



Thai Public Health Policy and Decentralization: a Case of Pro-Social Rule Breaking of Thai Local Health Staff

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Abstract

The study examines the pro-social rule breaking theory to understand the motivation and behavior of Thai local health staff over the rule breaking for local people/patients' benefit. This theory demonstrates why local staff tend to use their discretion to accomplish their jobs for the local people's benefit, although their dispositions may contrast with the rules, especially the central administration's rules and procedures. The factors behind local staff rule-breaking consist of three levels of analysis within the local workplaces: individual, relational, and organizational factors. The research intends to demonstrate the reason behind the use of discretion among Thai local health staff who work in local administration's health facilities for the social benefits of local people as their clients.

The research analysis was from an original questionnaire (n=205; 51.25% response), and the multiple regression model analyzed the relations of all variables. The results of the research analysis demonstrated that pro-social rule breaking behaviors are positive with local health staff conscientiousness and educational background. So, the research suggests that conscientiousness is the only theoretical factor that can convince Thai local health staff to break the rules, while other factors have no significant relationship with pro-social rule breaking behaviors.

Finally, the research suggests policy recommendations for strengthening the human resource development of Thai local health staff by supporting the role of public health unions and

associations to protect Thai local health staff's interest and to control the standardization of discretion and pro-social rule breaking of Thai local health staff.

Keywords: Pro-social rule breaking, Public health decentralization, Thai local health staff

What was Known

- Local-level staff break the rules and regulations to fulfill the citizen's expectations.
- The discretion of local administrative organization staff on public service provision and their considerations and rule interpretations are confused with the discipline of the central administration's agency and the national audit agency

What's New and Next

- Conscientiousness is the primary factor for pro-social rule breaking behaviors among Thai local public health staff, some research participants state that the local people's benefits are their priority, even if their decision may break the rules.
- The local health staff background affects their motivation to break the rules; the staff with high educational backgrounds prefer not to break the rules. Moreover, work experiences can also affect the decision to break the rules; the senior staff and staff with many years of work experience prefer not to break the rules.
- Rule-breaking occurs only for environmental health issues such as hazardous waste management, while local health staff prefers not to break the rules for disease prevention and mitigation issues such as rabies outbreak control.

Introduction

Thailand's Decentralization Plan¹ on public health decentralization has mentioned two primary missions: establishing a local health advisory board, and devolving health promotion missions from the Ministry of Public Health to local administrations. Additionally, Thailand's 2nd Decentralization Plan² increased the essential mission in public health decentralization: strengthening the health care system and devolving the public health facilities to the local administrative organizations.³

However, implementation of the Thai public health decentralization policy has not been successful in meeting the expectations of the Determining Plan and Procedures in

Decentralizations to the Local Administrative Organization BE 2542⁴ and all editions of Decentralization Plans; local administrative organizations cannot meet the expectations of public health decentralization policy due to an insufficiency of fiscal support, lack of staff, and insufficient cooperation from the central administration on decentralization process.⁵

Moreover, the Thai local administrative organizations' staff must break the central administration and national audit agency's rules to achieve their routine jobs and policy goals. According to a local observation survey by the department of local administration in 2016, one of the significant problems of local administrative organizations is that the discretion of local administrative organization staff on public service provision and their considerations and rule interpretations sometimes get confused with the discipline of the central administration's agency and the national audit agency.⁶

The pro-social rule breaking theory demonstrates that the front-line staff or the local staff break the rules to fulfill the satisfaction of their clients and protect the interest of their workplace at the same time. However, their discretions may break the rules of central administration due to the limitation of resources and the complexity of problems on the front line. This research would like to unfold the problems that Thai local health staff break the rules for the interest of their workplace and to protect the rights of their citizens as clients.

In terms of public health staff, pro-social rule breaking is the big challenge in their discretions and job operations; however, the previous research about pro-social rule breaking among the front-line health care staff demonstrated that job ethics and individual discretions have a significant role in health care staff to break the rule for the benefits of their patients.⁷

Consequently, this research would like to investigate the factor behind pro-social rule breaking of Thai local health staff and provide policy recommendations on dealing with front-line staff discretion in the 65 local health facilities of Thai local administrative organizations⁸, drawing on two main theories: Lipsky's street-level bureaucracy theory⁹, and the theory of pro-social rule breaking¹⁰, for the strengthening of Thai public health decentralization policy and local public health management.

Materials and Methods

The research design of this study was a cross-sectional study. The Data was collected between June and August 2021. The sample used in this study was 205 staff from the public health facilities in the Thai local administration. The sample size was calculated using the mixed method for population selection, such as stratified random sampling and cluster sampling¹¹, and Yamane's calculation formula¹² for determining population and sample size. Firstly, the research selected the topmost populated job titles that they need to use pro-social rule breaking to execute their job at the local level, such as public health management officer and technical workers; secondly, the research determines the sample size on calculation formula, and the research's sample size is 400 Thai local health staff. The research questionnaires were sent to 400 Thai local health staff in July 2021 in 65 local public health facilities. Overall, 205 research questionnaires provided usable survey data, with a response rate of 51.25%

Research Instruments

The research investigates pro-social rule breaking behaviors using survey data collections from local health staff working in local health facilities. The research questionnaire is divided into two parts. The first section has thirty-four questions on the independent factors that affect the motivation of local health staff for rule-breaking, such as conscientiousness, organizational commitment, the influence of co-workers, leader-member exchange, rule consistency, and procedural formalization, and punishment's certainty and severity.¹³⁻¹⁵ The second section is two scenario-based questions for dependent factors to investigate the rule-breaking decision of local health staff job accomplishment, such as hazardous waste management and rabies outbreak.

The first section consists of (1) general information about the local health staff who are protected by ethics in human research, and (2) questions examining the independent factors, through thirty-four questions, divided into three different frameworks, which were adapted from Fleming.¹⁶

- (1) Individual-level framework
 - (1.1) Conscientiousness

Six questions are measured with a seven-point Likert scale from 1 (Strongly disagree) to 7 (Strongly agree) to investigate the local health staff's perceptions of their conscientiousness. For example, do you significantly devote yourself to the benefit of your organization?

(1.2) Organizational Commitment

Six questions are measured with a seven-point Likert scale from 1 (Strongly disagree) to 7 (Strongly agree) to investigate the local health staff's perceptions of their organizational commitment. For example, could you spend your remaining working life at this workplace until your retirement date?

(2) Relational-level framework

(2.1) The Influence of Co-workers

Five questions are measured with a five-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree) to investigate local health staff's perceptions of their co-workers' influence. For example, do you always consult your colleague on the decision of job accomplishment, more than with your executive?

(2.2) Leader-member Exchange

Five questions are measured with a five-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree) to investigate the local health staff's perceptions of the relationship between leaders and members in their workplace. For example, does your executive always provide valuable guidelines for your job accomplishments?

(3) Organizational-level framework

(3.1) Rule Consistency

Four questions are measured with a four-point Likert scale from 1 (Strongly disagree) to 4 (Strongly agree) to investigate the local health staff's perceptions of the organization's rule consistency. For example, do you always break the rule regarding the efficiency of local people's public services?

(3.2) Procedural Formalization

Five questions are measured with a five-point Likert scale from 1 (Strongly disagree) to 7 (Strongly agree) to investigate the local health staff's perceptions of the organization's rules and procedures. For example, do you always obey the organization's rules which may interrupt local people's public service?

(3.3) Punishment's Certainty and Severity

Three questions are measured with a five-point Likert scale from 1 (Strongly disagree) to 7 (Strongly agree) to investigate the local health staff's perceptions of organizational punishment. For example, do you trust the organization's transparency and corruption prevention?

According to the Thai national decentralization plan, waste management and disease control are the core responsibilities of the Thai local administration. The second section is two scenario-based questions that investigate the dependent factors of local health staff motivation on rule-breaking. The first question describes a scenario about the waste scavenger community and hazardous waste management; it focuses on the rule-breaking of local health staff that prevents scavengers from violating environmental law. The second question involves a scenario concerning the spread of rabies at a food preparation site in a Buddhist festival; it focuses on the rule-breaking of local health staff that may break the rules by implementing a primary outbreak investigation before using the Ministry of Public Health's report system. This part examines the dependent variables of Thai local health staff on pro-social rule breaking behavior by asking them about the possibilities of breaking the law in real-life situations. The first question about waste management is, "If they found the local people use illegal waste disposal methods, would they punish them or warn them?". The second question about rabies control is, "If they found the high-risk cases that may lead to the rabies outbreak in the local community, will they cope with it by themselves or let the central administration agency cope with it?".

Table 1 The Reliability Statistics for Research Instruments

Category	Cronbach's Alpha	No. of Items
Conscientiousness	0.815	6
Organizational Commitment	0.874	6
The Influence of Co-workers	0.750	5
Leader-member Exchange	0.931	5
Rule Consistency	0.812	4
Procedural Formalization	0.813	5
Punishment's Certainty and Severity	0.878	3
Hazardous Waste Management	0.284	2
Rabies Outbreak Control	0.399	2

Statistical Analysis

The data were analyzed using descriptive statistics. We analyzed the relationship between several pro-social rule breaking factors and the motivation to break the rule of Thai local health staff by using a multiple linear regression model.

Results

All 205 research participants completed the online questionnaires, and the study results are demonstrated below.

Table 2 Information of research participants (n=205)

Category	Total	Percent
Local Administrative Organization		
Subdistrict Administrative Organization	99	48.3
Subdistrict Municipality	76	37
Town Municipality	24	11.7
City Municipality	4	2
Missing / Prefer not to say	2	1
Gender		
Female	148	72.2
Male	55	26.8
Missing / Prefer not to say	2	1
Age		
18 – 30	41	20
31 – 40	60	29.2
41 – 50	61	29.8
51 – 60	41	20
Missing / Prefer not to say	2	1
Education		
Lower than Bachelor's Degree	36	17.6
Bachelor's Degree	135	65.9
Master's Degree	28	13.7
Doctor of Philosophy	3	1.4
Missing / Prefer not to say	3	1.4

Category	Total	Percent
Work Experience		
Lower than 1 year to 10 years	82	40
11 – 20 years	41	20
21 – 30 years	78	38
Missing / Prefer not to say	4	2
Work Experience in the Ministry of Public Health		
Former staff of Ministry of Public Health	131	63.9
The non-former staff of Ministry of Public Health	72	35.1
Missing / Prefer not to say	2	1

According to Table 2, two-thirds of the participants were female, and half were local health staff in subdistrict administrative organizations. Over half held a bachelor's degree and had work experience in the Ministry of Public Health.

The multiple regression models analyze the relations of several independent and dependent variables in the research. The results of the model analysis are demonstrated in Table 3.

Table 3 Multiple Regression Model: Pro-Social Rule Breaking among Thai Local Health Staff

Independent Variables	Dependent Variables					
	Hazardous Waste			Rabies		
	B	Beta	Sig	B	Beta	Sig
Conscientiousness	0.350	0.345	0.001*	0.167	0.165	0.100
Organizational Commitment	-0.029	-0.029	0.778	0.006	0.006	0.952
Co-workers' Influence	0.064	0.063	0.545	0.031	0.031	0.768
Leader-member Exchange	-0.037	-0.037	0.702	0.004	0.004	0.964
Rule Consistency	-0.012	-0.012	0.898	0.130	0.126	0.187
Procedural	0.071	0.071	0.409	0.057	0.056	0.513

Independent Variables	Dependent Variables					
	Hazardous Waste			Rabies		
	B	Beta	Sig	B	Beta	Sig
Formalization						
Punishment's Certainty and Severity	-0.055	-0.055	0.556	-0.144	-0.145	0.126
Types of Local Administrative Organizations						
Gender	0.029	0.022	0.771	-0.137	-0.104	0.169
Age	0.146	0.065	0.391	-0.030	-0.013	0.862
Education	0.005	0.005	0.968	-0.125	-0.126	0.290
Years of Work Experiences	-0.315	-0.194	0.012*	-0.227	-0.140	0.069
Work Experience in the Ministry of Health	0.093	0.082	0.530	-0.080	-0.070	0.592
Work Experience in the Ministry of Health	0.239	0.112	0.194	0.194	0.091	0.294

Note: 1. n = 205

2. * = p ≤ 0.05

3. R-Square

0.153

0.143

4. Adj. R-Square

0.089

0.078

According to the results of multiple regression analysis in Table 3, two independent variables are significant ($p \leq 0.05$) in the analysis of pro-social rule breaking among Thai local health staff in a scenario of hazardous waste management (R-Square=0.153): conscientiousness and education background. However, the scenario of rabies outbreak control does not show any significant independent variables. Consequently, conscientiousness and education background are two variables that affect the pro-social rule breaking behaviors among Thai local health staff.

Moreover, the social factors were part of the analysis due to the influence of background factors in the theories of reasoned action and planned behavior, such as educational background, age, and gender.¹⁷

Discussion

The research found the relationship between local public health staff discretion and pro-social rule breaking behavior. Conscientiousness and level of education have significantly affected the decision to break the rules among Thai local health staff. Linear regression analysis of the research questionnaires shows the relationships between several antecedents and local health staff behaviors.

1) The local health staff prefers to break the rule only for the waste management scenario, due to the relationship between conscientiousness and educational background. However, the scenario of rabies outbreak control cannot find any significant relationship between the antecedents and local health staff behavior.

2) The level of local health staff's conscientiousness directly affects the discretion to break rules of the local health staff; the high level of staff conscientiousness makes a solid motivation to break the rules for social benefit.

3) The difference in the educational background of local health staff directly affects the discretion to break the rules; staff who have obtained a higher educational background tend to avoid pro-social rule-breaking, while staff who have a lower educational background prefer to break the rules.

4) Although punishment has no significant relationship with the pro-social rule breaking of local health staff, the research findings show that if the workplace has strict punishment, staff tend to avoid rule breaking.

5) Although the scenario of rabies outbreak control does not reflect any relationship between research antecedents and local health staff in the linear regression analysis, the research found that years of working experience affects the motivation of rule breaking. The senior staff tends to avoid rule-breaking, while the newbie staff breaks the rules for social benefit.

6) According to the previous study about pro-social rule breaking, the influence of relational level factors (co-workers) and organizational level factors (rules and punishment) also affect the motivation of rule-breaking among the front-line staff¹⁶, while this research found that only individual factor has a significant relation. At the same time, this research found that only

individual factors have a significant relation. However, this research can't find any link, so the results imply that the pro-social rule-breaking of Thai local health staff has only individual motivation, which we can investigate the reasons behind the absence of relational and organizational level in the further research.

Conclusion

The analysis results demonstrate that conscientiousness is the primary factor for pro-social rule breaking behaviors among Thai local public health staff, especially in the last section of the research questionnaires, in which some research participants state that the local people's benefits are their priority, even if their decision may break the rules. The related literature demonstrates that front-line public officers need to break the rules and regulations in order to fulfill the citizens' expectations in reality.¹⁸ The research analysis results found some relations between Thai local health staff rule breaking and some other factors:

- 1) Rule-breaking occurs only for environmental health issues such as hazardous waste management, while local health staff prefers not to break the rules for disease prevention and mitigation issues such as rabies outbreak control.
- 2) The local health staff background affects their motivation to break the rules; the staff with high educational backgrounds prefer not to break the rules.
- 3) Although there is no significant relationship in the research analysis, the workplace punishments do interrupt the staff's rule-breaking motivation. Moreover, work experiences can also affect the decision to break the rules; the senior staff and staff with many years of work experience prefer not to break the rules.

So, the relationships between bureaucratic motivation and pro-social rule breaking among Thai local health staff are related to their conscientiousness and backgrounds. As Maynard-Moody and Musheno demonstrate, front-line workers tend to use the mindset of citizenship and their backgrounds to determine their discretion in job accomplishment.¹⁹

However, punishment is negatively related to the Thai local health staff's rule-breaking behaviors. As Vardi and Weitz demonstrate, punishment is the behavioral control system to prevent undesirable job accomplishments.²⁰ Moreover, Davis suggested that public staff should be controlled to avoid rule-breaking and strengthen public transparency for the citizenry.²¹ Consequently, the relationship between bureaucratic motivation and pro-social rule breaking depends on the local health staff's conscientiousness control by using rules and punishment.

Finally, Related works demonstrate that medical or public health staff need professional standards for their discretions to accomplish policy implementation²² and fulfill clients' expectations²³. So, unions and professional associations are solutions for the standardization of policy implementation. As Lipsky suggested, unions/associations protect members' interests and provide valuable guidelines for discretion over policy implementation⁹. Moreover, Sambrook's study found the importance of public health/medical staff workers unions on the human resource development of the UK's public health workforce²⁴. The unions/associations support the UK's national health service (NHS) staff with lifelong learning programs/training programs and provide helpful advice. So, the department of local administration should enhance the role of subdistrict health-promoting hospital societies as key partners in the Thai public health workforce's human resource development and make the standardization of discretion and pro-social rule breaking of Thai local health staff, like in the UK's public health unions that implement learning and training programs for their public health workforce.

Ethical Approval Statement

The research project was approved by the chairperson of the Ethics Committee in Human Research, National Institute of Development Administration (COA No. 2021/0073). Date of permission to conduct on June 22, 2021.

Author Contributions

KV designed the study and formulated the research tools with guidance from AW. KV conducted the pilot testing, reliability testing, data collection, data analysis and wrote the manuscript under the supervision of AW. All authors read and approved the manuscript prior to submission and publication.

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Conflicts of Interest

The authors declare that they have no conflicts of interest in this research.

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