

CHAPTER 3

RESEARCH METHODOLOGY

This study is a qualitative research to assess the strategic management of drug addiction treatment using Balance Scorecard at the Rayong Provincial Health Office. This chapter addresses the research methodology: research design, population and sampling, research instruments, data collection, and data analysis.

3.1 Research Design

This research covers the strategic management for drug addiction treatment at the Rayong Provincial Health Office for the fiscal year 2002. It proposes an assessment of the management of treatment and rehabilitation through a review of literature and documentation, focus groups, and SWOT analysis. Data is collected through focus groups under the guidelines of Balanced Scorecard and analyzed using SWOT analysis in order to make recommendations.

3.2 Population and Sampling

Health personnel who provided treatment and rehabilitation to drug addicts form the study population. These personnel are from the Rayong Provincial Health Office, provincial and district hospitals, district and sub-district health offices, and health centers under the responsibility of the Rayong Provincial Health Office.

Sampling Method

Study population was identified using categorize and sampling as follows:

The sample was classified into two levels. The first comprises health personnel responsible for drug treatment at the Provincial Health Office Provincial Hospital, community hospitals, district health offices, and sub-district health offices. The second level is made up of those officials from health centers. A key informant whose responsibility is to oversee drug treatment at the Rayong Provincial Health Office identified the health

personnel using sampling based on inclusion criteria, creative thinking, speech, confidence, and performance.

The identified health personnel were divided into two groups:

Group 1 is comprised of 14 health personnel whose responsibility is to manage and coordinate treatment at various levels: three at the Rayong Provincial Health Office, one at the Provincial Hospital, six at the community hospitals, two at the district health offices, and two at the sub-district health offices.

Group 2 is comprised of seven health personnel who provided treatment at various levels using the sampling by inclusion criteria. Of the seven, three provided treatment using the Matrix program and the remaining, other treatment methods at the health center level.

Table 3.1 Number of population and sample

Provincial/ Districts	General Hospital/P.H.O number of health personnel		Community Hospital number of health personnel		District health office number of health personnel		Sample group 1 (persons)	Health Centers				Sample group 2 (persons)
	all	Treatment provider	all	Treatment provider	all	Treatment provider		number of health centers		number of health personnel		
							all	drug center	all	treatment provider		
Provincial Health Office	96	3	-	-	-	-	3	-	-	-	-	-
Provincial Hospital	1,218	6	-	-	-	-	1	-	-	-	-	-
Muang	-	-	67	1	11	1	1	19	1	59	19	1
Klaeng	-	-	146	1	11	1	1	23	-	70	23	2
Ban Kai	-	-	88	1	11	2	1	15	-	47	15	1
BanChang	-	-	130	1	6	1	1	10	1	30	10	1
Pluak Daeng	-	-	61	1	5	1	2	9	-	30	9	1
Wang Chan	-	-	79	1	5	1	2	7	1	22	7	1
Kao Chamo	-	-	-	-	6	1	1	6	-	16	6	-
Nikhom Phattana	-	-	-	-	6	1	1	5	-	15	6	-
Total	1,314	9	571	6	61	9	14	94	3	289	95	7

3.3 Research Instruments

Research instruments were designed and developed to collect data:

1. Guideline for focus group discussion,
2. Tape cassette and recorder, and note taker,
3. Facilitator, and
4. Observer.

Focus Group Guidelines

The guidelines for conducting focus groups were instrumental in this study. Health personnel were divided into two groups, one comprising 14 and the other, seven. The objective of the study was clearly outlined and discussed at the start of the exercise and questions were open-ended. It was intended to create a friendly environment to encourage an honest straight forward exchange between health personnel who share similar experiences and views.

The researcher has designed five key questions around which the key informant guides both focus groups, as follows:

1. How worthwhile is the drug addiction program?
2. What is the internal process of the drug addiction program?
3. How successful and satisfied were they with the drug addiction program?
4. Was there and how was learning and growth of drug addiction program?
5. What were the problems of performance?

Questions were open-ended to allow for a free of flow of exchange within the focus groups. Importantly, data on drug addiction program was collected during the exchange and it was crucial participants felt at ease to speak up, discuss and also contradict.

3.4 Testing Quality of Instrument

To ensure the quality of the research instruments, the researcher sought advice from experts from faculty members at the School of Public Health, Burapa University on (1) the key issues to be addressed during focus groups, (2) the sequence in which these issues are to be addressed, and (3) the tone, language, and clarity by which these issues are phrased into

questions. This is to ensure that the issues cover the objective of the research and are accurate and appropriate. The researcher must pay close attention to the reaction of members of the focus groups to ensure the highest quality of the discussions.

3.5 Reliability of Data

The researcher verified the reliability of the data collected using the triangular technique that checks data from three different sources, times and places, and methods.

3.6 Data Collection

Data collection was carried out several ways according to its intended use: documentary research, content analysis, SWOT Analysis and focus group discussions.

Focus group is used in multi-method studies where a combination of several approaches is used to collect information (Morgan 1997.p.2). Health personnel with similar experiences and/or concerns were divided into two groups of about seven and 14 for the exercise. A moderator for each group helped steer the discussion for strategic planning. A comfortable informal environment was created to encourage free flow of thoughts and frank and dynamic discussions. Qualitative data collection using Balance Scorecard was done at each focus group discussion.

The focus groups proceeded as follows: the moderator introduced the topic and then guided the participants on key questions, encouraging interaction. The moderators played a major role in obtaining accurate information on the thinking and reasons for the work methods of the health personnel. This is particularly important when the author needs to find out the perspectives and experience of the health personnel who come from different social and cultural backgrounds. There is limited literature on the characteristics of these personnel.

Khan and Manderson (1992, p.57) point out that interaction in focus groups occurs because of the informal setting and relaxed atmosphere. Opened nature of questions are intended to encourage participants to feel free from the constraints typical of one-to-one interviews, and hence to express their views openly and spontaneously.

3.7 Data Analysis

1. The data that was collected is classified into various categories according to their source, ie: documentation, group discussions, SWOT analysis. It is also classified according to quality and quantity, for example, opinions and attitudes toward certain issues that are analyzed/interpreted and then classified by the researcher according to the scope of this study.
2. Each data category is then analyzed to draw accurate and reliable conclusions to research questions.
3. The final conclusion is analyzed using logic theory and content analysis to answer to purpose of this study.