

THE COMPETENCY MODEL OF PUBLIC HEALTH PRACTITIONERS: THAILAND

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ABSTRACT

This research aimed to study a competency model of community health practitioners: Thailand. The research was a mixed methodology. The research was determined in 2 phases, population were public health professional in all 4 regions of Thailand and the sample were 2,200 peoples and 76 experts. Result of this research founded the competency model of public health professional had 3 groups, 40 competencies: 1) Core Competency, 5 competencies, 2) Functional Competency (divided into Common Competency 13 competencies and Specific Competency 13 competencies) 3) Managerial Competency 9 competencies.

Keywords: competency, competency model, community health practitioners

INTRODUCTION

Thailand's health system in terms of personnel who provides health services in many professions such as doctors, dentists, nurses, pharmacists, physiotherapists, community health practitioners, etc., each of whom has laws on their own professions, but in the profession of community health there are no professional standards. The Most of the community health practitioner are working in sub-district health promoting hospital approximately 9,762, district health offices 878, hospitals of all levels and all types of local administrative organizations. The health service will comply with the notification of the Ministry of Health to allow it to operate under other professional standards. Until the Community Health Profession Act B.E.2556 (A.D.2013) was enacted on November 27, 2013. (Royal Thai Government Gazette, 2013) The Council of Community-Public Health was established to improve the quality and standard of working community health profession to the same standards for the benefit of the population health, to determine, control profession standards and prevent unlawful

exploitation of persons without knowledge that would cause harm and damage to the health of individuals and communities. [1] The Law requires that anyone who engages in the community health profession or acts in any way expresses to others that they have the right to engage in the community health profession with obtaining a license from the Council of Community-Public Health. Practitioners are required to demonstrate their ability to perform professionally and professionally in the community health with good professional ethics. (Council of Community-Public Health, 2018).

The competency refers to behavioral attributes that demonstrate their ability to perform their duties effectively and effectively, or to exceed a defined criteria or goal, which consists of knowledge, operational skills, and a performance. The Personal features competency has an element: knowledge, skills, and ability are the basis for a person to perform their work and the composition of knowledge, skills, competencies, and other attributes is expressed in a relationship and rationally. (Byatzis, R. E., 1982) The practice of

community health profession must demonstrate professional expertise for the confidence of society. This study was there for aimed to study the competency model of community health practitioners: Thailand. In order for the practitioners and related organizations to be adopted as guidelines for improving the competency of community health practitioners: high-competence community health practitioners provide health services based on professional standards this will bring the healthy for the people.

RESEARCH METHOD

The research was a mixed methodology, determined in 2 phases.

Phase 1: The survey research studied of the competency model of community health practitioners. The required sample size was estimated using a formula for unknown population number. (Wayne W., 1995) The samples were 2,200 (550 people each region) community health practitioners from 4 regions of Thailand. There was stratified random sampling. (Singhareart, R., 2015)

Phase 2: The qualitative research (Delphi Technique) to confirm the competency model of community health practitioners. Target group of experts were the 76 province public health administrators, which are selected by purposive sampling.

INSTRUMENTS

Phase 1: The opinions questionnaire about the competency model of community health practitioners.

Phase 2: The expert's opinions questionnaire to confirm the competency model of community health practitioners, in 3 rounds according to the Delphi Technique process.

The questionnaire dealing with data was developed by the researcher, three experts commented on the draft questionnaire, and revisions were made to improve its validity with IOC index values

ranging from 0.67 – 1.00, this was pretested with 30 samples in Kuchinarai district Kalasin province and calculated cronbach's alpha coefficient. The overall value is 0.98, which is considered to be acceptable. (Singhareart, R., 2015)

DATA ANALYSIS

The statistics were analyzed for frequency, percentage, mean, standard deviation (S.D.), median, mode and distribution measurements including interquartile range.

RESEARCH ETHICS

Ethical Certification of Research from the Human Research Ethics Committee Nakhon Ratchasima Rajabhat University, Reference No. HE 063-2523.

FINDINGS

Phase 1: A total of 63.68% of the respondents were females. The average age was 40.17 ± 10.94 years; 60.18% had finished bachelor's degree: 13.23% graduated in professional community health. 81.05% worked in sub-district health promoting hospital and the average working period was 17.95 ± 11.46 years. And the opinion's community health practitioners on the competency of 2,200 people agree with more than 80% in 3 groups 39 competencies and the result are given in Table 1-2.

Table 1. The opinion's community health practitioners on competency groups.

Competency Groups	Opinions (n=2,200)	
	Yes (%)	No (%)
1. Core Competency	2,193 (99.68)	7 (0.32)
2. Functional Competency		
2.1 Common Competency	2,187 (99.41)	13 (0.59)

2.2 Specific Competency	2,183 (99.23)	17 (0.77)
3. Managerial Competency	2,173 (98.77)	27 (1.23)

Table 2. The opinion's community health practitioners on competencies.

Competencies	Opinions (n=2,200)	
	Yes (%)	No (%)
1. Core Competency		
1.1 Achievement Motivation	2,124 (96.55)	76 (3.45)
1.2 Service Mind-SERV	2,191 (99.59)	9 (0.41)
1.3 Expertise	2,189 (99.50)	11 (0.50)
1.4 Integrity	2,152 (97.82)	48 (2.18)
1.5 Teamwork	2,185 (99.32)	15 (0.68)
2. Functional Competency		
2.1 Common Competency		
1) Analytical thinking	2,187 (99.41)	13 (0.59)
2) Caring & Developing others	2,171 (98.68)	29 (1.32)
3) Pro-activeness	2,176 (98.91)	24 (1.09)
4) Consulting	2,174 (98.82)	26 (1.18)
5) Conceptual thinking	2,173 (98.77)	27 (1.23)
6) Adaptive to change	2,178 (99.00)	22 (1.00)
7) Information seeking	2,178 (99.00)	22 (1.00)
8) Cultural sensitivity	2,152 (97.82)	48 (2.18)
9) Interpersonal understanding	2,183 (99.23)	17 (0.77)

10) Organizational awareness	2,130 (96.82)	70 (3.18)
11) Concern for order	2,169 (98.59)	31 (1.41)
12) Leadership	2,163 (98.32)	37 (1.68)
13) Communication & Influencing	2,161 (98.23)	39 (1.77)
2.2 Specific Competency		
1) Health promotion	2,191 (99.59)	9 (0.41)
2) Prevention and control of disease and health hazards	2,197 (99.86)	3 (0.14)
3) Epidemiology	2,197 (99.86)	3 (0.14)
4) Initial disease assessment and treatment	2,184 (99.27)	16 (0.73)
5) Health care and rehabilitation	2,184 (99.27)	0.73 (16)
6) Occupational health	2,190 (99.55)	10 (0.45)
7) Environmental health	2,187 (99.41)	13 (0.59)
8) Community health	2,195 (99.77)	5 (0.23)
9) Public Health Administration	2,183 (99.23)	17 (0.77)
10) Health Informatics	2,174 (98.82)	26 (1.18)
11) Health laws and other relevant laws	2,191 (99.59)	9 (0.41)
12) Health education	2,170 (98.64)	30 (1.36)
13) Community health professional ethics	2,192 (99.64)	8 (0.36)
3. Managerial Competency		

1) Visioning	2,175 (98.86)	25 (1.14)
2) Planning and Following	2,181 (99.14)	19 (0.86)
3) Problem solving and decision making	2,184 (99.27)	16 (0.73)
4) Project manager	2,172 (98.73)	28 (1.27)
5) Self-control	2,159 (98.14)	41 (1.86)
6) Network building	2,168 (98.55)	32 (1.45)
7) Computer literacy	2,170 (98.64)	30 (0.36)
8) English literacy	2,131 (96.86)	69 (3.14)

Phase 2: The competency model of community health practitioners from phase 1 was confirmed by 41 experts (53.95% of the 76 province public health administrators were 3 rounds of responses). The experts recommended to add research competency in Managerial Competency group, total competencies were 3 groups 40 competencies. The expert's consistency analyzed by median (Md.) of 3.5 or more and considered the distribution of opinions by the difference between the 3rd quartile and the 1st quartile (Q3 - Q1) (I.R.). If any statement is less than or equal to 1.00, the opinion of the experts on the statement is consistent and the result are given in Table 3.

Table 3. The model competency's community health practitioner confirmation by experts.

Competencies	analyzed		consistency analyzed
	M. d.	I.R.	
1. Core Competency			

1.1 Achievement Motivation	4	1	consistent
1.2 Service Mind-SERV	5	0.5	consistent *
1.3 Expertise	5	1	consistent *
1.4 Integrity	5	1	consistent *
1.5 Teamwork	5	1	consistent *
2. Functional Competency			
2.1 Common Competency			
1) Analytical thinking	4	1	consistent
2) Caring & Developing others	4	1	consistent *
3) Pro-activeness	5	1	consistent *
4) Consulting	4	1	consistent *
5) Conceptual thinking	5	1	consistent *
6) Adaptive to change	4	1	consistent
7) Information seeking	4	1	consistent
8) Cultural sensitivity	4	1	consistent
9) Interpersonal understanding	5	1	consistent *
10) Organizational awareness	5	1	consistent *
11) Concern for order	5	1	consistent *
12) Leadership	5	1	consistent *
13) Communication & Influencing	5	1	consistent *
2.2 Specific Competency			

1) Health promotion	5	1	consistent *
2) Prevention and control of disease and health hazards	5	1	consistent *
3) Epidemiology	5	1	consistent *
4) Initial disease assessment and treatment	4	1	consistent
5) Health care and rehabilitation	4	1	consistent
6) Occupational health	5	1	consistent *
7) Environmental health	4	1	consistent
8) Community health	5	1	consistent *
9) Public Health Administration	4	1	consistent
10) Health Informatics	4	1	consistent
11) Health laws and other relevant laws	4	1	consistent
12) Health education	4	1	consistent
13) Community health professional ethics	5	1	consistent *
3. Managerial Competency			
1) Visioning	5	1	consistent *
2) Planning and Following	5	1	consistent *

3) Problem solving and decision making	5	1	consistent *
4) Project manager	4	1	consistent
5) Self-control	5	1	consistent *
6) Network building	5	1	consistent *
7) Computer literacy	4	1	consistent
8) English literacy	4	1	consistent
9) Research	5	1	consistent *

*: most consistent

DISCUSSION

This study founded model competency of community health practitioners were 3 groups 40 competencies, that were 1) Core Competency: 5 competencies, 2) Functional Competency: 2.1) Common Competency: 13 competencies, 2.2) Specific Competency: 13 competencies, 3) Managerial Competency: 9 competencies. The community health practitioners were profession that must perform work related to human life, must practice in accordance with the specified standards and quality. This must be a person with the required and expected performance of the people. In order to be highly competent, it requires knowledge, awareness, mastery, skills and a positive attitude about the profession.

In this study showed the competencies that was consistent with the role of community health professional practitioners defined in the Community Health Profession Act 2013. (Royal Thai Government Gazette, 2013), and the managerial competency will be the necessary competencies to enhance the competencies of community health

practitioners to have higher competencies. (Office of the Civil Service Commission, 2010. Jarernchang P., & Kerdmuang S. (2016) studied about public health technical Officer Competencies working at the Thai primary care unit, the study founded that the components of community health professional competencies consisted of 1) observed competencies and 2) hidden competencies within the individual. This finding was similar to previous studies among Chada, W., Leethongdee S.(2018) studied about “People's expectations of the competency of public health scholars in the Hospital Health Promotion Sub-District: Case Study of Health District 7” the study showed that people's expectations consists of 3 competencies: knowledge with a mean of 4.00, skills with a mean of 4.02, and characteristics with a mean of 4.05 out of a full score of 5.00 and Inthisaenworapot K., Promsattayapot V.(2018) studied about “Knowledge of the provisions of the Community Health Professions Act, B.E. 2556, of public health workers working in Kantharawichai District, the study showed a good level of overall knowledge and had a high level of overall perception.

CONCLUSION

This finding was in agreement with previous, community health practitioners competency must be consistent with the expectations of the people which consists of knowledge, skills, personal attributes, service availability and able to effectively integrate competency component for using. In this study, composition of competencies of community health practitioners was interrelated and interdependent. The competency development of community health practitioners must be implemented in all competencies. Because all components of competence are related and affect each other in a complementary direction. This finding was in agreement with previous, competency development should include: clear and easy competency determination,

produces the desired results, consistent with the needs of the people, practice and linked to the competency development processes.

CONFLICT OF INTEREST

The author declared no conflict of interest with respect to the research, authorship, and/or publication of this article.

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