

HOME HEALTH CARE IN THAILAND

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Home health care is a mean to give a total package of service to the receivers including older persons, chronic patients, and paralyzed people in order to sustain and maintain an individual's health condition.

The home health care has four objectives which are :

1. to give a continual and overall treatment to individuals and/ or families.
2. to maintain a good health, alleviate severity in sickness and handicap, and help bring a normal condition back.
3. to maintain the ability at work for families.
4. to give freedom to individuals to live their lives valuable in their own societies.

Home health care starts from the process that the patientes are transmitted form hospitals and/ or public welfare service centers to their families. The procedures of the home health care are divided into steps as the followings :

1. Surveying needs relating health, general conditions, problems, including the effective factors that help lead to the achievement, however, a cooperative plan among home care team, patients, and families should be primarily set up.

2. Serving according to the home health care plan which is stated earlier. There should be a person in charge of the program ; meanwhile, the patients themselves and their families are required to cooperatively comprehend the purposes of the service and take part in the procedure until the patients are recovered of self-independent.

3. Terminating of home health care service. The service will meet its end after the patients is strong enough to take care of themselves. In order words, the service will be given as the patients regain their vigor, strength, ability, and normal conditions.

In Thailand, home health care's system was established approximately forty years ago. The service is mainly emphasized on protection and prevention as well as visiting mothers and their infants. These have been continued until present, Anyhow, the population of Thailand increasingly needs home health care. This is so because there have been changes in many areas which can be concluded that :

1. the infrastructure of the population changes. The number of senior citizens increases. The more people get older, the more treatment they need. The body including all organs are getting weaker. Hence, they can not work effectively as they used to. Another factor is the size of families.

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In the previous time, Thais have extended families which embraced every single members together, on the other hand, nowadays we are prone to shift to single families which affects as living condition of the elderly ; as a result, the elderly are wanting helpers.

2. need of health care service increases. It is a consequence of the higher in education, knowledge, understanding, and care of health of Thai people.

3. condition of ailments changes. In the past, the illness is associated with infectious but the present, it is associated with non-infections, chronic, and behavioral disease. Behavioral disease includes accidents, AIDS, hypertension, heart disease, and diabetes. Unfortunately, none of the above ailments can not be cured in a limited period of time. Beds in hospitals can not serve every single need plus patients have to spend a big sum of money. Hence, the way-out is that patients should be treated at home. This helps reduce cost and bed-taken rate.

4. cost of expenses augments due to the advance in technology and medical sciences. Patients carry a burden in spending extra money which creates troubles.

According to the reality, home health care service is highly demanded, the recent federal development plan in public welfare of Thailand stated that home health care is one of the strategies to improve people's health, in accordance with the basic public health techniques. Moreover, the ministry of public welfare established a policy in direct approached service so that people of all

walks of life are part of self health care. The project aims at individuals and families that they are capable of taking care of themselves by providing staff from hospitals. The staff is responsible for giving and orientation, assistance, and support. As a result, many organizations launch this project home health care especially in hospitals under the control of the Ministry of Public Welfare. Besides, there are also the Thai Red Cross Society and some hospitals reported to the university division.

The service recipients can be grouped in older persons, mothers and infants, chronic patients such as an HIV positive, a diabetes and non-chronic patient who need an on-going treatment such as a recovering patient form and operation as well as terminal staged patient.

The structure of home health care practiced by various hospitals in Thailand is applied from and allied sciences. However, this design, yet can not be considered an complete one as the personnel still lacks in knowledge and understanding in an accurate principle. The principle is necessary for further use, namely a research and a development planning. At present, nurse colleges and relevant organizations realize how important home health care is ; consequently, home health care service is approved in the curriculum for the faculty of nursing Moreover, Burapha University has already put the topic of home health care in the curriculum for graduate students majoring Gerontological nursing. The objective is to share knowledge and develop experiences. The students will practically

propose and implement a project on home health care for elderly for their own experiences. The are required to set up an appropriate form for elderly and mention possibilities, problems, and solutions based on the recipient's needs. Forms of home health care should be various so that they meet various needs ; for example simple recipient's needs regular visits and instructions while the complicated ones needs more sophisticated treatment. Nevertheless, relating to this care, we should study researches, potentialities, and decent ways of the welfare service system in Thailand to develop the most suitable and effective home health care to yield the best benefits to the Elderly.

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