

SPECIAL WEBINAR IN 2022,
Department of Nursing, Faculty of Sports and Health Sciences,
Daito Bunka University, JAPAN

Nursing in Thailand, Focusing on Community Care

JINTANA YUNIBHAND, PhD

Faculty of Nursing, Chulalongkorn University, Bangkok, THAILAND

ABSTRACT :

As an introduction, and background of Thailand community care, Thailand briefly will be introduced, regarding geographical structure, population number, age structure, causes of death, and type of health insurance. Current Thailand health care system reflecting the continued political commitment, since the 1970s, to the health of Thai population has resulted in significant investment in health infrastructure, particularly primary health care, district and provincial referral hospitals, – and the functioning of the health system through increasing the healthcare workforce while ensuring rural retention through multiple strategies. Financial risk protection has been applied targeting different population groups and universal health coverage was achieved by 2002. Extensive geographical coverage of health-care delivery, a comprehensive benefit package free at point of service, and increased capacity of Ministry of Public Health (MOPH), health-care facilities are the main factors that have contributed to improved utilization and benefit.

Thailand is self-reliant in health-care workforce production with high quality standards; the health-care workforce density per 1000 population is slightly above the 2.28 indicative WHO benchmark of doctors, nurses, and midwives. To ensure adequate health-care workforce serving rural populations, continued efforts of multiple

interventions were applied, such as education strategy by recruiting students from rural background, curriculum reflecting rural health problems, mandatory rural services by all doctors, nurses, pharmacists, and dentists graduated since 1972, and financial and non-financial incentives such as social recognition.

Focusing on nursing profession, all nurses and midwives who practice nursing, midwifery, or nursing and midwifery in Thailand, they must be licensed by Thailand Nursing and Midwifery council. These nurses and midwives must be graduated from 4-year bachelor's degree program from one of 86 accredited Nursing Education institutes, across all regions. To get the professional license, they must pass the State Board Exam. Fifty continuing nursing education unit (CNEU) are required for re-license every 4 years.

In Thailand, professional practice of nursing and midwifery are regulated by The Nursing and Midwifery Law, 2528 B.E, and the revised 2540 B.E. Nurses' career path and related nursing education and various training program for professional development will be discussed. In Thailand, nurses are practice in a skill mixed team, in hospitals, in-patient or out-patient units, and community and/or home care. The Nurses' Association of Thailand (NAT), together with NAT-regional branches, Nurse Specialization association, and provincial nurses society or association, jointly work collaboratively with TNMC in formulating and implementing nursing policies on professional development of Thai nurses, aiming to improve nurses' benefit and welfare and improving nursing retention in their workplaces.

Focusing on community care, in Thailand, generally is referred as community-based primary health care (CBHC), as an essential element in multi-level service delivery system, based on 4 principal policies in primary health care (PHC), and seamless health service networks. PHC becomes not only a system of appropriate prevention, cure, and care at community level, but a complete national health model for the way health services are provided. Health care delivery system comprises of well-connected 4 levels of hospitals and district health system to strengthen primary medical care and

increase access to quality care. The Thai government built at least one primary care health center in all sub-districts in the country (9762 in total) and community hospitals in over 90 percent of districts, doubling the number of these hospitals by the mid-1990s, with sufficient human resource capacities.

The highlight of Thailand Community care is the emphasis of team-based care, and coordinate care. At the village level, community nurses at health center have responsibility in providing care with the help of community health worker or Village Health Volunteers (VHVs), and a family member who acts as a caregiver, provide caring for entire families, not just individuals. Each PHC unit must have a doctor who works, full-time or part-time, with at least one nurse, community health worker provides care at various levels in the health. While, at the district hospital level, the family doctor and nurses are responsible for care; and at least one professional nurse or nurse practitioner is generally practice adult community nursing, specialist long-term condition nursing, therapy services, preventive services such as smoking cessation clinics, child health services, and school nursing. Community care services are included public health nursing, home help, day care and respite care.

One of the Thai uniqueness is that Buddhist temples have been viewed as community hubs and centers for community activities. When PHC first began in Thailand, monks were often considered “bare-headed doctors” and were trained in a range of basic healthcare interventions and traditions. In this context, monks shifted their focus to health promotion and disease prevention with an emphasis on mental and physical wellbeing.

Focusing on Community-based care for Older People, in response to the country’s fast pace of aging, Thailand has placed a strong emphasis on the concept of “aging with family” and/or “aging in place”, which means supporting older people to age successfully in their homes and communities. The National Health Security Office is currently responsible for Community-based LTC program for older people. It uses local administration organizations for the health and social services sectors to provide

integrated service to beneficiaries, with support for the Ministry of Public Health. Building on the established system of VHVs, the community-based LTC pilot program recruited both paid and volunteer caregivers from the local community. The evaluation of the pilot program highlighted the more consistent quality of services delivered by paid caregivers over volunteer caregivers, which has important implications for ensuring consistency in care for vulnerable adults.

Finally, the new option of community care is Thailand Nursing and Midwifery Council (TNMC) innovation of “OB-OON Community Nursing Clinic (OCNC). The OCNC is one option of a conveniently access, standard healthcare services, helping Thais to reduce transportation cost and time to go to the hospital, and reduce hospital overload. The OCNC is a social enterprise run, autonomously, by nurses, providing health care services to people in the community and being a part of the primary care system in Thailand. In this nurse-led clinics, one nurse (a certified nurse practitioner or an advanced practice nurse) provides nursing services within the legal boundary of the nursing profession, earn income as self-employed, independently. Moreover, if this nurse-led clinic has been developed both quality and quantity, it can ideally a unique opportunity of nursing professional practice.