

อิทธิพลจากฐานരากระดับจุลภาคของตระรากเชิงสถาบันในโครงการพื้นฟูสมรรถภาพ
คนพิการโดยชุมชนเป็นฐานในประเทศไทย

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บทคัดย่อ

บทความวิจัยนี้แสดงให้เห็นถึงฐานรากระดับจุลภาคของตระรากเชิงสถาบันฐานสี่อุกกาลของพฤษติกรรมและอธิบายปฏิสัมพันธ์ของฐานรากระดับจุลภาคในโครงการ CBR ซึ่งมีอิทธิพลต่อกรอบแนวคิดและแนวปฏิบัติทั้งในด้านวัตถุและเชิงสัญลักษณ์ ผลการวิจัยระบุเจ็ดสถาบันฐานรากประกอบด้วยหน่วยงานของรัฐในระดับท้องถิ่น โรงพยาบาลส่งเสริมสุขภาพตำบล ชุมชน คนพิการ ครอบครัว บริษัท และองค์กรอิสระของคนพิการ ความหลากหลายของฐานรากระดับจุลภาคที่มีอำนาจควบคุมของรัฐและผู้เชี่ยวชาญทางการแพทย์มีอิทธิพลต่อ CBR และสร้างปรากฏการณ์สามประการเพื่อรักษาซ่องว่าระหว่างการปฏิบัติต้านวัตถุและเชิงสัญลักษณ์ ได้แก่ การแยกส่วนตระรากชั่วคราว การทำให้เกิดความหลากหลายของแนวปฏิบัติในโครงการ และสร้างการประสาน ความขัดแย้ง และการแข่งขันของตระรากเชิงสถาบันระดับมหภาคและจุลภาค อำนาจเชิงสถาบันจากรัฐและสถาบันวิชาชีพระดับจุลภาคครอบจักรภพการปฏิบัติที่เป็นทางการผ่านโปรแกรมการพื้นฟูสมรรถภาพโดยชุมชนอย่างเคร่งครัด ดังนั้น จุดมุ่งเน้นและวัตถุประสงค์ของ CBR จึงแสดงรูปแบบสวัสดิการและการพื้นฟูสมรรถภาพทางการแพทย์สำหรับคนพิการแทนที่จะเป็นการเสริมอำนาจให้กับคนพิการ การครอบจักรภพของรัฐและผู้เชี่ยวชาญเหล่านี้ไม่เปิดโอกาสให้ CBR สร้างองค์กรแบบผสมผสานเพื่อให้สอดคล้องกับบริบทของชุมชน บทความนี้เสนอให้รัฐกำหนดและให้อำนาจในเชิงโครงสร้างสถาบันแก่ CBR และร่วมกำหนดกลยุทธ์เพื่อส่งเสริม CBR ให้เป็นสถาบันชุมชนที่สามารถขับเคลื่อนโครงการ CBR ไปสู่ชุมชนอื่น ๆ ทั่วประเทศไทย นอกจากนี้ หน่วยงานของรัฐและสถาบันวิชาชีพควรมีความชัดเจนในแนวคิดการเพิ่มขีดความสามารถของ CBR ควบคู่ไปกับการกำหนดบทบาทขององค์กรภาครัฐเพื่อสร้างกรอบการทำงานใหม่ในการสร้างคุณภาพชีวิตคนพิการในชุมชน

คำสำคัญ: มุ่งมองตระรากเชิงสถาบัน ฐานรากระดับจุลภาคของตระรากเชิงสถาบัน โครงการพื้นฟูคนพิการ

โดยชุมชน

The Influence of Micro-Foundations of Institutional Logic on Community-Based Rehabilitation (CBR) Programs in Thailand

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Received: *October 04, 2022*

Revised: *September 07, 2023*

Accepted: *October 04, 2023*

Abstract

This article illustrates the role of microfoundations of institutional logics as the mediators shaping behavior and interactions within Community-Based Rehabilitation (CBR) Programs, which influences the conceptual framework and practical implementation encompassing both material and symbolic aspects. The findings explain that the CBR Programs consists of seven micro-institutes constituting the foundations of institutional logic. These include local government agencies, health-promoting hospitals, communities, people with disabilities (PWDs), families, corporations, and non-governmental organizations (NGOs). The diversity of these micro-foundations coupled with the authority of state regulations and medical professionals have influenced the CBR Programs in three phenomena in order to maintain the gaps between material and symbolic practices, including the temporary decoupling of the logic, the creation of diverse practices in CBR activities, and the reinforcement of embedded logic, conflict and competing logics at macro- and micro-level. Since the institutional powers from state and professional institutes at the micro-level strictly dominate the formal practice framework proposed by the CBR Programs, therefore, the intention and objective of CBR are providing welfare and medical rehabilitation rather than empowering PWDs organizations. This dominance of states and professionals impedes the program to create a hybrid organization to meet the community context. This article recommends that the government agency should define and provide authority structure to the CBR institution and to formulate strategies in order to transform CBR into a community -centric institution mobilizing the CBR Programs to benefit other communities across Thailand. In addition, the state agencies and professional organizations should clarify the concept of empowerment within the CBR Programs. This collaborative effort should define the role of government organizations in creating a new framework to enhance the quality of life for PWDs within the community.

Keywords: Institutional logic, Micro-foundations of institutional logic, Community-Based Rehabilitation

Introduction

This research utilizes the "Institutional Logic Perspective" as proposed by Thornton et al. (2013). This perspective indicate the integration of micro-foundations of institutional logic within the CBR Programs in Thailand. The CBR program , functioning as a social organization, operates within a community aiming to promote and support rehabilitation services for PWDs. This endeavor involves the collaborative efforts of a diverse array of social actors, contributing to operational synergy and fostering a spectrum of practices within the project. The diversity and differences of social actors as individuals and organizations provide a variation of practices that can create a change in social organization. These changes occurred through embedded logic, conflict logic, and the competing logic within the institutional logic over micro-foundations institutional logic (Holm, 1995).

The term CBR has emerged as a focal point for the past three decades causing dramatic changes within organizations dedicated to supporting PWDs. Its primary aim is to elevate respect for their dignity, promote their rights, and foster equal treatment for PWDs within society. The World Health Organization [WHO] has recommended that member states should consider the CBR concept as one of the initiatives to build a program to promote the accessibility of PWDs to CBR services, which are more cost-effective than institution-based rehabilitation services (IBR), rooted in the traditional medical perspective (World Health Organization, 2010). The CBR strategy seeks to integrate a social model into institution-based rehabilitation [IBR]. CBR has been typically viewed as a socially constructed strategy that guides the creation of regulations and norms for the well-being of PWDs. It provides a framework and a variety of technical practices as solutions for a betterment of PWDs within the community (Cheausuwantavee, 2005).

Although CBR appears to be a social solution for PWDs, in some areas it has encountered shortcomings. In some instances, it has adopted a strict form of medical-based activities, and its implementation continues to grapple with funding challenges. These issues underscore the non-dynamic nature of CBR with the multitude of stakeholders fostering so many different concepts and approaches that program actors are confused. On the other hand, it is a reflection of the attempts to exercise political power over PWDs from people involved in guiding the programs. Therefore, this research focuses on understanding the interaction between the macro-level of institutional logic and the micro-level foundations of institutional logic. This examination is undertaken with the aim to rationalize and approach the construction of CBR that is appropriate for PWDs. To gain an understanding of CBR, it is necessary to employ comprehensive concepts and theories for both macro- and micro-level analyses, expanding the scope of understanding further.

In the research of CBR, there was still no study on tools or a research framework that could explain the linkage between material and symbolic practices, spanning from the macro-level down to the organizational and practitioners. This absence impedes our capacity to understand and explain the CBR phenomenon. The review of literature indicates four periods of CBR in Thailand. despite the emphasis on empowerment concept within the field,it remains a relatively underexplored today.

Beginning in 1992, the Thai CBR research predominantly encompassed three key dimensions: 1) studies conducted at the master's degree level; 2) research originating from CBR practitioners in the public medical agencies; and 3) academic research works conducted within Thai higher education institutions. However, the study of CBR in Thailand began to change the research paradigm from positivism to critical and interpretation approaches. In short, the evolution of CBR can be categorized into two distinctive periods:

Between 1992 and 2002, most of the studies emphasized the structural analyses within the framework of positivism approach targeting the influence or the effectiveness of the CBR Programs. An example is Sangsorn's research in 1998, which conducted survey research to evaluate the CBR knowledge and understanding among various stakeholder groups. These groups were categorized into four distinct segments: parents of disabled children, parents of typically developing children, healthcare professionals, and schoolteachers. The study served as a case analysis specific to the rehabilitation project for disabled children in the community of Bua Yai District, Nakhon Ratchasima Province. The result showed that healthcare workers and teachers had an incorrect understanding of CBR. However, the children with disabilities could effectively integrate into mainstream educational settings if they received assistive device and continuous monitoring from the government.

Between 2005 and 2015, CBR research in Thai society began a study that reflected new perspectives for CBR studies that contended the medical science concept. Cheausuwantavee (2005) introduced the hidden meaning of the CBR through critical theory by examining and criticizing the CBR Program in Nakhon Pathom Province. The results revealed several changes in the meaning and practical applications of CBR, a departure from the original intentions and objectives outlined by the World Health Organization (WHO). Similarly, Bular and Ahmad (2009), approaching the research with the critical theory, revealed that CBR had failed to foster self-respect among women with disabilities. In addition, another research by Moniruzzaman et al. (2013) concluded that CBR did not enhance the productivity among PWDs in Bangladesh.

In 2015, CBR studies started, with only a handful remaining in circulation, including studies in Thailand and abroad. These studies have become infrequent, often appearing as sporadic news stories in newspaper. However, the term "CBR" continues to persist in many programs for PWDs in both Thai society and internationally. The research on such projects can be found in many developing countries such as Pakistan, Bangladesh, India, Indonesia, etc. However, almost all research objectives did not go further than the assessment and measurement of the CBR Program's effectiveness. Regrettably, this approach has largely failed to usher in fresh perspectives or novel insights into the broader field of social disability studies.

To establish links between the history of CBR, the explanation of social phenomena in connection to CBR, it was imperative to bolster the analytical framework from the macro-level down to the micro-level. Therefore, this research used the Institutional Logic Perspective, as its foundational approach, aiming to study complex phenomena as a social construct by looking at norms, beliefs, and social values. Notably, it has been used to study organizations since the 1970s at the same moment that the global and Thai societies paid attention to CBR. The institutional logics perspective is a metaphysical theory positing that within the realm of

CBR the perception and wide variety of material and symbolic practices are entangled within a diverse set of identities. These logics manifest through strategic matters at the structural level, embedded at the micro-or the community level. This research has recognized that the Institutional Logics Perspective provides a better understanding of the effects of cultural institutions on individuals, organizations, and societies within the context of the CBR Programs.

The primary objective of this research is to explore previous CBR studies and does not exclusively focus on evaluating the efficacy or effectiveness of CBR programs, nor does it primarily critique the meaning of CBR. Instead, this research recognizes CBR as a social construct tool for improving the quality of life of PWDs evolving dynamically in both symbolic and material practices. Also, it studies the institutional logics perspective and that CBR is used to answer how the micro-foundations of institutional logic exert pressure on the CBR logic as well as challenged the CBR concepts within the community.

Literature Review

1 Institutional Logics Perspective

Friedland and Alford (1991) developed the concept to describe the contextual relationship between states, individuals, organizations, and society. Within this framework, institutions are viewed as a large organization consisting of individuals and organizations, engaging in the daily enactment and repetition of material and symbolic practices. Through this ongoing process, the meaning of experiences is established. The institutional logic approach refuses rational choice and structural theory. It views that each institutional logic has the main logic and creates material and symbolic practices to make an individual and the organization interact and create activity. Notably, the institutions, such as capitalism, state bureaucracy, political democracy, religion, and family, define the behavioral norms of individuals, organizations, and society at large. These institutions are the accumulation of the agency. A change by each set of institutional logic will conform with the culture, hence creating opportunities for change within the broader social fabric.

Jackall (1988) further explained the definitions of institutions by analyzing ethnographic and organizational conflict issues. His definition of institutional logic viewed it as multifaceted construct, arising from experience and a set of rules for reward, punishment and intervention. These rules form pattern in the society that determines and predicts human behavior. In essence, Jackall's concept closely aligns with Friedland and Alford's institutional logic framework, particularly in the aspects of the harmonization between institutional logic with stable practices and the repetition of behaviors until they solidify into cultural assumptions guiding social behavior.

Thornton et al. (2013) defined institutional logic as socially constructed framework creating a way of practice in the elements of symbolic and material practices. In essence, institutional logic is a hypothesis of social behavior established based on beliefs, values, norms and rules that individuals practice and repeat over time and place. These practices provided meaning to social reality. This definition of institutional logic enabled us to understand what shapes the cognition of an individual, which is then linked to institutional practice that arises from social constructs and the structure of social rule.

2 Micro-foundations of Institutional Logics

This ideology emerges from scholars' endeavors to improve the conceptual framework of Institutional logic, as initially delineated by Friedland and Alford in 1991. Their aim is to understand how the individual, organization, and institutional logic interact to define social structures and action. However, it is noteworthy that this perspective doesn't account for the internal reaction incited by social actors. These reactions, characterized by identity and attention are not only coordinated by institutional logic but also by organizational action for internal and external change (Holm 1995). This paper considers the role of social actors as a key to understanding the opportunity for institutional changes and constraints.

Thornton et al. (2013) reaffirm Friedland and Alford's view on the institutional logic that it is a socially constructed framework that creates a way of practice in the elements of symbolic and material practices. Within this framework, the institutional logic can be seen as a hypothesis of social behavior rooted in beliefs, values, norms, and rules that individuals practice and repeat over time and place. These practices provide meaning to social reality. This definition of institutional logic enables us to understand what shapes the cognition of an individual and highlights the connection between institutional practices that arises from the interplay of social constructs and social rule structure.

Meanwhile, notable distinctions arise between the ideas of Friedland and Alford, which served as the foundation for Thornton and Ocasio's conceptualization of institutional logic and Jackall's point of view. While Friedland and Alford emphasized social structure, Jackall emphasized the structure and social norms. In contrast, Thornton and Ocasio focused on interconnecting ideas that bridge the realms of norm, structures, and social symbols into three dimensions of institutionalization.

Some scholars explained institutional logic at the micro-level, isolating it from broader structural contexts. Scott et al. (2000) defined institutional logic as an active belief system scattered in the behavior or collective action of the individual in order to set guidelines. In this context, institutional logic directs decision-making across various organizational dimensions, from setting the principles of practice to shaping interaction in formal and informal interpretations within the organization. Furthermore, Thornton and Ocasio (1999) illustrated the principle of the organization that determines the behavior of its participants in its operations stemming from a set of belief systems and relevant practice guidelines. This relationship draws its essence from the meaning and content of the institutes contributed by the foremost scholars, leading to believe that institutional logic is a lens for understanding the organization from the macro- to the micro-level with a link between the institutions and the organization's practice guidelines.

The theoretical foundation is the model that describes the harmonization between the institutional logics from the macro-level to the micro-level, thus providing understanding into human behavior and explaining how institutional logic function in defining human behavior. Institutional logics is a meta-theory comprised of many theories that serve as predictive tools to understanding human behavior. They elucidate to explain the difference from the logic within the institution resulting in differences in practice, stability, and changing

individual and organizational behavior. This amalgamation of theories constructs the order that influences an individual's cognition practices where behavior is displayed in a cultural structure. Consequently, the analysis and study of social cognitive and behavior are inherently intertwined with culture through the dimension of availability, accessibility and activation within a cultural context.

Availability within an institutional logic framework encompasses various states and long-term memory, creating deep cognition and deal with challenges, including the issue of coordination. The diversity of institutional logic depends on the level and knowledge structure, emphasizing the pivotal role of availability and activation through knowledge and information.

Accessibility is knowledge and information that enters into one's consciousness according to structural theory. This flow is shaped by knowledge and information as defined through cultures and situations. Individuals are integrated with the same institutional logic through identity, socialization and social processes, ultimately becoming incentivized by being part of the institutional logic. Meanwhile, the situation context creates transient knowledge and information relevant to the situation.

Action arises from the combined forces of information availability and accessibility, frequently used in social interactions. In social cognition, “action” is the function of existing knowledge and accessibility. It also gets attention within everyday situations, and generates both long-term and short-term knowledge , resulting in mixed information.This amalgamation creates an automatic response to attention as shown in Figure 1.

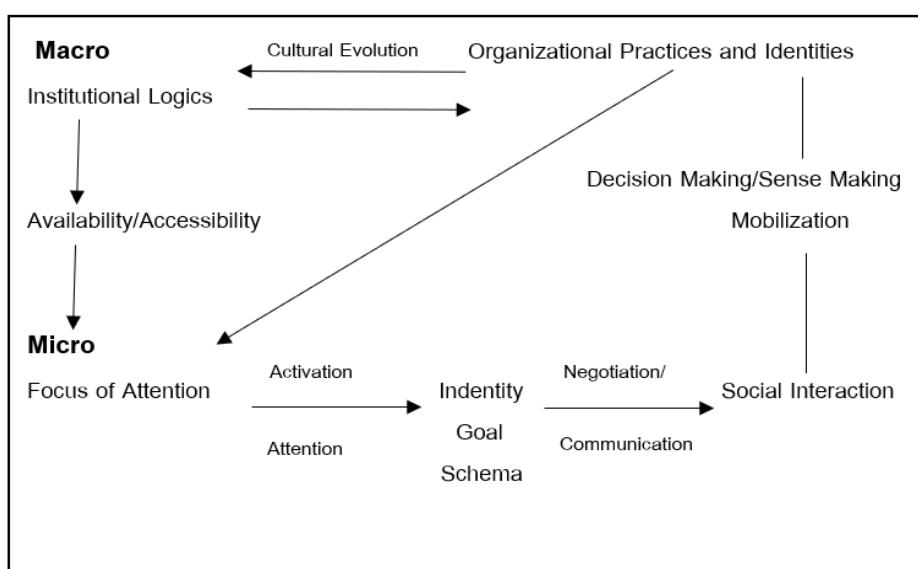


Figure 1 Illustrates the Linkage of Institutional Logics from Macro- to Micro-level and Vice Versa (Thornton et al. , 2013)

3 Research on CBR

A substantial body of research on CBR within positivism explain its impact on society. This research has sparked significant interest in CBR and its medical model origin. It looked at the truth consistently with the principles of CBR as fluid, ever-changing, and formatted according to the social context. However, the past research under the view of positivism could not explain the dynamics of the nature of the CBR. Thavornkit's (1995) survey, which studied

community rehabilitation attitudes and practices among public welfare organization operators in 75 provinces in Thailand, revealed that the sampled individual had knowledge, understanding, and a positive attitude towards PWDs and were also accepting, encouraging and supportive towards their families in helping PWDs. Nevertheless, some ambiguity persisted, regarding the attitude towards CBR work was favorable but some research subjects were not certain how it worked. However, most of Thavornkit (1995)'s research subjects saw that the challenges and obstacles of CBR were caused by its budget and operators. Similarly, Sangsorn (1998) conducted a survey measuring CBR knowledge and understanding of children with disabilities in the communities. Four distinct subject groups were researched, parents of disabled children, parents of and non-disabled children, healthcare workers and teachers. This study focused on a specific case of the CBR Programs for disabled children in the community of Bua Yai District, Nakhon Ratchasima Province. The result revealed that among health officials and teachers, misunderstandings regarding CBR knowledge and understanding persisted, but they agreed that children with disabilities could attend regular school. This finding recommended that teachers should be trained for each type of disabled child, along with the utilization of supportive equipment and consistent follow-through protocols.

The literature review also reveals that much of the research on this topic outside Thailand follows the positivism paradigm. For instance, Rehman (1999) addressed a sample CBR in Pakistan's North West Frontier Province (NWFP), focusing on a sample of CBR initiatives aimed at assisting children with disabilities within the community. This study examined the experiences of mothers caring for these children. The research uncovered several key findings: 1) The majority of mothers had received non-formal training, classroom teaching, and basic healthcare knowledge for caring children with disabilities; 2) Mothers had been trained in the management of disability-related household issues; 3) Training seminars for mothers of children with disabilities were more effective when they emphasized discussion and practical lessons rather than lectures using written documents, which was deemed to be less beneficial; and 4) Women play the vital roles in CBR-related organizations and helping of PWDs within their communities. Similarly, Moniruzzaman et al. (2013) studied the effectiveness of CBR in increasing productivity among PWDs in Bangladesh. The findings indicated that CBR did not result in higher levels of productivity when comparing two areas with similar production from PWDs, one with CBR and the other without.

Presently, a lot of efforts have been made to usher in new perspectives for the study of CBR including its interpretation. This is an attempt to break free from the previous study frameworks. The 2005 research began employing qualitative research methodology to investigate CBR. This transformative approach unveil the hidden meaning of CBR within social contexts and cultivate a deep understanding of CBR, ensuring that no aspect went unexplored. To explore the journey, the researcher used a meta-theory called the Institutional Logic Perspective as the framework of this CBR study.

Definition of Terms

1. Thornton et al. (2013) described that Institutional logic is a social construction that shapes various dimensions of human action, including material and symbolic elements. This

notion represents a behavioral hypothesis in a society that is framed by beliefs, values, norms, and rules that individuals practice and repeat. Importantly, Institutional Logic is not static but evolves with social realities. This definition allows scholars to understand what guide the consciousness of individual and organization.

2. CBR is a community-based strategy for PWDs' development in order to create equal opportunities and harmonious social integration through collaborative efforts of PWDs themselves, dedicated professionals, supportive families and the wider community. To achieve this, CBR seeks to promote equitable access for PWS, including of education, health, vocational training and appropriate social services. (Cheausuwanavatee, 2005)

3. Micro-foundations of institutional logic is the role of a social actor that is subject to a continuous process of replication or transformation through institutional or organizational practices (Thornton et al., 2013).

Objectives

- 1) To indicate micro-foundations of the CBR Programs.
- 2) To determine how micro-foundations, influence the functioning of CBR organizations.
- 3) To understand institutional logic of micro-foundations that shape and influence institutional logic of the CBR Programs.

Research Methodology

This research used a purposive sampling approach. The area of study was in Pakkred Municipality Nonthaburi province because this municipality was the winner of the 2007 PWDs Welfare Management Award.

The research employed qualitative research methods for data collection. Primary data were gathered through in-depth interviews conducted with a group of 20 key informants. These key informants represented seven distinct groups, namely, 1) Four key informants from the Professional group, including healthcare workers and nursing staff from Health Promoting Hospital [HPH]; 2) Four key informants from the government officials group, including two from the Sub-District Administrative Organization [SAO] and another two from Social Development and Human Security Department [SDHS] in Nonthaburi Province; 3) Two Key informants from the Private Business group, including private companies located in Pak Kret District participating in the CBR Programs; 4) Four key informants from the Community groups; volunteers from people in the community participating in the CBR Programs; 5) Three key informants from the Families of PWDs participating in CBR programs; 6) Two key informants from a group of PWDs, who were themselves beneficiaries and participants of the CBR Programs; and 7) One key informant who served as the director of non-government organizations [NGO], including independent living centers [IL center]. playing a pivotal role in educating, conceptualizing and implementing the CBR Programs in the area. Additionally, this key informant contributed to driving and instigating change in the ideology of CBR to promote and improve the QoL for PWDs.

The selection of the research field is based on 3 ideologies.

1) Historical Contingency: In line with this ideology, the selected areas have been successfully serving PWDs. Notably, Pak Kret municipality received the first prize in the 2009

Outstanding Local Administrative Organization [LAO] Award for the provision of welfare for the PWDs. This recognition came from the Office of Promotion and Development of the Quality of Life [QoL] of PWDs.

2) Competing Institutional Logics: the CBR Programs, in this selected area, are implemented through the active integration of all sectors in the provision of social welfare to PWDs. Therefore, this area serves as an intersection where diverse institutional logics converge and clash.

3) Replication: The operational area of the CBR Programs in Pak Kret District covers the area of Khlong Phra Udom Subdistrict and Pak Kret Subdistrict, Pak Kret District, Nonthaburi Province. These CBR initiatives have been operational in this area for over 20 years, and projects are still ongoing.

Secondary data were collected from relevant documents and documentary research in the context of CBR and Institutional Logics Perspective.

This paper describes how the Institutional Logic of the CBR Programs have been shaped by social actors. These actors wield their influence through both material and symbolic practices, thereby shaping the objectives and structure of CBR knowledge. In addition, this research explains the interrelations that occurred in embedded and conflicts among social actors operating within the institutional logics of the the CBR Programs.

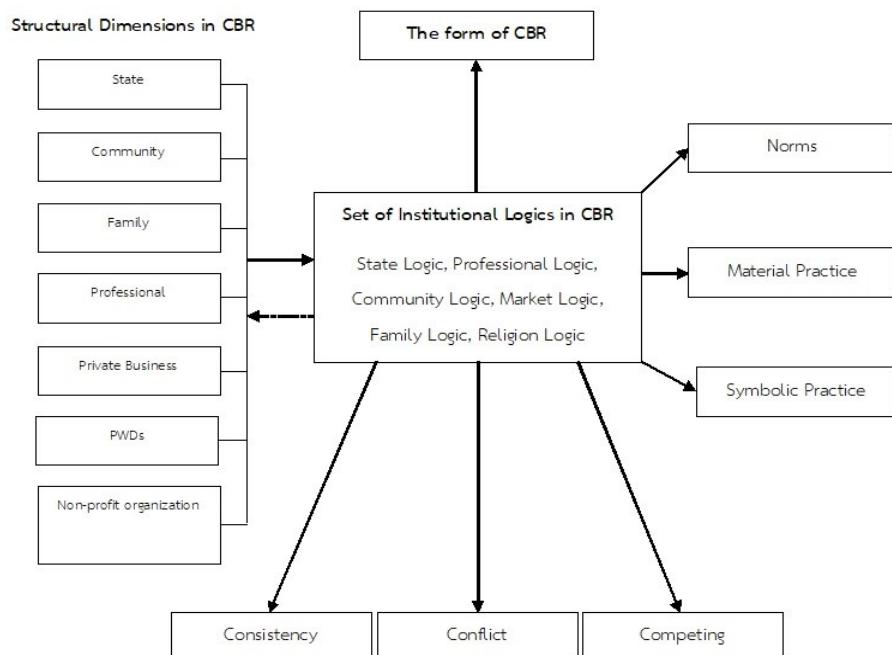


Figure 2 The Study's Conceptual Framework

This research analyses and interprets the meaning of the phenomenon, taking into account the perspective of all CBR stakeholders. It also seeks to extract the general meaning of the phenomenon through the approach of Friedland & Alford's institutional logics framework. This involves an analysis by identifying institutional logics involved in the CBR

Programs by examining the interview and transcripts to identify the essence of the relevant data in line with Saldana's "content-coding" methodology. The goal of deciphering these transcripts is to identify the institutional logic of the CBR Programs. The primary source of data came from transcripts obtained from semi-structured interviews, which were designed in alignment with the institutional logic theory.

Table 1 Shows Examples of Content Coding

Key Informant(s)	Relevance to CBR	An example of the speech obtained from the transcript	Content
Granny La-on	A bed-bound patient was taken care by the CBR project.	"When she did not come for a long time, I miss her a lot. I love her more than my child." – (Granny Laon, personal communication, April 28, 2019)	The PWD saw the CBR PA as her daughter.
Sopee	SHPH Official who runs a CBR project under the health therapist approach.	"I submitted a project proposal to the Pak Kret municipality but we have not gotten responded yet so I cannot do anything." (Anamai Sopee, personal communication, April 20, 2019)	State permission

Result and Discussion

The analysis of the result and discussion is based on the association of social implications within the relevant institutional logic, explaining the broader institutional logics on CBR at the macro-level, which, in turn, influences the practical implementation at operational community level. The result shows its appropriation and conflict of practices in CBR, where the symbolic and material practices wield an impact.

The result illustrates that the micro-foundation is constructed by beliefs, values and norms, which are embedded into both the individual and the organization. Within the purview of the CBR Programs in Thailand, these principles manifest through seven distinct micro-institutes: 1) Government institution, including Social Development and Human Security Department (SDHS) and Sub-District Administrative Organization (SAO); 2) Healthcare professionals represented by Health Promoting Hospital (HPH); 3) Caregivers within the community, including village health volunteer [VHV], 4) private businesses, and 5) the members from NGO.

The following section describes the Institutional logics dynamics process and explains how the micro-level social actors influence the institutional logic governing the CBR Programs in Thailand and how it influences institutional logic by different social actors.

1. Micro-foundations of institutional logic

1.1 Strict state logic established by local authorities in the implementation of CBR.

The key government officials who primarily operate in the community are SDHS and SAO. These organizations actively engage in implementation of public policy for PWDs,

focusing on providing welfare in the form of disability pensions. Notably, SDHS officials see PWDs as individuals who, while dependent on the state, should also be encouraged to reduce their reliance on the state. Their perspective advocates for PWDs to actively develop themselves through having careers or engage in occupations that enable them to generate income for themselves and their families, thus promoting self-sufficiency rather than just wait for the state's disability welfare.

The goals of government officials and the attitudes within social services regard PWDs as individuals, who may pose productivity challenges. This perspective, particularly among SDHS staff, has turned the CBR Programs into a training program for PWDs to become self-reliant. However, since SDHS does not solely take only responsibility for PWDs, they must collaborate with the caregivers as a community volunteer. This collaboration aims to align the objectives of community projects focused on enhancing the welfare of the PWDs with the objectives of the SDHS office. These objectives may include setting up initiatives such as a project for occupational development for PWDs within the community or facilitating access to loans to support their occupation, etc.

SDHS officials operate the CBR Programs within the legal framework because being governmental officials require them to strictly comply with and enforce the law. In the operation of the CBR Programs, SDHS officials meticulously adhere to guidelines by the legal regulations. This adherence is evident in various aspects of their work, such as when they request budgets, conduct activities, or determine and certify disabilities.

Pornpen: “Our process for issuing PWD card is quite rigorous. Even if a doctor identifies someone as a disabled person, we will still not issue a card unless the person meets the qualifications outlined by the law. We have clearly labeled the requirements in front of our office to ensure that visitors are well-informed about the criteria for disability status. We always point out that even if the doctor has identified someone as PWDs, if someone does not meet the criteria, we could not issue a PWD card to them.”

Wichianmas: “The issues of PWDs are urgent if the state wants SAO to promote PWD-related initiatives, it must provide the necessary budget for effective management. Furthermore, the state should also be more flexible with the regulations governing the use of the budget for PWDs because the current stringent regulations create apprehension and reluctance to provide assistance.”

Hamid et al. (2017) explains state-certified disability employs stringent disability-based discretionary criteria resulted in that state-certified PWDs were individuals with severe-mobility impairments, especially PWDs who are bed-bound. The state agency's heightened emphasis on bed-bound patients has led to the establishment of a standardized nursing care operational framework. This framework determines the decisions and creates the essence of empowerment for PWDs through the CBR Program in medical rehabilitation as stated in the proactive health promotion of state logic.

Officials representing the local administration group are another government organization that operates within the parameters of the local government regulations. The local norms, such as the community leader prestige, create informal community involvement

in the CBR Programs. This aligns with the local administration office's purpose under the "welfare of the people in the community" operation framework. Consequently, the CBR Programs are transformed into initiatives that provides PWDs with occupations to support their well-being. The policies from government agencies, and authorized at the policy level, defined strict procedures within the very limited budget, limiting health workers in the community and other related resources. The research findings corroborate that local authorities had the legal authority to set CBR's framework according to their guidelines. Notably, the Pak Kret's CBR Programs are administered under the authority of the Khlong Phra Udom SAO and the Pak Kret Municipality. These entities play a pivotal role in identifying disabilities, supervising project operators, and determining the implementation of the CBR Programs under the regulations of the local authorities.

Rapee: "The implementation of universal policy allows the CBR Programs to promote the occupational development of PWDs without discrimination based on their specific disability type or individual aptitudes. This approach leads to the view that vocational training, when integrated into these programs, may be perceived as impractical for PWDs to continue their daily lives. In addition, while the government sector allocates employment opportunities for PWDs, these are not sufficient for PWDs to realize the full potential of their career prospects.

State organizations shape a state logic, as indicated by McMullin and Skelcher (2018). This state logic influenced independent organizations, including non-profit organizations (NGOs). These entities often need permission to establish themselves as a social organization driven by government policy guidelines. However, despite the organizations aiming to function as NGOs, they still under the purview of the state and are subjected to the state's structural framework. In this context, CBR Program is similar to an NGO because it operates with a mission to aid people, classified as a socially-disadvantaged groups. The only difference between NGOs and the CBR Programs is the source of funding. While a CBR Program does not generate income from the operations, it relies on government funds and donations from relevant agencies. This financial support is instrumental in advancing PWDs' health and wellness.

1.2 The Influence of Professional Institutions on Professional Logics in Serving Economically Disadvantaged Patients

Professional institutions have knowledge and expertise in medical therapy. Therefore, their perspective of the CBR Program is based on the healthcare professionals' perspective on PWDs within the community. This view is similar to the state's previous community health projects for PWDs, known as "outreach service", which predominantly adopt a medical perspective. The research results are consistent with Ruef et al. (2000), which indicated that health organizations were influenced by three main logics: Professional, State, and Market logics. Within this framework, the CBR Programs appear to align more closely with the professional logic as reflected in the health promotion initiatives and activities.

Outreach service is the provision of services based on the perspective that PWDs are in need of medical attention aligning with the perspective that a public health professional should treat PWDs. So, professionals have a great influence on strengthening state

logic, which emphasizes proactive health promotion, and reinforcing the professional logic, which guides the implementation of the CBR Programs. These two logics align with the context of PWDs, who often have health issues. PWDs within the community usually live with poor families, hence making access to affordable or even cost-free public health services a necessity. Professionals, who extend their service to the homes of PWDs, play a pivotal role in addressing this need. This practice underscores how the professional logic influences the implementation of the CBR Programs in Pak Kret District.

SAO's policy also shapes professionals' activities because the HPH is an organization under SAO. Hence, the power of the local authorities motivates professionals to perceive PWDs as individuals facing economic challenges while also viewing them as people with health issues. Consequently, CBR activities are structured as a way of sourcing and treating free-of-charge healthcare services, in accordance with the separation of authority logic. This framework serves as the foundation for health promotion activities aimed to provide medical knowledge and fulfill medical rehabilitation duties to empower and help PWDs accessing occupational training sessions mandated by SAO. However, at the individual level, professionals at HPH acknowledge that they may not be the ultimate experts in medical rehabilitation and seek additional knowledge from the Sirindhorn National Medical Rehabilitation Institute (SNMRI) center. The dependency frequently results in delays, because they must "wait" for rehabilitation professionals from the SNMRI center. Additionally, there is cost in hiring professionals; the implementing of the CBR Programs is mostly slow.

Although officials at PHP may not consider themselves as the ultimate expert, they are still knowledgeable people, who are instrumental in educating other CBR actors including PWDs and their families about healthcare practices for PWDs in order to reduce their dependence on the state assistance. This view reflects the nature of CBR Program, which requires a substantial financial resources. Therefore, proactive actions to prevent disabilities becomes a mission that must be undertaken to achieve the goal of disability prevention within the community.

Sopee: "Taking care of PWDs can be done promptly by educating their families. To achieve this, we must share the knowledge gained from SNMRI with our PA staff. Through this knowledge transfer, we equip them with essential skills, such as how to feed through a tube or how to properly reposition a patient to prevent pressure ulcers. If the family are well-informed and capable of independently caring for PWDs, they do not have to wait for assistance. Therefore, the CBR must focus on educating and enabling them to assume a more active role in the care of PWDs themselves"

1.3 CBR Assistance in Empowering PWDs and Establishing Community Logic

Community beliefs, norms, and values that influence the CBR Programs are influenced by caregivers and VHV. Through their influence, they establish norms of mutual assistance within their communities in order to promote appropriate and effective activities for PWDs (Cheausuwantavee, 2009). These community actors play a role in creating collective values, directly impact the program's legitimacy. This impetus arises from the need for

coordination, driving the creation of collective values among the people residing within the same area in the community (Thornton et al., 2013).

Caregivers are influenced by the state and professional logics because both SDHS and HPH supervise the work. It shapes their perspective towards PWDs consistent with the government policy, as exemplified in 6.1, which delineates in three dimensions: 1) The disadvantaged group; 2) The abandoned; and 3) The afflicted by illness. In their role as volunteers, caregivers engage in aiding PWDs for philanthropy. This selfless dedication extends to their efforts in portraying an image of PWDs and seek other stakeholders' cooperation in the form of donating items or money.

Payai: “During each of my visit to the area, I go beyond taking care of five PWDs, as outlined in the contract, but I also take it upon myself to monitor their blood pressure and blood sugar level for diabetes. Moreover, I educate people in my community about eating healthy, as diabetic hypertension is a common cause of disabilities. I have a solid connection to the community, where I oversee the welfare of 15 households. This proximity enables me to promptly gather information about new births, unfortunate passings, and the health conditions within each household. Since 2007, I have started my journey to learn about CBR and have acted as a PA of the CBR project”

The state policy's influence and the community's expectations create the “kinship” model in the relationship between caregivers and the PWDs because of the context that PWDs usually live alone. PWDs also see caregivers as their family members as evident in cases such as bed-bound elderly individuals who live alone. Over time, the intimacy and trust develop between these PWDs and the PA staff and become profound, to the extent that the PWDs view their caregivers as her daughters.

Granny Laon: “I love [Pa Yai (PA)] so much. I miss her whenever she does not visit. Unlike Yai Pong (Granny Laon's younger sister), who rarely comes to take care of me. When she does, she only yells at me. Sometimes, she arrives late so I pretend to cry then, she complains to me a lot”

The close collaboration with the professional health worker from HPH, a medical approach, also influenced the caregivers. This collaborative dynamic has led the HPH professionals to believe that caregivers could develop competent in nursing bed-bound patients, thereby relieve the burden on HPH's public health workers, who typically care for these patients.

VHVs have adopted the concept of public health work from working closely with both SDPH and PA staff. This collaboration has provided them with valuable insights and practice from the professional dimension. However, VHVs continue to view their role as VHV's mission. As a result of this perspective, their primary focus remains on disability prevention rather than assisting PWDs. This emphasis on prevention has limited the interaction between VHVs and PWDs within the community because VHV's scope of work only relates to health check-ups.

The other community members in the CBR program are also influenced by social beliefs, especially religious beliefs and their experiences. Their involvement as members of

the community equips them with a potential to provide assistance to PWDs. These volunteers also view participation in the CBR Programs as their way of accruing merit, with the extent of their merit contingent depending on their interests or aptitudes. For instance, a skilled volunteer may choose to pass along their knowledge of working to PWDs. Within this context, the norm of mutual assistance logic drives the volunteers' long-term commitment to the CBR Program, even though it doesn't offer benefits. This model of CBR Program has proven highly effective in the Pak Kret district.

Teposit Thep: “Obstacles within the CBR project stem from the PA staff’s attitude. It may be because Thai people are sympathetic or many actors have never experienced PWDs firsthand. These factors contribute to a lack of understanding regarding the lives and needs of PWDs, thus posing an obstacle to changing the broader community’s attitude towards disability. As the volunteers have not been able to change their own attitudes, an approach to address this challenge is that the IL center must focus on building understanding within the community by starting to work with families of PWDs and gradually expanding them into the community”

1.4 PWDs as beneficial group

PWDs occupy a unique position within the CBR Programs as they are program drivers and beneficiaries. Their roles exhibit two aspects of behavioral dimensions: Demanding and Ignorance. Under the umbrella of democratic behavior, the demanding aspect is a product of PWDs’ experiences and views of being socially manipulated. These shared experiences fuel their advocacy to the CBR Programs to champion the rights for the common people in society.

Religious belief influences a PWDs’ ignorant behavior of accepting their disability. Although these beliefs have helped them understand themselves and accept their condition, they also affected negatively. This facet has opened a door for the state to dominate the CBR Programs in Pak Kret district in the form of pressuring with state regulations, from budget allocation and project formation to programmevaluation. Friedland and Alford (1991) cited that religious logic is one of the key factors that defines the meanings of an individual, the organization, and social behavior. In addition to defining behavior, religious beliefs also mediates and creates change with each set of institutional logic by harmonizing culture. It eventually creates opportunities for change in individuals, organizations, and society where religious beliefs, although not considered as part of the project, are still involved in the cognitive systems of the CBR Programs.

Sornram: “I believe that disability is intertwined with fate. If in the past, we attacked an animal and amputated it for fun, then we must be careful in this life because we may be handicapped because of that sin. Consequently, I like to do volunteer work and I believe in doing good. CBR allows me to help PWDs, akin to a pilgrimage, so that I will be successful in everything in this life and the next life”

1.5 Families as a beneficial group and active actors

Within the family unit, disability is often perceived as problem, impacting various aspects of life, including economic issues, altering way of life, and impacting family goals. In response, families see the CBR Programs as an aid to address health-related issues,

which align with the logic of proactive health promotion programs and the professional logic of having knowledgeable individuals manage health concerns effectively. Friedland and Alford (1991) indicated that families have established norms surrounding their reputation, and the presence of a PWDs within the family does not align with these norms. Consequently, the CBR Programs establish a norm of mutual understanding so that families do not hide PWDs or feel ashamed. This shift in family logic influences decision-making on changing organizational activities. Previously, PWDs and families did not want to participate in the CBR Programs because they wanted to conceal the disability. Therefore, building norms of mutual understanding within family members is paramount. This would lead to trust and understanding between the families and PWDs to ensure that they can lead lives that closely resemble those of individuals without disabilities. (Thornton et al., 2013)

Disability is also viewed as a family embarrassment, so many families often keep PWDs, especially those families living with mentally challenged, as a closely guarded secret. This belief underscores the importance of the CBR Programs in cultivating a community logic rooted in trust, which is crucial in building cooperation between the project and the families of the PWDs.

Lastly, the family views disability as an economic issue because disability impacts often incurs additional expenses for the family and limits the opportunity for PWDs to generate income. In this context, the families hold the expectations that the CBR Programs, through market logic, will help PWDs become economically self-sufficient and responsible as members of their families.

Pa Yai: “Disability is a shame. No one wants it to happen to their family. Therefore, the main principle of the work is to make families understand that. Many families are reluctant to disclose that their family member has a disability. Hence, the primary objective is to make families willing to acknowledge that disability is not shameful. Once families understand, they will allow us to go in and help. Some families hold a misconceptions and believe that we impose disabilities on their family members, especially those with mentally challenged PWDs. To navigate these complexities, some families asked us to safeguard the confidentiality of family information. Unfortunately, some families choose to conceal information by chaining up the mentally challenged PWDs, who rely primarily on their families. Thus, we must go and talk to the family first, get them acquainted, and earn their trust that we will never reveal their information.”

1.6 Private business

Private businesses support the CBR Programs guided by business norms that perceive PWDs as potential financial burden. However, legal obligations compel these private businesses to collaborate in the welfare of PWDs within the community. Therefore, private businesses join the CBR Programs, primarily driven by legal compliance. Their involvement often takes the form of a Corporate Social Responsibility (CSR) approach, so they can conduct business in the community while adhering to the oversight and audit of state logic and the expectations of mutual assistance norms of the community logic. The norm of private

businesses challenges state logic by seeking a way to balance their profit margins while adhering to the law's mandates.

On the one hand, private businesses operate within the sphere of market logic, that is influenced by capitalism while CBR's/businesses' activities are characterized by economic imperatives. CBR prioritize empowering the disabled to achieve economic self-reliance and enabling them to generate enough income for themselves and their families (Cheausuwantavee, 2005).

Ladda Toetsu: "I would like to help PWDs in the community, but I do not know what to do. I always want to employ them but with our lack of readiness, we can only support CBR projects by giving them job concessions because I think it is better than doing anything else. It is easy to do, and I do not have to worry about anything. And, since they bring work home, I do not have to worry about the location or worry about people seeing them (PWDs). I think PWDs do not want to come out because they are afraid of being seen and looked at. Also, going to the office is difficult, requiring a car to come and pick them up. I see it as an unprofitable cost. Therefore, working at home is the best solution."

1.7 NGO organization

The IL center stands as the only influential NGO that is mainly run by PWDs, with a core mission centered around the concept of "peer counseling". The goal of this group is to change the negative attitudes within the community towards PWDs and create opportunities for them. Additionally, the IL center strives to eliminate barriers that impede the integration of PWDs into society. In its pursuits, the IL center is committed to advancing civil rights and equality in parallel with state welfare initiatives. NGO organizations participated in CBR to increase PWDs' bargaining power because, even with the government supports, there exists limited bargaining power to engage with outside society thus, necessitating the establishment of a network outside the CBR Programs. The IL center leverages knowledge and empowerment by gathering people in the community and encouraging them to change their attitudes toward PWDs. These networks serve as a narrative enriched with culture and social structure, which includes a network of social relationships working towards the same direction. This cohesive network strives to gain power and domination for the organization to have bargaining power and increase its competitiveness. (Samakeetham, 2010)

While peer counseling creates a mutual norm, it also separates groups of PWDs within the broader CBR Programs. This division reduce overall participation among PWDs and other project stakeholders.

Tepasit Thep: "Different perspectives of PWDs lead to their unique roles within the CBR project. Government officials, for instance, undertake activities under the rule of medical rehabilitation within the community. In contrast, IL center carries out its activities under the covenant to promote equality of opportunity and to foster integration of PWDs into society."

The separation of activities between the IL center and government officials stems from the belief that "PWDs know about disabilities the most". This perspective opposes the idea that the power to determine the truth should rest solely with the state.

Consequently, this belief has resulted in a competition between the institutional logic and community logic —the power to determine the truth and the mutual assistance norms.

Activist activities foster community and market logic to stand out in the CBR Programs and influence institutional logic. This transformation seeks to rebuild the image of PWDs as “capability individuals” in response to the market logic’s “economic self-reliance”. The IL center engages in the CBR Programs with the objective to pursue income-generating activities for PWDs by advocating for their employment and facilitating their the rehabilitation for labor market integration.

2 The influences from micro-foundations through institutional logics in The CBR Programs in Thailand

2.1 Temporary Decoupling Phenomenon

Decoupling is a consequence of constraints in the community contexts, such as the conditions of living in poverty, neglect, and in hard-to-reach in community. This decoupling becomes evident in situations when PWDs that may need urgent assistance, therefore, actors must temporarily “decouple” from the state logic in order to avoid the constraints of state rules, as adhering strictly to state regulations can causes difficulty in emergency cases. The temporary decoupling reinforces parallel actions between state logic, which are proactive in medical services and health check-ups, and community logic, which emphasize that on establishing the right attitude toward PWDs within the community. Once the desired outcomes are achieved, the actor will need to mainly act on state logic, since the project supported by state must strictly adhere to public regulations.

2.2 Creating the variety of practices in the CBR Programs

The diversity logic allows social actors to implement those institutional logics to create a hybrid organization through complex environments. However, Ferreira (2017) argued that institutional logic alone does not produce multiple logic but rather from the interact with institutional logic and the cultural resources within society. This interaction creates diversity according to the hybrid organization model.

In the CBR Programs, the variations in the institutional logic emerged in different ways. The research highlights the contradiction between symbolic and object-oriented practices comes from state logic, which emphasizes defining rules, and strict practices in the CBR Programs. The actor, thus, expresses symbolic practice through state logic while expressing object-oriented practice through other logics, such as community logic, family logic, religious logic, etc.

2.3 Reinforcing embedded logic, conflict, and competing logics at Macro-level and Micro-level

The various institutional logic in the CBR Programs allows actors to present their norms, beliefs, and values that are shaped by the institutional logic. This access to various logics provide actor access to logics, enabling the remaining institutional logic to occur as follows.

1) Embedded: Professional-derived actors present the principles of the CBR with a medical concept based on expert logic. However, most of these actors are government employees. Consequently, the implementation of the project synergized between the application

of medical norms and the norms of practitioners. Although the integration with the original logic generates new meanings and symbols that are separated from the common origins of the same institutional logic, resulting in the practice of different symbols from the original.

However, the embeddedness between these two logics does not produce a morphological change according to institutional logic perspective theory. This is primarily because state logic has the power to control the totality through legal regulations and resources allocation for the CBR Program activities. Consequently, the project remains in a form required by the state or that the state agrees with the concepts and practices of medical science. Therefore, the practice of the CBR Programs reflect the authorized practice models within the coordinates of state and professional logics.

2) Conflict; The conflict within the CBR Programs emerges as a result of the differing institutional logic between professionals and the state when determine which concepts should PWDs be considered for the CBR Programs. Officials from the Office of Social Development and Human Security use reasonableness to define which PWDs qualify for benefits. Conversely, when health officials consider disability, the principle of reasoning is analyzed by medical diagnosis. Therefore, these actors constantly wonder who should classify as PWDs. This controversy creates a fragmented approach to welfare provision, in which medical rehabilitation is required if a medical practitioner is involved, while the promotion of PWDs' wellbeing is based on the government officials' reasonable judgment. Under this circumstance, the actors from the Office of Social Development and Human Security and the Sub-district Hospital are still within the framework of the state and professional logics. However, the controversy has led to the Office of Social Development and Human Security denying the classification of a disabled person from the hospital or sub-district hospital.

3) Competing of institutional logics: the competing of institutional logics has transformed organizations to try to maintain isomorphism and causing change at both the technical practices and the creation of a variety of guidelines. The competing of institutional logics in the CBR Programs creates a diverse action as cited in (Lounsbury & Crumley, 2007) that institutional logics of CBR Programs is competitive at three sub-logic levels and influences the following changes to the CBR Programs: 1) Competition between Proactive Health Promotion and the Endorsement of Truth by knowledge and abomination of disability impact the action in the PWDs development, 2) Competition between the Power to Determine Truth and Empirical Evidence: This competition occurs within the norm of disability consideration, and 3) Competition between Mutual Assistance and Religious Logic (Norm of Pilgrimage): These competing logics affect the attitudes of the CBR actors differently.

3 The knowledge from this research

This research has focused on the CBR Programs, which is an approach to the development of PWDs. CBR has been ingrained in the principles and strategies of the PWDs' development in Thailand for over 20 years. The project implementation has established three focal points within: 1) CBR and the Empowerment of PWDs; 2) CBR and Social Inclusion of PWDs; and 3) CBR's Emphasis on the concept of Holistic Development.

This research applies the concept of institutional logics perspective to study the CBR Programs, aiming to comprehend and elucidate the existing knowledge and truth about them. This section explains the new knowledge gained by applying the institutional logic perspective in the CBR Programs.

3.1 The reasons the Medical Model has been influenced by the development of PWDs from the past until the present

In the 21st century, the development of PWDs shifted from the medical model to the social model. The medical concept, believed to be based on scientific knowledge, perceived PWDs as individuals with illness or as incapacities requiring medical treatment, hindering their equal integration into society. PWDs groups or PWDs advocates, however, are concerned about this issue. It is important to note that the result of this research claims that the medical model will be one of the key influencers when the state takes the lead in PWDs' welfare development. The state continues to use the concept of medical practice as a tool to improve the welfare of PWDs. Also, the concept of medical science is useful because it can be used to frame and empirically analyze disabilities to arrive at inclusive disability welfare. Therefore, CBR Program, which is driven by traditional medical concepts, continues to be used as a tool to provide convenient, smooth, reliable, and accountable welfare for PWDs. Thus, it's apparent that the development of PWDs continues to be viewed through a medical perspective, with state and professional logics guiding the CBR Programs.

Additionally, the non-discriminatory approach to the development of PWDs in the CBR Programs include bed-bound patients. This shaped the families to expect the state to provide professional treatment services for PWDs. As a result, families believe the health-focused advocacy, making the medical approach an even stronger leading concept in the CBR Programs.

3.2 The inconsistency of Empowerment's Practices from the State Logic and Community Logic

The micro-foundations of institutional logic exert diverse influence resulting in a wide array and inconsistency of practices within the objective of the empowerment model in the CBR Programs. The research findings highlight practical differences within the concept of empowerment that were built by state and community logic.

Empowerment within the concept of state logic refers to the application of laws to protect and promote the inclusion of PWDs through government support. However, the collision between PWDs and actors has resulted in the reinstatement of governmental power, which is in the top-down governmental authority, resulting in power being placed on actors, especially PAs and health workers rather than on PWDs themselves.

Empowerment, as perceived through the lens of community logic implies liberation, which aligns with the United Nations CBR concept. Meanwhile, the driving force behind this approach is an NGO that lacks legal authority. Consequently, non-profit organizations engage in fundraising activities to support their initiatives. Within the context of community logic empowerment, PWDs are more "heroic" than "welfare recipients".

3.3 The diversity of institutional logic does not create CBR as a hybrid organization.

The theory of institutional logics perspective indicates that when the organization has a variety of institutional logics, it transforms into a hybrid organization as discussed by Ferreira (2017) The institutional logics perspective was applied as a cultural resource through a micro-level perspective of a blended organization. The findings indicate that the diversity of institutional logic created a hybrid organization where practitioners could choose a framework and approach, which can be scattered in the organization, according to each institutional logic. This forms a mixed organization model in the Community Interest Company (CIC). Even though CIC and CBR share some common characteristics, this research reveals that the diversity of institutional logics within CBR does not shape it into a hybrid organization because it is strictly controlled by the state and professional logic.

While the government uses state logic as the foundational framework for the CBR Programs, other institutions persists in their attempts to assert influence within the CBR Programs. However, CBR struggles to combine the other logics with state logic because the state has built a rigorous framework of operations using professional logic as a tool without allowing participation from other institutions. Consequently, other institutions, particularly NGOs, that advocating for community logic, into CBR, find limited avenues for participation. This results in the CBR organization remaining the only public organization in the community operated by government officials.

Conclusion and Recommendations

1. CBR's practice recommendations

The main operators in the CBR Programs are government officials, thus implementing a form of governmental operation. This governance-centric approach poses an obstacle for the management to involve a diverse workforce from people within the community as a form of participation. In practical terms, the government should promote and enhance the capacity of CBR in advancing the welfare and development of PWDs, in alignment with these recommendations.

1.1 Defining the CBR's Institutional Structure.

The research shows that institutional logic can change through the influence of micro-foundations. Thus, to build up the dynamics of CBR project propulsion, an institute for CBR center should be establish to provide knowledge and as a national-level institutional model. This institution should involve individuals of all groups, both those associated with PWDs and those who are not.

1.2 The Government Granting the institution with structural authority (as in item 9.1.1)

The state should provide legal support to these institutions to ensure that these institutions can operate sustainably.

1.3 Formulate strategies to empower CBR through the CBR Institute.

The government should formulate a strategy to enhance the capacity of CBR, enabling it to systematically lead this project. The strategic approach should embrace

a new institutional logic that is flexible and adaptable to the changing circumstances of PWDs. It should contain all development-related matters such as rehabilitation technology, universal design, social welfare, medical rehabilitation, etc.

1.4 The Institute Spearheading CBR to Communities Nationwide.

The CBR Institute established, as outlined in item 9.1.1, is an independent organization responsible for spearheading CBR initiatives in communities across the country. Its primary mission is to create understanding and enhance participation from the communities for the development and well-being of PWDs.

2. Policy Recommendations

2.1 Clarifying the Concept of Empowerment and Redefining the State's Role in CBR Programs

The state uses CBR Programs as tools to implement policies for the welfare of the PWDs within the community, with the primary goal of empowering them and promoting inclusion and fairness. However, it becomes evident in practice that the empowerment derived from state policies does not truly empower the disabled. But, instead, it disempowers PWDs further. Therefore, the state should clearly define the meaning of empowerment – whether or not empowerment means “giving (material) things”, such as pension, or empowerment translates to “giving opportunities” such as educating PWDs about the law and their rights or providing employment opportunities to PWDs.

The state's empowerment effort should primarily mean providing opportunities for PWDs in conjunction with giving them with appropriate welfare, allocation models. This approach would not only empower PWDs, but also allow the CBR Programs to demonstrate their potential and to motivate other PWDs to participate in the CBR Programs, removing the obligations from the community. This strategic move serves as the initial step for PWDs to integrate into society.

The state should re-establish their roles by fostering the synergy of all parties on the concept of solidarity. In the past, states faced barriers to engagement because of differences in ideas and perspectives. To mitigate these issues, an independent organization that can carry out activities on its own should be established. Furthermore, the state should promote the creation of an organization with an administrative structure by supporting the recruitment of the project's actors and by providing government budgets. In addition, the state should support the CBR Programs-affiliated organizations to generate their own income for continuity and for them to be able to become social enterprises in the future. Subsequently, the government should supervise the CBR Programs by assessing efficiency and effectiveness, as well as monitoring the performance closely.

2.2 Establishing a New Framework to Enhance the Quality of Life for PWDs within the Institutional Logics Perspective Methodology

The concept of institutional logic can create a practical approach and belief for actors, from the collective down to the individual. Thus, the government should apply this theory to create a new culture of development for PWDs by starting from the government itself. The government should take the lead in ensuring that the employment of PWDs through

the CBR Programs work efficiently. The government can recruit PWDs to work in government agencies that support such programs, which may result in the outside community gaining more confidence in PWDs.

The introduction of institutional theory should begin with a change in the state's perspective of PWDs, moving away from viewing them as merely recipients of welfare to individuals capable rehabilitated and active participation in society according to the law, regulations, and policies designed to support PWDs. This shift also calls for greater flexibility in law enforcement and regulations, particularly concerning the benefits for PWDs and the community for a peaceful coexistence. The new institutional logic must be disseminated across all groups of people of society in order to create understanding and cultivate awareness for every department related to the development of PWDs, especially the local government organization. This approach can reduce the power structure in the community-based CBR Programs.

3 Research Recommendations

3.1 This research focuses on understanding the CBR Programs based on the institutional logic perspective, and as such, it does not focus on quantitative measurement. Therefore, further research should be carried out using the quantitative method to test or measure each set of institutional logic within the CBR Programs. These quantitative assessments will help determine the extent of influence wielded by each component.

3.2 The concept of institutional logic of PWDs should be used in areas other than CBR to expand the scope of learning for a more comprehensive understanding of PWDs. In the past, international and local scholars in Thailand have framed PWD research in the positivism paradigm, and it was often the subject of a medical organization. Therefore, given the scientific background of medical science, it is undeniable that empirical concepts and theories are required, and a quantitative assessment should be used as a guideline in the study of PWDs. However, it is essential to acknowledge that conducting a study on PWDs that aim to be liberated from the academic is also not possible.

3.3 The institutional logic perspective is a flexible meta-theory and a comprehensive conceptual framework that can be applied to both quantitative and qualitative research methods. This theory can address research gaps or issues pertaining to with PWDs, which are often located in a particular area. By adopting an interdisciplinary approach, it allows researchers to comprehensively understand social issues, especially those with disabilities, which are complex and diverse within society.

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