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Original article

Development of Service Competency Training Curriculum for Healthcare Providers in Thailand's Medical Service Hub: a Needs Assessment Study

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Abstract

Thailand's vision to become an international medical hub necessitates healthcare providers with advanced service competencies. However, systematic assessment of service competency development needs among healthcare providers has been limited. This study aimed to assess the current and desired service competency levels of doctors and nurses in private hospitals to develop training curricula supporting Thailand's medical hub policy. Needs assessment research employing the discrepancy model was conducted across 48 JCI-accredited private hospitals in Thailand. The study utilized stratified random sampling with hospitals as strata. Data were collected using a structured questionnaire assessing three competency domains: knowledge, skills, and attributes. Priority Needs Index (PNI) was calculated to identify critical development areas. The study achieved response rates of 91.4% (243) for doctors and exceeded the target sample size for nurses (287). Cross-cultural communication emerged as the highest development priority, particularly for nurses (PNI=0.21). Doctors showed highest development needs in complaint handling (PNI=0.18), problem management (PNI=0.17), and cross-cultural communication (PNI=0.17). Nurses demonstrated significant needs in language appropriateness (PNI=0.18) and managing non-standard situations (PNI=0.17). Both groups required development in quick service delivery (PNI=0.15) and service value addition. Knowledge domain analysis revealed priorities in service quality consistency for doctors (PNI=0.14) and quality factors for nurses (PNI=0.15). The findings revealed distinct patterns of competency development needs between doctors and nurses while highlighting shared priorities in cross-cultural communication and service delivery speed. These

results provide empirical evidence for developing role-specific service competency training curricula while maintaining focus on shared service quality standards. The study suggests priority areas for competency development supporting Thailand's medical hub policy implementation

Keywords: service competency; medical hub; healthcare providers; needs assessment; curriculum development; cross-cultural communication; professional development; healthcare service quality

Introduction

The global healthcare landscape has evolved significantly in recent years, with medical tourism emerging as a substantial economic driver for many countries. Thailand, recognizing this opportunity, has positioned itself to become an international medical hub, aiming to provide world-class healthcare services to both domestic and international patients. This strategic vision forms part of Thailand's broader economic development plan, particularly emphasizing the medical service hub (Medical Service Hub) as a key component of the country's healthcare industry development.

Medical service hub generally refers to a country or region that becomes a destination for patients seeking quality healthcare services outside their home country. In Thailand's context, it represents a strategic initiative to position the country as a premier destination for international medical tourism through high-quality healthcare services, specialized treatments, and competitive pricing. Medical Service Hub in this study refers specifically to JCI-accredited private hospitals that provide services to international patients and play an important role in Thailand's policy to become an international medical hub.

The success of Thailand's medical hub policy, however, depends critically on the capability of healthcare providers to deliver services that meet

international standards. While Thai healthcare professionals are widely recognized for their technical medical expertise, the provision of services in an international medical hub context requires additional competencies, particularly in service delivery and cross-cultural communication.

Traditional medical and nursing education programs have primarily focused on developing clinical competencies⁽¹⁾. Analysis of existing curricula reveals that while programs include elements of service-related skills such as communication and patient care, these aspects often emphasize general service principles rather than the specific competencies required for international healthcare delivery⁽²⁾. This observation is particularly relevant given that current medical and nursing curricula, while comprehensive in technical aspects, may not fully address the unique challenges of serving an increasingly diverse international patient population⁽³⁾.

Recent studies have identified several challenges in healthcare service delivery within international medical settings. These include communication barriers⁽⁴⁾, cultural misunderstandings, and varying service expectations⁽⁵⁾ among international patients. While some private hospitals have implemented internal training programs to address these challenges, there has been no systematic assessment of the specific service competency development needs of

healthcare providers in Thailand's medical hub context⁽⁶⁾.

Furthermore, the existing literature shows limited research on the distinct service competency requirements for different healthcare provider roles. Understanding these role-specific needs is crucial for developing effective training programs that can enhance service quality while maintaining efficiency in professional development initiatives⁽⁷⁾.

This study addresses a critical gap in knowledge regarding service competency development needs in Thailand's medical hub context. By conducting a comprehensive needs assessment of both doctors and nurses, this research provides empirical evidence to inform curriculum development and policy implementation. The findings will contribute to the understanding the specific service competency development needs of healthcare providers in international medical service settings, identifying priorities for professional development programs, supporting evidence-based curriculum design for service competency enhancement, and informing policy decisions related to healthcare service quality improvement.

This research is grounded in competency development theory⁽⁸⁾ and needs assessment methodology⁽⁹⁾. The study employs the discrepancy model of needs assessment, which defines needs as the gap between current and desired performance levels. This approach allows for systematic identification of critical development areas while providing quantitative measures to inform priority setting in curriculum development.

The primary objectives of this study were to assess the current and desired service competency levels of

doctors and nurses working in Thailand's medical service hubs, identify priority areas for service competency development through systematic needs assessment, and provide evidence-based recommendations for curriculum development and policy implementation. These objectives align with Thailand's national strategy for healthcare development and support the country's aspirations to become a leading international medical hub⁽¹⁰⁾. By addressing these objectives, this research contributes to both practical knowledge for professional development and strategic planning for healthcare service enhancement.

This study is particularly timely given Thailand's ongoing efforts to strengthen its position as an international medical hub and the increasing competition in global healthcare services. The findings will provide valuable insights for healthcare institutions, educational organizations, and policymakers working to enhance service quality in international healthcare delivery.

The subsequent sections of this paper detail the research methodology, present the findings of our comprehensive needs assessment, and discuss the implications for curriculum development and policy implementation. This research represents a significant step toward evidence-based enhancement of healthcare service delivery in Thailand's medical hub context.

Methods

Research Design

This study employed a research and development approach conducted in two phases. Phase 1 focused on drafting the service competency training curriculum through needs assessment, while Phase 2 involved curriculum quality assessment. The needs assessment

utilized a quantitative methodology based on the discrepancy model, defining needs as the gap between current and desired competency levels. This study collected data between October 2024 and January 2025.

Population and samples

The target population included doctors and nurses employed in 48 private hospitals in Thailand that had received Joint Commission International (JCI) Accreditation Hospital Program. The study included all those 48 hospitals without stratification, thus providing a comprehensive assessment of service competency development needs across the entire medical hub landscape in the country. Using de Vaus's table with 95% confidence level, the study required minimum 256 participants per professional group. Stratified random sampling yielded 243 doctor respondents (91.4% response rate) and 287 nurse respondents. This study focused on doctors and nurses as they are the primary healthcare personnel who directly interact with international patients. However, not including the perspectives of service recipients may be a significant limitation of this study.

Research Instrument

A structured questionnaire assessed three competency domains: knowledge (15 items), skills (17 items), and attributes (11 items). The instrument employed a dual-response format using 5-point Likert scales to assess both current and desired competency levels. Content validity was established through expert review (IOC >0.50).

Data Analysis

Priority Needs Index (PNI_{modified}) was calculated using the formula $(I-D)/D$, where I represents desired level and D represents current level. Cut-off scores

determined development priorities using $[(PNI_{max} - PNI_{min})/2] + PNI_{min}$. Competencies with PNI values at or above the cut score were identified as priority development needs.

Research Ethics

The study received ethical approval from Chulalongkorn University's Institution Research Board (Reference: COA No. 642/67). Participant confidentiality was maintained throughout the research process, and informed consent was obtained from all participants. Data were stored securely and used solely for research purposes.

Results

The needs assessment for service competency development yielded comprehensive findings across three major competency domains: knowledge, skills, and attributes. The results revealed distinct patterns between doctors and nurses while also identifying shared development priorities.

Response Rate and Participant Demographics

From the targeted sample of 256 doctors and 256 nurses, we received responses from 243 doctors (91.4% response rate) and 287 nurses (exceeding the target sample size). All returned questionnaires were complete and valid for analysis. The high response rate suggests strong engagement with the research objectives and enhances the reliability of our findings.

Knowledge Competency Development Needs (Table 1)

For doctors, the analysis identified six priority areas requiring development. The highest priority emerged in understanding factors affecting service quality consistency (PNI=0.14). This was followed by implementing proper first-time service delivery

Table 1 Priority Needs Index (PNI) assessment for service competency development in doctors and nurses

	Competency assessment criteria	PNI value for doctors	PNI value for nurses
Knowledge	1. General service behaviour (GSB)	–	0.14
	2. Service in a multicultural context	0.11	0.13
	3. Service experience perception	–	0.14
	4. Primary objective in service work	0.12	0.13
	5. Differences among hospital clients	–	0.12
	6. Managing the physical environment	–	0.14
	7. Importance of personality	–	0.12
	8. Factors affecting service quality	0.14	0.15
	9. Doing it right the first time	0.13	–
	10. Psychology of service	0.11	0.13
	11. Practices for problematic scenarios	0.13	–
Skills	1. Handling complaints	0.18	–
	2. Addressing family dissatisfaction	0.15	–
	3. Cross-cultural communication	0.17	0.21
	4. Customer relationship communication	0.15	–
	5. Managing problems and complaints	0.17	–
	6. Creating a good first impression	0.14	0.16
	7. Language appropriateness	–	0.18
	8. Handling multiple clients simultaneously	0.15	0.15
	9. Managing differing expectations	0.14	–
	10. Creating positive impressions despite outcomes	–	0.17
	11. Back-end communication	0.14	0.16
	12. Using techniques in non-normal situations	0.17	0.17
Attributes	1. Service enthusiasm	0.08	–
	2. Quick service delivery	0.15	0.15
	3. Adding service value	0.11	0.16
	4. Creating positive first impressions	0.11	0.15
	5. Emotional control	0.09	–
	6. Persistence in problem solving	–	0.13
	7. Responsiveness to needs	0.08	0.14

Note: (–) indicates competency not identified as priority need for that group.

(PNI=0.13) and managing problematic scenarios (PNI=0.13). Understanding multicultural service contexts and service psychology both showed moderate development needs (PNI=0.11). Service objective clarity emerged as another significant area (PNI=0.12).

Nurses demonstrated development needs across a broader range of knowledge areas (Table 1). Quality factors showed the highest development need (PNI=0.15). Three areas tied for the second-highest priority (PNI=0.14): general service behavior

principles, service experience perception, and physical environment management. Understanding multicultural contexts and service objectives both showed significant needs (PNI=0.13). Client differences, personality impact, and service psychology demonstrated moderate development needs (PNI=0.12).

Skills Competency Development Needs (Table 1)

The analysis revealed particularly strong development needs in the skills domain for both professional groups. For doctors, complaint handling emerged as the highest priority (PNI=0.18). Three skill areas tied for the second-highest priority (PNI=0.17): cross-cultural communication, problem management, and handling non-standard situations. Family dissatisfaction management, customer relationship communication, and multiple client handling all showed significant development needs (PNI=0.15).

Nurses demonstrated their highest development need in cross-cultural communication (PNI=0.21), notably the highest PNI value across all competency domains for either professional group. Language appropriateness emerged as the second-highest priority (PNI=0.18), followed by outcome communication and non-standard situation management (both PNI=0.17). First impression creation and back-end communication showed significant development needs (PNI=0.16).

Attribute Competency Development Needs

The attribute domain showed generally lower PNI values compared to knowledge and skills, but still revealed important development priorities. For doctors, quick service delivery emerged as the highest priority (PNI=0.15). Service value addition and first impression creation both showed moderate development needs (PNI=0.11). Emotional control and need responsiveness

demonstrated lower but still noteworthy development needs (PNI=0.09 and 0.08 respectively).

Nurses showed higher PNI values for attributes compared to doctors. Service value addition emerged as their highest priority (PNI=0.16), followed by quick service delivery and first impression creation (both PNI=0.15). Problem-solving persistence showed moderate development needs (PNI=0.13).

Comparative Analysis Between Professional Groups

Cross-professional comparison revealed several notable patterns:

Development intensity: nurses generally showed higher PNI values across competency domains, suggesting more intensive development needs compared to doctors.

Scope of development needs: nurses demonstrated development needs across a broader range of competencies, particularly in knowledge areas.

Shared Priorities: both groups showed high development needs in cross-cultural communication and quick service delivery, though with different intensity levels.

Role-specific priorities: doctors showed higher development needs in complaint handling and problem management, while nurses demonstrated greater needs in language appropriateness and service fundamentals.

Cut Score Analysis

The calculated cut-off scores and identified priority areas are summarized in Table 2.

Table 2 presents the Priority Needs Index (PNI) cut-off scores that determine development priorities for doctors and nurses across three competency domains. Cut-off scores serve as thresholds – competencies with PNI values at or above these scores

Table 2 Cut-off scores and priority competencies by domain for healthcare provider groups

Domain	Cut-Off Score (doctors)	Cut-Off Score (nurses)	Priority Competencies (Examples)
Knowledge	0.12	0.13	Service quality factors, multicultural service context
Skills	0.15	0.17	Cross-cultural communication, complaint handling
Attributes	0.11	0.14	Quick service delivery, service enthusiasm

are identified as priority areas requiring development.

Notably, nurses show higher cut-off scores across all domains compared to doctors, suggesting more intensive overall development needs. The Skills domain demonstrates the highest cut-off scores for both groups, indicating this as a critical area for professional development programs. Example priority competencies are provided to illustrate key focus areas within each domain.

The Priority Needs Index (PNI) methodology used in this study effectively quantifies the gap between current and desired competency levels by calculating the ratio of this discrepancy to the current competency level. Higher PNI values indicate greater development needs, representing a more substantial gap between current capabilities and desired performance levels.

The PNI analysis revealed that nurses generally demonstrated higher development needs compared to doctors across all competency domains, suggesting a wider gap between their current and desired competency levels. The most substantial gaps for both professional groups were observed in the skills domain, with nurses showing a particularly high development need in cross-cultural communication (PNI=0.21), and doctors in complaint handling (PNI=0.18).

This pattern of PNI distribution indicated that while both professional groups possess solid foundational competencies, there were specific areas where substan-

tial development is needed to achieve desired performance levels. The higher PNI values observed for nurses suggested that they perceive a greater distance between their current capabilities and the competencies required for effective service delivery in the medical hub context.

These findings help inform targeted curriculum development and training resource allocation while maintaining appropriate standards for both healthcare provider groups.

Discussion

The findings of this study provide valuable insights into the service competency development needs of healthcare providers in Thailand's medical service hubs. This discussion examines the implications of these findings, their relationship to existing literature, and their significance for curriculum development and policy implementation.

Cross-Cultural Communication as a Critical Priority

The emergence of cross-cultural communication as the highest development priority, particularly for nurses (PNI=0.21), aligns with global healthcare trends and Thailand's international medical hub aspirations. This finding resonates with previous research highlighting the growing importance of cultural competence in healthcare delivery. The

higher PNI value for nurses compared to doctors (0.17) likely reflects their more frequent and sustained patient interactions, suggesting a need for more intensive cross-cultural training in nursing education programs.

The substantial development needs in this area indicate a potential gap in current healthcare professional education. While technical medical competencies are well-addressed in existing curricula, cultural competency training appears to require additional emphasis. This finding supports the argument for integrating dedicated cross-cultural communication modules into healthcare service training programs^(11,12).

Role-Specific Competency Development Patterns

The distinct patterns of development needs between doctors and nurses merit careful consideration in curriculum design. Doctors showed higher priority needs in complaint handling (PNI=0.18) and problem management (PNI=0.17), suggesting a need for enhanced patient relationship management skills. This finding may reflect the evolving nature of medical practice, where patient satisfaction and experience increasingly influence healthcare outcomes and institutional success.

For nurses, the high priority needs in language appropriateness (PNI=0.18) and service fundamentals (PNI=0.14) indicate areas requiring immediate attention in professional development programs. These findings align with the growing emphasis on patient-centered care and the increasing linguistic diversity of international patients seeking medical services in Thailand⁽¹³⁾.

Shared Development Needs and Systemic Implications

The identification of quick service delivery and

first impression management as shared development needs for both professional groups (PNI=0.15) suggests systemic challenges in service delivery processes. This finding has implications beyond individual competency development, pointing to potential organizational-level interventions needed to support service quality improvement⁽¹⁴⁾.

The relatively lower PNI values in the attributes domain, particularly for doctors, might indicate that certain service-related characteristics are already well-developed through existing professional education and experience. However, the consistent identification of development needs across all domains supports the argument for comprehensive competency development programs.

Implications for Curriculum Development

The findings provide clear direction for curriculum development in several key areas:

First, the results support the development of role-specific training modules that address the distinct needs of doctors and nurses⁽¹⁵⁾ while maintaining focus on shared service quality standards⁽¹⁶⁾. This approach would allow for targeted skill development while promoting interprofessional collaboration and consistent service delivery.

Second, the high priority placed on cross-cultural communication suggests this should be a core component of any service competency curriculum. The development of such modules should incorporate both theoretical frameworks and practical applications⁽¹⁷⁾, with particular emphasis on common cross-cultural healthcare scenarios⁽¹⁸⁾.

Third, the findings indicate a need for integrated approaches to competency development that address knowledge, skills, and attributes simultaneously.

This suggests that traditional classroom-based training may need to be supplemented with experiential learning opportunities and practical skill development exercises⁽¹⁹⁾.

Policy Implications and Implementation Considerations

The research findings have significant implications for Thailand's medical hub policy implementation. The identified competency gaps suggest a need for systematic professional development initiatives aligned with national healthcare service standards. This may require coordination between educational institutions, healthcare facilities, and policy-making bodies to ensure comprehensive implementation of development programs.

Study Limitations and Future Research Directions

Several limitations should be considered when interpreting these findings. First, the study focused exclusively on private hospitals with JCI accreditation, potentially limiting generalizability to other healthcare settings. Second, the reliance on self-reported competency assessments may introduce some response bias, though the high response rates suggest strong engagement with the research objectives.

Future research should explore competency development needs in public hospitals and other health-care settings. Additionally, longitudinal studies examining the impact of competency development programs on service quality and patient satisfaction would provide valuable insights for program refinement.

Practical Applications

Based on the PNI analysis findings, we propose these specific, actionable recommendations for developing service competency in Thailand's medical

hub context:

Cross-Cultural Communication Development (PNI=0.21 for nurses, 0.17 for doctors)

- Develop comprehensive cross-cultural communication training programs with different intensity levels for nurses and doctors
- Implement simulated patient encounters featuring diverse cultural contexts based on patient demographics

Role-Specific Priority Development

- For doctors: establish specialized training in complaint handling (PNI=0.18) and problem management (PNI=0.17)
- For nurses: implement language appropriateness training (PNI=0.18) with regular assessment and certification

Service Delivery Enhancement (Shared priority PNI=0.15)

- Develop standardized protocols for quick service delivery
- Implement service process mapping to address systemic barriers to efficient service

Knowledge Domain Development

- For doctors: create modules on factors affecting service quality (PNI=0.14)
- For nurses: Develop targeted training on quality factors (PNI=0.15)

Healthcare institutions can use these results to prioritize professional development initiatives and allocate resources effectively. Educational institutions can incorporate the findings into curriculum design for both pre-service and in-service training programs. The balanced approach of shared modules for common needs while addressing role-specific competencies promotes both efficiency in training delivery and

effectiveness in competency development.

These practical recommendations connect directly with Thailand's medical hub policy implementation, providing evidence-based direction for curriculum developers, healthcare administrators, and policymakers to enhance service quality and international competitiveness.

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การพัฒนาหลักสูตรฝึกอบรมสมรรถนะด้านการบริการสำหรับผู้ให้บริการการรักษาพยาบาลและการดูแลสุขภาพในศูนย์กลางการแพทย์ประเทศไทย: การศึกษาวิเคราะห์ความต้องการจำเป็น

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บทคัดย่อ: วิสัยทัศน์ของประเทศไทยในการก้าวสู่การเป็นศูนย์กลางทางการแพทย์นานาชาติ จำเป็นต้องอาศัยผู้ให้บริการด้านการรักษาพยาบาล และการดูแลสุขภาพที่มีสมรรถนะด้านการบริการในระดับสูง แต่การประเมินความต้องการจำเป็นด้านการพัฒนาสมรรถนะการบริการของบุคลากรที่ให้การรักษาพยาบาลและการดูแลสุขภาพอย่างเป็นระบบยังมีอยู่อย่างจำกัด งานวิจัยนี้จึงมีวัตถุประสงค์เพื่อประเมินระดับสมรรถนะด้านการบริการทั้งในปัจจุบันและระดับที่พึงประสงค์ของแพทย์และพยาบาลในโรงพยาบาลเอกชน เพื่อนำไปสู่การพัฒนาหลักสูตรฝึกอบรมที่สนับสนุนนโยบายศูนย์กลางทางการแพทย์ของไทย การวิจัยนี้ใช้วิธีประเมินความต้องการจำเป็นตามแบบจำลองความแตกต่าง ดำเนินการในโรงพยาบาลเอกชนที่ได้รับการรับรองมาตรฐาน JCI จำนวน 48 แห่งทั่วประเทศไทย ใช้วิธีการสุ่มตัวอย่างแบบแบ่งชั้นภูมิโดยมีโรงพยาบาลเป็นหน่วยชั้นภูมิ จากนั้นเก็บรวบรวมข้อมูลโดยใช้แบบสอบถามเชิงโครงสร้าง ซึ่งประเมินสมรรถนะ 3 ด้าน ได้แก่ ความรู้ ทักษะ และคุณลักษณะ ทำการวิเคราะห์ข้อมูลโดยคำนวณดัชนีลำดับความสำคัญของความต้องการจำเป็น (priority need index - PNI) เพื่อระบุประเด็นที่ควรพัฒนาอย่างเร่งด่วน การศึกษานี้ได้รับอัตราการตอบกลับ ร้อยละ 91.4 (243 คน) สำหรับแพทย์ และได้รับการตอบกลับจากพยาบาลเกินกว่าจำนวนกลุ่มตัวอย่างที่กำหนด (287 คน) ผลการศึกษาพบว่า การสื่อสารข้ามวัฒนธรรมเป็นประเด็นที่มีความต้องการพัฒนาเร่งด่วนที่สุด โดยเฉพาะในกลุ่มพยาบาล (PNI=0.21) ส่วนแพทย์มีความต้องการพัฒนาสูงสุดในด้านการจัดการข้อร้องเรียน (PNI=0.18) การจัดการปัญหา (PNI=0.17) และการสื่อสารข้ามวัฒนธรรม (PNI=0.17) พยาบาลแสดงความต้องการที่สำคัญในด้านความเหมาะสมของการใช้ภาษา (PNI=0.18) และการจัดการสถานการณ์ที่ไม่เป็นไปตามมาตรฐาน (PNI=0.17) ทั้งสองกลุ่มมีความต้องการพัฒนาในการให้บริการที่รวดเร็ว (PNI=0.15) และการเพิ่มคุณค่าของบริการ การวิเคราะห์ด้านองค์ความรู้ พบว่า แพทย์ให้ความสำคัญกับความสม่ำเสมอของคุณภาพการบริการ (PNI=0.14) ขณะที่พยาบาลให้ความสำคัญกับปัจจัยด้านคุณภาพ (PNI=0.15) ผลการศึกษาแสดงให้เห็นถึงรูปแบบที่แตกต่างกันของความต้องการในการพัฒนาสมรรถนะระหว่างแพทย์และพยาบาล แต่ทั้งสองกลุ่มมีความต้องการร่วมกันในประเด็นการสื่อสารข้ามวัฒนธรรมและการให้บริการที่รวดเร็ว ผลการวิจัยนี้สามารถนำไปใช้เป็นหลักฐานเชิงประจักษ์เพื่อการพัฒนาหลักสูตรฝึกอบรมที่เจาะจงบทบาทของแต่ละวิชาชีพ ในขณะที่ยังคงรักษามาตรฐานคุณภาพการบริการร่วมกันไว้ และยังชี้ให้เห็นถึงประเด็นสำคัญที่จะใช้ในการพัฒนาสมรรถนะเพื่อสนับสนุนการขับเคลื่อนนโยบายที่จะให้ประเทศไทยเป็นศูนย์กลางทางการแพทย์

คำสำคัญ: สมรรถนะด้านการบริการ; ศูนย์กลางทางการแพทย์; ผู้ให้บริการด้านการรักษาพยาบาลและการดูแลสุขภาพ; การประเมินความต้องการจำเป็น; การพัฒนาหลักสูตร; การสื่อสารข้ามวัฒนธรรม; การพัฒนาวิชาชีพ; คุณภาพบริการด้านการรักษาพยาบาลและการดูแลสุขภาพ