

# The Power of Hope: Advancing Thailand's Public Health System amid Economic Disparities

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## Abstract

Hope, as a cognitive and motivational construct, plays a vital role in promoting health equity and resilience, particularly in settings challenged by economic disparities. This literature-based policy article explores the integration of hope theory into Thailand's public health system. By synthesizing relevant psychological, cultural, and policy frameworks, the article examines how hope can be operationalized to drive community resilience, enhance health-seeking behaviors, and inform public health interventions. Drawing from both Thai and international literature, the article highlights cultural influences such as "kreng jai (deference to others)" and religious practices while critically analyzing structural challenges in the Thai health system. Key recommendations for policymakers are provided to foster hope-driven health equity.

คำสำคัญ: hope; public health system; economic disparities

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## Introduction

Hope is a powerful psychological mechanism that enables individuals and communities to envision positive outcomes and sustain motivation in the face of adversity. In the context of public health, hope influences individual goal setting, coping strategies, and collective health behaviors. Thailand, like many middle-income countries, continues to struggle with systemic health disparities that undermine health equity, especially in economically disadvantaged regions.

This article aims to propose actionable public health policy directions grounded in hope theory, particularly focusing on how hope-centered strategies can mitigate the effects of economic disparities, strengthen psychological resilience, and promote equitable access to healthcare services across Thailand. It explores how hope, when systematically integrated into health strategies and policy design, can enhance public trust, engagement, and resilience;<sup>(1,2)</sup> By integrating cultural and structural insights, the article seeks to offer a framework for

policymakers to operationalize hope as a lever for sustainable health equity.

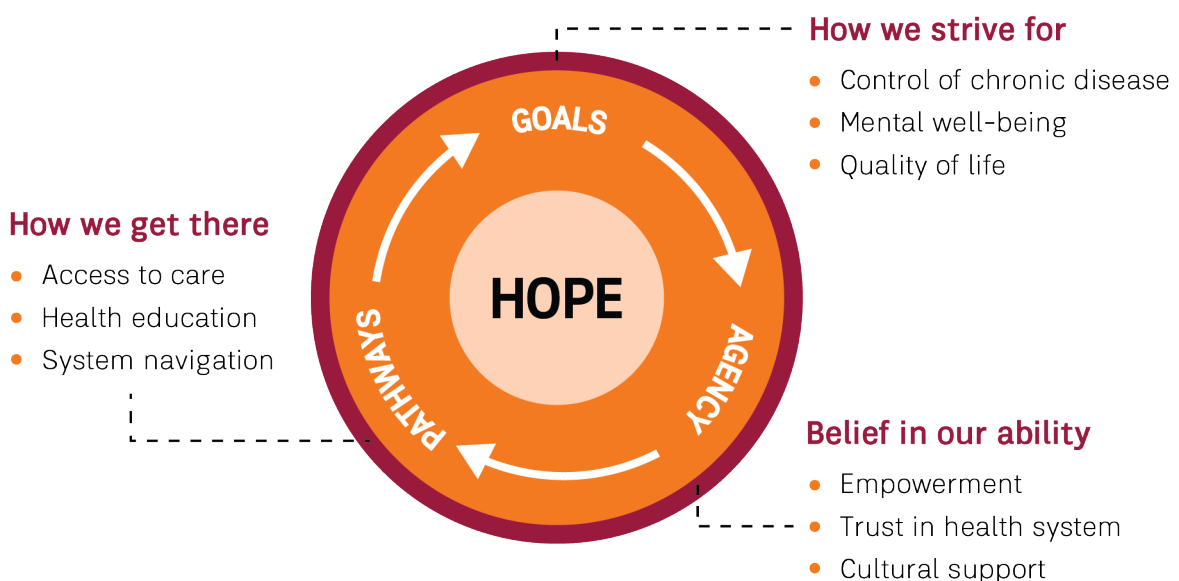
This article is a narrative literature-based policy review that synthesizes theoretical frameworks, peer-reviewed empirical studies, and policy reports relevant to hope, economic disparities, and public health systems in Thailand. Literature was identified through a structured search of academic databases including PubMed, Scopus, and Google Scholar, using keywords such as “hope theory”, “health equity”, “economic disparities”, “Thailand public health”, and “cultural resilience.” Additional grey literature, including national policy documents from the Thai Ministry of Public Health, National Health Security Office (NHSO), and ThaiHealth, was reviewed to contextualize findings within the Thai setting. Selection criteria focused on literature published between 2000 and 2025 that provided conceptual, empirical, or policy insights relevant to the integration of hope into public health strategy.

## Theoretical Foundations of Hope

Snyder’s Hope Theory conceptualizes hope as a dynamic interplay of three components: goal setting, pathways thinking (strategic planning), and agency (perceived capacity to act).<sup>(1,3)</sup> Unlike optimism, which reflects general positive expectations, hope is a goal-directed cognitive process requiring both willpower and strategies. Additional constructs such as self-efficacy and resilience complement hope but differ in focus. Hope directly supports sustained action in health-promoting behaviors, making it a valuable tool for public health interventions. (Figure 1)

- Goals: desired health outcomes (e.g., disease control, wellness)
- Pathways: access to care, health education, system navigation
- Agency: empowerment, trust in the system, cultural reinforcement

Figure 1 The hope framework (adapted from Snyder)<sup>(3)</sup>



## Hope in Thai Cultural and Health Context

Cultural values significantly shape the expression and mobilization of hope. In Thailand, concepts like “kreng jai” (deference to others) and “suk” (pursuit of happiness) influence how individuals seek care and engage with health services. Religious and spiritual practices, particularly in Buddhism, foster inner peace and communal hope through meditation, merit-making, and collective rituals. Community health volunteers, temples, and informal caregiving networks contribute to a culturally embedded infrastructure of hope.<sup>(4,5)</sup> However, these informal mechanisms often operate parallel to, rather than in partnership with, formal health services.

### Thailand’s Public Health System: Structure and Gaps

Thailand has made substantial progress through schemes such as the Universal Coverage Scheme (UCS), Civil Servant Medical Benefit Scheme (CSMBS), and Social Security Scheme (SSS)<sup>(6)</sup>. However, persistent inequities exist:

- Rural-urban gaps in resource distribution
- Inequitable access to specialists and mental health services
- Bureaucratic barriers limiting health system responsiveness
- Limited incorporation of psychological well-being into primary care

The COVID-19 pandemic revealed structural weaknesses but also showcased the mobilization of communal hope through collective efforts.<sup>(7)</sup>

## Economic Disparities and Health Outcomes

Economic disparities diminish both access to healthcare and psychological resources like hope. Lower-income populations face higher stress, poor nutrition, and increased chronic disease burdens. These realities can erode motivation, delay health-seeking behaviors, and reduce treatment adherence.<sup>(8)</sup> The interplay of structural and psychological determinants suggests that restoring hope must be both a mental health and policy imperative.

### Cultural and Religious Dimensions of Hope

Buddhist teachings emphasize impermanence and self-discipline, which can foster resilience. Meditation programs in healthcare settings have been shown to reduce stress and promote hopeful outlooks. Community-based programs such as those run by temples, local NGOs, and public health volunteers serve as crucial vehicles for reinforcing hope. Literature from Thailand and other Asian contexts supports the integration of cultural practices into public health strategies.<sup>(9,10)</sup>

### Policy Frameworks and Hope-Based Interventions

While Thailand’s health policies emphasize physical service provision, they seldom incorporate psychological dimensions such as hope.<sup>(11,12)</sup> To address this gap, a Bowtie Analysis framework is proposed (Figure 2), illustrating how hope can be operationalized both as a preventive

mechanism and a recovery facilitator in mitigating health inequities.

This Bowtie model demonstrates how hope functions not only as a protective buffer but also as a strategic point of intervention transforming abstract emotion into measurable policy levers. To institutionalize hope within public health policy:

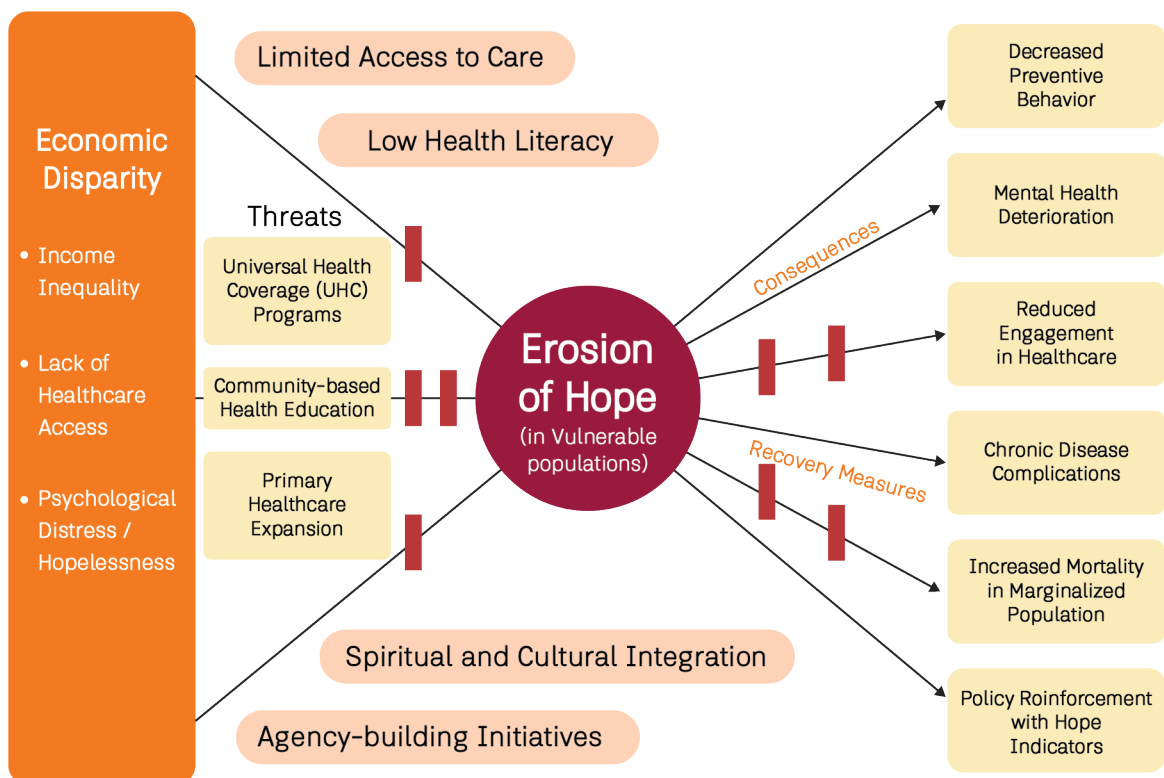
- Integrate hope indicators (e.g., perceived agency, access confidence) into national health surveys.
- Embed psychological support and narrative empowerment into primary care.
- Use tools like Bowtie Analysis to plan multi-level interventions that span from individual empowerment to system-level resilience.

International examples (e.g., Bhutan’s Gross National Happiness, New Zealand’s Whānau Ora) serve as case models for balancing well-being indicators with policy structures, ensuring hope remains central to health equity efforts.

## Case Examples and Evidence-Based Models

Several real-world applications illustrate how hope-centered strategies can enhance public health systems and influence individual health behaviors. During the COVID-19 pandemic, Thai village networks rapidly organized food distribution and elder care services, exemplifying

**Figure 2 Bowtie analysis of hope in addressing health inequities illustrating the multifactorial pathways leading to diminished hope due to economic disparity, and the corresponding intervention points to mitigate downstream health consequences.**



a culturally rooted form of collective hope. Health literacy campaigns that incorporated Buddhist teachings such as mindfulness for diabetes management resulted in increased community participation and adherence.<sup>(7,13)</sup>

In Chiang Mai, the integration of meditation sessions into public health clinics significantly improved patient satisfaction and reduced anxiety scores. A pilot program in northeastern Thailand combined community-based peer support with hope-building activities, including goal-setting and storytelling. This intervention led to improved vaccination compliance and a heightened sense of agency among participants.

Internationally, local governments in Japan integrated resilience and hope indicators into public health planning following natural disasters, which enhanced the reach and effectiveness of mental health outreach services. In New Zealand, a community-led initiative used culturally tailored narratives to restore hope among Indigenous populations, resulting in higher participation rates in health screening programs.

Behavioral studies consistently show that individuals with higher hope scores are more likely to engage in preventive behaviors, such as adhering to quarantine guidelines and participating in health promotion campaigns. The impact of hope can be assessed using indicators such as treatment adherence, patient activation measures, engagement in health behaviors, and longitudinal mental well-being indices.<sup>(14)</sup>

## Discussion

Hope is not merely an abstract concept but a measurable and actionable psychological

determinant that influences public health behaviors. Empirical research suggests that hope can shape how individuals respond to public health messaging, comply with health protocols, and sustain engagement in long-term care processes. For example, individuals with higher levels of hope demonstrate greater persistence in managing chronic illness and are more receptive to behavior change interventions.<sup>(15)</sup>

Therefore, hope serves as a critical bridge between public health goals and individual behavior change, especially in the context of inequality and limited access.

## Conclusion

This article highlights the transformative potential of hope when strategically integrated into Thailand's public health system. Hope-centered strategies can empower underserved communities, enhance engagement in care, and help close equity gaps rooted in economic and geographic disparities.<sup>(16)</sup> Recognizing hope as a public health asset is essential for building more resilient, inclusive, and effective health systems.

### Recommendations

1. Policy Integration: Incorporate hope-promoting indicators into national health monitoring systems, such as measures of patient empowerment, treatment adherence, and community resilience indices.

2. Training and Psychological Support: Equip rural health personnel with training in hope-centered communication and psychological first aid. Establish partnerships with psychologists to deliver mental health counseling in community health centers.

3. Model Adaptation: adopt successful international models such as New Zealand’s “Whānau Ora” approach or Bhutan’s Gross National Happiness framework, adapting them to fit Thailand’s sociocultural context.

4. Equity in Access: expand mobile health units and telehealth services to rural provinces. Prioritize equitable budget allocation based on regional health disparities.

5. Community-Based Monitoring: involve local health volunteers in monitoring community-level hope indicators using simple self-report tools and observational measures.

6. Technology Integration: develop LINE-based applications to deliver hope-centered health messages and virtual counseling for underserved populations.

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## พลังแห่งความหวัง: การขับเคลื่อนระบบสาธารณสุขไทยภายใต้ความเหลื่อมล้ำทางเศรษฐกิจ

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### บทคัดย่อ

ความหวังเป็นกลไกทางจิตวิทยาที่ส่งเสริมการกำหนดเป้าหมาย การวางแผน และแรงจูงใจในการเปลี่ยนแปลงพฤติกรรมด้านสุขภาพ บทความนี้เป็นการทบทวนวรรณกรรมเชิงนโยบาย โดยบูรณาการทฤษฎีความหวัง (Hope Theory) กับบริบทระบบสาธารณสุขไทยที่กำลังเผชิญความเหลื่อมล้ำทางเศรษฐกิจ เพื่อเสนอแนวทางการประยุกต์ใช้กลยุทธ์ที่มุ่งเน้นความหวัง (hope-centered strategies) ในการพัฒนานโยบายสาธารณสุขให้มีความเป็นธรรมและเข้าถึงได้มากขึ้น โดยใช้กรอบแนวคิดจากทฤษฎีของ Snyder ผสมกับวัฒนธรรมไทย เช่น แนวคิดเรื่อง “ความเกรงใจ” และ “ความสุข” รวมถึงตัวอย่างกรณีศึกษาจากทั้งในและต่างประเทศ เพื่อแสดงให้เห็นถึงบทบาทของความหวังในการส่งเสริมการเข้าถึงบริการสุขภาพ การปรับเปลี่ยนพฤติกรรมสุขภาพ และการเสริมสร้างพลังอำนาจของชุมชนในระดับปฏิบัติการ

**คำสำคัญ:** ความหวัง; ระบบสาธารณสุขไทย; ความเหลื่อมล้ำทางเศรษฐกิจ