

Transitions in the Health Care Systems in Times of Uncertainty – Exploring Views by Experts through Mindfulness and Emotional Intelligence in Bangkok, Thailand

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Abstract

This research focuses on the Transitions in the Health Care Systems in Times of Uncertainty–Exploring views by Experts through Mindfulness and Emotional Intelligence in Bangkok, Thailand. Gratitude to all the experts who were part of this research, making the study interesting and sharing real life experiences and views. The awareness of Emotional Intelligence and changes in the Health industry in Thailand shared by Dr. Davin Narula, Mrs. Rasee Govindani, Ms. Anette Pollner, and Dr. Anand Sachamuneewongse has given a valuable insight about quality health services, well-being, experience, and expressing possible changes and integration of services in the health industry.

Aim: The objectives of this research were whether the regular practice of Guided Mindful Meditation/training could improve patients' emotional intelligence. To distinguish the effect of pressure from the internal and external environment of health system in Bangkok. To evaluate the differences of between practitioners, experts, and doctors on various practices and handling transitions in the Health Care systems in Times of Uncertainty. To bring awareness on valuable techniques and resources for practitioners, doctors, and patients to creating Balance and practicing Mindfulness in their daily life. To analyze the shared experience of Mindfulness performed by the four experts in this research.

Methods: All four experts fulfilled the questions and answered all questionnaires of Philadelphia Mindfulness Scale (PHLMS), Emotional Intelligence (DERS) questionnaire, & the Global Health PROMIS 10. Face to face audio interview was conducted the insightful sharing on various aspects of uncertainty, transitions, mindfulness, and emotional intelligence was expressed.

Results: The challenges in the health industry with having less doctors and advance equipment in the public sector were acknowledged by Dr. Anand and Ms. Anette. Dr. Davin addressed about NLP and how neuro programming and mindfulness programmes can be utilized in medical training, educating patients through awareness, and in daily practice of one's life. Dr. Davin, Mrs. Rasee, Ms. Anette, and Dr. Anand were aware of their emotional intelligence in terms of thoughts, environment, mood, and there are situations that may bring some difficulties to deal with the internal state, however, they tend to find a suitable approach to deal with it. Dr. Anand did not usually focus on emotional intelligence and mindfulness approaches and this research guided him to reflect on several aspects that relate to him and his work in a deeper perspective. Mrs. Rasee & Ms. Anette stressed on integration of alternative/complementary healing/therapies with hospitals and having counselors on call to provide emotional and moral support to patients and people working in the hospitals in both provide and public hospitals.

Conclusion: There is a need to bring awareness in acknowledging emotional intelligence, mindfulness, and integration of balance through neuro programming that can enhance people from the health industry. Emotional intelligence should be taught at schools for children to acknowledge how the feel and speak about it. Further research encourages to be explored in rural areas and other clinics and hospitals on emotional intelligence and mindfulness training. Future studies can apply mindfulness training approaches on doctors and staff at the hospitals to test the efficacy of before and after practicing the mindfulness programme. It will be efficient to check the brain waves of before and after the practice of mindfulness training to check progress.

Keywords: Transitions; Health care systems; Uncertainty; Mindfulness; Balance; Emotional intelligence; Bangkok; Thailand

Introduction

Health care systems have an immense and valued responsibility to bring awareness and make available right medical care for the entire nation. Over the years, with the advancement of technology and the

marketing of medical tourism various types of health care facilities and services have been advertised. Nevertheless, during the times of transitions there is growing awareness of disadvantages and issues faced during the times of uncertainty.

Government health care and any other product or service managed by government is the foundation of any nation. The core values of products and services reveal, restore, revive, and help progress a

nation's economy, well-being, investment, and generations of populations within a nation.

With reference to today online news, Thailand is facing various challenges in the health care system. As stated in May 2017, "the Federation of Physicians and Nurses released a table showing 18 state hospitals were suffering deficits. For instance, Pranangklao Hospital had a deficit of 355 million baht, Saraburi Hospital was 322 million baht in the red, and Uttaradit Hospital suffered a deficit to the tune of 277 million baht. The hospital deficit is just the tip of the iceberg. There have been concerns in the healthcare system that need to be urgently reformed," said the president of the Federation of Physicians and Nurses of regional and general hospitals, Pradit Chaiyabud," [1].

State hospitals get income from three sources: The state Budget; operators of three healthcare schemes, namely the universal healthcare scheme, civil servants healthcare scheme and social security scheme; and money earned by hospital operators themselves, such as donations. Contributions from the Universal Coverage (UC) scheme account for the largest portion of state hospitals' income. Hospitals normally receive an annual Budget of about 80 million baht, depending on the size and population of the district. The NHSO also dispenses money according to the number of patients suffering specific illnesses, such as kidney failure or heart disease [1].

The challenge for the NHSO is how to manage the budget efficiently with limited funds and an ageing society. Moreover, civil society groups have urged the government to invest more in healthcare because it is a matter of long-term human security. According to Mr. Viroj Na Ranong who is a research director for the health economics and agriculture sector at the Thailand Development Research Institute, his study revealed that the health expenditure of low-income countries is approximately 4 per cent of GDP compared to 8 to 13 per cent for high-income countries. Health expenditure in the US is 15-17 per cent. The civil service healthcare scheme is more expensive, because its finances are based on open-end funding, meaning beneficiaries can get expensive drugs and treatment [1].

On the other hand, with reference to the cover story about Health care on life support published by Bangkok Post in November 2017 by Paritta Wangkiat, Thailand's healthcare scheme is most critical since 2002. For more than ten years the system has been praised globally in providing healthcare access to over 48 million and filling the gap left by the government. Going back to the 1980s, there was an ambition to establish health care for all after witnessing the experiences of patients who could not afford medical treatment. The capitation method also allows government to fund universal coverage within its capacity limit.

Furthermore, in relation to a research under the American Psychosomatic Society on behavioral medicine conducted on examining the Changes in Brain and Immune Purpose produced by Mindfulness Meditation by Davidson, Richard J. PhD; Kabat-Zinn, Jon PhD; Schumacher, Jessica MS; Rosenkranz, Melissa BA; Muller, Daniel MD, PhD; Santorelli, Saki F. EdD; Urbanowski, Ferris MA; Harrington, Anne PhD; Bonus, Katherine MA; Sheridan, John F. PhD, 2003 revealed that the short program in mindfulness meditation does produce positive and demonstrates effects on brain and immune function. Moreover, various studies shows stress-related health complications are accountable for up to 80% of appointments to the doctor and account for the third highest health care expenditures, behind only heart disease and cancer. But few doctors essentially share to patients about how to decrease stress. Mind-body practices like yoga and meditation have been shown to reduce your body's stress response

by reinforcing one's relaxation reaction and lowering stress hormones like cortisol. Additionally, Harvard Health publications disclose the numerous different mind-body methods, comprising meditation, yoga, mindfulness, cognitive behavioral skills, and positive psychology result in relaxation and reduction of medical services. With this the understanding of Emotional Intelligence and Mindfulness practitioners in the health industry can improve their health as well as their clients/patients.

This research study emphasizes and explores the demographics changes, healthcare transitions, alternative healing approaches, challenges faced during the time of uncertainty, assess experiences of experts in the Health Care system in Bangkok, Thailand. This study will enable respond to needs on the increasing of specific issues and pressure within the internal and external environment of health system in Bangkok, Thailand. Additionally, to understand more about how practitioners working in the Health Care industry are aware of their own emotional state before treating or providing any kind of service to their clients/patients.

Mindful training has been adopted in some primary schools and local universities in Thailand; however, the need for Mindful training is becoming a growing necessity which more schools, universities (local and international, private or public) should utilize this to bring awareness so students of all ages can find a balance from within and external factors.

Mindful training and bringing awareness in the Health Care Systems is very much needed to assess and making sure that service provided is being delivered from the expert is emotionally and mentally satisfied. Moreover, emotional intelligence is one of the five pillars, as stated by Daniel Goleman published "Emotional intelligence: why it can matter more than IQ." The growing consciousness of mental health and an apprehension with emotional intelligence are attaining significance as fundamental concerns for the twenty-first century. Educators, therapists, and parents have become more worried about how to enhance their children's emotional intelligence and there is more to that. Teenagers and young adults need it as this effects their productivity, increases stress, and may increase emotional, physical, and mental issues which may lead to serious illnesses.

As a result, the present study is conducted using a qualitative and quantitative research method. Difficulties in Emotion Regulation Scale (DERS) Serenity Programmed consisting 36 statements on various aspects of emotions and how one feels and what one does about it using the calculation in percentage-Higher scores suggest greater problems with emotion regulation will be assessed as the experts being interviewed will fill in the questionnaires. The Philadelphia Mindfulness Scale (PHLMS) and the Global Health PROMIS 10 questionnaire are also being completed to bring awareness about the experts. The present study is designed to assess and analyze the transitions in the health cares in times of uncertainty in Bangkok, Thailand.

Research objectives

The researcher is interested in the way body and mind is being taken care of, and how experts in the fields of Health care manage the transitions during the times of uncertainty.

For this research the research objectives formulated are:

- To determine whether the regular practice of Guided Mindful Meditation/training could improve patients' emotional intelligence.
- To distinguish the effect of pressure from the internal and external environment of health system in Bangkok.
- To evaluate the differences of between practitioners, experts, and doctors on various practices and handling transitions in the Health Care systems in Times of Uncertainty.
- To bring awareness on valuable techniques and resources for practitioners, doctors, and patients to creating Balance and practicing Mindfulness in their daily life.
- To analyze the shared experience of Mindfulness performed by the four experts in this research.

Rationale of study

The researcher is aware of numerous cases that come her way and the need to start to understand how to deal and mindfulness training is essential for everyone in all working industries. With experience of being an Educator, Author, Academic and Creative Writing Coach, Reiki Energetic Master Teacher, and practicing Raja Yoga Meditation for many years conducting a research to facilitate options and resources is significant for providing the right Social and Emotional Learning (SEL) as a process that clearly develops life skills. It is an integrated approach that can support many people in self-awareness and management on handling emotions and behavior skillfully. Where service is being provided to clients and patients the balance of the service provider is as important.

Limitations of the study

The results also depend on how the participants of this study understand the factors and deal with factors that bring awareness to his/her life and bring a change in his/her life. Some limitations of this study are:

- The research is limited to Bangkok geographically.
- There was a challenge on how much and whether the experts would be able to share as many aspects on transitions in the health care systems and provide suggestions in times of uncertainty from their perspectives. There is privacy and the researcher cannot monitor the experts but trust in what they share with due respect of their years of experience and work with reputable health corporations.
- The participants perform their duties and follow the protocols of the place they work in. With due respect and privacy of the place suggestions offered were based on their experience and observation over the years, hence, they faced boundaries of what can be done and what cannot be done.

Health care system and challenges in Thailand

Thailand's health insurance system is a restructure that has been utilized over thirty years. The Medical Welfare Scheme (MWS), was established in 1975, to offer health care to the underprivileged. However, over the years The Thai health system has endured an incredible transformation. Additionally, objectives of Thailand's health restructuring include achieving widespread health insurance treatment with adequate level of assistances, limiting the growth of health spending, stimulating efficient health care delivery, distributing more health resources to the underprivileged and to rural areas, and

sustaining the health system's ability to supply services. The financial sustainability of Thailand's health system is affected by aspects that are mutual across countries. Use of health services is anticipated to increase, determined by an aging population, rising national income, and the progress of medical technology. Income to pay for that rising trend in demand is less certain, affected by changes in the work force over a period of time and challenging demands for revenue in the government's budgeting process [2].

Alternatively, The Kingdom of Thailand has its own structure of traditional medicine called "Thai Traditional Medicine" (TTM). It initiated during the Sukhothai period (1238-1377) and advanced in equivalent with the country as a means of national health care until the early 20th century. The "Practice of the Arts of Healing Act B.E. 2542" outlines Thai traditional medicine as "the practice of the art of healing that is based on Thai traditional knowledge or textbooks that have been passed on and developed from generation to generation, or based on the education from academic institutes that the Professional Committee approved," [3]. As quoted, the reasons of illness According to TTM, human illness can be triggered by the following factors: 1. Mystical power, e.g., ancestor's soul, prevailing spirit of the forest, evil spirits, and penance from a heavenly spirit of those who disobey. 2. Power of Nature, e.g., inequality in the four fundamentals of the body, inequity of heat and cold, and inequity of the body's balance. 3. Power of the universe, e.g., optimistic and pessimistic impacts from the sun, the moon and the stars on human health. 4. Kimijati, which may be reflected as bacteria in modern medicine. Furthermore, the impact of Western medicine, which was presented into Thailand by missionaries and Western physicians starting during the reign of King Rama III, that eventually increased. In 1888, Siriraj Hospital, the primary Western-style hospital and medical school, was legitimately opened. Primarily, both TTM and contemporary medical services were delivered and the medical school that trained both disciplines of medicine was established in 1889 [4]. In addition, the hospital also originated a health tourism programme for tourists to join several health promotion programmes, i.e., health food, exercise, Thai massage, herbal steam baths, meditation, yoga training, learning about holistic medicine and TTM, and to visit numerous tourist attractions in Prachinburi Province [5].

Thailand's health care system needs improvements. There are several areas that could be enhanced as there are problems with the system in the urban areas, but they are even worse in the rural areas. The rural areas have problems with the amount of time the doctors are there, and also the means of transportation to the clinics. The accessibility of doctors can be a lack of service and the choice of doctors wanting to be there in relation to the working pay package they are offered could possibly influence their interest to work at rural areas.

In turn, doctors work long hours and if something occurred after an appointment, it would be a hassle to contact a specialist. This is because they could be in a different hospital or rural location with other patients. Another concern is that Thailand does not have operative emergency transportation system. The deficiency of number of ambulances, emergency situations can often lead to serious problems due to heavy traffic. In November 2006, a reform was made and the health programmer was called the Universal Coverage Scheme. The Universal Coverage Scheme provides entirely free health care (at liberty) to any Thai citizen who does not have the Civil Servant Medical Benefit or the Compulsory Social Security Schemes [6].

As follows, the Thais need an improved emergency transportation system in the urban areas. Also, a special lane for emergency vehicles is required. To fix the problem with patients not being able to meet their doctors after their appointments and the doctors could improve their approaches in communication. They could get more improved network service, or have specialty doctors available when called. This would increase the availability of the doctors and improve the process of medication, curing, and also attend to mindful needs in various locations in Thailand (Figure 1). However, in its extensive networks of Provinces there are hospitals and health structures of a relatively good standard within some 700 districts that have responded well in reducing the prevalence of communicable diseases [7].

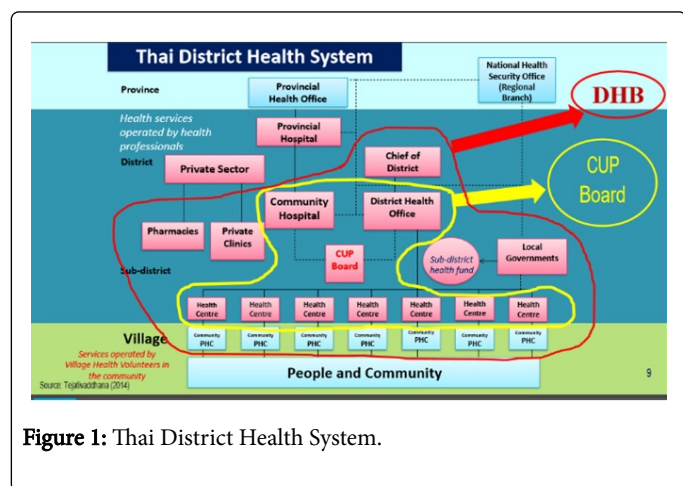


Figure 1: Thai District Health System.

According to Chularat Sae [8] publication in The Nation newspaper, Nurses and doctors at public hospitals are seemingly under stress demanding to cope with time so all the patients can see a doctor. The inadequate circulation of doctors at state related to private hospitals is serious. Long queues are normal at state hospitals. The more famous the hospital, the longer the queue. Patients with enough money can skip these long queues by pursuing medical services from private hospitals.

Thus, to address this visible problem, it's significant to develop the right standards and requirements for the hospital doctors, nurses, staff, and patients. It is quite obvious and the ignorance of Emotional Intelligence is not being taken care of and if the doctors, nurses and/or practitioners are stressful, how will the right needs of the patients and clients be met.

Demographic structures for health care in Thailand

With reference to the World Health Organization Southeast Asia [9], the life expectancy at birth and health life expectancy of Thailand has improved over the years as shown in Figure 2.

Moreover, Thailand faces challenges to further improve its education and health-care systems to various demographics with characteristics of environmental destruction from its speedy growth. The country has made remarkable development in providing education and health care to most of the population. Nevertheless, substantial inconsistencies continue, principally for poorer households and between rural and urban areas that require to be addressed. Education quality must be improved, principally highly proficient teachers, and increasing health-care costs should be controlled through reforms to improve efficiency in the delivery of services [10]. Thailand also needs

to address environmental damage from past growth and achieve greener growth in the future by reducing carbon emissions and other forms of pollution to the changing needs of demographics and the learning of new health practitioners.

Also, there are health inequality problems concerning care for the dependent elderly who require constant care because of their fragile health status. Strengthening and necessary development of current reforms are needed to gain greater access to health-care services in an affordable manner. The government should attempt to improve awareness among the public, especially the poor and underprivileged, about the existence of the health insurance system and its services. This is important for the elder demographics to gain awareness about the transitions in the health system of Thailand. In contrast, the record-keeping system for foreign workers needs to be enhanced so that they can get admittance to health services at a reasonable fee [11].

The changes in the health policies have benefitted many and also affected many in the negative way. With the growing population in Thailand and the modern influence of social media, lifestyle, not appropriate consumption of healthy resources, sicknesses, illnesses, and manipulation of peers and/or society can also lead to inadequacy of understanding the changes in the health system which some people may think its political and ignore the reforms and don't update themselves. The transitions in the policy and during the time of uncertainties have favored private hospitals, drug companies and medical tourism. This can be a leading threat to universal healthcare.

A population pyramid of Thailand in 2016 published by Central Intelligence Agency, represented the age and sex structure of a country's population and shows the male and female populations broken down into 5-year age groups represented as horizontal bars along the vertical axis, with the youngest age groups at the bottom and the oldest at the top. The form of the population pyramid progresses over time related to fertility, mortality, and international migration developments. The Age structure is 0-14 years: 17.18% (male 6,000,434/female 5,714,464), 15-24 years: 14.47% (male 5,030,930/female 4,839,931), 25-54 years: 46.5% (male 15,678,250/female 16,038,155), 55-64 years: 11.64% (male 3,728,028/female 4,208,624), 65 years and over: 10.21% (male 3,047,938/female 3,914,070) [12].

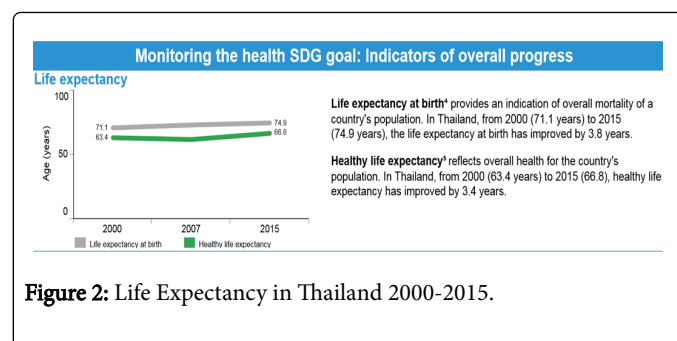


Figure 2: Life Expectancy in Thailand 2000-2015.

It is understood that the age construction of a population influences a nation's significant socioeconomic problems. Thailand's rise with young populations require to invest more in schools, while the older populations are required to invest more in the health sector. This can support in determining affordable and suitable packages from public and private hospitals. However, the concern here is to also understand the practitioners, the pressure, and long working hours which need to be taken care of.

Mindful training and alternative healing approaches

In various literatures and researches, findings have revealed a positive relationship between mindfulness and Emotional Intelligence [13,14]. Since the objective of Mindful Meditation is to improve the level of mindfulness, it can enhance with the progress of EQ. Practicing MM regularly can enrich the aptitude to understand one's own emotions [15]. Meditation training entails practitioners to carefully witness their thoughts and feelings moment-to-moment without any judgment or intrusion, practitioners tend to improve a higher inclination to be aware of their emotional state and change than those who do not. This contribution is supported by a study conducted by Feldman et al. [16], which found that the level of mindfulness was connected positively with more transparency of feelings, attention to feelings, and lower disruption.

Furthermore, Feldman et al. [16] found that people with a higher level of mindfulness inclined to recover fast from emotional distress associated with those with a lower level of mindfulness. Moreover, research found that practicing MM could enhance one's meta-cognitive ability [17], which reflected a higher-level cognitive capability that allows people to observe and control their thought process [18]. In the same manner, Gundlach et al. [19] suggested, "without consciousness or inclination to decipher and understand how one produces beliefs about his/her own work capability, it will be difficult to clarify, comprehend, or progress existing self-efficacy levels."

Moreover, people who frequently practice Mindful Meditation can easily cultivate the ability to perceive and comprehend the emotions of others. Especially, being mindful permits an individual to focus their attention on how other people around them are feeling [15], which consequently helps them interpret emotional signs of others more precisely [20]. Thus, practicing Mindful Meditation can essentially improve the ability of individuals to regulate and control their emotions [21].

Additional prospects of non-pharmacological interferences are based on several meditation methods. The influence of meditation on health has been a keen scientific interest. The consequence of these practices has been studied from diverse views (depression, anxiety disorders, eating disorders, addictions, and disorders caused by the use of psychoactive drugs) [22-25]. The influence of meditation on stress reduction, the prevention of psychosomatic disorders, blood pressure, and other cardiovascular diseases is a substance of numerous studies [26,27]. Meditation can benefit chronic pain and musculoskeletal disorders, respiratory diseases, and dermatological problems. It may be helpful as a support of the immune system or as a symptomatic treatment of cancer [22].

Mindfulness practice comprises several meditational approaches, for instance undertakings concentrating on breath and physical awareness or applying metaphors illuminating the principle of mindfulness. All these methods have a mutual goal that is intensifying a subject's mindfulness. Such as, the capability to concentrate on the present moment and to observe without any judgment from internal or external compulsions, which are emerging at a given moment of consciousness. Mindfulness consequently consents one to stay "above" the specific content of views, emotions, or imaginations and empowers one to become aware of the process of consciousness itself [28]. There are numerous psychotherapeutic schools and methods, which use the techniques, based on the concept of mindfulness, for instance, Gestalt therapy or Morit's therapy. There are numerous new expanses

combining a mindfulness method with cognitively behavioral therapy, like mindfulness-based cognitive therapy, dialectical behavior therapy, and acceptance and commitment therapy [29].

An evaluation by Chiesa et al. [30] suggested a substantial progress of selective and executive consideration in early stages of meditation, which targets at cultivating focused attention. Non-focused, long-term attention can be enhanced through following phases of meditation, which are considered by non-judgmental observation of external and internal stimuli. Moreover, this method can improve the capability of working memory and many executive functions.

In contrast, Complementary and Alternative Medicine (CAM) or alternative healing approaches from Reiki Energetic Healing, Acupuncture, various Meditation approaches, Aromatherapy, Ayurveda remedies, Nature therapy, Ozone therapy, detox, chelation therapy, cupping, naturopathy and much more. CAM practices are reflected as a portion of traditional medical practices which connect to historical roots in the progressing world. They have continued in the West though they have been viewed as traditional medicine, the keen interest in recent years, as options to the Western model of medicine [31]. Moreover, the increase with various researches and collective support to alternative healing methods is increasing globally. With this awareness, it's important to sustain the healthier approaches than to increase consumption of medicines with high risk of side effects.

Emotional intelligence and Difficulties in Emotion Regulation Scale (DERS)–serenity programmer

In 2006, a research conducted on Chulalongkorn medical students' in enhancing emotional skills of medical students was a valuable insight to understanding emotional intelligence for doctors. The results showed that having hobbies, participating in supplementary activities and genuine need to be doctor associated with high emotional intelligent scores may be helpful for evaluation and development of emotional intelligence in medical students. The human brain encompasses two minds and two different kinds of intelligence: rational and emotional. These two profoundly diverse modes of consciousness interrelate to establish our mental life. The emotional and rational minds are semi-independent faculties [32]. They operate in tandem most of the time: emotion contributes to, and informs the operations of the rational mind, which refines and sometimes vetoes the inputs of these two partners interact well. Therefore, both E.Q and I.Q abilities enhance each other. Reflecting the Thai culture, there is a high social expectation of a "Doctor". There is not only a requirement of a knowledgeable doctor but also a need of a doctor who is empathetic, has devotion toward patients, high morality, and high degree of tolerance, good communication skills, and good self-control. Understanding the emotional intelligence of a doctor during the practice of being a medical student may be essential for developing emotional and intellectual growth so the future doctors can assess emotional quotient during the practice and study as Chulalongkorn medical students.

The questionnaire used in the study was established by a team of Thai psychiatrists and psychologists based on Thai culture that emphasized goodness, mindfulness, peace, happiness as well as competency. People who recognized their feelings and aims in life would set a direction to progress and handled their emotions properly [33].

On the other hand, Gundlach et al. [19] debated that emotional awareness and emotional regulation are reflected as prime aspects that

enable the perception of self efficacy because they help people from being interfered by their negative emotion when creating natural acknowledgement between their abilities and consequences. Nonetheless, Tsai et al. [34] reasoned that a positive mood not only enables people to reminisce an exceptional performance that they had experience in the past, however, it also enriches their positive feelings about their past experiences, thus permitting them to increase expectation about their aptitude. Additionally, their study conducted on employees and supervisors from insurance companies in Taiwan resulted to a strong positive relationship between positive mood and task-specific self-efficacy measure [34].

Mayor et al. [35] suggested that EQ entails of four functions. First, appraisal and expression of emotion in the person referring to the capability to understanding one's own deep emotions and be able to voice out naturally. Second, appraisal and expression of emotion in others refers to the capability to perceive and understand the emotions of other people [36]. Third, observing of emotion in the self-denotes to the ability to regulate one's own emotion, which is significant for the person to recuperate when experiencing a negative emotion. Fourth, using emotion to implement in decision making shows the ability to direct one's own emotions to help improve performance.

In Thailand, Department of Mental Health (MOH) has categorized the Emotional Intelligence (EI) into three classifications. Firstly, "Intelligence" signifies one's awareness, motivation, and capability to handle problems. Secondly, "Goodness" directs the ability of controlling oneself such as emotions and desires. Lastly, "Happiness" infers the ability of living happily, being proud of oneself [37].

In contrast, a survey conducted by The Shepell•fgi Research Group [38], over 40% of call center agents associate with angry clients daily. They are frequent situations of victims of verbal aggression from clients or reflect themselves in a state of emotional dissonance, for instance, they have to sustain a professional, cooperative and considerate attitude while feeling angry, sad or diminished. Such emotional staff may illuminate why there are considerably more emotional problems, such as anxiety and depression, in call centers than in other workplaces (19% vs 15%; The Shepell•fgi Research Group). These results showed that there is a requirement for interferences that could assist and encourage services for mental health emotion regulation strategies among call center employees.

As for this research Emotion regulation was assessed with six subscales of the Difficulties in Emotion Regulation Scale [39,40], no acceptance of emotional responses (6 items), difficulties engaging in goal-directed (5 items), impulse control difficulties (6 items), lack of emotional awareness subscale (6 items), limited access to emotion regulation strategies (8 items), and lack of emotional clarity (5 items). The DERS was created to evaluate difficulties in emotion regulation. The inadequacy of emotional awareness subscale reveals an inattention to, and lack of awareness of, emotional responses (e.g., "When I'm upset, I take time to figure out what I'm really feeling", reverse scored), while the impulse control difficulties reflects difficulties remaining in control of one's behavior when experiencing negative emotions (e.g., "When I'm upset, I have difficulty controlling my behaviors"). Higher scores for each subscale indicate greater difficulties in emotion regulation (i.e., more emotion dysregulation). With the brief explanation stated, this makes it clear and an opportunity for the experts' part of this research to monitor and reflect the emotional regulation.

Mindfulness scale (PHLMS) and global health PROMIS 10

This researched used the The Philadelphia Mindfulness Scale (PHLMS) [41] which is 20-item, bi-dimensional measure assessing distinct components of present-centered awareness and acceptance that is based on both clinical and non-clinical samples without any meditation experience. Awareness items evaluate observing of internal and external experiences. Acceptance items evaluates non-judging and openness to experience and refraining from attempts to escape or avoid them. The assessment of present-moment awareness and acceptance which is valuable to practitioners working in the health industry. Clients and patients are regularly visiting and each one of them has different diagnosis and/or visit for a specific purpose. With this, the research can gain an insight on the present-moment awareness and acceptance of themselves and the situation they are dealing with at that point. For example, 'I am aware of what thoughts are passing through my mind. When someone asks how I'm feeling, I can identify my emotions easily. I tell myself that I shouldn't have certain thought' are some statements asked where the experts can reflect and reconnect with their state of mind and emotions on how they deal with a stressful environment being mindful and/or find it a challenge to do so.

On the other hand, Global Health-PROMIS Global Health (10 items) was used to know about the expert's health condition. This can support the research on emotional regulation, stress and mindfulness working in the hospital and/or clinic. This also enables understanding that during the times of uncertainty how one manages with being aware of self-health and well-being. Questions were asked under subscales of physical and mental health. For instance, "would you say your health is, quality of life, physical health, how would you rate your mental health, including your mood and your ability to think?" are some of the questions from the ten items. Hence, the use of these questionnaires is essential for this research study to establish a valuable insight of practitioners.

Neuroimaging studies explore the neural mechanisms essentially in mindfulness meditation practice with methods such as EEG [42] and functional MRI [43-46]. Various researches have revealed how neural systems are modifiable networks and changes in the neural structure can occur in adults as a result of training. Since the early 1980s, mindfulness meditation has escalated and gained profound awareness in mainstream health care and medicine because of evidence that it's good for emotional, mental and physical health. For instance, facilitating to decrease anxiety, stress, depression, chronic pain, psoriasis, headache, high blood pressure, and high cholesterol. Several research findings suggest that it can improve immune function.

Methods

The researcher conducted a mix of a quantitative (brief) and qualitative research (more focus) where an in-depth- interview face to face, open ended questionnaire about the Health Industry, Challenges, Health Care Financing, Health Care Management through email and Emotional Intelligence (DERS) questionnaire with four participants where answered. The first participant was Dr. Davin Narula who is the Hospital Director of Sukumvit Hospital, Bangkok, Thailand who shared about Mindfulness, Emotional Intelligence and the changes in the Health Care system and emergency treatment in Bangkok over the years. Dr. Davin completed the Quantitative and Qualitative Research requirements where an in-depth-interview face to face, open ended questionnaire, The Philadelphia Mindfulness Scale (PHLMS),

Emotional Intelligence (DERS) questionnaire, and the Global Health PROMIS 10 questionnaire about the Health Industry, Challenges, Health Care Financing, Health Care Management was answered. The second participant was Mrs. Rasee Govindani, who is a certified birth doula with DONA International and a postpartum doula and childbirth educator in process of being certified by Childbirth International. She is also a Gottman Institute Bringing Baby Home Educator who has taught the English childbirth education classes at Bumrungrad International Hospital from 2011 until 2016. She has attended over 100 births in Bangkok hospitals. She is also a breast cancer survivor who was treated at Bumrungrad International and currently being followed at Chulalongkorn Hospital. Along with a fellow breast cancer fighter she started Beyond Boobs, a source for information and support for breast cancer fighters and survivors in Bangkok (Facebook link to Beyond Boobs: www.facebook.com/beyondboobsbangkok). Mrs. Rasee completed the Quantitative and Qualitative Research requirements where an in-depth-interview face to face, open ended questionnaire, The Philadelphia Mindfulness Scale (PHLMS), Emotional Intelligence (DERS) questionnaire, and the Global Health PROMIS 10 questionnaire about the Health Industry, Challenges, Health Care Financing, Health Care Management was answered.

The third participant was Ms. Anette Pollner a senior Counselor at NCS Counseling Center, Bangkok who also completed the Quantitative and Qualitative Research requirements where an in-depth-interview face to face, open ended questionnaire, The Philadelphia Mindfulness Scale (PHLMS), Emotional Intelligence (DERS) questionnaire, and the Global Health PROMIS 10 questionnaire about the Health Industry, Challenges, Health Care Financing, Health Care Management was answered. The fourth participant was Dr. Anand Sachamuneewongse, Orthopedic Surgeon at Samrong General Hospital, Bangkok, Thailand who shared about Mindfulness, Emotional Intelligence and the changes in the Health Care system and emergency treatment in Bangkok over the years. Dr. Anand completed the Quantitative and Qualitative Research requirements where an in-depth-interview face to face, open ended questionnaire, The Philadelphia Mindfulness Scale (PHLMS), Emotional Intelligence (DERS) questionnaire, and the Global Health PROMIS 10 questionnaire about the Health Industry, Challenges, Health Care Financing, Health Care Management was answered.

The four expert participants from different areas of the Health industry provided an insight to the principal objective of the research topic and assess experiences in the transitions of the health systems, where knowing more about the organizational structure and responsibilities to cope with the existing system in the health industry. Mindfulness draws upon the recent convergence of modern science and it is the cultivation of both attention skills and emotional balance. Therefore, the questionnaire on Difficulties in Emotion Regulation Scale (DERS) Serenity Programmed consisting 36 statements on various aspects of emotions and how one feels and what one does about it using the calculation in percentage- Higher scores suggest greater problems with emotion regulation were assessed when the four experts were being interviewed and questionnaires being filled.

All questionnaires were in English. The questionnaire given was on the Difficulties in Emotion Regulation Scale (DERS)–Serenity programmer, The Philadelphia Mindfulness Scale (PHLMS), Emotional Intelligence (DERS) questionnaire, and the Global Health PROMIS 10. Questionnaire survey through email was an open ended questionnaire about the Health Industry, Challenges, Health Care

Financing, and Health Care Management with eight main questions that would accomplish the objectives. Questions such as, Health Systems may be perceived as a specific institutional involvement in the implementation of tasks related to the maintenance and improvement of a patient's health. What are your views and opinion on this with the job you do? What are the challenges you face when it comes to sharing knowledge and information to the patient? What is it that you can say, want to say, or don't want to share/say to the patient when dealing with their health issues/service given to them? How do you deal and what are the current pressures within the internal and external environment of health systems in Bangkok, Thailand? What are the changes/transitions in the health care system and management and how has that affected you? In times of uncertainty what approaches do you take? Share about your daily work responsibilities. What are your views on Alternative healing therapies? Is it important to be Mindful and be aware of Emotional Intelligence? Please share your views. What would you like to change about the Bangkok health care system and anything you feel needs changes in the place you work to have better approaches to enhance healthcare management and communication? Is there or has been a health problem you dealt or is dealing with? How did or are you coping with it? Do you apply the similar approaches with your patients?

Face to Face audio recorded interview consisted of four main questions: Has this research been beneficial for you? Give your views on answering the questionnaire on Difficulties in Emotion Regulation Scale (DERS)–Serenity programmer, Global Health and the Philadelphia Mindfulness Scale (PHLMS); Are you able to understand more about Emotional Intelligence and Mindfulness? Share your experience; Have you meditated or taken and alternative healing before? How did you feel and what you recommend to people concerned about health or dealing with health problems? What are your views on reforming, and/or developing a new horizon to Bangkok's Health care system and management?

The research method was a mix of qualitative and quantitative approach. Descriptive tables, analysis showing the four different Emotional Intelligence Regulation Scale and Mindfulness scores by the four experts were applied.

Formulated hypotheses

- There is an impact of Difficulties in Emotion Regulation Scale (DERS)–Serenity programmer on performing hospital/clinic duties.
- There is an influence of being Mindful when performing hospital/clinic duties.
- Not being aware of emotional, mental, and physical stress can affect productivity and service provider.
- Doctors and professionals working in the clinic/hospitals are aware about Emotional Intelligence and Transitions in the Health Care Systems in Thailand.
- There is awareness in emotional regulation pattern.

Results

For Quantitative requirements difficulties in Emotion Regulation Scale (DERS)–Serenity programmer, Global Health and the Philadelphia Mindfulness Scale (PHLMS) were answered by the four experts.

Table 1 shows the differences in scores and how each expert answered the Global Health PROMIS 10, Emotion regulation scale (DERS), and The Philadelphia mindfulness scale (PHLMS). In relation to the health scores, the four experts' scores are quite similar. The global physical health score of Dr. Davin: 13, Mrs. Rasee: 14, Ms. Anette: 13, and Dr. Anand: 12 depict that each of them are healthy and aware of their health status with regular check-up. On the other hand, with the global mental health score two experts have the same score (Mrs. Rasee and Ms. Anette 16), Dr. Davin has the highest score (17) and Dr. Anand with the lowest (13). This depicts that Dr. Davin, Mrs. Rasee, and Ms. Anette have their scores more towards very good as for Dr. Anand as good mental health. This show that all the experts' have good physical and mental health.

Moreover, regarding emotion regulation each expert have similar scores in terms of non-acceptance of emotional responses, difficulties engaging in goal directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. From the table it shows that all four experts do not have a problem and almost never have a problem not accepting emotional responses and only sometimes based on a situation may feel so. In terms, of difficulties engaging in goal-directed tasks when upset, sometimes there are some difficulties and about half the time may have difficulty in engaging in goal directed tasks but almost always can get things done.

Regarding, impulse control difficulties, Dr. Davin, Mrs. Rasee, & Dr. Anand can control their behaviors and seldom become out of control. However, Ms. Anette sometimes may have difficulty controlling her behavior in certain situations. This shows that the participants are in awareness of their emotions and know how to control and when to voice out. When it comes to lack of emotional awareness all participants are emotionally aware about their feelings and know how

to acknowledge their emotions. Ms. Anette scores the highest with being aware of her emotions and pays attention on how she feels and believes that are feelings are valid and important. Additionally, regarding too limited access to emotion regulation strategies, all four participants do not feel they have limited access to emotion regulation strategies. Ms. Rasee may feel it sometimes based on an unexpected case; however, Ms. Anette, D. Davin, Dr. Anand do not feel overwhelmed too easily; do not believe that they will end up feeling very depressed. This shows all four participants can manage their emotions and do not jump into conclusions about their emotions. There will be times when they may take some time to feel better about a situation, but in most cases they are fine.

In relation to the lack of emotional clarity, three participants (Dr. Davin, Mrs. Rasee, and Dr. Anand) have emotional clarity almost always and almost never feel they have no idea about they feel. In contrast, Ms. Anette may sometimes have difficulty in making sense out of her feelings and sometimes has no idea how she feels about a situation. This shows that all four experts have clarity almost always about their emotions.

Conversely, regarding mindfulness scale, in reflection to the awareness score all four experts are aware (mindful) about their emotions and conscious about their thoughts. Conversely, Dr. Anand's score is slightly lesser showing that there might be times he may not be aware (mindful) about his emotions at all times and about his thoughts at all times. However, this does not mean that the participants are not aware of their emotions. In relation to the acceptance score, Dr. Anand's has the highest score depicting that he is more acceptable (mindful) about his emotions, mood, feelings, and aware of how the air feels against his face. Dr. Davin, Mrs. Rasee, and Ms. Anette have similar scores depicting they accept and are mindful about their emotions and thoughts.

	Questions	Dr. Davin	Mrs. Rasee	Ms. Anette	Dr. Anand
Global Health PROMIS 10 Scale 1-5 for health Scale 1-10 for pain					
Global physical health score	Global 03: In general, how would you rate your physical health?	Raw Score: 13	Raw Score: 14	Raw Score:	Raw Score:
	Global 06: To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?			13	12
	Global 07: How would you rate your pain in average?	T-score:	T-Score: 44.9		
	Global 08: How would you rate your fatigue on average?	42.3		T-Score:	T-Score:
				42.3	39.8
Global mental health score	Global 02: In general, how would you say your quality of life is:	Raw Score:	Raw Score: 16	Raw Score: 16	Raw Score:
	Global 04: In general, how would you rate your mental health, including your mood and your mobility to think?	17			13
	Global 05: In general, how would you rate your satisfaction with your social activities and relationships?				

	Global 10: How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	T-Score:	T-Score:	T-Score:	
		56	53.3	53.3	T-Score:
					45.8
	Questions	Dr. Davin	Mrs. Rasee	Ms. Anette	Dr. Anand
Difficulties in Emotion Regulation Scale (DERS)					
1.Non-acceptance of emotional responses (NONACCEPT) SCORE		11	7	6	8
2. Difficulties engaging in goal directed behavior (GOALS) SCORE		8	13	15	13
3. Impulse control difficulties (IMPULSE) SCORE		9	10	13	9
4. Lack of emotional awareness (AWARE) SCORE		26	27	30	26
5. Limited access to emotion regulation strategies (STRATEGIES) SCORE		13	18	15	15
6. Lack of emotional clarity (CLARITY) SCORE		12	11	14	11
Mindfulness-Philadelphia Mindfulness Scale (PHLMS)					
Awareness Score		42	45	50	39
Acceptance Score		25	25	21	31

Table 1: Scores of Global Health PROMIS 10, Difficulties in Emotion regulation scale (DERS), and The Philadelphia mindfulness scale (PHLMS).

In relation to the Qualitative study, open ended questions and a face to face audio recorded interview were conducted. The first participant, Mr. Dr. Davin Narula who is the Hospital Director and Internal Medicine Specialist of Sukumvit Hospital, Bangkok, who is above 45 years old. His years of expertise and currently in the late 60s of age have enabled him to see changes, potential in the young specialists, and provide insightful knowledge. He usually sleeps early by 10:00 pm and he surely likes his job. He usually discusses his daily stress with his voice and believes in one’s thought process applying the NLP approach in dealing with stress and emotions. His view on Neuro-linguistic programming thinking approach enhances and enables a person to change perception, it’s scientific, logical, guide to communication, psychotherapy, and behavior through neurological process in a positive way where one has the ability and will power to change the thought process which can in turn change the cell system in decoding and become fixated on any thought that can cause stress. He believes and practices sleeping early and waking up early.

When asked: *Health Systems may be perceived as a specific institutional involvement in the implementation of tasks related to the maintenance and improvement of a patient’s health. What are your views and opinion on this with the job you do?* Dr. Davin’s feedback was prevention beats treatment; health promotion is the key approach where education on health and self-care is better than consistent consumption of medication. However, this may vary depending on any patient with serious illnesses and chronic diseases. Through education life will be better physically, mentally, and emotionally. Positive thinking can help in cell repair and people should become more aware of this.

When asked: *What are the challenges you face when it comes to sharing knowledge and information to the patient? What is it that you can say, want to say, or don’t want to share/say to the patient when dealing with their health issues/service given to them?* Dr. Davin’s feedback was he shares with his patient. The only problem he faces is sometimes it can get time consuming and the next patient may get upset. At times, patients may not appreciate honesty.

When asked: *How do you deal and what are the current pressures within the internal and external environment of health systems in Bangkok, Thailand?* Dr. Davin’s feedback was to keep updated with new studies and resources that are created by health experts, Harvard, and many more. External pressure can be the patient’s stubbornness. Also, when there is a psychological problem doctors would send patients to the psychiatrist where in many cases may not be needed. Hospitals need to have better care on wellness through communication (counselling, NLP approach development, listening to patients, etc) and see the severity then it can be guided, and recommended to another approach.

When asked: *What are the changes/transitions in the health care system and management and how has that affected you?* Dr. Davin’s feedback was on emphasizing the transitions in technology where patients embrace individual treatment with the help of medical knowledge in the internet. Artificial Intelligence is enhancing and has transformed the medical industry with various types of cures, surgeries, and science is being researched and taken more seriously in present times with the help of information technology.

When asked: *In times of uncertainty what approaches do you take? Share about your daily work responsibilities.* Dr. Davin’s feedback was he discusses with his family members and people around him. He

never discusses patients' information as they are always kept confidential.

When asked: *What are your views on Alternative healing therapies? Is it important to be Mindful and be aware of Emotional Intelligence? Please share your views.* Dr. Davin's feedback was his trust in knowledge, studies, research, and meditation. Emotional stability plays a role on physical health as well. There is a difficulty in healing the body if the mind is not ready and not healthy as well. Being mindful is essential and meditation surely helps.

When asked: *What would you like to change about the Bangkok health care system and anything you feel needs changes in the place you work to have better approaches to enhance healthcare management and communication?* Dr. Davin's feedback was emphasis on Time. Having time for patients is effective and providing a meditation class may restore and help patients. Patients appreciate time given to them.

When asked: *Is there or has been a health problem you dealt or is dealing with? How did or are you coping with it? Do you apply the similar approaches with your patients?* Dr. Davin's feedback was on focusing on all aspects from medical, social, and spiritual conducts to gain the most benefit in health.

In relation to the face to face audio recorded interview which consisted of four main questions: Has this research been beneficial for you? Give your views on answering the questionnaire on Difficulties in Emotion Regulation Scale (DERS)–Serenity programme, Global Health and the Philadelphia Mindfulness Scale (PHLMS); Are you able to understand more about Emotional Intelligence and Mindfulness? Share your experience; Have you meditated or taken an alternative healing before? How did you feel and what you recommend to people concerned about health or dealing with health problems? What are your views on reforming, and/or developing a new horizon to Bangkok's Health care system and management?.

Dr. Davin's views and feedback was that it's important to be professional and with the help of journals and various researches one can be mindful as well as become aware of being emotionally intelligent. He stated, 'we have a very interesting network in our brains and when we have repetitive thoughts it increases our cells with those thoughts slowly covering up our brain with thoughts that are not needed in a couple of days feeling depressed. However, if one goes in a positive way, one can also change the thought process and the cells can change from feeling depressed to happiness through the neuro network programming in the brain.' He expresses the motivation behind a research conducted like this for Bangkok and sees this as a benefit that can bring awareness to many people. However, the questionnaires can be good, but it may leave out many aspects of a situation, so based on certain situations the answers may vary. With this research and interview he has been able to share many aspects and sees this as the opportunity to understand more about being mindful and be aware of emotional intelligence.

He suggests and emphasizes on three factors: sleep, exercise, and energy. Sleeping between 10 pm-4 pm is the best time for body/cell repair (for instance tissue repair, growth hormone–melatonin is produced, blood supply to the muscles, and energy is restored etc) and this is a significant period of time where every person should embrace and become aware of. With the current lifestyle and consumption of unhealthy intakes affects the patterns of sleep. More people put work as a priority where there is no balance and that constant thought of wanting to complete work and sleeping late also affects sleep patterns.

The body needs oxygen and energy needs to be restored so that one can perform at the best in every way. Hence, exercise is important, 150 minutes per week or 30 minutes five times a week will help oxygen flow in the entire body system. Energy is vital for human physiology. God food given by nature is mandatory, which means fruits and vegetables are essential for the diet. There is nothing extra as all the elements the body cells need are in the fruits and vegetables that can help in stem cells. Stress cannot be seen but felt, thus, energy and other aspects need to be taken into consideration.

With regard to mindfulness and emotional intelligence in the context where people do sleep and exercise yet face problems. Dr. Davin's addressed aspects on spiritual requirements practicing a positive lifestyle, believing in the presence of God/Divine where people should understand the spiritual aspects of the context written in the religious books to assist in embracing a positive lifestyle. Many people don't understand and are not aware of the spiritual aspects or guidance shared by masters. Having gratitude every day and not asking what one does not have but thanking about what one has brings about an amazing positive change and a fulfillment of goals can be achieved. On the other hand, meditation is important and a proven fact by various researches and scientists on how the approach and practice helps in cell repair, brain function and neurology. Meditation if guided properly and understood clearly can surely benefit anyone in many ways; for instance, if a person is overworked can always feel better after a thirty–sixty minutes meditation. Meditation is a growing awareness and is being practiced over centuries where people are becoming aware at present times and people should practice it as it helps in positive thinking, cell repair, healing, and being healthy. Medication only is not always the only way but utilizing sleep, conserving energy, exercise, and meditation is effective.

When concerns about society, norms, and how hospitals can add meditation as a mindful program where addressed Dr. Davin was impressed and saw this as a great aspect of concern. He encouraged if the right people would develop programs and propose to the hospitals there could be a possibility of acknowledging the approach for well-being programs. Moreover, studying medicine is a big step and medical schools apply medicine to treat. For psychological concerns patients are sent to the psychiatrist and medical practitioners' don't treat them. Emotional intelligence and being mindful is not very much addressed and he agrees with the researcher that if the combination of approaches are being proposed and taught this could be quite beneficial for the health industry not only for patients but for people working in the health industry. He encouraged with the fact that if society understands about this more there would definitely be a huge change in the health industry. He looks forward to integrate two ways into the health programs as this has never been thought and taught in medical schools. Medical schools focused more on treatments and medication to benefit the drug industry. Certain aspects people don't talk about to avoid conflicts which is an ethical dilemma. Hence, emotional intelligence, psychology and mindfulness programs are needed with medication too.

The second participant, Mrs. Rasee Govindani is a Self-employed birth and postpartum doula and childbirth educator aged between 36-40 years. She supports women at whichever hospital they birth at; mainly her clients birth at Samitivej, Sukumvit and Bumrungrad International. Having worked since year 2010 she has gained the expert knowledge and experience. Usually she sleeps early around 10 pm; however, it depends on the day. She likes her job very much so.

She stated that, 'stress and emotions are two different things. She does not often let herself become stressed. If she feels overwhelmed, she considers the situation and fixes what she can, then let go of the rest. She is not the one to dwell on the things she cannot control or change. If she needs to unwind she likes to read or watch a movie or TV show or go window shopping. She is a bit of an emotional eater so she likes comfort food and sometimes a glass of wine. As for emotions, she knows that feelings come and go, and just because she feels something in the moment, it does not accurately reflect reality. She likes to feel my emotions and she don't shut them out, run away from them, and does not overthink them.'

In relation to sleep disturbance from work, she is being called often in the middle of the night to attend a birth. She only takes on two to three clients a month so the sleepless nights are limited. It takes her a few days to recover from overnight births. She sleeps a little more for a couple of days and does not do a lot during the day and being used to this as part of her job.

When asked: *Health Systems may be perceived as a specific institutional involvement in the implementation of tasks related to the maintenance and improvement of a patient's health. What are your views and opinion on this with the job you do?* Mrs. Rasee's feedback was on how she supports a couple during pregnancy as well as during labor and birth. This means that, during pregnancy, she talks to a pregnant client about food, exercise, sleep, and how she can prepare her body (and mind) for labor. A normal labor and birth begins with a healthy woman; how she takes care of her body can impact how her pregnancy progresses, how her labor unfolds, and how well she recovers in the postpartum. She also focuses on her mental well-being and tries to make sure that she's in a good place in her head as well as in her relationship with her partner. Mrs. Rasee supports that both aspects are important when entering into labor.

As a postpartum doula she tries to make sure that her client, who has just given birth and is likely breastfeeding, continues to eat healthily and takes care of herself by sleeping as much as she can, taking time to herself each day, and eventually, moving her body in a way that is comfortable for her. She also checks in with her client emotionally during this time as hormonal changes can affect how she feels immediately postpartum as well as in the coming days and weeks. Most women will experience the "baby blues" and a small amount will go on to develop postpartum depression. She reminds women of what is normal and what isn't so she can continue to be supported in an appropriate way.

As a childbirth educator she does the combination of what she has already covered and tries to prepare a pregnant woman physically, mentally, and emotionally for the journey ahead.

When asked: *What are the challenges you face when it comes to sharing knowledge and information to the patient? What is it that you can say, want to say, or don't want to share/say to the patient when dealing with their health issues/service given to them?* Mrs. Rasee's Feedback was she wears many hats and each has limitations so it depends on the services she is providing a client. As a doula she shares only what she feels is relevant to the client and what she wants to know. Information is kept as positive as possible while also making sure the client knows everything she needs to know to make the right decisions for herself in the hospital during labor and birth. She does not share negative outcomes and does not make things too personal. She does not share her own birth story (which was negative). Her job is to support her client in achieving the birth she wants, even if it's not the

birth Mrs. Rasee would choose for herself. She will talk through her choices with her client (if she wants) and give her the risks and benefits of each option that is (or may be) presented to her by her doctor or medical team, but ultimately she will make the choice that's right for her.

As a childbirth educator her job is to give all the information provide evidence-based childbirth education to couples who are planning all sorts of births: natural, medicated, surgical, and so on. She gives pros and cons for all choices available and tries to be as objective as she can. She shares her personal choices and stories of births she has attended as examples and "possibilities."

When asked: *How do you deal and what are the current pressures within the internal and external environment of health systems in Bangkok, Thailand?* Mrs. Rasee's feedback was in Thailand doctors have all the power and most Thai patients do what the doctors tell them to do, without doing any of their own research or asking questions about risks and benefits. Doctors are also not used to explaining or defending their decisions. She works with a lot of foreigners who, in their home countries, are used to being able to ask questions, get second opinions, and say no to procedures they are not comfortable with, and so on. So there's always a need for balance when she works with clients. She makes sure all her clients understand the hierarchy in Thai hospitals and how best to navigate that. It usually comes down to choosing the right care provider who is used to supporting foreign patients and understands their culture. At the same time she has to remind her clients that this is not their home country and things will be different. Hence, there's always that pressure of making sure that everyone gets what they want and everyone feels safe with the decisions made.

As a survivor of breast cancer, she definitely felt the pressure of doing what her doctors wanted her to do, without questioning them. But she also learned through her diagnosis and treatment that she had to advocate for myself, that she had to ask the questions, and that she was entitled to information.

When asked: *What are the changes/transitions in the health care system and management and how has that affected you?* Mrs. Rasee's feedback was when it comes to pregnancy and birth, as time goes on, women are treated as patients who are sick rather than women who are experiencing a very normal biological process. It's as if women don't know how to be pregnant and birth babies anymore without doctors managing their entire beings. This means, for her, that women no longer have an instinct about their bodies. They no longer trust their bodies to work. She has to remind them that they are made to birth their babies while their doctors remind them how "dangerous" birth is and how women need their doctors' help to give birth. There's definitely conflict between how she perceive birth and how it is managed by the medical institutions.

There's also a rush to medicate every symptom. As a mother she sees this when her daughter is sick, usually with the common cold. She believes in her body's ability to fight these, but when she is unsure, such as if her fever lingers too long or she's struggling to be comfortable, she knows that there is only one or two doctors that she can take her to who will not automatically prescribe a number of medication she really doesn't need. Same goes for pregnancy and birth. Spotting during pregnancy? Here's progesterone. Having contractions? Here's magnesium. Let's not forget iron and calcium supplements as well as prenatal vitamins—all things that women don't necessarily need

if they are eating well. This is just one more way of telling women that their bodies are simply not enough.

When asked: *In times of uncertainty what approaches do you take? Share about your daily work responsibilities.* Mrs. Rasee's feedback was her job is uncertain. Not every woman labors the same way and not every birth goes the same way so she always tries to be open to being surprised. She tries to remember that nothing is permanent and nothing stays the same and it is significant to learn to go with the flow. She holds on to the core things that are important to her—her daughter, family, health, work—and those anchor her when everything else is uncertain.

Her routine varies from day to day. The morning is for getting her daughter fed and dressed and sent off to school. She might have a full day of meetings with potential clients, contracted clients, clients who have given birth, and so on. Sometimes she teaches private classes and postpartum/breastfeeding support. When she does not have those she usually stays home to catch up with other work or emails or so on. Then she picks her daughter up from school and they go to whatever activity she has or they go play or go home and hang out until dinnertime. She might work after she's asleep, but usually it's her time to watch Netflix or read.

When asked: *What are your views on Alternative healing therapies? Is it important to be Mindful and be aware of Emotional Intelligence?* Please share your views. Mrs. Rasee's feedback was that there is a strong mind-body connection and she thinks a positive outlook and attitude can only be helpful in living life, especially when dealing with illness. But does believe that having a positive outlook can cure sickness? No, she believes in medicine. She believes in science. But she also believes in miracles and sometimes wonderful, unexplainable things happen. There's no telling what can make someone "feel" better, which can lead them to be stronger or healthier or more willing to fight. She is open to most things.

She doesn't believe in "alternative" as much as "complementary." She thinks that acupuncture, homeopathy, reiki, and the like can be helpful along with "conventional" medicine. (Which really is just medicine?) She knows many people that have benefitted from acupuncture and chiropractic care, and there is more and more research on these. Anything without real research she views with a grain of salt. She is happy for clients to try whatever they like, as long as it's not going to hurt them. She does not believe, say, substituting chemotherapy with energy work if you have cancer. What she does know and what science has shown people is mindfulness and living life with gratitude does something to a person's brain to make one happier and healthier. So she does believe it is important to find the good in even the worst places.

When asked: *What would you like to change about the Bangkok health care system and anything you feel needs changes in the place you work to have better approaches to enhance healthcare management and communication?* Mrs. Rasee's feedback was she thinks Bangkok hospitals could benefit from a more integrated approach to healthcare, in every field. For example, a medical doctor being willing to work with other doctors as well as practitioners of complementary therapies, so a patient is offered all options to improve their health. There's also quite a bit of competition between doctors in the same field so it's nearly impossible to get objective second opinions at the same hospital. Doctors need to become a little more professional and realize that the objective is to help the patient.

Doctors need to learn to explain things better and go over actual risks and benefits of procedures as well as offer alternatives rather than tell the patient that this is their only choice and discourage questions. Consent is considered given even before it's really asked for. A patient has the right to understand the risks and benefits or procedures and medication. They have the right to do research. They have the right to more opinions. And they have the right to say no.

Additionally, in some fields Bangkok is keeping up with the rest of the world, such as oncology, and obstetrics are years and years behind current research and practices. For example, family-centered Cesarean sections, where babies are allowed to be skin-to-skin with their mothers immediately after surgery and there is no separation of mother and baby. Even in the "best" hospitals, this is considered outrageous. There is also a fail to mothers of premature babies by not encouraging kangaroo care and breastfeeding. They know better, but fail to do better.

When asked: *Is there or has been a health problem you dealt or is dealing with? How did or are you coping with it? Do you apply the similar approaches with your patients?* Mrs. Rasee's feedback was sharing about when she was diagnosed with breast cancer in June of 2016 and underwent surgery (a mastectomy of my right breast), chemotherapy, and radiation. She is currently on hormone therapy. She has come through the worst of it and life will forever be different, but she take things one day at a time and does not worry too much about the future that is not in her control. Some days are better than others. Some days she can handle her worries and fears well than other days.

Cancer and childbirth are very different things, but as she has always said that labor and birth are very mental, getting through cancer was also that way for her. She tried to stay positive and count her blessings, even on the worst days. She did not believe that would make her healthier, but it made dealing with treatment easier. It helped her find joy in between the difficult moments. She learned to be her own advocate when she was sick so she encourages her clients to do the same, to ask for what they want and fight for what's important to them. To research and ask questions and get expert opinions.

With reference to the face to face audio recorded interview which consisted of four main questions: Has this research been beneficial for you? Give your views on answering the questionnaire on Difficulties in Emotion Regulation Scale (DERS)—Serenity programmer, Global Health and the Philadelphia Mindfulness Scale (PHLMS); Are you able to understand more about Emotional Intelligence and Mindfulness? Share your experience; Have you meditated or taken an alternative healing before? How did you feel and what you recommend to people concerned about health or dealing with health problems? What are your views on reforming, and/or developing a new horizon to Bangkok's Health care system and management?

Mrs. Rasee's views and feedback on this research was positive. The research made her think more about the work she does and how she does not view it as work and not medical related. This was a good reflection when questionnaires were answered and the process gone through or what approaches are being utilized for her clients. Her life is busy and usually from one client to the other. As part of labor, understanding emotional intelligence is mandatory and having labeled those helps people to understand better. When it come her own emotional intelligence she is a good compartmentalizer and focuses on the work she does and does not take things to her heart as the work she does cannot be seen that way. There will be days where there is a hard birth and she would talk it through or have a good cry when she is at

home. She has been very good in separating her emotions and her clients' emotions. She has taken her work seriously and never mixed the two. As for alternative healing or meditation she does breathing exercises and as doula she tells her clients about relaxation (guided and visualization), mindfulness, and breathing exercises. When she walks into her room she always relaxes her mind and clears her head for a fresh start and being at peace.

On the other hand, the transition in the health industry with alternative healing or complementary medicine has emerged over the years with better access for clients/patients. For instance, back then there were less Reiki practitioners, Tapping, NLP, EFT, Chiropractors, and many more, but at present times this is much more available. This is not integrated with the hospital system and conventional medicine is separated. It would be better if it was integrated. There is much more research and information available online now for side effects of chemotherapy for cancer patients and acupuncture helps with those side effects. As a cancer survivor, she has seen the changes and noticed the changes over years. It will always be good if there is a team to support the person and have integrated approaches. Doctors don't do much of the referrals so doula usually end up making referrals for chiropractor care and acupuncture for the clients. She encouraged researches conducted like this for data and she believes in researches where it can benefit many people with valuable insight.

She shared her experience on how she managed emotions and days she broke down during the time she had breast cancer where she had to find balance between her, her work, and daughter with the help of her good friend who reminded her that her emotions were not real but based on the situation and how it can change. Emotion changes, they are not real and are not concrete. She embraced her emotions at that very moment and knew it will change eventually. She is not the person who would block her emotions and also tells her clients to not rationalize their emotions and they would feel exactly what they feel and it was fine to feel emotional. An emotional state is not a lifetime conclusion but a situational outcome. The sad will surely go away and there is no need to justify. Sadness is not bad and how should one be happy if one does not know sadness.

The third participant is Ms. Anette Pollner a senior Counselor at NCS Counseling Center, Bangkok who is above 45 years old and been part of the health industry for 20 years. She usually sleeps at around 1:00-2:00am and likes her job. As a counselor dealing with stress and emotions is part of her training and is still part of her practice to work on her own issues. She does that through her own personal mindfulness practice, through creative writing and through Jungian/Gestalt dream work. She also has therapy and therapy supervision sessions. Over the years, she has become more aware. She tracks her emotions and reactions—this is especially important in order to be aware of what some people call counter-transference, where the therapist projects their own issues on to the client.

Countertransference is a dangerous dynamic and not at all helpful for the client, and can only be managed through constant self-exploration and self-awareness. She attended many group trainings in the US, at Esalen and at the Process Work Institute in Portland, Esalen, where she learned a lot about herself and about group dynamics, personal dynamics and communication. She also led creative writing and dream work groups on a regular basis, and that also helps her to understand herself.

When there is a life crisis or when she is sick, she gets scared and sometimes angry, like everyone else. Sometimes that's very natural and

appropriate. She does not try to avoid or bury unwanted emotions; she tries to explore them and what they can tell her about herself. She deals with stress and emotions (and welcomes all emotions) by engaging with them and trying to understand them. She also tries not to add on extra stress by expecting to 'fix' all this. Some things are very difficult to deal with and tries to show herself compassion.

Ms. Anette's expressed how she is one of those people who can sleep in almost any situation. The only times when she was unable to sleep because of stress was on the night before surgery, or when her partner broke up with her, or when someone close to her was dying. And when she didn't know if her Thai visa would be renewed or if she would be deported.

Moreover, when she studied to be a counselor she worked on the night shift, the so-called 'graveyard shift' from midnight to 8AM at a large international investment bank in London. She surprised herself by how easy it was for her to switch to a night shift. She has always been a night person and does her best creative work after 10 PM. Until recently, she found it difficult to get up early in the morning, so she mostly sees clients after 10 AM, and often until 9 PM/10 PM which works out very well for those many clients who are working and cannot see a counselor during 'normal' office hours.

In turn, some of her friends who are geneticists at Cambridge University, the gene for attachment to the Circadian cycle (day/night cycle) is strongly switched on (has to be awake in the day and has to sleep at night), weakly switched on (usually night person) or even switched off at all. Hers probably hardly there and is very flexible with sleeping.

When asked: *Health Systems may be perceived as a specific institutional involvement in the implementation of tasks related to the maintenance and improvement of a patient's health. What are your views and opinion on this with the job you do?* Ms. Anette's feedback was for most of her adult life she lived, studied and worked in the UK with its public health system, the NHS. Before that she lived in Germany which has a mandatory public health insurance system which also means that almost everybody is covered. She believes that this is vital to individual health and to the health of a society.

Unfortunately, in Thailand, the public health system is not easy to access for foreigners and many foreigners have either no health insurance or their insurance doesn't cover mental health. This means that they have to pay for their own therapy. On the other hand, in the UK the public health system also doesn't cover mental health issues very well and she paid for all her own therapy both as a counseling student and before, as an 'ordinary' client working out her issues, out of her own pocket. But it was definitely worth it.

NCS Counseling Center offers people a discount for the sessions if they don't have a lot of money. This can sometimes be tricky since she has to rely on clients being honest with her and it has happened once or twice that a client has tried to take advantage of NCS. But generally, she wants people to be able to come as she lives on what she earns. She would very much prefer to have a regular salary and the center to work out the finances.

When asked: *What are the challenges you face when it comes to sharing knowledge and information to the patient? What is it that you can say, want to say, or don't want to share/say to the patient when dealing with their health issues/service given to them?* Ms. Anette's feedback was counseling and psychotherapy are client-centered. In other words, the client is in charge of their healing process.

It is her job to enable the client to understand themselves better and to find ways of healing themselves. Therefore, it would be inconceivable to her not to share knowledge and information about the client's situation or mental health condition with them. On the contrary, she tries to explore it together with them as much as possible and encourage them to find out more for themselves.

She does explain how counseling works in general, what kind of counseling school she personally belongs to (humanistic/integrative), and how the counseling center operates. She also explains whatever issues come up and some of the theories about psychology, psychotherapy and sometimes even sociology, politics, social studies etc. In all of this, she follows the client's lead. Some people want a lot of explanation. Others prefer to follow their immediate experience and probable Google (research) the rest at home. She would never even consider withholding information of any kind that is relevant to the client.

Counseling is confidential and information about the client is only shared with her clinical supervisor. Nobody else has access to the information except of course the client themselves.

When asked: *How do you deal and what are the current pressures within the internal and external environment of health systems in Bangkok, Thailand?* Ms. Anette's feedback was that main issues are the fact that most clients have to finance the counseling themselves, the lack of 'modern' psychiatrists in Bangkok, and the preponderance of the American 'medical' system of mental health, which means that hospital psychiatrists and even general doctors over-prescribe anti-depressives and anti-anxiety drugs. This would not happen so much in Europe where she was trained and where she grew up.

Talking therapies for Thais are not part of the general health system in Thailand which is very disappointing. They do have many Thai clients but they are mostly well-educated, wealthy, and have often spent parts of their lives outside Thailand. The main issue in her view is a lack of Thai counselors and psychotherapists who do NOT practice according to the American medical model but focus on the talking therapies.

Another huge issue is the lack of a suicide prevention hotline (the English language version of the Thai Samaritans is only 'callback' systems where someone will call you back within a week!) and the way suicidal patients are treated at Thai hospitals. There were cases where hospitals refused to accept suicidal patients.

On the other hand, hospitals with dedicated psychiatric units have frequently not cooperated very well with them and other counseling centers.

When asked: *What are the changes/transitions in the health care system and management and how has that affected you.* Ms. Anette's feedback was there is not much change since it is operated outside the system as a private health center and has worked in Thailand for 9 years now.

When asked: *In times of uncertainty what approaches do you take?* Share about your daily work responsibilities. Ms. Anette's responsibility is to her clients and to be the very best counselor she can be and help them to process their psychological and emotional issues.

Sometimes she feels uncertainty, but she works it out together with her client. She can get a lot of feedback from them, directly or indirectly through body language and behavior. The one thing that is

difficult for her in the context of a private counseling center is the issue of short notice cancellations.

The counseling center has a policy of a 24 hour cancellation notice period and if someone cancels within less than 24 hours, the session has to be paid. This is absolutely necessary or the center would have to close.

When asked: *What are your views on Alternative healing therapies? Is it important to be Mindful and be aware of Emotional Intelligence?* Please share your views Ms. Anette's feedback was she practices mindfulness and other forms of meditation every day. To her, this is one aspect of the deeper psychological work she does, also every day, and also links in with her creative life as a writer and creative writing coach.

She believes working on her underlying issues is very important, not just for therapists, but also for other health practitioners. The relationship with the client/patient is a form of therapeutic relationship, and affects the healing process enormously. In England, she also worked as a staff counselor at Bart's hospital in London where most of the clients were nurses and hospital staff (excluding doctors who had their own service). She experienced there firsthand how stressful the lives of hospital staff were, how difficult the dynamics in the workplace could be, and how it affected the patients. Sadly, this service has suffered greatly from funding cutbacks since then.

When asked: *What would you like to change about the Bangkok health care system and anything you feel needs changes in the place you work to have better approaches to enhance healthcare management and communication?* Ms. Anette's feedback was for about 2 years, the center had access to a very good Thai psychiatrist who worked at various hospitals in Bangkok and had studied in the US. He was very supportive of talking therapies, came twice monthly for intervision meetings and worked with those clients who needed psychiatric help.

The center never had a psychiatrist like this before or since – and he went back to the US. Thus, that's what we need. Generally Thailand needs more education in the value of talking therapies and more access to them.

When asked: *Is there or has been a health problem you dealt or is dealing with? How did or are you coping with it? Do you apply the similar approaches with your patients?* Ms. Anette's feedback was she has had a number of health issues during her time in Thailand.

She dealt with them in the Thai health system—with varying success and varying levels of stress. Some of her experiences were excellent, others were very bad. Since she deals with mental health, there is no direct way she can apply this to her own work, except to remember that every client is a person, a person with a life, a life history, with emotions, with complex life circumstances. A person who deserves my help and respect. Being seriously ill is very frightening.

Interestingly, there is one sentence she remembers from a young Thai dentist who she only saw once. She said, 'I learned to treat every patient as if they were my own family member.' She would never forget that. Of course, in psychotherapy we cannot treat own family members. But clients are unique human beings who deserve respect and positive regard.

In relation to the face to face audio recorded interview which consisted of four main questions: Has this research been beneficial for you? Give your views on answering the questionnaire on Difficulties in

Emotion Regulation Scale (DERS)-Serenity programmer, Global Health and the Philadelphia Mindfulness Scale (PHLMS); Are you able to understand more about Emotional Intelligence and Mindfulness? Share your experience; Have you meditated or taken an alternative healing before? How did you feel and what you recommend to people concerned about health or dealing with health problems? What are your views on reforming, and/or developing a new horizon to Bangkok's Health care system and management?

Ms. Anette's views and feedback on this research was positive and certainly encourages more works like this being produced to help enhance various health practices and well-being programmers. She found it interesting to write down her thoughts and reflect on it. As a counselor she deals with uncertainty all the time. The clients are always in uncertainty and the tolerance level in psychotherapy is much more. Most of the clients are private clients so she does not work directly with the hospital. Understanding about emotional intelligence and being mindful is a prerequisite for counseling and psychotherapy. One must be self-aware, non-judgmental, and not project to them becoming useful to the clients. In contrast, it is difficult to reflect something so profound like mindfulness in a questionnaire. Also for meditation it is more of a free form, thus, it cannot be answered specifically in a questionnaire. Some questions may not be suitable for a mindful activity and it is situational. Mindfulness cannot be measured completely with questions used like that.

In relation to emotional intelligence and mindfulness as a practical practice is better and she was under therapy for five years before seeing her first client. She worked with her deep issues first before meeting her clients. Psychotherapy also works with mindfulness and she even works on dream patterns, visualization, and deeper work is being done like meditation where one gets into this zone where one does not connect with time and space. Being a creative person enables her to use her own materials in an imaginative way and help the clients.

Ms. Anette has embraced various approaches in her life. She has done various workshops and trainings over the world and done meditation. She has also done the shamanic journey, mindfulness workshops in various aspects, and classic meditation. She likes the aspect of mindfulness where it connects one with sensory inputs and directs you to being in the moment and not worrying about the future which is very similar with Gestalt therapy. Mindfulness has become aware over the recent years and with the western influence through research, workshops, and promoting it. Mindfulness needs to connect with the life one lives and not just a practice once in a while, let's be mindful for ten minutes or a trend people like to follow. It is an everyday individual practice. Meditation is not about being calm but connecting with the world inside a person and the world outside a person through a deep process and being in the moment. Being in the moment is not an easy thing and for many therapies that is a practice.

From experience she has noticed that many people are guilty about the past and anxious about the future. What is missing is living in the moment. Everything is either a memory or a fantasy. This is where meditation and creativity comes in where it helps in being in the moment. Also, when dreaming, that is also being totally in the moment. Personally she believes being calm is not the case but connecting to reality is very important. Emotions are very important and one must feel what one feels and being calm in a state of happiness or sadness can be a problem as emotions are to be shown or expressed. Even when going through a surgery at that point a person is quite scared and their emotions are justified. Nurses lack the knowledge and counseling to connect with the patients where they should be able to

communicate with the patient rather than telling the patient not to be afraid when the patient will be afraid. It is a natural situation that should be addressed properly and acknowledge the patients feeling especially with the terminally ill. Doctors and nurses should have training programmers to learn how to acknowledge and communicate with patients. This is very important for nurses and doctors and can benefit hospitals. Sometimes, assumptions are made based on statistics and it's necessary for doctors in Thailand to become aware and connect with patients so it can help in the treatment process.

Long walks in the parks and nature therapy are very important. In Japan this is a very important approach and Thailand should adopt this approach in the healing process. Listening to the sounds of the nature is essential for human physiology and health. The public hospitals and private hospitals in Thailand are very different. Private hospitals have more services and public hospitals don't. Personally she feels that hospitals should have counselors on call so they can always see the patient and provide emotional support to patients and staff. Having experienced working as a counselor in a hospital in London, nurses' sick rate is very high as nursing jobs are very stressful. It is because of the hierarchy and when they are sick they would stay home and sometimes nurses would bully each other. Then counseling services were offered for nurses which was a great opportunity and one nurse came for counseling and she learnt that that nurse was the bully. Once they admitted the problem there was healing provided which was good and counseling is very important. In public hospitals in Thailand nurses are very much in charge and some very old nurses have worked in hospitals for a very long time and empowerment is needed. It's important to see how the main nurses run certain department which can be good and some bad. Hence, empowerment and counseling services is very much needed to enhance a better service and healing for nurses too. This will become a health benefit and invest in better machines for public hospitals in Thailand to provide a better healing atmosphere for everyone.

The fourth participant was Dr. Anand Sachamuneewongse, Orthopedic Surgeon at Samrong General Hospital, Bangkok aged between 30-35 years of age has been in the health industry for seven years. He usually sleeps late around 1:00am and likes his job. He expressed that stress cannot be avoided especially when patient's complication arises. He usually keeps his stress to himself; however, does consult and/or discuss with co-workers and family members. When overwhelmed with stress or emotions he would usually exercise or play sports.

When asked: Health Systems may be perceived as a specific institutional involvement in the implementation of tasks related to the maintenance and improvement of a patient's health. What are your views and opinion on this with the job you do? Dr. Anand's feedback on these aspects suggests that even though patient's improvement and maintenance for health is the main role, he believes that the health system consists of interconnected institutions and individuals who have a role not only to restore and maintain but to also educate the community regarding disease prevention knowledge and activities.

When asked: *What are the challenges you face when it comes to sharing knowledge and information to the patient? What is it that you can say, want to say, or don't want to share/say to the patient when dealing with their health issues/service given to them?* Dr. Anand's feedback was apart from the actual treatment, communication is a significant part. When it comes to dealing with patient's emotions and understanding there is no straightforward guideline to follow. On the other hand, one of the challenges that are faced that nowadays there is

an easy access to resources and patients will be doing some research and read about their conditions before coming to the hospital. Sometimes, the information read will contradict with what they have read and that may cause some problem along the course of their treatment. In such cases telling them they are wrong can cause conflicts which can delay or affect the outcome of the treatment. All the doctor can do is to provide unbiased evidence and information that can help them makes the decision in relation to the treatment choices. Also, government funding is limited and many people cannot afford treatments and updated equipment is needed.

When asked: *How do you deal and what are the current pressures within the internal and external environment of health systems in Bangkok, Thailand?* Dr. Anand's feedback was one of the main pressures in the internal environment is the increase in patients in the tertiary health care center including both inpatients and outpatients. For the outpatients department there is limited number of doctors and patients have to wait for a long period of time for their treatment. For inpatients department the number of beds and operating room available often causes delay for surgical treatment and prolong hospital stay. These problems are caused by the external environment factors which are due to the insufficient government funding. He deals with this problem by communicating with the patients and gives them the information about the current situation to avoid conflicts.

When asked: *What are the changes/transitions in the health care system and management and how has that affected you?* Dr. Anand's feedback was on the awareness of the updated equipment in the teaching hospitals and doctors have better access to research database. Patients have easier access to health care services due to advance referral systems and communication methods. Content over the internet can easily go viral and the sue rate has increased over the years. In order to avoid public conflicts or law suits, patients are usually recommended specialized physicians in tertiary care center without no proper initial treatment and because of this the number of the patients in the tertiary care center are increasing.

When asked: *In times of uncertainty what approaches do you take? Share about your daily work responsibilities.* Dr. Anand's feedback was he discusses with his family members and consults with other seniors at work if necessary.

When asked: *What are your views on Alternative healing therapies? Is it important to be Mindful and be aware of Emotional Intelligence? Please share your views.* Dr. Anand's feedback was on having limited experience on Alternative healing therapies. He is not against it and does encourage patients to take alternative healing of their choice as long as it does not harm them physically. He thinks that it's important for patients to be mindful and be aware of their emotional intelligence.

When asked: *What would you like to change about the Bangkok health care system and anything you feel needs changes in the place you work to have better approaches to enhance healthcare management and communication?* Dr. Anand's feedback was on limited government funding and inadequacy of resources in the rural areas. With not enough equipment and physicians to investigate or perform treatments patients are then referred to the tertiary care center where the number is increased with insufficient resources and causes delay for the treatment.

When asked: *Is there or has been a health problem you dealt or is dealing with? How did or are you coping with it? Do you apply the similar approaches with your patients?* Dr. Anand's feedback shared his experience in being affected with chronic back pain which affected his

work performance. Instead of getting rid of the pain with medication he tried physical therapy and exercise which helped him reduce the pain and improve symptoms. He applies similar approach with his patients so it can help them with reducing the pain and improve the symptoms.

With reference to the face to face audio recorded interview which consisted of four main questions: Has this research been beneficial for you? Give your views on answering the questionnaire on Difficulties in Emotion Regulation Scale (DERS) – Serenity programmer, Global Health and the Philadelphia Mindfulness Scale (PHLMS); Are you able to understand more about Emotional Intelligence and Mindfulness? Share your experience; Have you meditated or taken and alternative healing before? How did you feel and what you recommend to people concerned about health or dealing with health problems? What are your views on reforming, and/or developing a new horizon to Bangkok's Health care system and management?

Dr. Anand's views and feedback on a research conducted like this is very interesting. He never thought about emotional intelligence and being mindful and through the questionnaires and research process it helped him understand and become aware about being mindful. There were times when things can be stressful and he usually focuses on the root cause and finds a solution. He exercises and listens to music to reduce stress and find a solution. His patients usually embrace religious beliefs to stay mindful and their thinking process for Thai people. The questions addressed in the mindfulness scale are fine; however, in every situation things are dealt differently and a deeper approach is needed outside the questionnaire. During his training years, in the case of emergency and the patient dies there is no straight protocol but right facts and information is given to the family to share the news. Emotions are taken into consideration and enough information is given for emotional support leaving out an elaborated information that can affect them emotionally and mentally. At that particular time the situation is quite delicate and avoiding blame game or pointing out any hesitance that was taken at that point.

He has never meditated and does advice his patients to practice the approach. He does consider taking meditation and nature therapy into consideration. Alternative healing like Ayurveda and acupuncture is good. From his experience working in public hospitals is that people versus the doctors as there were more patients and less doctors which was the main problem because there was a delay in treatment and less beds for patients. Many patients did get anxious and with not enough equipment the patients were affected in the tertiary care center. Paramedic system in Thailand is needed to be monitored and improvement is very much needed. Even though there has been some improvement, the government should take all this into consideration to help the country's well-being and emotional intelligence should be trained and practitioners and staff should be educated about these aspects [47-54].

Discussion

This research study emphasized and explored the demographics changes, healthcare transitions, alternative healing approaches, challenges faced during the time of uncertainty, assess experiences of experts in the Health Care system in Bangkok, Thailand. Additionally, to understand more about how practitioners working in the Health Care industry are aware of their own emotional state before treating or providing any kind of service to their clients/patients a qualitative and quantitative research study was developed to accomplish the objectives.

Conclusion

All four experts fulfilled the questions and answered all questionnaires on the Philadelphia Mindfulness Scale (PHLMS), Emotional Intelligence (DERS) questionnaire, and the Global Health PROMIS 10. Dr. Davin, Mrs. Rasee, Ms. Anette, and Dr. Anand are aware of their emotional intelligence in terms of thoughts, environment, mood, and there are situations that may bring some difficulties to deal with the internal state, however, they tend to find the suitable way to deal with it. Dr. Anand did not usually focus on emotional intelligence and mindfulness terminologies and this research guided him to reflect on several aspects that relate to him and his work in a deeper perspective.

In contrast, when the face to face audio interview was conducted the insightful sharing on various aspects of uncertainty, transitions, mindfulness, and emotional intelligence was expressed. The challenges in the health industry with having less doctors and advance equipment in the public sector were acknowledged by Dr. Anand and Ms. Anette. Dr. Davin mentioned about NLP and how neuro programming and mindfulness programmers can be utilized in medical training, educating patients through awareness, and in daily practice of one's life. Mrs. Rasee and Ms. Anette stressed on integration of alternative/complementary healing/therapies with hospitals and having counselors on call to provide emotional; and moral support to patients and people working in the hospitals in both private and public hospitals. Many psychotherapeutic schools and approaches, which use the techniques, based on the concept of mindfulness, for example, Gestalt therapy or Morit's therapy was addressed by Ms. Anette as she had practiced these during her training. Detailed answers can be read in the analysis part and the answers relate to the current situation stated in the literature review. Due to limited funding and a well-developed health care system, people in the rural areas and people in the lower social status do face difficulties in having suitable medications.

There is a need to bring awareness in acknowledging emotional intelligence, mindfulness, and integration of balance through neuro programming that can enhance people from all walks related to the health industry. The essential approaches to emotional, mental, physical, and spiritual practices are needed throughout the Nation which will progress in every way. It is not only the profits that need to be focused on but the implementation of integrated programmers that nurture every person as their very right to health benefits.

The understanding of how mindfulness training and emotional intelligence programmers enhance brain waves and human physiology has been researched and with this research it will certainly help anyone reading the perspective of experts in the health industry. Furthermore, emotional intelligence should be taught at schools for children to acknowledge how they feel and speak about it. Often, people feel guilty of how they feel or people around them make them feel guilty and direct them to be quiet about it and/or not being able to speak the truth. Being mindful is a necessary resource everyone can embrace. This research does acknowledge that if hospitals would introduce guided mindful meditation or training it could improve patients' emotional intelligence, there is an effect of pressure from the internal and external environment of the health system, and different practitioners experience different challenges and transitions. Conversely, every participant practices mindfulness differently and in some cases mindfulness is not even thought about, which in this case the research encouraged the participants to reflect and consider various approaches to mindfulness training.

The research was limited to Bangkok geographically. There was a challenge on how much and whether the experts would be able to share as many aspects on changes in the health care systems and provide suggestions in times of uncertainty from their perspectives. The participants perform their duties and follow the protocols of the place they work in. With due respect and privacy of the place suggestions offered were based on their experience and observation over the years, hence, they faced boundaries of what can be done and what cannot be done.

Further research encourages to be explored in rural areas and other clinics and hospitals on emotional intelligence and mindfulness training. Future studies can apply mindfulness training approaches on doctors and staff at the hospitals to test the efficacy of before and after practicing the mindfulness programmer. It will be efficient to check the brain waves of before and after the practice of mindfulness training to check progress.

Conflicts of Interest

There are no conflicts of interest.

Ethics Approval

The experts had given the consent so did not face any ethical conflict.

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