

เครื่องมือสื่อสารเพื่อจัดการความขัดแย้งในระบบ  
สาธารณสุขของไทย : ศึกษากรณีเจ้าหน้าที่กับผู้รับบริการ  
บริการชาวต่างชาติโรงพยาบาลสามพราน จังหวัดนครปฐม  
Communication Tools for Conflict Management in  
the Thai Health Care System: A Case Study of  
Officers with Recipients of Foreign Services in  
Samphran Hospital, Nakhon Pathom Province

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## บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อนำเสนอผลจากการใช้เครื่องมือการสื่อสารระหว่างเจ้าหน้าที่กับผู้รับบริการชาวพม่าในงานห้องคลอด โรงพยาบาลสามพราน จังหวัดนครปฐม โดยวิธีการวิจัยกึ่งทดลอง (Quasi Experiment Research) กลุ่มตัวอย่างได้มาจากหญิงตั้งครรภ์ชาวพม่าที่มารับบริการบริการในสวนงานห้องคลอด โรงพยาบาลสามพราน จังหวัดนครปฐม จำนวน 30 ราย เก็บรวบรวมข้อมูลโดย แบบสังเกตพฤติกรรมกรรมการสื่อสารและชุดเครื่องมือทางการสื่อสาร

ผลการวิจัย พบว่า ปัญหาในการสื่อสารระหว่างเจ้าหน้าที่กับผู้รับบริการชาวพม่า ในงานห้องคลอด คือ ผู้รับบริการไม่สามารถสื่อสารกับเจ้าหน้าที่เป็นภาษาไทยได้ จึงมีผลต่อการสื่อสารใน

ขั้นตอนต่างๆ เช่น การเตรียมเอกสาร การชั่งประวัติ หรือข้อมูลการตั้งครรภ์ เป็นต้น จากปัญหาดังกล่าวจึงได้พัฒนาชุดเครื่องมือสื่อสาร “ชุดเครื่องมือสื่อสารสามพรานโมเดล” เพื่อใช้ในการทดสอบการสื่อสารระหว่างเจ้าหน้าที่กับผู้รับบริการชาวพม่าในงานห้องคลอด

ผลการทดลองพบว่า คะแนนความเข้าใจในการสื่อสาร ก่อนและหลังการทดลองโดยรวมมีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติที่ระดับ 0.01 พฤติกรรมการรับสารของผู้รับบริการชาวพม่าหลังการใช้ชุดเครื่องมือสื่อสารสามพรานโมเดล มีการเปลี่ยนแปลงไปในทิศทางเชิงบวกเพิ่มขึ้น สามารถปฏิบัติตัวได้ตรงตามคำสั่งของเจ้าหน้าที่ โดยที่เจ้าหน้าที่ใช้เวลาในการสื่อสารในแต่ละขั้นตอนลดลง

สรุปได้ว่า ชุดเครื่องมือสื่อสารที่สร้างขึ้น สามารถช่วยลดปัญหาการสื่อสารระหว่างเจ้าหน้าที่กับผู้รับบริการชาวพม่า ในงานห้องคลอด โรงพยาบาลสามพรานจังหวัดนครปฐมได้จริง

**คำสำคัญ:** เครื่องมือสื่อสาร, การจัดการความขัดแย้ง, ระบบสาธารณสุข

## Abstract

This research is intended to present the result of using communication tool between the officers and Burmese service recipients in the work of the labour room in Samphran Hospital, Nakhon Pathom Province. This study is Quasi Experiment Research; the sample groups are from the coincident random by selected from 30 Burmese pregnant women who come for service in the labour room work section, Samphran Hospital, Nakhon Pathom Province. Data were collected by the notice of communication behaviors and the set of communication tool.

From this research, the communication problem between the officers and Burmese service recipients in the labour room work section occur where service recipients are not able to communicate in Thai language with the officers; therefore, it affects steps of communication, i.e., document preparation, background searching or pregnancy information, etc. From the mentioned problem, the researcher develops a set of communication tool called Communication Tool Set, ‘Samphran Model’ for testing the communication

between the officers and Burmese service recipients in the labour room work section.

The outcome of the experiment is that the total scores of communication understanding before and after the experiment are clearly different with the statistical significance at the level of 0.01. The behavior upon message receiving of Burmese service recipients after using the Communication Tool Set, 'Samphan Model' shows more positive change in that they can follow the officers' instruction; plus, the time decrease of the officers' communication in each step. It is concluded that the designed set of the communication tool can be truly used to lessen communication problem between the officers and Burmese service recipients in the labour room work section of Samphan Hospital, Nakhon Pathom Province.

**Keyword:** Communication Tools, Conflict Management, Services Healthcare System

## I. Introduction

Samphan Hospital is a secondary healthcare service. It is located in Samphan district, one of the areas that face a communication problem. Because it is surrounded by industries, and there are a lot of foreigners living around such as Burmese people and Cambodians, etc. Thus Samphan Hospital is a health services that is having as service recipients both Thai people and foreigner who are mostly Burmese people. Recently, there are many female Burmese coming for labour here. According to its last three year service recipient data, it was found that a ratio of female Burmese service recipients for labour is gradually increasing; averaging about 40 percent of all clients. (Samphan Hospital, 2014).

The major problem of most Burmese service recipients is communication because they cannot communicate in Thai; neither speak Thai nor understand what the officers explain. The delivery room officers are unable to speak and listen to the Burmese language. As a result, the communication objectives are not achieved. As the officer report on the problem, that is,

An obstacle for the officers to work is language. Because the officers are unable to communicate with service recipients clearly to tell them to prepare personal documents and necessary personal equipment to use after baby delivery, it is tough to ask them about their pregnancy details, to suggest them to conduct themselves for a new admission and each step of baby delivery. Despite of attempting to communicate with non-verbal gestures, still not understand the same clearly meaning, it is not so effective; the delivery room officers have the obstacle of service with Burmese service recipients. (Chanapha Huajan, 16 Feb 2015)

In case of need clear information about the amniotic fluid leakage. The service recipients cannot clearly specify a time or service recipients know the exact time, they cannot communicate with the officers to understand what they say. Service recipients can be affected; a risk of allergic reactions to medication, be monitored closely, wasting medical supplies and time, increasing the work and a risk of physical harm without necessary. (Alaila CogeKel, 20 Feb 2015)

According to the author's work experience in the delivery room at Samphran hospital, it is found that problems of service and communication are with the Burmese service recipients. Thus, I am interested in a study of "Communication tools for conflict management in Thai Healthcare System: a case study of officers with recipients of Foreign Service in Samphran Hospital Nakhon Pathom province", by applying the principles of Buddhism and the theory of communication to solve the problem, to provide administrators of healthcare service sections the study results to improve service qualities more effective and develop, using of resources available for the most benefit of the community and the service recipients.

## II. Research Objective

To present the result of using communication tool between the officers and Burmese service recipients in the work of the labour room in Samphran Hospital, Nakhon Pathom Province.

## III. Hypothesis

Communication tools invented can reduce communication problems between the officers and Burmese service recipients in the delivery room of Samphran Hospital, Nakhon Pathom province by reducing number of times communicate to the service recipients.

## IV. Research Conduct

### **Population and sample group**

The population in this research; the Burmese service recipients who received medical services in the baby delivery room of Samphran Hospital, Nakhon Pathom province, Annual Financial 2014 from January to February 2015, using Purposive sampling with the following requirements 1) pregnant Burmese women 2) unable to communicate in Thai 3) voluntary participants. The sample size of this study is 30 participants, using the sample size formula of experimental research.

### **Tools used in research**

The tools used to collect data on this subject are an observation of communication, and Samphran model communication tools I have invented by the following invention methods and testing the tool qualities.

1. Study documents, theory, and related research paper about communications and conflict by focusing on Buddhism and Berlo's theory to be the research framework covering the content and objectives of a study the issue

2. Draft an observation form and construct tools covering the content and objectives of a study of the issue

3. Propose a major adviser and committee the drafts to check their consistency with the objectives and check contents, completeness and accuracy, and then edit them as the advisor suggests.

4. Propose five experts the tools edited to determining the quality and validity in structures and content by using the formula IOC.

5. After considerations, the researcher has calculated the average of the index IOC, it is found that the average value of 0.89. In conclusion, the observation form of communication and Samphran model communication tools have the validity in content and structure after edition according to the suggestions.

6. Try out the observation form of communication and Samphran model communication tools that are already edited, with 30 pregnant foreign women who are not in the sampling group. Then calculate Reliability by using the formula of Cronbach's alpha coefficient, it results a value of 0.86.

7. Consider and make a final improvement for the observation form of communication and Samphran model communication tools before using it with the sample.

### **Right protection for sampling groups**

In this study, I have protected the sampling groups by getting the permission from Ethical Review Committee for Research Involving Human Research Subjects, Samphran hospital according to the Official letter NT.0032.301/7, dated January 13, 2015, and let Burmese pregnant women decide to participate in research on their own by elucidating about the objectives of the research, data collecting, benefits of the research and the right to refuse to participate in research without any impact on healthcare and medical care and no expenses. The data collected from a record score will be used for research. A presentation will be an overview for the benefit of medical service only.

Section 1, personal characterization of Burmese service recipients in Samphran Hospital, Nakhon Pathom province.

**Table 1:** Number and percentage of Burmese service recipients in Samphran Hospital, Nakhon Pathom province, classified by age, inland residence, fertility and pregnancy.

Personal Characterization	Number (person)	Percentage
<b>1. Age</b>		
18-30 years	23	
31 years above	7	
<b>2. Inland residence</b>		
1 year	12	40
2 years	10	33.33
3 years above	8	26.67
<b>3. Fertility</b>		
1 child	14	46.67
2 children above	16	53.33
<b>4. Pregnancy</b>		
1 time	12	40
2 times above	18	60
<b>Total</b>	<b>30</b>	<b>100</b>

Table 1, it shows that Burmese service recipients in Samphran hospital, Nakhon Pathom province, mostly are aged 18-30 years or 76.76 percent, 40 percent living in Thailand for one year and subordinately 33.33 percent for two years, 53.33 percent having more two children and 60 percent having more 2 time pregnancy.

Section 2, understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom before the experiment.

**Table 2:** Mean, standard deviation and the overall level of understanding before the experiment.

Process	$\bar{X}$	SD	level
GPAL	2.03	0.41	low
Commands about physical examination	2.69	0.30	medium
Admit	2.10	0.73	low
<b>Total</b>	<b>2.20</b>	<b>0.43</b>	<b>low</b>

Table 2, it shows the level of the communication understanding between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom before the experiment is overall at a low level ( $\bar{X} = 2.20$ ,  $SD = 0.43$ ), considering each process, it is found that the highest mean of commands about physical examination is at a medium level ( $\bar{X} = 2.69$ ,  $SD = 0.30$ ), subordinately Admit ( $\bar{X} = 2.10$ ,  $SD = 0.73$ ), and GPAL ( $\bar{X} = 2.03$ ,  $SD = 0.41$ ), respectively.

Section 3, understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom after the experiment.

**Table 3:** Mean, standard deviation and the overall level of understanding after the experiment.

Process	$\bar{X}$	SD	level
GPAL	4.31	0.42	good
Commands about physical examination	4.32	0.42	good
Admit	4.38	0.42	good
<b>Total</b>	<b>4.36</b>	<b>0.40</b>	<b>good</b>

Table 3, it shows that understanding of the communication the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom after the experiment is overall is overall a good level ( $\bar{X} = 4.36$ ,  $SD = 0.40$ ), considering each process, it is found that mean of each process is similarly the average at good level.

Section 4, comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, before the experiment to after the experiment.

**Table 4:** Comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, asking history GPAL, commands about physical examination and admission, before the experiment to after the experiment.

Processes	before		before		t	p-value
	$\bar{X}$	SD	$\bar{X}$	SD		
GPAL	2.03	0.41	4.31	0.42	-17.18*	0.00
Commands about physical examination	2.69	0.30	4.32	0.42	-17.19*	0.00
Admit	2.28	0.67	4.38	0.42	-12.79*	0.00
<b>Total</b>	<b>2.20</b>	<b>0.43</b>	<b>4.36</b>	<b>0.40</b>	<b>-17.02*</b>	<b>0.00</b>

$p < .01$

Table 4, it shows that understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, before the experiment to after the experiment has, overall, statistically significant difference at 0.01 ( $t = -17.02$ ,  $p\text{-value} = 0.000$ ), considering each process, it is found that each process has statistically significant difference at a level of 0.01 ( $t = -17.19$ ,  $p\text{-value} = 0.000$ ,  $t = -17.18$ ,  $p\text{-value} = 0.00$  and  $t = -12.79$ ,  $p\text{-value} = 0.00$ ).

## V. Discussion

1. Results of comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, before the experiment and that of after the experiment are statistically significant difference at the 0.01 level. Because communication tools make illustrations easy to understand. When officers make a demonstration, service recipients understand and follow correctly in consistence with the research of Susanha Yimyeam (2012 : 68-82), 'the development of communication systems of reproductive healthcare for Shan migrant labours'. The findings conclude that the research results lead to the development of communication systems of reproductive healthcare for Shan migrant labours. It causes Shan healthcare communicators who are aware of and have basic knowledge of reproductive healthcare and have an active power to drive healthcare movement to expand to a target group creatively and completely, and they affirm that painful situations, childbirth experience, emotional maturity, and a diversity of familiar surroundings are all factors that influence behaviors of the Burmese service recipients for baby delivery.

2. Results of comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, before the experiment to after the experiment by variable of age, show that it is statistically significant difference at the 0.01 level. Because of communication tools I invented make illustrations easy to follow and age is a factor that affects the emotional maturity which also affects appropriate behaviors. In consistence with the research of Pensri Chungtanajaroenlert and Pachaya Tangsira (2011: 92-105), it is found that officers have an overall average score of knowledge, understanding and participation in Education Quality Assurance at high level. Personnel's average score of knowledge and understanding of Education Quality Assurance have a statistically significant difference at level of 0.05.

3. Results of comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom,

before the experiment to after the experiment by variable of inland residence illustrate that it has a statistically significant difference at the 0.01 level. Due to differences in language and social environment, learning to adapt to survive in a different society is encouraged. The first thing to learn is to be familiar with different languages. Because of the language understanding is a way to understand other things. The longer they live, the more familiar with the language. In a case labour of the Burmese service recipients living in Thailand for a long time and that of just living in, those who live for a long time can be better to understand and react to the officers. Thus, period of inland residence affects understanding of the communication in Thai language, consistence with a research of Siriporn Maneechukate (2009 : 87-106) which concludes that relocation would have to adapt to the local dialect to be able to communicate with people in the country to live with others.

4. Results of comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, before the experiment to after the experiment by variable of fertility, it displays a statistically significant difference at the 0.05 level. Due to having a child means that they have the experience of childbirth. The more children they have, the more familiar with the preparation and conduct of baby delivery. As a result, the Burmese service recipients who have many children are familiar with the preparation and conduct of baby delivery steps. Despite of unable to understand the delivery room officers' communication, their experience with communication tools as illustrations with the Burmese language can help the Burmese service recipients who have many children can follow the officers' communication faster than those who have no child delivery experience.

5. Results of comparing understanding of the communication between the officers and Burmese service recipients in Samphran hospital, Nakhon Pathom, before the experiment to after the experiment by variable of pregnancy, it shows a statistically significant difference at the 0.05 level. Because of that experience means situations or events that have been experienced in the past, any person

who has experience any situation many times will be better to reduce panic in that situation than those who do not have such experience of that situation before. Experience helps to be familiar with conduction, as well as Burmese service recipients who have experienced pregnancy, although they cannot communicate in Thai language with the officers, they are better to know and conduct in accordance with the officers than those who have never been pregnant before. The more they experience pregnancy, the better they can guess what the officers want to communicate about the baby delivery. And if there are tools that help the officers communicate as illustrations, Burmese service recipients can understand what the officers want to communicate and behave according to it quickly, in consistence with the findings of Darunee Janruechai et.al, (2013 : 100-109) that pregnancy and baby delivery are important experiences of women's lives. It causes changing both physical and mental, emotional and social. And it is the crisis following the developmental stages of life, causing stress to mother. Especially, mothers with their first pregnancy who has no experience of baby delivery because they cannot predict what will happen to them and their child.

## VI. Limitations of research

1. The communication tools are not concise, unable to communicate every desired process. In the case of patients who are extremely in pain, no conscious awareness of communication. It is necessary to adjust the process accordingly.

2. Limitations of the use of illustration cards to communicate. They are used in a case of Burmese language. Need to improve and expand to cover more foreign languages.

## VII. Suggestions

The study “Communication tools for conflict management in Thai Healthcare System: A case study of officers with recipients of Foreign Service in Samphran Hospital Nakhon Pathom province”. It is extremely important for the operation of the officers to receive the Burmese service recipients and foreigners in order to communicate conveniently and to be a guideline for neat public health systems. The research has following suggestions.

### Policy suggestions

1. The Ministry of Public Health should develop it for use in Application of the Smart Phone or Computer programs to facilitate the operation.
2. The officers should improve their knowledge to present Samphran model communication tools to communicate with other Foreign Service recipients as well as Burmese ones.



Example Tools

3. The communication tools should be improved for a variety of languages.

### **Suggestions for further research**

Communication for conflict management in Thailand's public health system between the officers and both Burmese service recipient and foreigners is considered very important to the work of the officers who provide services to foreigners. In a case of the foreigners and the officers are unable to communicate with one another, and for the orderly and better operations, I have suggestions for further research topics as follows.

1. Nurses and Development of knowledge to communicate with foreign recipients.

2. The development of communication model with foreigners integrated with Buddhism.

3. The satisfaction of the Burmese service recipients to Samphran model Communication.



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