X} = 3.45$, S.D. = 0.783), decision making ($\bar{X} = 3.44$, S.D. = 0.772), and interpersonal, relationship management, and communication qualities ($\bar{X} = 3.43$, S.D. = 0.755) in moderate level respectively.

4. Challenge Facing

Challenges facing of district health system management were including the challenges of attitudes and social recognition to the organization, the challenge to health problems, and the challenge of client's satisfaction. In addition, the management was facing with the challenge of communication both inside and outside, challenges of the changing of population, challenges of the changing of governmental policy, and challenges of the changing of health issues.

Discussion

From the findings of the study, it can be discussion as the following.

1. The needs of youth females, teen moms, and families on the behavioral items of district health system management workforce in the overview were at a high level It was including attitudes, skills, and capability at high level and was including knowledge and abilities at moderate level. This information was in accordance with the study of Aphisamacharayothin (2017) and Liang (2006) that found that the behavioral items of management workforce were importance at a high level. This could be discussing that the combination of skill, attitudes, capability, knowledge and abilities were essential to ensure effective operation (Welton, 2007). This can explain that the behavioral items are counted as a necessary role. The ability and skill based on position and duty (Mintzberg, 1973) and have an intimate relationship with status and tasks that require the skills and knowledge of workforce (Burk, 1989). Therefore, it is absolutely necessary to be able to organize behavioral items of workforce in district health.

2. The needs of youth females, teen moms, and families on the key tasks of district health system management workforce in the overview were including the leader, the figurehead, the entrepreneur, the policy developer, the planner, the liaison, the monitor, the disseminator, the spokesperson, and the evaluator. This information was in accordance with the study of Aphisamacharayothin (2017), Co-operative Education and Career Service (2011), Council on Social Work Education (2008), Liang (2006), Griffith, Warden, Neighbors and Shim (2002), Robinns, Bradley, Spicer and Mecklenburg (2001), and Harris and Bleakley (1991). This could be discussing that the effectiveness of leadership is essential for promoting and empowerment of both qualitative and quantitative health services. The role of management workforces would result to the organization (Manley and Garbett, 2000). The management workforces had a burden on the development of corporate operations and improved the plan with regard to the cost and resources of the organization (Roemer, 1996).

Then, the policy formation and implementation were one of the key components of district health organization management. The management workforces had a burden on dealing with various issues affecting the operations of organization (New York University, 2016). The management workforces should promote cooperation and merge common opinions of workforce in the organization and to establish a network between the organizations.

Besides, the management workforces had obliged to present, report, and disseminate the knowledge and distribute the information to people (Strategy and Planning Division, 2007). They were obliged to respond to the issues that were suspected and it should be clear for society,

as well as to maintain a good image. And, the management workforces had duty to follow-up and evaluation (Liang, 2006). They must be emphasized on the equity.

3. The needs of youth females, teen moms, and families on the core competencies of district health system management workforce in the overview were importance at a moderate level. This information was in accordance with the study of Aphisamacharayothin (2017) and Liang (2006) that found that the core competencies were necessary for the health management workforces. This could be discussing that health service management workforce should have significant competences (Manley and Garbett, 2000), as well as to leading to quality of health care service.

4. Challenges facing of district health system management form the findings were in accordance with the studies of Aphisamacharayothin (2017) and Liang, Peter and Lee (2012). This could be discussing that management workforces would face with challenges and need to deal with problems that affect to the operations (Roemer, 1996). Health service managements were necessary to understand the challenges that arise under the changes that affect to the health service. They should require development of the relevant skills such as designing, planning, and determining the appropriate direction of the organization (Leonie and Matthew, 2011). The management needs to improve the efficiency under the challenges.

Conclusion

From the findings of the study indicate that behavioral items, key tasks, core competencies, and challenges are necessary for district health system management and important for support the need of youth females, teen moms, and families. It is necessary to prioritize workforces in the behavioral items, the key tasks, the core competencies, and the challenges facing.

Suggestion

The public health care sectors should promote the development of such elements in order to strengthening workforce's competency in community health services. The policy recommendations for strengthening district health system competency management were guidelines to developing or enhancing the competency of health care workforces. The most important guideline for behavioral items strengthening is the attitude enhancing, especially in attitude to respect the others. The guidelines for key tasks strengthening are focusing on development of responsibility and focusing on the satisfaction and providing the quality of services. The guideline for core competencies strengthening is the promotion of the leadership. In addition, the management workforces should be considering in the challenges of health problems and the changing.

Acknowledgements

This research had been funded from the research scholarship of the Thailand's Budget in Brief Fiscal Year 2019 supported by the National Research Council of Thailand.

References

- Aphisamacharayothin, P. (2017). The challenges of Thai district health system management: a pilot study in Nakhon Sawan province, Thailand. *RMUTI Journal*, 4(2), 61-76.
- Aphisamacharayothin, P. (2019). *Core competencies, key tasks, and behavioral items under the challenges facing in health management*. Bangkok: Triple Education.
- Aphisamacharayothin, P. (2019). *Biostatistics: Basic concept of descript and inferential statistic for research*. Bangkok: Triple Education.
- Burk, G. (1989). Understanding the dynamic role of the hospital executive from the top. *Hospital and Health Services Administration Spring*, 34(1), 99-112.
- Bureau of International Health. (2015). *Sustainable Development Goals*. Retrieved from <http://www.bihmoph.net/userfiles/file/Proceedings%20of%20GHS%20workshop.pdf>.
- Co-operative Education and Career Service. (2011). *The 10 core competencies*. Canada: University of Victoria.
- Council on Linkages Between Academia and Public Health Practice. (2014). *Core competencies for public health profession*. Retrieved from <http://phf.org/corecompetencies>.
- Griffith, J., Warden, G., Neighbors, K. and Shim, B. (2002). A new approach to assessing skill needs of senior managers. *Journal of Health Administration Education*, 20(1), 75-97.
- Harris, M. and Beakley, M. (1991). Competencies required of health service managers in the 1990s. *Australian Health Review*, 14(4), 363-79.
- Leonie, S. and Matthew, J. (2011). *An evidence-based health workforce model for primary and community care*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3163196>.
- Liang, Z. (2006). *A quantitative and qualitative study of the senior health Executive workforce in New South Wales 1990-1999*. Dissertation of the degree of Doctor of Philosophy, Griffith University, Australia.
- Liang, Z., Peter, H. and Lee, K. (2012). Hey Boss, are you sure they are the managers you are looking for?. *GSTF International Journal of Bio Sciences*, 2(1), 86-91.
- Lucia, A. and Lepsinger, R. (1999). *The art and science of competency models: pinpointing critical success factors in organisations*. Jossey-Bass: San Francisco.

- Manley, K. and Garbett, R. (2000). Paying Peter and Paul: reconciling concepts of expertise with competency for clinical career structure. *J Clin Nurs*, 9(3), 347-359.
- Mintzberg, H. (1973). *The nature of managerial work*. New Jersey: Prentice-Hall.
- National Training Board. (1991). National competency standards: policy and guidelines. *Australian Health Review*, 14 (4), 363-379.
- New York University. (2016). *Effective management skills*. New York: NYU Wagner.
- Phitsanulok Social Development and Human Security Office. (2016). *Teenage pregnancy*. Documentation for team work to prevent and resolve pregnancy problems in adolescents on Friday 1 July 2016.
- Public Health Medicine Competencies. (2006). *Competencies for public health medicine training and practice in New Zealand*. Australasian Faculty of Public Health Medicine New Zealand Office, New Zealand.
- Rawson, G. (1986). Senior health service managers: characteristics and educational needs. *Australian Studies Health Service Administration*, 57(1), 27-34.
- Reproductive health Office. (2014). *Childbirth rate in adolescents*. Nonthaburi: Ministry of Public Health.
- Robinns, C., Bradley, H., Spicer, M. and Mecklenburg, G. (2001). Developing leadership in healthcare administration: a competency assessment tool. *Journal of Healthcare Management*, 46(3), 188-202.
- Roemer, L. (1996). Hospital middle managers' perception of their work and competence. *Hospital and Health Services Administration Summer*, 41(2), 210-235.
- Strategy and Planning Division. (2007). *Thailand public health 2005-2007*. Nonthaburi: Ministry of Public Health.
- UNICEF. (2008). *Fact sheet: young people and family planning: teenage pregnancy*. Malaysia: UNICEF office for Malaysia.
- United State Bureau of Labor. (2016). *Health administration*. Retrieved from https://en.wikipedia.org/wiki/Health_administration.
- Wallick, W. (2002). Healthcare managers' roles, competencies, and outputs in organizational performance improvement. *Journal of Healthcare Management*, 47(6), 390-402.
- Welton, J. (2007). Mandatory Hospital Nurse to Patient Staffing Ratios. *The Online Journal of Issues in Nursing*, 12(3), Manuscript.
- World Health Organization. (2016). *Global report on urban health: equitable, healthier cities for sustainable development*. Geneva: WHO.