



ISSN: 2785-2997

Journal of Human, Earth, and Future

Vol. 6, No. 3, September, 2025



Enhancing Efficiencies of Subdistrict Health Promoting Hospital Post-Transfer of Missions to Local Government Organization

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Received 09 June 2025; Revised 16 August 2025; Accepted 20 August 2025; Published 01 September 2025

Abstract

This article aims to study and evaluate the efficiency of the administration of sub-district health-promoting hospitals and to provide recommendations for policy improvement of sub-district health-promotion hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations, using a mixed-methods research approach. The key informant group consisted of (1) executives of the Nakhon Si Thammarat Provincial Administrative Organization and (2) executives from the Ministry of Public Health. The sample group comprised 172 public health personnel working in sub-district health promotion hospitals in both professional and support sectors. The study area included (1) the Nakhon Si Thammarat Provincial Administrative Organization, (2) the Nakhon Si Thammarat Provincial Public Health Office, (3) district public health offices with sub-district health-promoting hospitals transferring their missions to the Provincial Administrative Organization, and (4) sub-district health-promoting hospitals that transferred their missions to the Provincial Administrative Organization in the first round. The study sought to determine at what level the efficiency of the administration of sub-district health-promotion hospitals in Nakhon Si Thammarat Province stands after the transfer of tasks to local administrative organizations. The findings revealed that service delivery, health workforce, health information systems, access to essential medicines, health financing, and leadership/governance are all at a high level. The average score ranges from 2.10 to 3.00, indicating the highest level of practice. The opinions of executives from the Ministry of Public Health and those of local administrative organizations showed both similarities and differences.

Keywords: Subdistrict Health Promoting Hospital; Transfer of Mission; Provincial Administrative Organization.

1. Introduction

The transfer of the mission of the 60th Anniversary Queen Sirikit Health Center and the sub-district Health Promotion Hospital is one of the critical operations according to the decentralization plan for local administrative organizations [1]. The action plan determines the procedures for decentralizing power to local administrative organizations under the Act on Decentralizing Plans and Procedures for Local Administrative Organizations B.E. 2002 [2]. This act stipulates the transfer of public health missions to local administrative organizations, enabling them to play a role in organizing public services and managing public health. For the benefit of local people [3], the Announcement of the Decentralization Committee for Local Administrative Organizations (2021) was adopted. Especially in the areas of medical treatment,

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 <http://dx.doi.org/10.28991/HEF-2025-06-03-013>

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infectious disease prevention, and health and hygiene promotion among local people, efforts should be more comprehensive and universal [4]. These initiatives will help promote, elevate, and enhance the quality of life for local people [5]. It is, therefore, an essential mechanism for increasing the efficiency of government health services [6], enabling better, faster, and more effective outreach to meet the needs of people in that area [7]. It also provides an opportunity for the public to participate in thinking, analyzing, and planning health development plans [8], as well as playing a role in monitoring the services of provincial administrative organizations [9].

In addition, the transfer of duties to local administrative organizations [10], where citizens benefit from public services after the transfer of responsibilities, has the following consequences: Evaluation of the performance of the administration of sub-district health promotion hospitals after the transfer of duties to local administrative organizations in the health service [11]. Achieving health system goals can be enhanced through private-sector collaboration, utilizing six key strategies. It involves policy development, joint planning, resource development, cooperation, and improving the quality of healthcare by increasing service efficiency, developing the health workforce, and enhancing access to medicine, resources, and good governance [12, 13]. The health workforce in the area of information systems is crucial. Although the development of service systems and the promotion of health systems are essential, health information systems form the foundation of the health system, integrating health data into information systems for better health decision-making. Therefore, policymakers must prioritize the development of health information systems [14, 15] knowledge media, budget, leadership, and governance [16].

In terms of leadership and governance, the health center head reported that after participating in the training, the head allowed the staff to express their opinions and share their ideas about the health center's various operations, such as annual budget planning. This planning led to increased inspiration and encouragement, resulting in improved work efficiency [13, 17], taking into account the principles of decentralization and continuing to operate under the standards set by the Ministry of Public Health [18]. Problems and obstacles in the transfer process, where transfers were successful, can be summarized as follows: 1) Unclear budget and budget usage. 2) The policy from the Provincial Public Health Office is unclear regarding the allocation of personnel [19]. 3) Unclear progress of civil servants and officials, different regulations. 4) Problems with service areas: the place is narrow and difficult to expand. 5) The leadership of the sub-district hospital is still insufficient. Most of them are old and do not give importance to documents [20]. Training in leadership development for health personnel resulted in health system performance indicators selected by trainees that were implemented during the training, demonstrating the positive impact of the leadership development program [21, 22]. 6) Worries about benefits, welfare, and compensation; not sure what will happen after the transfer. 7) Communication of misunderstandings between central and regional agencies [23].

In addition to the problems arising from the transfer of duties from sub-district hospitals, how will administrative efficiency differ in each area after the transfer of responsibilities? [24] Challenges in achieving the goal of universal health coverage include planning to meet community needs and implementing policies for job transfer, health financing, allocation of medical personnel, and cooperation from various sectors. Play an essential role in achieving the goals. However, on the contrary, if there are unequal health services, weak leadership, unskilled personnel, and unclear government policies, the unequal distribution of medical personnel does not achieve the goal of universal health coverage [25, 26].

In 1999, the Office of the Permanent Secretary of the Ministry of Public Health transferred health stations (including hospitals, sub-district health promotion centers, and health stations) in honor of Her Majesty Queen Sirikit's 60th Birthday Anniversary through the decentralization plan for local administrative organizations (No. 2) of 2008. The action plan outlined the steps for decentralizing power to local administrative organizations (version 2) by the mission transfer route [27]. In 2008, the government made its first transfer of 15 health stations to three sub-district administrative organizations comprising 11 sub-district municipalities and one city municipality. In 2021, the Decentralization Committee for Local Administration Organizations announced the criteria and procedures for transferring the missions of the Queen Sirikit 60th Anniversary Chalermprakiat Health Center and Sub-district Health Promotion Hospital to the Provincial Administrative Organization [28].

In 2022, a total of 79 places were transferred, accounting for 0.80%: 26 sub-district administrative organizations, 33 sub-district municipalities, 11 city municipalities, nine city municipalities, and 1 Pattaya City. In 2023, out of 9,872 sub-district health promotion hospitals or health stations, 3,263 had been transferred (33.05%) and 6,609 had not yet been transferred (66.95%). There were 76 Provincial Administrative Organizations that accepted transfers; 62 accepted transfers (81.58%), while 14 did not accept transfers (18.42%). As of February 19, 2024, a total of 9,872 sub-district health promotion hospitals and health stations existed. Of these, 5,596 locations (56.69%) had not yet been transferred, and 4,276 locations (43.31%) had been transferred. Among those transferred, 4,196 locations (98.13%) were transferred to PAOs, 33 to sub-district municipalities (0.77%), 27 to sub-district administrative organizations, 11 municipalities (0.26%), eight city municipalities (0.19%), and 1 Pattaya City (0.02%) (data as of February 17, 2024, Health Systems Research Institute, 2024) [29].

In Health Region 11, comprising Nakhon Si Thammarat, Surat Thani, Ranong, Chumphon, Krabi, Phuket, and Phang Nga provinces, 719 Subdistrict Health Promoting hospitals/health stations have been transferred, or 32.96% [29]. Nakhon Si Thammarat Province has a total of 251 sub-district health promotion hospitals and health stations, and 36 have already transferred their duties to the Nakhon Si Thammarat Provincial Administrative Organization in the first round, accounting for 14.34%. There are still 215 that have not yet decided on the transfer [29].

According to current public health operations, plans are still in place, as outlined by the Ministry of Public Health, and implemented through the Act on Decentralization Plan and Procedures for Local Administrative Organizations, enacted in 1999 [30]. It is still slow and does not align with the plan, which is contrary to the work. There is an allocation of budget to villages to support the Community Primary Health Care Center [31]. What is the budget allocated to be used to promote, prevent disease, and solve public health problems in the community? In past operations, health station staff still lacked guidelines and knowledge, and there was confusion about decentralizing power to local administrative organizations [32].

Additionally, personnel with the appropriate knowledge and skills are required. Under good management, there are leadership qualities, teamwork, and proper facilities for work [33, 34]. However, in the current reality, the Provincial Administrative Organization Sub-district health promotion hospitals and health stations are still not ready for these factors, which causes the Sub-district Health Promotion Hospital Director and the sub-district health promotion hospital staff to not be confident that the provincial administrative organization will be able to effectively transfer public health tasks by the intention of this decentralization [35].

From the background and importance of the problems mentioned above, there is an urgent need to evaluate the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations. It is necessary to determine the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after transferring the mission to the local administrative organization and to identify the level at which it stands. This also includes studying the factors affecting the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations, as well as examining recommendations for policy improvements in the transfer of tasks from sub-district hospitals to local administrative organizations. These efforts aim to create various policies that make the transfer of sub-district hospital functions more efficient and effective. Additionally, this helps provide sub-district health promotion hospital staff with clear guidelines, which become essential when deciding to accept the transfer of duties and continue working within local administrative organizations.

The remaining components of the structure consist of the following: Section Two is a literature review of previous studies in the desired context; Section Three presents the conceptual framework used in the study. Section four outlines the research methodology employed in this study to achieve the objectives stated in this article. Section 5 presents the study's results based on the research methodology. Section six presents the results and their discussion. Finally, Section 7, Conclusions, provides possible policy and operational recommendations based on the study's results for application in other areas, both domestically and internationally.

1.1. Objectives

- To evaluate the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of duties to local administrative organizations to see what level they are at.
- To study the recommendations for policy improvement of sub-district health promotion hospitals in Nakhon Si Thammarat Province after transferring missions to local administrative organizations.

2. Literature Review

In this study, the researcher used keywords related to the research topic to identify relevant literature reviews on concepts, theories, and research pertinent to the research design. The conceptual framework of the study and the development of instruments for data collection have been studied among the previous literature. The literature includes:

2.1. The Concept of Health Decentralization

The Constitution is the highest law of governance in Thailand. After the change of government from an absolute monarchy to a democracy in 1932, the Constitution is the law that defines the framework of the relationship between sovereign powers. This regulation includes legislative, executive, and judicial power, which is considered the country's highest power. The executive power, one of the three essential powers, has the law on the country's administration to organize the division of the national administration system.

2.1.1. Local Administrative Organization Decentralization Plan and Procedure Act B.E. 1999

To comply with Section 284 of the Constitution of the Kingdom of Thailand B.E. 1997 [36]; the Act on the Decentralization Plan and Procedures for Local Administrative Organizations B.E. 1999 [1] was subsequently enacted.

The main point is to define the power and duties in organizing public services between the state and local administrative organizations and between local administrative organizations themselves.

2.1.2. Decentralization Plan for Local Administrative Organizations 2000

The decentralization plan for local administrative organizations is a plan prepared by the Decentralization Committee for Local Administrative Organizations, as outlined in its role and duties under Section 12 of the Decentralization Plan and Procedures Act.

2.1.3. Vision of Decentralization to Local Areas

The vision of the decentralization plan stipulates that the first four years, from 2001 to 2004, will be a period of improving the internal administrative systems of local administrative organizations, central administrative organizations, and regional administrative organizations.

A conceptual framework for decentralization to local administrative organizations that adheres to the principles and essentials of the three areas:

- In terms of independence in policy determination and management, local administrative organizations are autonomous in determining their own administrative policies, management, personnel management, and financial affairs.
- In terms of national administration and local government administration, the state must decentralize power to enable local government organizations to be more self-reliant and make decisions regarding their affairs.
- In terms of the efficiency of local administrative organizations, the state must decentralize power to local administrative organizations so that people receive better or no lower-quality public services than before, with standard quality. The management of local government organizations is transparent and efficient, and there is no public health department in the organization that is more responsible for service users.

2.1.4. Decentralization Objectives

According to the Decentralization Plan, the Decentralization Plan for Local Administrative Organizations 2000 [37, 38] has three main objectives:

- To continuously decentralize power to local administrative organizations by the Constitution of the Kingdom of Thailand B.E. 1997 [36] and the Act on the Decentralization Plan and Procedures for Local Administrative Organizations B.E. 1999 [1].
- Establish a clear framework, direction, and guidelines for decentralizing power to local administrative organizations.
- Determine the operational guidelines for the action plan, which will establish the general principles for considering the transfer of duties and the formats for transferring responsibilities from the central administration to regional administrations and local administrative organizations. The transfer period involves guidelines for dividing powers and responsibilities in providing public services between the state and local administrative organizations.

2.1.5. Experience in Developing Health Systems a Broad in a Decentralized Context

Decentralization or delegation of authority to subordinates, as seen in lessons from foreign countries such as Portugal, shows that Portugal decentralized healthcare to municipalities in 1972. Primary care services are available in all areas, including those where 90 percent of the population lives far from hospitals.

2.1.6. Concept and Context of Transferring Duties to Local Administrative Organizations

The transfer of duties to local administrative organizations will include both the transfer of power and responsibilities in providing public services as specified in the law. There are three types of transfer: missions that the local government organization performs itself, missions that the local government organization performs together with the state, and missions that the state still performs but the local government organization performs.

2.2. Concept of Administrative Efficiency

The term efficiency can be understood in both business administration and public administration. The definition of this word, according to the Royal Institute Dictionary, B.E. 1982, is "efficiency." It means the ability to produce results at work. However, many scholars have defined efficiency as follows:

Efficiency is the comparison of costs (Input) with results or outputs (Output). We must use expenses to create the most results or outputs to work efficiently. If we work with outputs, less is referred to as "inefficiency." In other words,

efficiency is using resources to the most significant benefit. However, working efficiently without wasting the budget or incurring additional expenses may compromise the quality of the work, as seen when attempting to reduce the costs per unit, which can lead to increased efficiency but a decrease in quality. Efficiency is based on the economic concept that when resources are limited, using them for one purpose will incur costs because they cannot be used for anything else. Therefore, the production or selection of resource use should maximize the highest possible productivity (or utility) from the use of limited resources. This is the meaning of the word efficiency (Efficiency).

Efficiency refers to the ability to utilize existing resources or factors to achieve maximum benefit, resulting in high-quality work or output that meets the set goals. Efficiency is something that can be measured in many dimensions according to the objectives to be considered, such as terms of health services, human resources, health, budget, knowledge media, information systems, leadership, and governance [39].

2.3. Theoretical Concepts on Health System Management Based on the Concept of 6 Bricks (The Six Building Blocks of Health System)

According to the World Health Organization (WHO), theoretical concepts of health system management are based on six building blocks of the health system, designed to strengthen the health system for the 21st century. A study of the performance evaluation of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province, following the transfer of missions to local administrative organizations, utilized the concept of 6 bricks. The Strengthening the Health System for the 21st Century (Six Building Blocks of Health System) framework of the World Health Organization (WHO) is used as a conceptual framework for measurement, as follows:

2.3.1. Service Delivery

Health service delivery is a crucial component of the healthcare system. It is a fundamental factor leading to public health [34]. The form may differ from country to country. Still, the most critical component is Having a network that provides comprehensive services according to the needs of people in the target groups, including prevention, treatment, rehabilitation, and health promotion.

2.3.2. Health Workforce

The country's ability to manage all available human, financial, and material resources to achieve healthy citizens requires a healthy workforce with the knowledge, skills, motivation, and responsibility to provide health services. Additionally, the correct number of staff also plays a crucial role in improving health outcomes. Health personnel include all health professionals in the public and private sectors.

2.3.3. Health Information System

Reliable information will serve as the basis for decision-making in all six health system pillars. It also plays a role in implementing health system policies and conducting research to develop and address various issues, such as services, workforce, and healthcare finance mechanisms. Information systems also track and evaluate medical records and treatment processes, analyze plans, create research questions, and communicate information to various target groups.

2.3.4. Access to Essential Medicines

The World Health Organization has established a framework that requires health systems to have mechanisms in place to ensure people have access to quality and value-for-money medicines, vaccines, and essential technologies. This may be through lists of drugs, medical supplies, guidelines, or national standards. Shows the steps and methods of price determination, price negotiation status, setting standards and quality of drugs and medical supplies entering the domestic market, purchasing regulations, and efficient management of drug and medical supply warehouses.

2.3.5. Health Financing

Health finance is a crucial foundation for sustaining the health system through mechanisms such as payment, collection, or sharing to create services that are currently lacking in the system, motivate personnel, or purchase medicines and medical supplies to cover the necessary health services of the people. To make the overall health system available and accessible to the public at all times and places.

2.3.6. Leadership Governance

Good governance is more important than ever in the current situation. It is imperative that leaders pay attention to the strategies for building successful health systems, supervise, control and be responsible for allocating appropriate and equitable budgets.

3. Research Conceptual Framework

Based on a review of the related literature, the researcher has adopted the concept of administrative efficiency. The idea of health decentralization and the theoretical framework of health system management are based on the six building blocks of a health system and the concept of health decentralization [16] as shown in Figure 1.

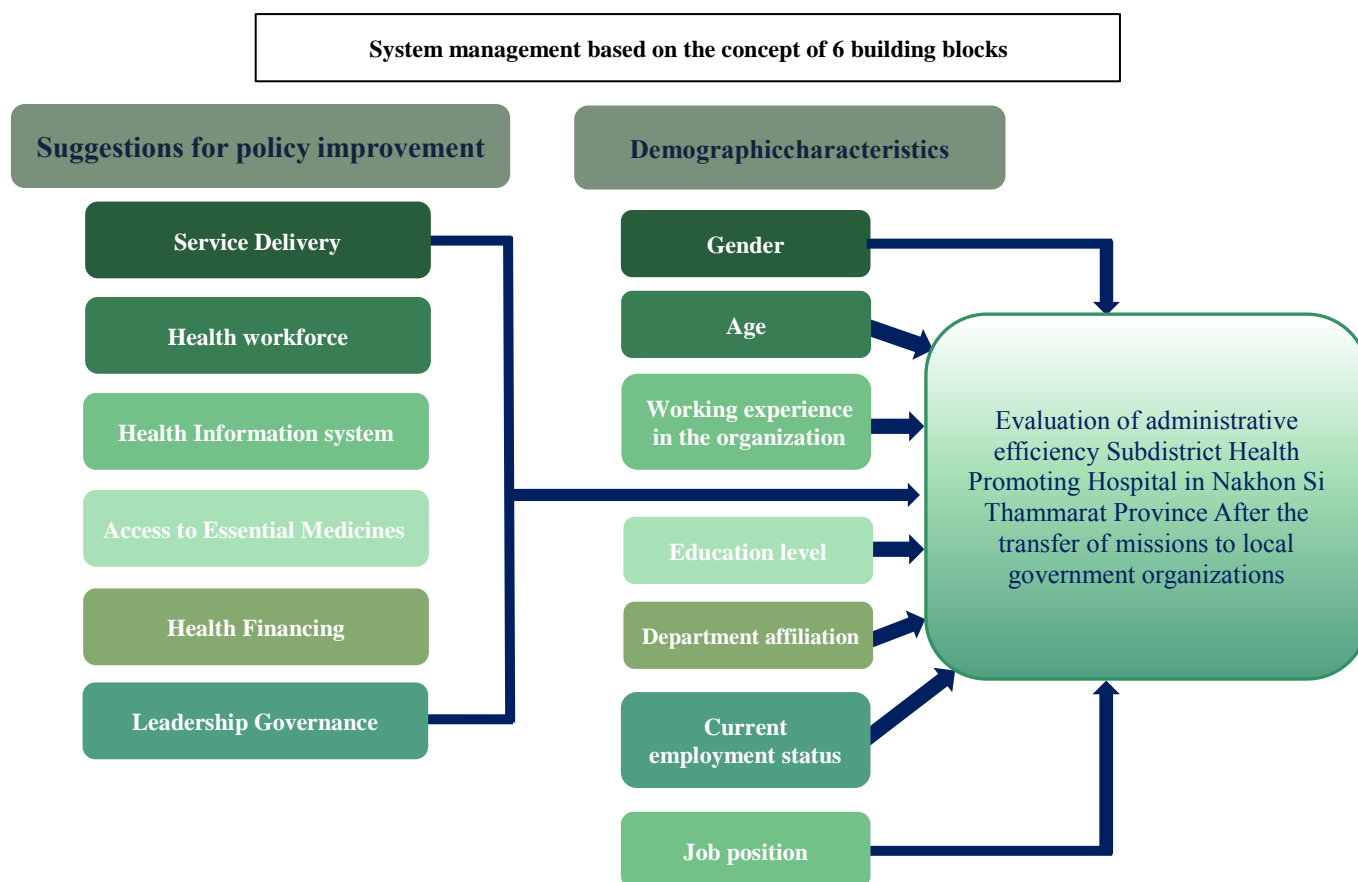


Figure 1. Conceptual Framework of this research

4. Methodology

4.1. Research Design

This study employed a mixed-methods research approach, combining qualitative and Quantitative Research Methods [40]. Data collection was conducted through in-depth interviews, and the study used qualitative methods involving executives from the Ministry of Public Health in the area where the missions of the Subdistrict Health Promotion Hospital have been transferred, as well as executives from the Nakhon Si Thammarat Provincial Administrative Organization. For the quantitative study, the target group was all public health personnel in the transferred sub-district health promotion hospitals.

4.2. Key Informants and Samples

Key Informants for qualitative research consist of 2 groups as follows: (1) Executives of the Nakhon Si Thammarat Provincial Administrative Organization consist of the Nakhon Si Thammarat Provincial Administrative Organization President, one person, the Nakhon Si Thammarat Provincial Administrative Organization Secretary, one person, and the Nakhon Si Thammarat Provincial Administrative Organization Public Health Division Director, one person. (2) Executives from the Ministry of Public Health, consisting of 1 provincial public health officer from Nakhon Si Thammarat and 10 district public health officers with sub-district health promotion hospitals transferred in the first round.

4.2.1. Criteria for Selecting Key Informants

The criteria for selecting key informants were being over 18 years old and having worked for more than one year, including executives from the Nakhon Si Thammarat Provincial Administrative Organization and the Ministry of Public Health. This resulted in interviews with 14 key informants.

Sample group: The researcher selected the target group for the study from personnel who wanted to transfer from sub-district health-promoting hospitals and related individuals from the transferring agencies. This selection was based on the first round of transferred sub-district health-promoting hospitals, which totaled 36 locations in Nakhon Si Thammarat Province—comprising all transferred directors of sub-district health promotion hospitals, as well as public health personnel in the professional and support departments of sub-district health promotion hospitals.

4.2.2. Determining Sample Size

The method of calculating the sample group from selecting the entire population and purposive sampling of 172 people was used. Total number of respondents: 172 people.

4.3. Research Venue of the Study (Study Area)

Research study areas include (1) Nakhon Si Thammarat Provincial Administrative Organization (2) Nakhon Si Thammarat Provincial Public Health Office (3) District Public Health Offices with Sub-district Health Promoting Hospitals transferring their missions to the Provincial Administrative Organization (4) Sub-district Health Promoting Hospitals that transferred their missions to the Provincial Administrative Organization in the first round.

4.4. Research Process

The research process involves the following steps:

- Review the literature related to the concept of administrative efficiency. The concept of health decentralization and the theoretical framework of health system management are grounded in the six building blocks of the health system. The obtained data will be used to define a research conceptual framework and develop questions as a tool for collecting data. Both questions will be used in in-depth interviews and questionnaires.
- The questions and questionnaire tools were examined for content validity by three experts, and the experts' suggestions were used to adjust the two data collection tools.
- The questionnaire, which has been tested for content validity and revised according to the recommendations of experts, is then tested for reliability by administering the questionnaire. Collect data with public health personnel in the sub-district health-promoting hospital; the professional and support departments have transferred their duties to the Nakhon Si Thammarat Provincial Administrative Organization.
- The questionnaire used to collect data from the tourist group was tested to calculate Cronbach's alpha coefficient [41], yielding an alpha coefficient of 0.89 for the entire questionnaire. The questionnaire was revised to be complete before being used for further data collection.
- The questioning tool was used to conduct in-depth interviews with executives from the Nakhon Si Thammarat Provincial Administrative Organization and the Ministry of Public Health.
- The questionnaire tool collected data from 172 public health personnel in the sub-district health promotion hospital, professional, and support divisions that transferred their duties to the Nakhon Si Thammarat Provincial Administrative Organization.
- The data collected from key informants and samples were analyzed using qualitative and statistical methods according to the framework of both objectives.
- The results of the data analysis are compiled and presented in this research article.

4.5. Data Analysis

Data analysis is divided into two parts:

Qualitative data analysis: To reveal the factors affecting the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations and suggestions for policy improvements in the transfer of the tasks of the sub-district health promotion hospital to the local administrative organization. The interview tapes of the sample group will be transcribed verbatim. The interview data will be destroyed after the research is completed. The researcher will analyze the interview data using content analysis, focusing on the main points extracted from the in-depth interviews.

Quantitative data analysis shows the efficiency of management after transferring the mission of the sub-district health promotion hospital to the local government organization. The level in various aspects is as follows: 1. Health service aspect, 2. Health workforce aspect, 3. Budget aspect, 4. Knowledge media aspect and 5. Information system aspect, 6. Leadership and governance aspects using descriptive statistics, including frequency, percentage, mean, and standard deviation.

5. Results

The results of the study evaluating the efficiency of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of tasks to local administrative organizations will be presented in the following order. These findings will be used to study the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of tasks to local administrative organizations and to see their level.

The questionnaire data on the evaluation of the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of tasks to local administrative organizations, which are divided into two parts, consisting of Part 1: Personal Information Part 2: Evaluate the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after transferring the mission to the local administrative organization.

5.1. Demographic Characteristics

Demographic characteristics revealed that most respondents were female, at 84.30 percent, with an age range of 30-39 years, accounting for 30.81 percent, and work experience in the organization, with the majority having 10 years or more, at 48.26 percent, and a bachelor's degree level. 80.23 percent belong to the Subdistrict Health Promotion Hospital, 100 percent. Current employment status: Civil servants' 65.12 percent. Most are public health officer 33.72 percent, as shown in Table 1 and Figures 2 to 8.

Table 1. Percentage of demographic characteristics (n= 172)

Demographic characteristics	Quantity (percent)
Sex	
Male	27(15.70)
Female	145(84.30)
Alternative gender	0(0)
Age (years)	
Less than 30	50(29.07)
30-39	53(30.81)
40-49	24(13.95)
50-59	45(26.17)
Working experience in the organization (years)	
1-5 years	67(38.95)
6-10 years	22(12.79)
10 years and up	83(48.26)
Education level	
Grade 12 or Vocational Certificate	10(5.81)
Associate Degree or Vocational Certificate	13(7.56)
Bachelor's degree	138(80.23)
Master's degree	10(5.81)
Doctoral degree	1(0.58)
Belonging to the agency	
Subdistrict Health Promoting Hospital	172(100)
Subdistrict Health Promoting Hospital (Public Health)	00(00)
Current employment status	
Government officer	112(65.12)
Government employee	00(00)
Permanent employee	1(0.58)
Temporary employee	59(34.30)
other	00(00)
Position	
Professional nurse	35(20.35)
Public health officer	58(33.72)
Thai traditional medicine	12(6.98)
Physical therapist	3(1.74)
Public Health Officer/Dental Health Officer	14(8.14)
Public Health officer Assistant	22(12.80)
Data recording officer	3(1.74)
Administrative Officer	5(2.91)
Assistant Financial and Accounting Officer	14(8.14)
General service staff	6(3.49)

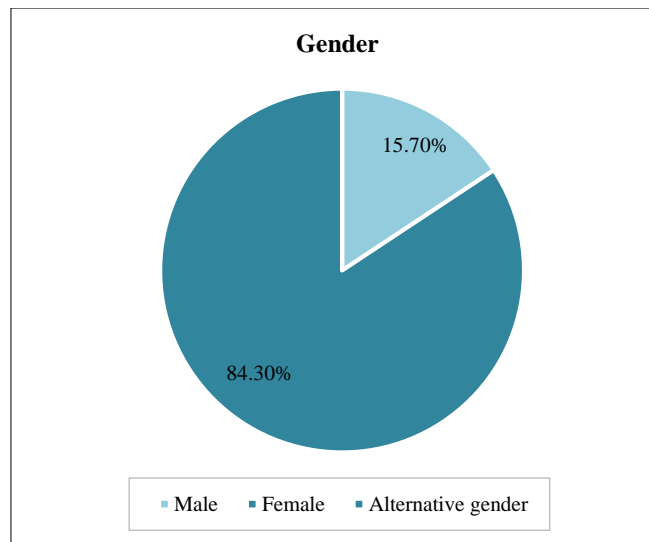


Figure 2. Demographic characteristics show gender, mostly female (84.30%) and male (15.70%)

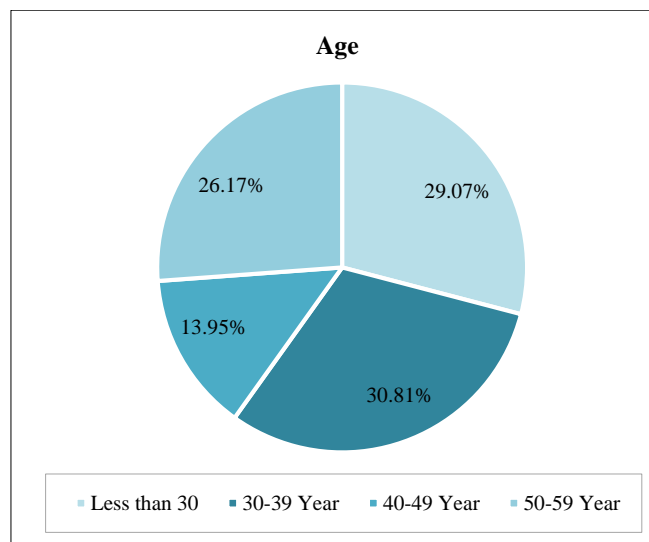


Figure 3. Demographic characteristics show that the majority of the age group is 30-39 years old (30.81%), the age group is less than 30 years old (29.07%), the age group is 50-59 years old (26.17%), and the age group is 40-49 years old (13.95%), respectively

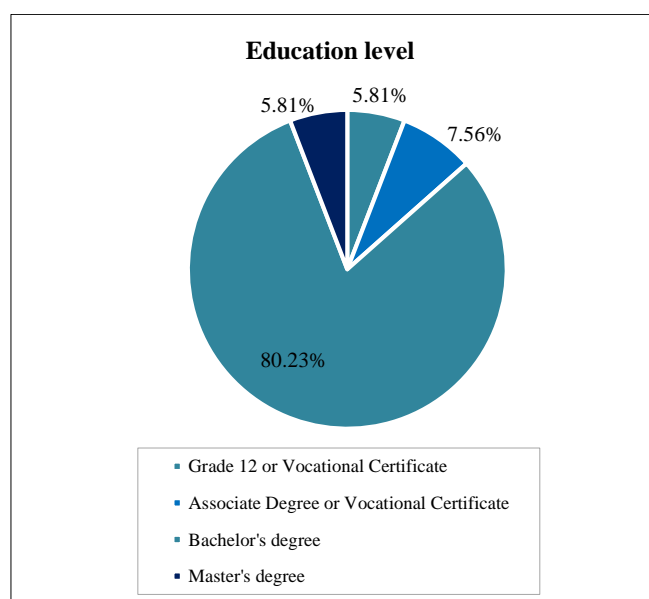


Figure 4. Demographic characteristics found that work

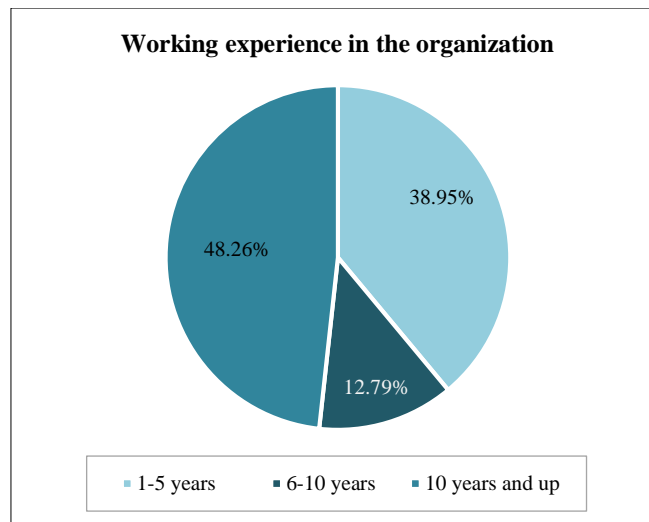


Figure 5. Demographic characteristics show that the level of education found that most of them had a bachelor's degree (80.23%), an associate degree or vocational certificate (7.56%), a master's degree and high school/vocational certificate (5.81%), and a doctoral degree (0.58%), respectively.

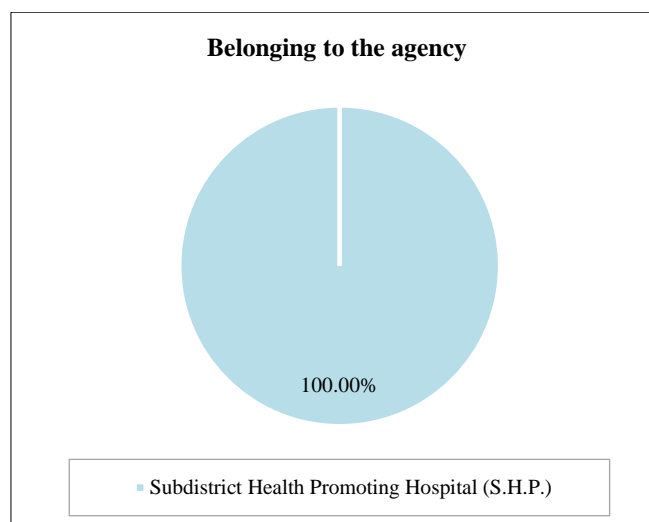


Figure 6. Demographic characteristics show affiliation to the sub-district hospital (sub-district hospital) 100 percent

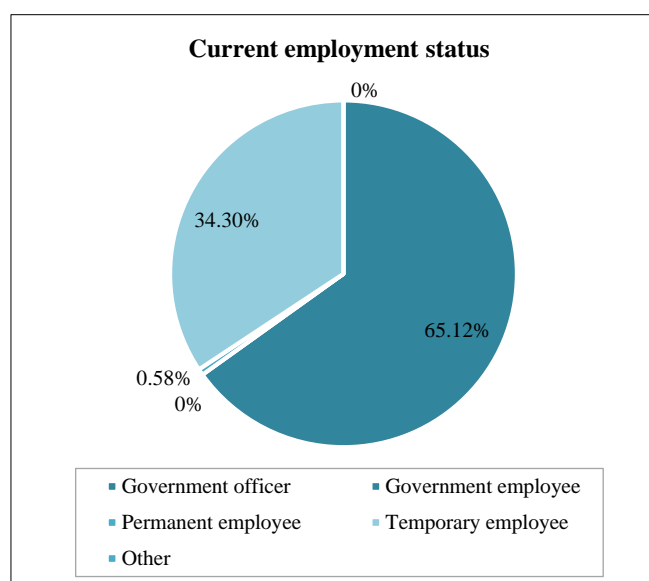


Figure 7. Demographic characteristics show current employment status, found that most are civil servants (65.12%), temporary employees (34.30%), and permanent employees (0.58%), respectively

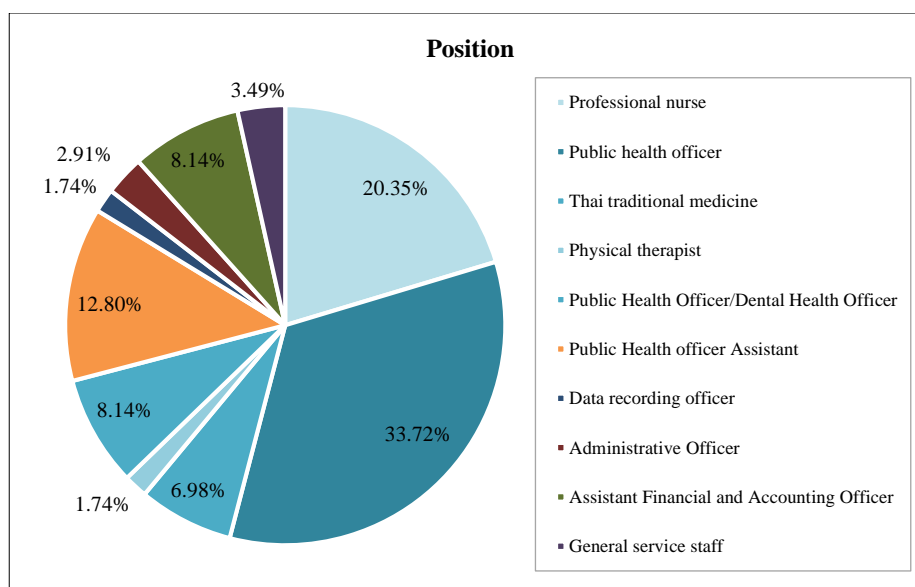


Figure 8. Demographic characteristics show that the majority of the people are public health professionals at 33.72 percent, professional nurses at 20.35 percent, public health professional assistants at 12.80 percent, public health officers and financial and accounting assistants at 8.14 percent, and general service workers at 3.49 percent. administrative staff 2.91 percent, physical therapists and data recording officer's 1.74 percent, respectively.

After transferring the mission to the local government organization, evaluate the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province. According to the conceptual framework of the Six Building Blocks of Health Systems (WHO), what level does it fall under?

It was found that, before the transfer of duties, the overall health service (Service Delivery) had a high average score of 2.62 (SD = 0.57). The overall health workforce (Health workforce) was medium, with an average score of 2.31 (S.D. = 0.71). The overall health information system was high, with an average score of 2.76 (S.D. = 0.48). The overall knowledge media (Access to Essential Medicines) was high, with an average score of 2.75 (S.D. = 0.56). The Budget aspect (Health Financing) is at a high level overall, with an average score of 2.37 (S.D. = 0.72). The leadership and governance aspect (Leadership Governance) is high overall. The mean score was 2.42 (S.D. = 0.77), and the overall health service system was at a high level, with the mean score being 2.59 (S.D. = 0.61), as shown in Table 2.

Table 2. The results of service provision before the transfer of tasks

Arrangement of services	Before mission transfer		
	Average	S.D.	Level
Service Delivery	2.62	0.57	The highest level
Health workforce	2.31	0.71	Medium level
Health Information system	2.76	0.48	The highest level
Access to Essential Medicines	2.75	0.56	The highest level
Health Financing	2.37	0.72	The highest level
Leadership Governance	2.42	0.77	The highest level

After the transfer of duties, it was found that the overall health service (Service Delivery) was at a high level, with an average score of 2.66 (S.D. = 0.55), in terms of the health workforce. The overall picture is high, with an average score of 2.43 (S.D. = 0.69). The overall picture for the Health Information system is at a high level, with an average score of 2.76 (S.D. = 0.48). The overall picture for Access to Essential Medicines is at a high level. The average score was 2.78 (S.D. = 0.52) for the budget (Health Financing) aspect, which was at a high level overall. The average score was 2.59 (S.D. = 0.64) for the leadership and governance aspect, which was high overall. The mean score was 2.71 (SD = 0.55), indicating that the overall health service system was at a high level, with a mean score of 2.68 (SD = 0.56), as shown in Table 3.

Table 3. The results of service provision after the mission transfer

Arrangement of services	After mission transfer		
	Average	S.D.	Average
Service Delivery	2.66	0.55	The highest level
Health workforce	2.43	0.69	The highest level
Health Information system	2.76	0.48	The highest level
Access to Essential Medicines	2.78	0.52	The highest level
Health Financing	2.59	0.64	The highest level
Leadership Governance	2.71	0.55	The highest level

Note: Rating scale;

Never = 1 score

Sometimes = 2 score

Regularly = 3 score

The researchers used [42] Best's (1977) criteria to divide the scores as follows:

- Average 2.34-3.00 means the highest level of practice.
- Average 1.67-2.33 means medium level of practice.
- Average 1.00-1.66 means the lowest level of practice.

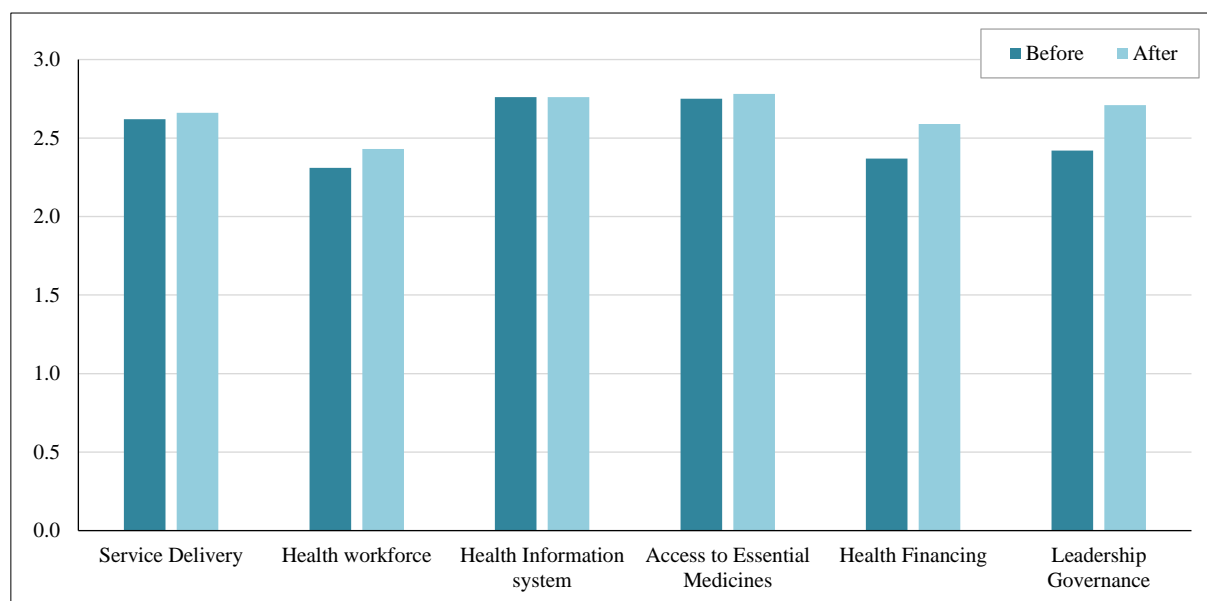


Figure 9. The health service system arrangement of the sub-district health promotion hospital, Comparing before and after the transfer of duties

The study's results assessed the efficiency of management of sub-district health promotion hospitals in Nakhon Si Thammarat Province after transferring the workload to local administrative organizations. After interviewing executives from the Ministry of Public Health and executives of the provincial administrative organizations, and comparative analysis of the results of various factors after the transfer of the tasks of the sub-district health promotion hospital was found that as shown in Figure 9 and Table 4.

1. Service Delivery

From interviews with executives from both sides, Service Delivery focuses on Basic essential services that people or service recipients should receive, including health promotion, disease prevention, disease control, initial disease assessment and treatment, patient care and assistance, and rehabilitation. We received suggestions from executives from both parties and found that:

“...We must add professional lines according to the framework of primary care units so that various operations can proceed efficiently and the missions of each profession are It must proceed by the original strategic plan of the Ministry of Public Health, both in terms of operations according to indicators and according to various professional standards...”

(Information from interview data from Person 1, April 22, 2025: Interview data provided)

Replenish professional staff according to the Ministry of Public Health's strategic plan.

The data indicate that it is necessary to add vocational lines in accordance with the framework of primary care units. To ensure that mission implementation and performance, as measured by the indicators, align with the original standards of the Ministry of Public Health.

“...Reduce unnecessary and redundant workload...”

(Information from interview data from Person 12, April 22, 2025: Interview data provided)

Therefore, this research suggests that there should be a full recruitment of professional staff, especially professional nurses because they are the primary profession in providing services to the public.

2. Health Workforce

From interviews with executives from both sides, the health workforce focuses on Knowledge, skills, motivation, and responsibility for health service work. It also emphasizes the ability and potential to perform work at the primary level, including demonstrating work competence according to professional standards, coordinating with relevant agencies, and collaborating with community organizations. The researchers received suggestions from executives from both parties and found that:

“...Before entering the position of executives of the Department of Public Health, there should be training for executives before entering the position to lead to efficient management and in various operations, the benefits of the people should be the main focus...”

(Information from the interview, Person 2, April 22, 2025: Interview information provided)

Executives should receive training before taking office.

The data suggest that executives working for the hospital should receive thorough training before assuming positions at the medical center or department.

“...More encouragement and professional advancement should be increased to increase the efficiency of transferring missions to the Provincial Administrative Organization...”

(Information from the interview, person 13, April 21, 2025: Interview information)

It was found that professional advancement should be increased, such as appointments and promotions.

The data shows that after the transfer of duties to the provincial administrative organizations, in terms of advancement and benefits, they should be better than those under the Ministry of Public Health.

3. Health Financing

Based on interviews with executives from both sides, Health Financing focuses on the following aspects: the Health Finance Mechanism from the National Health Security Fund, Budget allocation, and the health service system, including registration rights as well as budget and support from the Provincial Administrative Organization. The researchers received suggestions from executives from both parties and found that:

“...The provincial administrative organization should allocate the budget according to the agreement made before the transfer of duties...”

(Information from the interview, Person 3, April 22, 2025: Interview information provided)

Allocate budget according to agreement.

The data shows that local government executives should allocate budgets according to the size of the sub-district health promotion hospital for better organizational management.

“...The budget allocation should be as agreed upon in the meeting from the beginning; that is, the S-sized hospital should receive a budget of 1,000,000 baht but received only 400,000 baht; the M-sized hospital should receive a budget of 1,500,000 baht, but received only 650,000 baht; and the L-sized hospital should receive a budget of 2,000,000 baht, but received only 1,000,000 baht...”

(Information from interview, person 12, April 22, 2025: Interview information)

It was found that the budget should be allocated according to the size of each sub-district health promotion hospital.

Therefore, Budget allocation should be based on the size of the sub-district health promotion hospital and should be provided within the time frame for efficient management and maximum benefit to the people.

4. Access to Essential Medicines

From interviews with executives from both sides, Access to Essential Medicines focuses on Access to essential medicines, vaccines, and technologies that are of high quality and value for money. Set as a list of drugs and medical supplies, guidelines, or national standards. It was observed from executives from both parties and found that:

“...The development of knowledge in various professions should create the same standards between the Ministry of Public Health and the Provincial Administrative Organization...”

(Information from the interview, Person 3, April 22, 2025: Interview information provided)

There should be standards for vocational training.

The data show that after implementing the program, training, and practice should be provided in both professional and support departments to enhance expertise in operations.

“...The production of knowledge media on various issues should still request support from the Ministry of Public Health because there are already personnel with knowledge and expertise in each area...”

(Information from the interview, person 12, date April 22, 2025: Interview information)

The Ministry of Public Health should produce various media.

Therefore, this research found that the production of various media, Medicine, and medical supplies should be left to the Ministry of Public Health because it already possesses the necessary knowledge and expertise.

5. Health Information System

From interviews with executives from both sides, it is clear that the Health Information System focuses on using information as a basis for decision-making to improve the health system. This information is applied to adjust, control, and conduct research to develop and solve various problems. It was observed through suggestions from executives from both parties and found that:

“...Local government organizations should create new data collection models...”

(Information from the interview, person 2, April 22, 2025: Interview information)

“...Use the JHCIS system to enter data, process and export various data. The direction of development and work drive are the same as the Ministry of Public Health...”

Use the same program to enter data as before, which is JHCIS.

Therefore, findings depict that the JHCIS program should be used to record data into the service system for service recipients as usual.

(Information from the interview, Person 5, April 21, 2025: Interview information provided).

6. Leadership and Governance

From interviews with executives from both sides, Leadership and governance focus on the following: Leaders must be mindful of the strategies to create the expected health system, supervise and control, and be responsible for allocating appropriate and fair budgets. The suggestions from executives from both parties and found that:

“...When the organization's leaders have high leadership, clarity, and good governance in managing various parts, the efficiency of the transfer of tasks will be much more effective...”

(Information from interview, person 1, dated April 22, 2025: Interview information)

Leaders should have good governance and high Leadership.

“...People in the area will trust the sub-district health promotion director more than the senior executives, namely the provincial administrative organization president and the provincial public health doctor...”

(Information from interview, person 9, date April 24, 2025: Interview information)

People are more connected and trust the executives of the sub-district hospitals than the executives of the ministry.

Therefore, I think that if leaders have good governance, the organization's management will be more effective.

The data shows that if leaders have good governance, clarity, and Leadership, it will make the efficiency of transferring tasks and various administrative functions more effective.

Table 1. The comparative analysis of the results of various factors after the transfer of the tasks of the sub-district health promotion hospital

Policy recommendations on various issues	Current education	previous education
1. Health services On this issue, the nursing profession is currently in need of more personnel than other professions. While previous studies have integrated multidisciplinary personnel to work together, the current research focuses on the urgency of addressing the problem of health service provision, with professional nurses as the primary providers of care. In terms of opinions, executives from the Ministry of Public Health and the Provincial Administrative Organization share a similar view. There should be recruitment of professional personnel, especially professional nurses, whose primary mission is to provide health services. An example of a province in the central region that has guidelines for supervising service standards is Phetchabun Province, which uses the PHET MODEL as its guideline.	There should be a full recruitment of professional personnel, especially professional nurses, as they are the primary profession in providing services to the public.	The Public Health Division in the Provincial Administrative Organization recruit personnel from various professions to integrate their work.
2. Health Workforce On this issue, it can be analyzed that the health workforce in the current study and from previous studies are similar in that: After the transfer of duties to the local government organization, the benefits, welfare, advancement, and compensation must be improved over those before the transfer of responsibilities. In terms of opinions, executives from the Ministry of Public Health and the Provincial Administrative Organization share a standard view: after transferring the mission to the Provincial Administrative Organization, the benefits, and welfare must not be less than they were before the mission transfer. The problem of workforce shortage is the same as in the current study; there is no simultaneous transfer to the entire sub-district hospital or the entire province. This has resulted in some of the transferred sub-district hospitals lacking a workforce and being under-staffed. Similarly, the northern provinces continue to face increased burdens due to insufficient workforce.	When duties are transferred to the Provincial Administrative Organization, progress and benefits are expected to be better than those of the Ministry of Public Health.	The primary objective of transferring duties is to ensure that personnel retain their rights and benefits at the same level as before the transfer.
3. Health Information system In this issue, it can be observed that the JHCIS program, initially used by the Ministry of Public Health, should be utilized. Before the pilot area for the program's development was established, the program was stabilized and then adapted for use in other locations to achieve the same standards. In terms of opinions, executives from the Ministry of Public Health and the Provincial Administrative Organization hold differing views specifically that the Ministry of Public Health believes the original JHCIS system should be utilized. Because the program is easy to use and can be applied practically, executives of the provincial administrative organization believe that the local government organization itself should develop a new program to support its use after the transfer of missions. In the Eastern region of the country, there are some Provincial Administrative Organizations (PAOs) that support the development of the PCC On Cloud system to facilitate data retrieval, namely the Prachinburi PAO.	The Java Health Center Information System (JHCIS) program should be used to record service log data for regular service recipients. Local government organizations should develop new programs.	In many areas, most sub-district health centers still use the HosXp, JHCIS, or MyPCU programs to record data and connect to Health Data Center (HDC) for processing, as they have done before.
4. Access to Essential Medicines In this issue, media, medicines, and medical supplies should still be obtained from leading hospitals. According to previous studies, if sub-district health promotion hospitals had to procure it themselves, it would require a substantial budget. For example, chronic medications require a large amount of drugs per treatment session. In terms of opinions, executives from the Ministry of Public Health and the Provincial Administrative Organization have similar opinions, namely: Media, medicines, and medical supplies should be obtained from the network hospitals as before, which will vary depending on the context in the area, taking into account many factors. Factors that cause the same problems include a lack of personnel with specialized knowledge and technology for effective management.	The production of various media, medicines, and medical supplies should be the responsibility of the Ministry of Public Health, as it already possesses the necessary knowledge and expertise.	In most areas, the current drug and medical supply support system of the sub-district hospital that is transferred still uses the form, which is sent through the network hospital.
5. Health Financing In this issue, the budget allocation from the Budget Bureau should be organized according to the size of the sub-district health promotion hospital's structure. And allocate it according to the time frame that should be received; however, some of the money that should be received sometimes depends on factors related to a good personal relationship. In terms of opinions, executives from the Ministry of Public Health and the Provincial Administrative Organization share a similar view, namely that the sub-district health promotion hospital should receive an allocation of funds based on the size of its structure. The money that should be received in various parts should be received appropriately and timely as there is a problem in the northeastern provinces that have not yet received a budget allocation from the Budget Bureau for the size of the sub-district health promotion hospitals, which will be similar to the current study in that the budget allocation has been delayed.	Budget allocation should be considered about the size of the sub-district health promotion hospital and allocated within an appropriate timeframe for effective management and maximum benefit to the people.	After the transfer of missions, the budget according to the size of the sub-district hospital (S M L) is received from the Budget Bureau to be used for regular operating expenses (Fixed Cost) in the sub-district hospital.
6. Leadership Governance On this issue, it can be observed that current and past studies have found that leaders, who possess effective leadership and good governance in their management, as well as good coordination among network partners, will make work at the local level stronger. However, the most significant factor affecting the operation of the sub-district hospital is the clear and effective policies of the Provincial Administrative Organization President. In terms of opinions, executives from the Ministry of Public Health and the Provincial Administrative Organization share similar views, namely that the Provincial Administrative Organization President's leadership and clear policies will have a significant impact on the operations of the Sub-district Health Promotion Hospital. However, the management style of the public health sector is beginning to change because the SSO does not have a direct commanding position. Therefore, the roles of the SSOs are different before and after the mission transfer, and each region is similar.	If leaders have good governance, clarity, and leadership, it will make the transfer of work and various administrative tasks more efficient.	Local leaders who are leaders in change, have management guidelines, and work together among networks. The policies of the Provincial Administrative Organization president have a significant impact on the operations of the sub-district health promotion hospitals.

From the study for policy improvement of sub-district health promotion among hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations was observed that the performance has been higher. The results of the study evaluating the efficiency of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of tasks to local administrative organizations found that:

The following two forms of suggestions for policy improvement of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations were obtained:

From the data collection to express opinions on the guidelines for providing suggestions for policy improvements of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of missions to local administrative organizations, it can be divided into two formats as follows:

- 1) Form 1: Opinions from executives of the Nakhon Si Thammarat Provincial Administrative Organization
- 2) Form 2: Opinions from executives of the Ministry of Public Health.

These respondents consist of officers who have had their duties transferred to local administrative organizations, which the researcher calls the policy-based health system management model "Health system management model." This model was created from the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who were transferred to the local administrative organization using elements from The Six Building Blocks of Health System as follows:

Block 1, which consists of the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who have been transferred to local administrative organizations regarding the recommendations for policy improvement of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of duties to local administrative organizations in the area of health services

Block 2, which consists of the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who have been transferred to the local government organization on the suggestions for policy improvements of the sub-district health promotion hospital in Nakhon Si Thammarat Province, after the transfer of duties to local administrative organizations in terms of health personnel.

Block 3, which consists of the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who have been transferred to the local government organization on the suggestions for policy improvements of the sub-district health promotion hospital in Nakhon Si Thammarat Province, after the transfer of duties to local administrative organizations in terms of Budget

Block 4, which consists of the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who have been transferred to the local government organization on the suggestions for policy improvements of the sub-district health promotion hospital in Nakhon Si Thammarat Province, after the transfer of duties to local administrative organizations in terms of Knowledge Media

Block 5, which consists of the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who have been transferred to the local government organization on the suggestions for policy improvements of the sub-district health promotion hospital in Nakhon Si Thammarat Province, after the transfer of duties to local administrative organizations in terms of Budget

Block 6, which consists of the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who have been transferred to the local government organization on the suggestions for policy improvements of the sub-district health promotion hospital in Nakhon Si Thammarat Province, after the transfer of duties to local administrative organizations in terms of Leadership and governance as shown in Figure 10.

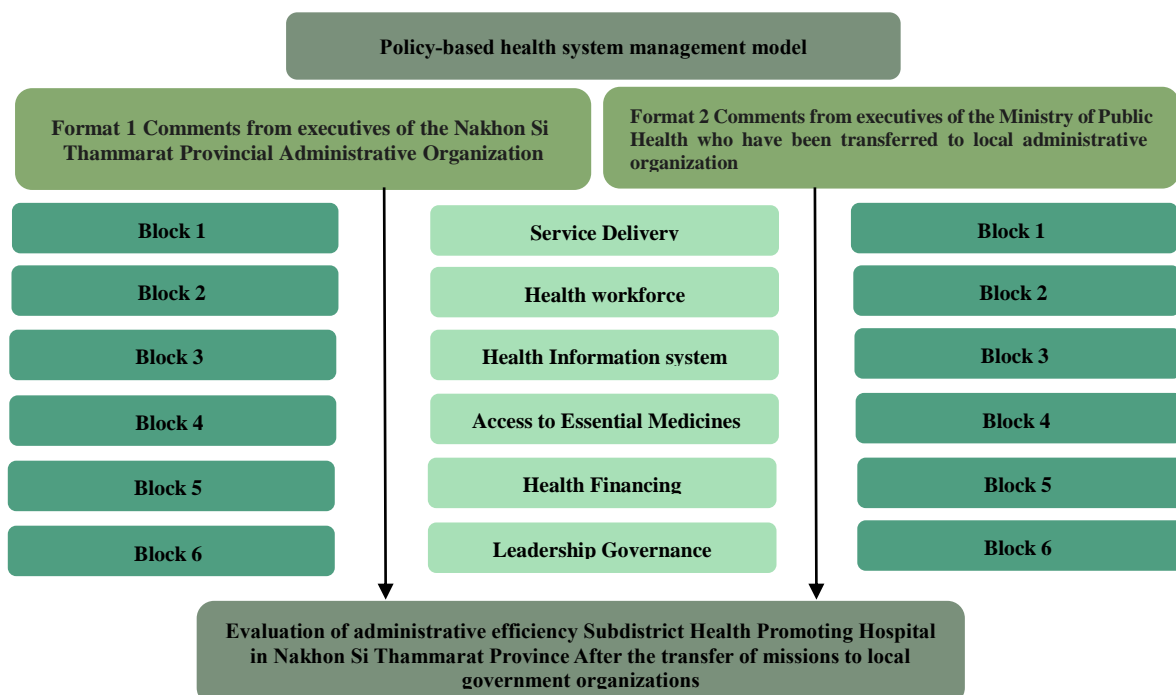


Figure 10. Health system policy management model

6. Results and Discussion

From the study of the efficiency assessment of the administration of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of the mission to the local administrative organization, the following policy-based health system management model was found: "Policy-based health system management model." This model was created from the opinions of executives of the Nakhon Si Thammarat Provincial Administrative Organization and executives of the Ministry of Public Health who were transferred to the local administrative organization using elements from The Six Building Blocks of Health System as follows:

Service Delivery (Policy-based health system management model-Block1)

"We need to add professional lines according to the framework of primary care units [43] so that various operations can proceed efficiently and the missions of each profession must proceed by the original strategic plan of the Ministry of Public Health, both in terms of operations according to indicators and according to various professional standards." [33, 44].

Study results (Policy-based health system management model-Block1): The results of this study are consistent with the research by Sriyasak et al. [45]. It was found that the use of indicator systems to supervise and evaluate the performance of Maha Sarakham Province has a subcommittee of local health, focusing on the strategic aspects of supervision, evaluation, and information provision, as well as determining important indicators by the provincial health system's strategic plan.

Health workforce (Policy-based health system management model-Block 2)

"The professional staff structure framework should be filled before the support team." This is consistent with the research of Sasithorn et al. [23]. It was found that the structure of the Public Health Department's workforce has been adjusted to support public health work [46]. Support personnel and internal units from the Provincial Administrative Organization have been recruited to help drive the transfer of sub-district hospitals [24].

"More encouragement and career advancement should be increased to increase the efficiency of transferring missions to the Provincial Administrative Organization". What public health personnel need is professional advancement, compensation, and benefits that will boost staff morale and encourage them to work effectively [12, 30, 47].

Health Financing (Policy-based health system management model-Block 3)

"The provincial administrative organization should allocate the budget according to the agreement made before the transfer of duties" is consistent with the research of Sasithorn et al. [23]. It was found that the budget allocation should be paid directly to the transferred sub-district hospitals, which can be managed more effectively. There are also problems with disbursement in other budgets [48].

Access to Essential Medicines (Policy-based health system management model-Block 4)

"The development of knowledge in various professions should create the same standards between the Ministry of Public Health and the Provincial Administrative Organization." Consistent with the research of Sornkasetrin [49]; the developing of a data system that is interconnected across all relevant organizations to reduce duplicate data recording, such as medication management.

Information system (Policy-based health system management model-Block 5)

"Use the JHCIS system to enter data, process and export various data, directions for development and work progress like the Ministry of Public Health." The results of the study are consistent with the research of Sutthisorn and Laorujisawat [24] Sutthisorn, who found that "Using the My CPU program may not be as effective as the old program. The assessment of Mahasarakham Province's information system has specified a format for every sub-district hospital to export 43 files in Zip file format, according to the format specified by the Ministry of Public Health. Currently, 43 files have been sent to the province's HDC on Cloud."

Leadership Governance (Policy-based health system management model-Block 6)

"When the organization's leaders have high leadership, clarity, and good governance in managing various parts, [30] the efficiency of the transfer of tasks will be much more effective." Consistent with the research of Sarakshetrin et al. [50] Sarakshetrin, who found that There should be a course to develop the potential of supervisors and operators in terms of leadership and governance to increase work efficiency.

7. Conclusions

This research employs a mixed-methods approach, combining both qualitative and quantitative research methods. Demographic characteristics: A total of 186 people, including 14 key informants, were surveyed, resulting in a sample size of 172 respondents. The majority of respondents were female (84.30%), aged 30–39 years (30.81%). Most had 10 years or more of work experience in the organization (48.26%). Regarding education, 80.23 percent held a bachelor's degree. All respondents (100 percent) were affiliated with the Sub-district Health Promotion Hospital. Current employment status showed that 65.12 percent were civil servants, with most being public health professionals (33.72 percent). The evaluation of the efficiency of sub-district health promotion hospitals in Nakhon Si Thammarat Province after the transfer of tasks to local administrative organizations found that most were at a high level, with 100 percent achieving this level.

After the transfer of duties to the local government organization, the issues and findings can be summarized by classifying them according to the six main pillars of the health system, along with issues, findings, and recommendations for policy improvement of health-promoting hospitals:

1. **Health service work:** It can be analyzed that, at present, it is necessary to fill the nursing professional framework before other professions.
2. **Health workforce:** This issue can be analyzed as showing that the health workforce in the current study and in previous studies are similar after the transfer of duties to the local government organization.
3. **Information systems:** This issue can be analyzed to determine whether the JHCIS program, which is the original program used by the Ministry of Public Health, should continue to be used.
4. **Knowledge media:** This issue can be analyzed as indicating that media, medicines, and medical supplies should still be issued from the leading hospitals. Previous studies found that sub-district hospitals had to procure these themselves.
5. **Budget:** This issue can be analyzed by organizing budget allocation from the Budget Bureau according to the size of the sub-district health promotion hospital's structure and distributing it within the appropriate time frame.
6. **Leadership and Governance:** In this regard, it can be observed that current and past studies have found that leaders incorporate leadership and governance into their management. Good coordination among network partners strengthens work at the local level. However, the most significant factor affecting the operation of the sub-district hospital is the clear and effective policies of the Provincial Administrative Organization President.

7.1. Policy Recommendations

From the study on Evaluation of administrative efficiency Sub-district Health Promoting Hospital in Nakhon Si Thammarat Province After the transfer of missions to local government organizations, the following policy recommendations are made:

- Sub-district health promotion hospitals that have not yet transferred their missions to the Nakhon Si Thammarat Provincial Administrative Organization should wait until the Provincial Administrative Organization is ready and has an understanding. In the mission, the role of the sub-district health promotion hospital is to build confidence among professionals and support personnel to transfer the mission to the next round.
- There should be a policy to transfer the tasks of the sub-district hospital to the sub-district administrative organization or municipality in that area, as they are agencies that are closer to and better understand the local context than the provincial administrative organization.
- The Provincial Administrative Organization's Public Health Division should collaborate with the District Public Health Office to implement operations by the Primary Care Unit Operation Manual.
- Policies should be clear from the beginning, with consistency at the local level.
- A Memorandum of Understanding (MOU) should be established from the beginning. At the ministry level, there should be a clear order.
- Policies at the ministry, department, and agency levels should go in the same direction.
- The transfer of tasks from the sub-district hospital to the provincial administrative organization should be enacted as a law and strictly enforced to facilitate easier management.
- The law still has loopholes that hinder the transfer of duties.

7.2. Applying Recommendation

From the study on the evaluation of administrative efficiency of the Sub-district Health Promoting Hospital in Nakhon Si Thammarat Province After the transfer of missions to local government organizations, the following applicable recommendations are made:

- There should be a coordinating unit between the Provincial Administrative Organization and the Sub-district Health Promotion Hospital, as in the original Ministry of Public Health, which had the District Public Health Office coordinating between the Provincial Public Health Office and the Sub-district Health Promotion Hospital with a clear organizational structure and chain of command.
- Provincial Administrative Organizations should have a clear operational manual that is their own, such as a manual for operations based on indicators for each fiscal year, etc.
- Organize training and meetings for executives of local administrative organizations and directors of sub-district health promotion hospitals to ensure that operations are carried out in the same direction.
- The preparation of various regulations should be up-to-date and consistent with the work being done.
- The Budget Bureau shall allocate various vacant positions to fill the staffing structure framework for sub-district health promotion hospitals that have transferred their missions to the provincial administrative organizations.
- The Provincial Administrative Organization's Public Health Division and the District Public Health Office should cooperate in developing strategic plans and health plans for use in monitoring and evaluation.
- There should be an agency or supervisor to oversee the standards of operations.
- The main reason for the decision to transfer the original public health personnel is the advancement of their professional careers. The Provincial Administrative Organization should create more confidence and clarity.
- A special task force should be added to act as a mentor in the operations of the original Ministry of Public Health.
- The professional staff structure framework should be filled before the support team.
- Budget support should be greater than the original support from the Ministry of Public Health to see clear changes.
- There should be a regulatory agency covering all missions in various areas.
- Change the format and landscape of the sub-district hospitals transferred to the Provincial Administrative Organization to show a more apparent identity.
- There should be behavioral dissolution activities between the transferred agency and the local government organization.

8. Declarations

8.1. Author Contributions

Conceptualization, T.B. and S.P.; methodology, T.B., K.K., and SP.; software, T.B.; validation, T.B., K.K., and SP.; formal analysis, T.B.; investigation, T.B.; resources, T.B.; data curation, T.B.; writing—original draft preparation, T.B.; writing—review and editing, T.B., K.K., and SP.; visualization, T.B.; supervision, T.B.; project administration, T.B.; funding acquisition, T.B. All authors have read and agreed to the published version of the manuscript.

8.2. Data Availability Statement

The data presented in this study are available on request from the corresponding author.

8.3. Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

8.4. Acknowledgments

This research would not have been possible without the great support from my family. I would like to thank all the teachers who have always helped and pushed me, and the encouragement and support from my friends and siblings.

8.5. Institutional Review Board Statement

The animal study protocol was approved by the Human Research Ethics Committee of the Walailak University (protocol code WUEC-25-127-01 and April 18, 2025)." for studies involving humans.

8.6. Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

8.7. Declaration of Competing Interest

The authors declare that there are no conflicts of interest concerning the publication of this manuscript. Furthermore, all ethical considerations, including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, and redundancies have been completely observed by the authors.

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