Factors Influencing Thai Health Workers' Attitudes toward Providing Health Services to Migrants

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Abstract: Many migrants currently use local Thai healthcare services while living and working in Thailand. Health workers' attitudes toward providing health services to migrants significantly influence the quality of their healthcare. This study aimed to describe and compare health workers' attitudes toward providing health services to migrants between health professionals and supportive health workers and examine the personal and system factors that predict health workers' attitudes towards health services. A cross-sectional design was applied in this study. A total of 1,356 health workers in Thailand were selected using multi-stage random sampling. The research instruments included the Migrants' Cultures and Contexts Questionnaire and the Health Workers' Attitudes toward Providing Health Services to Migrants Questionnaire. Data were analyzed using the Mann-Whitney U test and binary logistic regression.

Most health professionals (91.05%) and supportive health workers (91.71%) had positive attitudes toward health services for migrants. The appropriateness of health workers' numbers and knowledge about migrants' cultures and contexts could mutually influence the health workers' attitudes, accounting for only 3.6% of the variance. Reinforcing positive attitudes among health workers can be done by providing praise for good health services. However, further studies on the accessibility, quality of care services, cost, and migrants' satisfaction are needed before appropriate intervention and policy can be improved.

Keywords: Attitude, Context, Culture, Health services, Health workers, Knowledge, Migrants

Received 16 September 2023; Revised 16 January 2024; Accepted 16 January 2024

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Introduction

Each year, many migrants enter Thailand, thus having a significant impact on the Thai economy. Migrants refer to persons who are not Thai, including 1) workers from bordering countries of Cambodia, Myanmar, and Lao PDR with both legal and illegal immigration documents as well as having and not having Health Insurance Card Scheme, 2) minorities who are an ethnic group and have not been granted Thai citizenship, and not including tourists. Migrants living and working in Thailand were nearly 4-5 million, among them 1.0-2.5 million were unregistered migrants.[1] In 2023, about 2,494,166 migrants had been permitted to work in Thailand,[2] and it can expected that there may be a large number of unregistered people. Undocumented migrants significantly impact many dimensions, including societal, political, and economic, especially the public health of Thailand.

https://doi.org/10.60099/prijnr.2024.265360

Significant problems among migrants are the spread of tuberculosis with a prevalence rate of 650 per 100,000 population,[3] sexually transmitted diseases (STDs), and malaria,[4] which have been stated to be a health alarm and epidemics among them and their dependents, as well as the recurring incidence of diseases.[5] Communicable disease, elephantiasis is about to disappear from Thailand,[6] yet due to migrants' working and living conditions, disease control is difficult. Thus, migrants' health became a considerable focus of the Thai government because safeguarding migrant health also protects the Thai economy and the right to health.[7]

Health management for migrants relies on many relevant agencies and dimensions, including health workers' attitudes toward health care for migrants, to cover important issues. The attitude of health workers is paramount because attitude determines decisions and actions when providing services to migrants. Health workers include health professionals who have been trained in the healthcare field (such as doctors, nurses, pharmacists, and dentists) and supportive health workers who provide services and support administrative work (such as medical technicians, financial officers, and health insurance officers) and both groups are currently working at hospitals located at the Thailand country borders. Amid the COVID-19 pandemic in Thailand, most health workers had negative concerns about migrants as they were the leading source of disease in some areas. In addition, Thai health workers are likely to turn away from migrants since they do not have insurance.[8] Besides, some health facilities denied migrants care while Thai people were the priority.[8] Thus, migrants and their dependents might have more health problems than Thai citizens and experience inequality in health service access compared to Thais.[9,10] In Europe, migrants may encounter healthcare inequality, which can cause poor health outcomes such as high morbidity and mortality rates for various chronic diseases.[11] Besides, there was unsatisfactory and poor communication between healthcare providers and migrants, and thus, the migrants did not realize the health information due to linguistic and cultural limitations.[8, 12]

Most studies on migrant workers utilized a qualitative approach to examine health workers' attitudes toward migrants.[13-16] Health professionals felt frustrated by the system's lack of resources and migrants are not able to access care.[16] The attitudes of health workers in providing health services to migrants can significantly affect the quality of healthcare that migrants receive. However, most previous investigations on health workers' attitudes towards migrants have used a qualitative approach; further quantitative analysis is needed. Although there are few studies in Thailand on health workers' attitudes towards migrants, some studies revealed factors including differences in cultures, beliefs, and languages, as well as workload, staff shortage,[7] perceived public media and activities between Thai and migrants.[17] Nonetheless, most of the studies investigated migrants' access to health care and its effects.[5,18,19] Thus, it is vital to understand the local health workers' attitudes toward providing health services to migrants and influencing factors on their attitudes.

From the perspective of cultural diversity, how to boost the delivery and quality of health services to culturally varied populations has been a key concern.[20] Evidence reveals that immigrants frequently underutilize health services and tend to receive lower quality health care than the general population.[21] In Thailand, migrants are seen as a vulnerable population that frequently does not have access to sufficient social safety nets for health care.[22] In particular, the professional-patient relationship has been recognized as vital in providing healthcare services for migrants, and health workers' attitudes may also mediate this relationship.[20] Attitude is a mental inclination and manifestation in response to something in the form of liking or disliking.[23] Knowing the attitude of a person or group of people towards a particular thing will enable those involved to plan and execute a specific person or group correctly and effectively.[23] Health workers' attitudes regarding migrants affect patient outcomes, medical judgments, and

quality of care.[20] Migrants themselves may perceive these attitudes negatively when encountering barriers between them, and their response leads to dissatisfaction, non-compliance with the remedy, and declined service consumption, which negatively affects care results.[24] If health workers have a positive attitude toward providing services to migrants, they will be satisfied with the excellent service.

Previous studies have shown significant results regarding health workers' attitudes toward migrants and the health services provided to migrants. Some demographic elements had some impacts. Younger social workers had a positive attitude about refugee claimants' access to health care.[25] Besides, doctors and nurses had positive attitudes compared to the supporting staff.[20] Participating in cultural competence training predicted higher intercultural communication skills.[26] Cultural misunderstandings and discrimination were the major obstacles to providing health services to migrants.[15] Language barriers and a system of cultural beliefs affect health inequality among migrants in Canada.[27] It can be concluded that personal factors (age, health worker types, and knowledge about migrants' cultures and contexts) were essential to attitudes toward migrants and the health services provided to them.

Furthermore, some other factors related to work also affected attitudes toward migrants and the health services provided to them. Obstacles, including health service access, communication, and associated legal complications, were found among health professionals.[28] Shortage of resources, multilingual staff, and limited capacity in providing health services to migrants were the major problems. Frequency of contact with migrants influences health workers' attitude[29] while health staff with less daily direct contact with migrants had positive attitudes.[20] Experienced contact with refugee claimants had a more positive attitude.[25] Migrant-friendly hospitals, which focus more on cultural sensitivity and have unique health services such as health screening and proactive services for migrants, have affected the attitudes of health workers. Those work-related characteristics can be viewed as system factors: health service management policy for migrants, supportive factors in providing services for migrants (the appropriate number of health workers, the appropriate number of volunteer translators, the appropriateness of manual, teaching materials, various signs for migrants), and interaction with health workers' attitude toward health services for migrants (number of migrants who have received health services, time duration providing health services, and proportion of migrants to the whole health service recipients).

Health workers' attitudes are important and can influence thinking and decision-making when providing services for migrants. Hence, it is vital to explore the Thai health workers' attitudes toward providing health services to migrants and examine influencing factors on their attitudes. The results of this study can contribute to the development of policies and campaigns to boost a more comprehensive and supportive environment for migrant workers in Thailand.

Study Aims

The objectives of this study were to 1) examine health workers' attitudes toward providing health services to migrants, 2) compare attitudes toward providing health services to migrants between health professionals and supportive health workers, and 3) examine predictive factors on attitudes toward providing health services to migrants, including personal factors (age, health worker types, and knowledge about migrants' cultures and contexts), system factors, including health service management policy for migrants, supportive factors in providing services for migrants (the appropriate number of health workers, the appropriate number of volunteer translators, the appropriateness of manuals, teaching materials, various signs for migrants), and interaction with health workers' attitude toward health services for migrants.

Methods

Study Design: This study applied a cross-sectional design. The findings are reported here using the Strengthening the Reporting of Observational

Studies in Epidemiology (STROBE)checklist for cross-sectional studies.

Sample and Setting: The sample included health workers who had experience providing services to migrants for a minimum of six months in government hospitals in five regions of Thailand. The sample size was calculated using power analysis (effect size = .10, alpha = .05, power = .95), resulting in a sample of 1,297. However, to account for a 20% attrition rate, 1,557 health workers were recruited. A random sampling by multi-stage method was employed to gather the sample size. About 25% of provinces were randomly selected from each region of Thailand; therefore, 11 provinces were included in the study. Then, the number of tertiary, secondary, and primary hospitals from each province was calculated using proportional stratified sampling. Lastly, each selected hospital's health professionals and supportive health workers were stratified and chosen randomly.

Ethical Considerations: The Research Ethics Committee, Faculty of Nursing, Chiang Mai University approved this study (Approval No: 095/2018). Participants were informed about the research information, including objectives, methods, tools, the right to withdraw from the study, confidentiality, and anonymity management. The participants signed an informed consent form to participate.

Instruments: The principal investigator (PI) developed the research instruments based on a literature review. It consisted of 3 parts:

The Demographic Questionnaire includes age, gender, health worker types, total working experience, work experience in providing health services to migrants, and number of migrants receiving health services at the healthcare facilities per day. In addition, respondents are asked to answer the average service times providing care to migrants by a response of minutes per day, the proportion of migrants who receive health care services to total service recipients by migrants/ 100 total service receipts, and training attendance regarding transcultural care by yes or no option. Participants are also asked to respond with the appropriate service management policy for migrants, the appropriate number of volunteer translators for migrants, the appropriate number of manuals, teaching materials, and various signs for migrants, the appropriate number of health workers providing care for migrants with five response options of none, inappropriate, a little, moderate, and a lot.

The Knowledge about Migrants' Cultures and Contexts Questionnaire consisted of 14 items, measured on a 4-point Likert scale ranging from (1) none to 4 (extreme), for example, "*You have knowledge regarding belief towards diseases in migrants.*" The score interpretation is categorized into three levels: low knowledge (14.00-28.00), moderate knowledge (28.01- 42.00), and high knowledge (42.01-56.00). Five experts reviewed questionnaires. The content validity index (CVI) was 0.85. The instrument was tested for internal consistency with 20 people who shared the same characteristics as the study sample, and Cronbach's alpha coefficient was 0.81. The Cronbach's alpha coefficient in the actual study was 0.88.

The Health Workers' Attitudes toward Providing Health Services to Migrants Questionnaire assesses attitudes towards migrants, health examination and coverage policy, health services, and quality of services. The items are positively and negatively scored questions rated on a 4-point Likert scale ranging from strongly disagree (1) to strongly agree (4), for example, "*You believe that the migrant is dangerous so that you have to be careful.*" Attitudes toward providing health services to migrants were categorized into negative (scores 22.00-55.00) and positive (55.01-88.00). Questionnaires were reviewed by five experts in attitude assessment, and CVI was 0.81. The researchers tested the instrument's internal consistency with 20 people who shared the same characteristics as the study sample, and Cronbach's alpha coefficient was 0.78. The Cronbach's alpha coefficient in the actual study was 0.76.

Data Collection: The data were collected in February-June 2019. After receiving ethical approval from the research ethics committee, permission to collect

data was granted from each hospital administrator. The researchers explained the research objectives and data collection method to the coordinators from each hospital. The coordinators distributed the questionnaires to the samples and requested cooperation to return within two weeks when they agreed to participate in the study. The return rate of the completed questionnaire was 1,356 (87.09%) out of 1,557.

Data Analysis: The data were distributed nonnormally and analyzed using descriptive and nonparametric statistics, including the Mann–Whitney U test and binary logistic regression.

Results

In this study, the health professionals are the vast majority of the sample (74.19%). The health professionals mostly were female (92.94%) and had a mean age of 37.48 ± 10.23 with an average of 13.79 ± 10.53 years of experience and an average of 10.99 ± 8.83 years serving migrants. The majority of supportive health workers were also female (86.86%); they had a mean age of 37.11 ± 9.63, with a mean total working experience of 11.36 ± 9.12 and a mean experience in providing services to migrants of 8.72 ± 6.96 years. Most health workers (health professionals and supportive health workers) reported a self-assessed moderate level of knowledge of migrants' cultures and contexts, 73.06% and 72.29%, respectively. Both health worker groups had never received training in caring for multicultural service recipients, 91.85% and 93.71%, respectively. The health agencies saw an average of 16.33 migrant people daily and spent 38.18 minutes with them. These agencies also reported that migrants comprise around 21.31 migrants/100 total service receipts **(Table 1).**

Table 1. Participants' demographic data, knowledge about migrants' cultures and contexts, and attitudes toward providing health services to migrants (n = 1,356)

Demographic characteristics, knowledge, and attitude	Health professionals		Supportive health workers	
	Frequency	Percentage	Frequency	Percentage
Age (years)	mean = 37.48, SD =10.23		mean = 37.11, SD = 9.63	
22–30	345	34.29	106	30.29
31–40	272	27.04	132	37.71
41–50	247	24.55	70	20.20
51–60	142	14.12	42	12.00
Gender				
Male	71	7.06	46	13.14
Female	935	92.94	304	86.86
Health Worker Types	1006	74.19	350	25.81
Total working experience (years)	mean = 13.79, SD = 10.53		mean = 11.36, SD = 9.12	
<10.00	482	47.91	202	57.71
10.01–20.00	234	23.26	79	22.57
20.01–30.00	203	20.18	60	17.14
>30.00	87	8.65	9	2.57
Working experience in providing health services to migrants (years)	mean = 10.99, SD = 8.83		mean = 8.72, SD = 6.96	
<10.00	621	61.73	256	73.14
10.01–20.00	223	22.17	68	19.43
20.01–30.00	130	12.92	25	7.14
>30.00	32	3.18	1	0.29

Table 1. Participants' demographic data, knowledge about migrants' cultures and contexts, and attitudes toward providing health services to migrants (n = 1,356) (Cont.)

Demographic characteristics, knowledge, and attitude	Health professionals		Supportive health workers	
	Frequency	Percentage	Frequency	Percentage
Appropriate services to migrants				
None	43	4.27	22	6.29
Inappropriate	69	6.86	24	6.86
A little	553	54.97	178	50.86
Moderate	329	32.70	125	35.71
A lot	11	1.09	1	0.29
Appropriate number of volunteer translators				
None	333	33.10	140	40.00
Inappropriate	325	32.31	92	26.29
A little	261	25.94	90	25.71
Moderate	55	5.47	22	6.29
A lot	32	3.18	6	1.71
Appropriate number of manuals, teaching materials, and various signs for migrants				
None	162	16.10	58	16.57
Inappropriate	365	36.28	112	32.00
A little	368	36.58	138	39.43
Moderate	89	8.85	40	11.43
A lot	22	2.19	2	0.57
An appropriate number of healthcare personnel providing care for migrants				
None	157	15.61	39	11.14
Inappropriate	238	23.66	74	21.14
A little	444	44.14	169	48.29
Moderate	148	14.71	67	19.14
A lot	19	1.89	1	0.29
Training attendance regarding transcultural care				
No	924	91.85	328	93.71
Yes	82	8.15	33	6.29
Knowledge about migrants' cultures and contexts				
Low	175	17.40	52	14.86
Moderate	735	73.06	253	72.29
High	96	9.54	45	12.86
Attitude toward providing health services to migrants				
Positive	916	91.05	321	91.71
Negative	90	8.95	29	8.29

Number of migrants receiving the health service at the agency (person/ day) (mean = 16.33, SD = 35.53, Range = 1.00 -300.00)
Average service times to migrants (minutes/ day) (mean = 38.18, SD = 79.30, Range = 1.00 -480.00)
The proportion of migrants who receive health care services to total service receipts (migrants/100 total service receipts) (mean = 21.31, SD = 16.89, Range = 0.06-100.00)

Most health professionals (91.05%) and supportive health workers (91.71%) had positive attitudes toward health services for migrants, while only 8.95% of health professionals and 8.29% had negative attitudes **(Table 1).** Attitudes toward health services for migrants between health professionals (doctors, nurses, dentists, pharmacists) and health-supportive workers (financial officers, insurance officials, etc.) were not significantly different (Z = -.092, p = .927) **(Table 2).**

Table 2. The comparison of differences in attitudes toward providing health services to migrants between types of health workers (n = 1,356)

Attitudes toward providing health services to migrants	n	Mean Rank	Z*	p-value
Health worker types				
Health professionals	1006	679.08	-.092	.927
Supportive health workers	350	676.85		

*Mann-Whitney U test

Correlations between personal and system factors were tested **(Table 3).** Only statistically significant factors were performed for regression. The binary logistic regression analysis revealed that knowledge about migrants' cultures and contexts (Exp (B) = 1.02, p = .004) and an appropriate number of health service providers for migrants (Exp (B) = 1.32, p < .001) are the significant influencing factors of health workers' attitudes. Knowledge about migrants' cultures and contexts and the appropriateness of the number of health care providers for migrants can explain the variability of health workers' attitudes by 3.6% (Nagelkerke). When the appropriate number of health service providers for migrants increases by 1, health workers are 1.32 times more likely to have positive attitudes toward providing health services to migrants. Also, increasing the score by 1 for knowledge about migrants' cultures and contexts will likely improve health workers' positive attitudes toward providing health services to migrants by 1.02 times **(Table 4).**

Table 3. Correlation coefficient between personal and system factors with health workers' attitude toward providing health services to migrants (n = 1,356)

Factors	Correlation coefficient (r_s)	p-value
Personal Factors		
Age	-.037	.177
Health worker types	.033	.221
Knowledge about migrants' cultures and contexts	.152	< .001
System Factors		
Appropriate health service management policy for migrants	.120	< .001
Appropriate number of volunteer translators for migrants	.063	.021
Appropriate number of manuals, teaching materials, and various signs for migrants.	.060	.027
Appropriate number of health workers providing care for migrants	.133	< .001
Number of migrants receiving the health service at unit	-.012	.660
Average service times to migrants	.010	.722
Proportion of migrants who receive health care services to total service receipts	-.025	.368

r_s = Spearman's rank correlation coefficient

Table 4. Binary logistic regression analysis of factors affecting attitudes toward providing health services to migrants (n = 1,356)

Factors	B	SE	Wald	Exp (B)	p-value
The appropriate health service management policy for migrants	-.021	.084	.065	.979	.799
The appropriate number of volunteer translators for migrants	.030	.064	.223	1.03	.637
The appropriate manuals, teaching materials, and various signs for migrants	-.090	.071	1.61	.914	.204
The appropriate number of health service providers for migrants	.284	.072	15.47	1.32	< .001
Knowledge about migrants' cultures and contexts	.026	.009	8.44	1.02	.004
-2 Log likelihood = 1824.86, Cox & Snell R^2 = .027, Nagelkerke R^2 = .036					
Chi-squared (Omnibus test of model coefficients) = 36.50, p = < 0.001					

Discussion

The results showed that most health professionals (91.05%) and supportive health workers (91.71%) had positive attitudes toward health services for migrants, In Thailand, health services have been provided concerning human rights principles, in which all human beings are equal and have dignity, rights, liberties, and equality.[30] In addition, the Thailand Ministry of Public Health initiated a migrant-friendly health services policy in collaboration with non-government organizations to improve the migrants' health outcomes.[19] Under the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, migrant workers can receive public health services.[31] They have the right to health without rejection by doctors, hospitals, health professionals, and supportive health workers. Moreover, the majority of the participants are under 40 years old; thus, they may have a positive attitude. According to the study in Canada, younger age health workers had more positive attitudes.[25] Furthermore, the majority, 73.06% of health professionals and 72.29% of supportive health workers have moderate knowledge regarding migrant cultures and contexts. Therefore, working under this concept satisfies health workers, as they can help migrants who are in need without discrimination due to their race, religion, or culture.

Nonetheless, the study found that 8.95% of health professionals and 8.29% of supportive health workers had a negative attitude toward providing health services to migrants. This result may be because about half of the participants had less than 10 years of experience in providing services to migrants, and 8.95% of health professionals and 8.29 % of supportive health workers felt a negative attitude towards health services to migrants. In addition, most of the participants (91.85% of health professionals and 93.71% of supportive health workers) did not receive training on transcultural care. Promoting health workers' cultural competence is vital for responsiveness to more positive attitudes and the needs of migrant patients.[19] Promotion of it can be achieved through hiring personnel with a variety of cultural backgrounds, giving the necessary training to staff about the culture and language of migrants they served, and modifying instructional materials and signs to reflect the languages and cultural norms of immigrants.[32]

The results showed that the attitudes toward providing health services to migrants between health professionals (doctors, nurses, dentists, pharmacists) and supportive health workers (financial officers, insurance officers, etc.) are similar, probably because both health professionals and supporting health workers work with migrants and have awareness and understanding of the laws, and the government's and hospital's policies regarding migrants, such as the Working of Aliens Act

and the Foreign Working Management Emergency Decree.[33] Besides, health services that are based on human rights concepts have been provided in Thailand, where all human beings have access to quality healthcare with equity, dignity, and liberties.[30] Both groups worked under these principles, and thus, they had the same attitudes toward providing health services to migrants.

The analysis revealed that the appropriate number of health care providers for migrants and knowledge of migrants′ cultures and contexts could explain the variability of health workers′ attitudes toward providing health services to migrants by 3.6%. The increasing scores for the perceived appropriateness of the number of health workers and knowledge about migrants′ cultures and contexts will likely increase positive attitudes toward providing health services to migrants. When health workers know migrants′ cultures and contexts, they will understand, provide proper health services, create interaction, and provide care consistent with cultures. In Canada, the lack of cultural knowledge of physician–patient interaction leads to misunderstandings of health beliefs, cultural misunderstandings, and discrimination.[15] On the other hand, providing health services regarding cultural differences and the ethnicity of migrants will result in a positive attitude towards migrants. This is consistent with a European and UK study, which found that cultural beliefs influenced health disparities among migrants.[11] Cultural competency training was positively correlated with attitudes toward providing health services to migrants.[34] The system factor is the appropriateness of the number of health workers for migrants with sufficient numbers. Health providers are not overly fatigued and will have a lower risk of burnout. Hence, this will positively affect attitudes toward providing health services to migrants.

Limitations

In the study context, health workers may hesitate to admit negative attitudes toward health services for migrants, potentially overestimating positive attitudes. Another limitation might be that the variance in health workers' attitudes toward providing health services to migrants was only 3.6%; and thus, investigating further influencing factors is recommended.

Conclusions and Policy Implications for Healthcare Management

The results found that most of the sample had positive attitudes toward providing health services to migrants. Overall, attitudes toward providing health services to migrants between health professionals and supportive health workers were not different. The appropriateness of the number of health care providers for migrants and knowledge about migrants' cultures and contexts can explain the variability of health workers' attitudes by 3.6 percent.

Based on this study's findings, hospital administrators should develop a project reinforced promoting attitudes, especially for those who have negative attitudes toward providing health services to migrants. For instance, hospital administrators should organize a health service system for migrants, which can involve providing interpreters, media, brochures, or videos to help migrant workers effectively understand an efficient referral system and surveillance system in the community. Besides, the administrators organize the health service system, including an appropriate number of health providers and the length of service for migrants to not increase the workload of health workers, which can cause negative attitudes. Moreover, cultural mediators and training for health workers are also suggested.[35] Further studies such as accessibility, quality of care services, cost, and migrants' satisfaction are needed before appropriate intervention and policy can be improved.

Acknowledgments

This project was carried out with financial support from the Health Systems Research Institute, Thailand. The authors would like to extend our special thanks to all participants for their willingness to share their time and experience for this research.

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ปัจจัยที่มีอิทธิพลต่อทัศนคติของบุคลากรสุขภาพต่อการให้บริการสุขภาพแก่คนต่างด้าว

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บทคัดย่อ: คนต่างด้าวจำนวนมากใช้บริการสุขภาพท้องถิ่นของไทยในขณะที่ใช้ชีวิตและทำงานอยู่ในประเทศไทย ทัศนคติของบุคลากรสุขภาพต่อการให้บริการสุขภาพคนต่างด้าวมีอิทธิพลอย่างยิ่งต่อคุณภาพของการดูแลสุขภาพที่ให้คนต่างด้าว การวิจัยนี้ เป็นการศึกษาเปรียบเทียบทัศนคติของบุคลากรสุขภาพต่อการให้บริการสุขภาพคนต่างด้าวระหว่างบุคลากรสายวิชาชีพด้านสุขภาพและสายสนับสนุนด้านสุขภาพ หาปัจจัยทำนายของปัจจัยเชิงปัจเจก และปัจจัยเชิงระบบต่อทัศนคติของบุคลากรสุขภาพในการให้บริการสุขภาพ ซึ่งเป็นการศึกษาหาความสัมพันธ์แบบภาคตัดขวาง กลุ่มตัวอย่างคือ บุคลากรด้านสุขภาพจำนวน 1,356 รายของประเทศไทย ที่จากการสุ่มแบบหลายขั้นตอน เครื่องมือวิจัยประกอบด้วย แบบสอบถามความรู้เกี่ยวกับวัฒนธรรมและบริบทของคนต่างด้าวและแบบสอบถามทัศนคติของบุคลากรสุขภาพต่อการให้บริการสุขภาพคนต่างด้าว วิเคราะห์ข้อมูลเชิงปริมาณโดยใช้สถิติ Mann-Whitney U test และ binary logistic regression

ผลการศึกษา พบว่ากลุ่มตัวอย่างที่เป็นบุคลากรสายวิชาชีพสุขภาพร้อยละ 91.05 และบุคลากรสายสนับสนุนร้อยละ 91.71 มีทัศนคติทางบวกต่อการให้บริการสุขภาพแก่คนต่างด้าวโดย ปัจจัยทำนายได้แก่ ความเหมาะสมของจำนวนของผู้ให้บริการสุขภาพโดยเฉพาะแก่คนต่างด้าวและความรู้เกี่ยวกับวัฒนธรรมและบริบทของคนต่างด้าวสามารถร่วมอธิบายความแปรปรวนของทัศนคติของบุคลากรสุขภาพได้ร้อยละ 3.6 การเสริมสร้างทัศนคติทางบวกของบุคลากรสุขภาพทำได้โดยการยกย่องการให้บริการสุขภาพที่ดี อย่างไรก็ตาม การศึกษาต่อไป อาทิเช่น การเข้าถึง คุณภาพการบริการ ค่าใช้จ่าย และความพึงพอใจของคนต่างด้าวมีความจำเป็นก่อนการพัฒนาโปรแกรมที่เหมาะสมและการพัฒนานโยบาย

Pacific Rim Int J Nurs Res 2024; 28(2) 296-307

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