

## Workplace health promotion projects and activities in government organizations in Thailand: A qualitative research

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**Background** : *Thai Health Promotion Foundation has organized health promotion plans in various settings such as academic institutes, governmental organizations and private organizations. Regarding the governmental organizations, the foundation aims to develop systems, infrastructures and indicators of holistic health promotion for all levels of civil servants. However, the foundation did not know the current situation of health promotion policies, projects and activities in government organizations.*

**Objective** : *To explore the current health promotion situation in governmental organizations.*

**Setting** : *Governmental organizations.*

**Research design** : *Qualitative research.*

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- Methods** : *This study had 2 parts: quantitative and qualitative sections. The quantitative research was already completed and reported elsewhere. Data analyses showed several organizations with high self-assessment scores. The qualitative research was done by asking heads and personnel regarding their responsibilities for health promotion in these organizations to be key informants in the in-depth interviews and focus group discussions. Documents and meeting minutes regarding health promotion were also reviewed. These were done in order to understand more factors determining or related to good health promotion scores.*
- Study population** : *Four central organizations, 4 regional organizations, 7 local organizations, and 3 Bangkok Metropolitan districts.*
- Results** : *Most government organizations did not have policies and programs for health promotion, but they did have some health promotion projects and activities. Their problems were, namely: having not enough space for health promotion activities especially physical exercises, lack of knowledge, lack of personnel responsible for health, too much workload, not receiving enough policy support, etc. However, most organizations had enough budgets for health promotion activities. Unfortunately, local administrative organizations allocated most of their budget to the infrastructure such as road construction, and not on health and health promotion. Almost all organizations did not evaluate their projects and activities.*
- Conclusion** : *After qualitative research data analyses, including results from the first quantitative phase, the authors synthesized some recommendations that seemed appropriate for enhancing health promotion in government organizations.*
- Keywords** : *Health promotion, Workplace health promotion, Government.*

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พรชัย สิทธิศรีณย์กุล, พิมลพรรณ อิศรภักดี, สกาวรัตน์ เหมือนละม้าย, วิไลลักษณ์ หมตมลทิน, อีรยุทธ ปานพรหม. แผนงานและกิจกรรมการสร้างเสริมสุขภาพในองค์กรภาครัฐในไทย: การวิจัยเชิงคุณภาพ. จุฬาลงกรณ์เวชสาร 2552 ก.ค. - ส.ค.; 53(4): 269 - 77

**เหตุผลของการทำวิจัย :** สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.) ได้กำหนดแผนสนับสนุนการสร้างเสริมสุขภาพในองค์กร 3 กลุ่ม คือ สถานศึกษาและศูนย์การเรียนรู้ องค์กรภาครัฐ และองค์กรเอกชน ในส่วนองค์กรภาครัฐ สสส. ประสงค์ที่จะพัฒนาระบบและโครงสร้างในองค์กรภาครัฐ พร้อมทั้งตัวชี้วัดการสร้างเสริมสุขภาพแบบองค์รวม เพื่อสนับสนุนให้เกิดการสร้างเสริมสุขภาพแก่บุคลากรทุกระดับในองค์กรภาครัฐ แต่ สสส. ยังไม่ทราบสถานการณ์การสร้างเสริมสุขภาพในองค์กรภาครัฐ

**เป้าหมาย/คำถาม :** ศึกษาสถานการณ์การสร้างเสริมสุขภาพในองค์กรภาครัฐที่มีอยู่ในปัจจุบัน

**สถานที่วิจัย :** องค์กรภาครัฐ

**รูปแบบการวิจัย :** การวิจัยเชิงคุณภาพ

**วิธีการทำวิจัย :** การวิจัยประกอบด้วย การวิจัยเชิงปริมาณและการวิจัยเชิงคุณภาพ การวิจัยเชิงปริมาณได้ดำเนินการและลงพิมพ์ไปแล้ว ผู้วิจัยวิเคราะห์ข้อมูลและพิจารณาว่าองค์กรใดในหน่วยงานราชการแต่ละระดับที่มีคะแนนตัวชี้วัดการสร้างเสริมสุขภาพสูง แล้วติดต่อขอทำการวิจัยเชิงคุณภาพ โดยศึกษาเอกสาร รายงานการประชุมและกิจกรรมสร้างเสริมสุขภาพที่องค์กรมี พุดคุยเฉพาะประเด็นในกลุ่มเล็กกับบุคลากรในองค์กรนั้นที่ทำงานสร้างเสริมสุขภาพ และสัมภาษณ์เชิงลึก หัวหน้าองค์กรและผู้รับผิดชอบงานสร้างเสริมสุขภาพในองค์กรนั้น โดยใช้แบบสัมภาษณ์แบบกึ่งมีโครงสร้าง (semi-structured interview) เพื่อให้ทราบปัจจัยหรือเงื่อนไขที่ทำให้ได้คะแนนตัวชี้วัดการสร้างเสริมสุขภาพสูง

**ประชากรที่ศึกษา :** องค์กรภาครัฐส่วนกลาง 4 แห่ง ส่วนภูมิภาค 4 แห่ง องค์กรปกครองท้องถิ่น 7 แห่ง และเขตในกรุงเทพมหานคร 3 เขต

- ผลการศึกษา** : องค์การภาคีรัฐส่วนใหญ่ไม่มีนโยบายและแผนงานสร้างเสริมสุขภาพบุคลากร แต่มีโครงการและกิจกรรมสร้างเสริมสุขภาพอยู่บ้าง ปัญหาที่มีได้แก่ สถานที่ทำกิจกรรมเช่นออกกำลังกายไม่เพียงพอ ขาดความรู้ขาดบุคลากรด้านการสร้างเสริมสุขภาพ ภาระงานมากและขาดนโยบายสนับสนุนของค์กรส่วนใหญ่มีงบประมาณเพียงพอที่จะดำเนินกิจกรรมสร้างเสริมสุขภาพ แต่องค์กรปกครองส่วนท้องถิ่นใช้งบส่วนใหญ่ไปในโครงสร้างพื้นฐานและการก่อสร้างถนน ไม่ได้ใช้เพื่อสร้างเสริมสุขภาพของค์กรส่วนใหญ่ไม่ได้ประเมินโครงการและกิจกรรมสร้างเสริมสุขภาพ
- สรุป** : ผู้วิจัยทำการวิเคราะห์ข้อมูลจากการวิจัยเชิงคุณภาพ ร่วมกับผลการวิจัยเชิงปริมาณ สังเคราะห์เป็นข้อเสนอแนะแนวทางการดำเนินงานสร้างเสริมสุขภาพในองค์การภาครัฐ
- คำสำคัญ** : การสร้างเสริมสุขภาพ, การสร้างเสริมสุขภาพในองค์กร, รัฐ.

The Thai Health Promotion Foundation has set a 3 - year master plan (2007 - 2009) indicating the health promotion plans in various settings which include academic institutes, governmental and private organizations. As for workplace health promotion, there is a growing appreciation that there are multiple determinants of workers' health, and workplace health promotion initiatives that have moved toward a more comprehensive approach which acknowledges a combined influence of personal, environmental, organizational, community and societal factors on employees' well -being.<sup>(1)</sup> Regarding the health promotion plans in the settings of governmental organizations, the foundation has set the objectives to develop systems, infrastructures, and indicators for holistic health promotion at all levels of civil servants. One of the approaches is to support the knowledge and information management for health promotion. However, the Thai Health Promotion Foundation was not aware of the current situation of health promotion policies, projects and activities in governmental organizations, their problems and the ways they handled such problems. This study was aimed to explore the current health promotion situations in governmental organizations in order that they will be more effective in planning, implementing and evaluating health promotion in these organizations.

## Material and Method

This study had 2 parts – quantitative and qualitative.

### 1. Quantitative research:

The quantitative research was done by mailing a designed questionnaire to heads and personnel who were responsible for health promotion of randomly-

selected organizations, including central, regional and local authorities. The questionnaire contained questions about health promotion policies, plans and activities as well as self-assessment health promotion indicators.<sup>(2,3)</sup> The quantitative research was reported elsewhere.<sup>(4 - 6)</sup> Data analyses revealed several organizations had high self-assessment scores.

### 2. Qualitative research:

The authors used 3 methods in qualitative research: in-depth interview, small group discussion and documentary review. The qualitative research was done by asking the heads and personnel who were responsible for health promotion in these high-score organizations to be key informants in the in-depth interviews and focus group discussions. Documents and meeting minutes regarding health promotion were also reviewed. These were done in order to understand more on factors determining or related to good health promotion scores. The outlines of in-depth interview questions were:

1. Was there any health promotion policy in the organization? If yes, state it and tell whether the civil servants were informed and how.
2. Was there any health promotion projects/programs? If yes, show the relevant documents.
3. Did you get your civil servants' participate in these projects/programs? If yes, how?
4. What were the problems and obstacles you faced in conducting these projects/programs?
5. Which problems you solved that helped to ease or facilitate health promotion activities?
6. What were the key success factors in health promotion in your organization?
7. What change would you expect after conducting these health promotion activities?

8. Did you evaluate health promotion activities? If yes, how?

9. Where did you get financial support to conduct these health promotion activities?

Organizations participating in this part of research were: central organizations – Departments of Natural Fuel, Local Administration, Social Development and Welfare, and Office of the National University Education Commission; regional organizations – provinces of Roi Et, Phetchabun, Krabi and Chiang Mai; local organizations – 7 of provincial administrative organizations, subdistrict administrative organizations and municipality in 6 provinces (Singh Buri, Phra Nakhon Si Ayutthaya, Nakhon Pathom, Saraburi, Samut Sakhon, and Nakhon Ratchasima). Moreover, the authors also recruited 3 Bangkok Metropolitan districts – Pom-prab-sa-tru-pai, Sampanthawong and Payathai.

Finally, after qualitative research data analyses, including results from the first quantitative phase, the authors synthesized some recommendations that seemed appropriate for the improvement of health promotion in government organizations.

## Results

1. Quantitative research was reported elsewhere.

2. Qualitative research:

The study revealed the following issues:

1. Regarding policies, programs, projects and activities on health promotion – most governmental organizations did not have policies and programs on health promotion, but they did have some health promotion projects and activities, such as health screening and annual checkup, sport competitions,

exercise, reducing waist circumference, smoke-free workplace, regular blood donation, etc.

2. Regarding problems and obstacles against health promotion – only few organizations had financial problems for health promotion. The problems were – not enough space for health promotion activities especially exercise, not enough knowledge, not enough personnel responsible for health, too much workload, not getting enough policy support, etc.

3. Regarding the budget for health promotion – most organizations had their own budget that could be allocated to health promotion activities. Some were able to ask for support from some foundations, private organizations, or top managers of their organizations. Unfortunately, local administrative organizations allocated most of their budget to infrastructure and road construction, not on health and health promotion.

4. Regarding evaluation of health promotion – almost all organizations did not evaluate their projects and activities. Only one central organization had an evaluation process by questionnaire to all participants, but it included only the activities and participants' satisfaction towards the activities. They did not directly evaluate health promotion projects and activities.

5. Regarding the suggestions for future activities on health promotion – some suggested that health promotion policy and indicators are set and forced to comply, whereas some suggested that health promotion be done voluntarily. Other suggestions were – top managers should become role models of good health, monthly meeting is a good opportunity for dissemination of health promotion news and knowledge, budget for health promotion should be directly allocated to every organization, etc.

## Discussion and Conclusion

The authors found that most governmental organizations were lack of policy and evaluation on health promotion. Some large organizations had enough budget and resources to do some health promotion projects and activities. Whereas, some small organizations lack budget and resources so their health promotion activities could not be done regularly. Health screening and annual checkup were one of the civil servants' welfares and should not be considered as "active" health promotion. Moreover, most organizations did not analyze and make use of health screening and annual checkup data collectively. Most sport competitions were aimed to improve the relationships among personnel within the organization rather than their health. Civil servants had welfare on treatment when they were ill and this somehow has made them less concerned about health promotion. Some civil servants had an (incorrect) opinion that health promotion was the sole responsibility of health personnel in their organization and health promotion could not be done without them.

The authors would like to name some key success factors for health promotion, namely: top managers should become good examples, they should support and participate in health promotion activities; enough budget is still important; civil servants should participate and have the feeling of ownership of the health promotion projects and activities; and enough space for health promotion is preferable.

The authors made some suggestions on enhancing health promotion in governmental organizations as follows:

1. The Office of Civil Service Commission is the key actor to drive workplace health promotion in governmental organizations. The newly enacted "Civil Service Act B.E. 2551" has stated that civil servants have to have moral, quality, and good quality of life. The quality of life has essentially the same direction as health promotion; hence, they should be done together. It would be better to put "health promotion" into this act or its daughter laws. The Thai Health Promotion Foundation needs to co-ordinate with top managers of the Office of Civil Service Commission to encourage them to set the quality of life and health promotion as one of the policies regarding human development. This will ease the regulations to promote health promotion activities. For instance, the left over of annual budget can be used to promote health of civil servants under some certain rules and regulations.
2. The majority of people and civil servants still have incorrect viewpoint that health promotion is the responsibility of health personnel. This has to be corrected. All civil servants have to understand that health promotion and improvement of quality of life are everyone's duty and responsibility. Health promotion covers wider than physical health and goes beyond illnesses and treatment of illnesses.
3. Health promoting policy – all governmental organizations should be encouraged to set their policies on health promotion and improvement of the quality of life. Such policies may be generated top-down or bottom-up. The key point is to strategically make all civil servants feel their partnership and ownership and see that health promotion as beneficial to themselves, their families, and their organizations.
4. Creating healthy environment – when health promoting policies are in place, governmental

organizations will be able to allocate some budgets to create healthier environment. This may need some new rules and regulations or modifications of some existing rules and regulations.

5. Strengthen community and network – make all director generals, governors and leaders of organizations understand that health promotion and improvement of the quality of life of their staff depend on their staff. They may well serve as facilitators. The Thai Health Promotion Foundation may serve as a major supporter in knowledge, health, quality of life, financial management, etc. The Office of the Civil Service Commission and the Thai Health Promotion Foundation may together develop indicators, encourage health promotion competitions, give awards, set forum for knowledge management and exchange of health promotion ideas, and encourage organizations that are closely located to co-operate in big projects with high budget but they could all benefit from it such as child day-care center.

6. Develop personal skills – ask successful organizations to mentor or provide showroom for other organizations. This may be done as hard copy documents or as web-based. One thing that we should encourage all civil servants to do is to conduct family monthly account. This will lead to financial discipline and hence financial health later.

7. Re-orient health services – this is critical for health promotion in government sectors. All civil servants can have health services for free or can reimburse almost all medical expenses. This makes them not recognizing the importance of disease prevention and health promotion. The ways to change may be positive or negative. Positive ways are, for example, if one does not get ill and not use medical services

one will get financial reward or some extra days off. Negative ways are, for example, set up some criteria for them to co-pay or set ceiling for some medical expenses. Of course, this will face resistance from civil servants.

8. At policy level the Thai Health Promotion Foundation may appoint a program manager to handle all the plans and related activities or work closely with the Office of the Civil Service Commission. The Office of the Civil Service Commission plays such a crucial role in any policy change and movement in all government sectors.

9. Currently, health promotion activities – if there is any – is under responsibility of the division of personnel which is equivalent to a human resource section in a private organization. In some departments, this division has been upgraded to be office of personnel development. The Thai Health Promotion Foundation should also plan to co-operate with these divisions/offices. Health promotion may be integrated into meetings, trainings, orientation of newly recruited personnel, personnel development, and promotion of personnel, etc.

10. If the Office of the Civil Service Commission sets health promotion as one of her policies, central organizations, regional organizations; and local administrative organizations will be all benefited and able to set health promotion into the same direction. The Office of the Civil Service Commission is always the leader of changes of rules and regulations among government sectors.

11. Regarding regional organizations, we should approach the governor of each province. In order to launch health promotion in several provinces at the same time, we should approach the Minister of Interior



or the Permanent Secretary of the Ministry of Interior. Then, top-down policy on health promotion will affect every province.

12. Regarding local administrative organizations, there are huge variations in culture and financial readiness for health promotion. Regarding the Bangkok Metropolitan Administration and the Pattaya City, we should approach top managers to set health promotion policy. Then, we should select some districts/municipalities that seemed ready, work with them on health promotion and let them be examples for others.

13. The Thai Health Promotion Foundation should cooperate with the National Health Security Office in order to gear up health promotion in various groups of population into the same direction.

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