

CHAPTER III

RESEARCH METHODOLOGY

Research Design and Survey Method

The research design employed in this study was the qualitative descriptive study using the Joint Public and Private Health Consultative Committee (JPPHC) as a case study. The main objective was to identify and clarify the critical strategic issues for strengthening the public and the private sector coordination towards policy orientation for health development. Both primary and secondary data were collected, analysed and interpreted. Primary data were obtained through a field survey using in-depth interview of the subjects both from the public and the private sectors. These subjects were selected by applying a set of pre-defined criteria. Also, the primary data were collected by the observation through participation in three formal meetings of the JPPHC working group.

The secondary data were collected through literatures review on subjects relevant to the concept of the Public Administration, Policy Sciences, Business Management, and organizational coordination theory. Furthermore, previous studies and unpublished reports of

seminars about the public-private coordination were also revised.

Consequently, the methodological challenges for this study were the efforts directed towards the control of biases or systematic errors. Biases may occur from sampling, measurement and interpretation. Details of measures to cope with the biases are described below:

Population and Sampling

1. Target Population

The target population in this study were stakeholders whose responsibilities related to health projects or programme towards policy orientation both from the public and the private sector.

2. Sampled Population: The samples were drawn from the following key policy stakeholders: the public sector, the private sectors and the politicians.

2.1 The Public Sector:

The samples for the public sector were selected by purposive sampling or focused sampling. Those selected have to fulfil one or more of the following predetermined criteria and agree to participate:

1) The high - ranking government health officials (PC 8 or above). For those within the Ministry

of Public Health, only those in related departments were included: The Medical Registration Division, The Health Planning Division, The food and Drug Committee Office.

- 2) The experts in the institutes or organizations whose responsibilities related to health projects or programs.
- 3) The present or previous members of the Joint Public and Private Health Consultative Committee.

2.2 The Private Sector:

For the private sector, the subjects were selected if they fulfil one of the following criteria and agree to participate:

- 1) The executive managers of the private organizations either profit or non profit whose their business related to health projects or programs.
- 2) The present or previous members of the Joint Public and Private Health Consultative Committee.
- 2.3 The Politicians: Besides these two types of the samples, the politicians were also important target groups since they had an authority to approve and mobilize commitment towards the national health policy. Therefore, the samples also included the Minister of the Ministry of Public Health. So, a total of twenty

subjects were interviewed, one was a politician, eleven were from the public sector, and the rest were from the private sector. (Annex A)

Since in-depth interviewing provided data in the qualitative form, so the strength of the study depended on external validity of sample selection. Careful measures were taken to ensure that the interviewees best represented the target population and could clearly assess the situation under the study. Furthermore, the subjects were not the one with whom the researcher was familiar. Rather, they were selected only if they fulfilled the predetermined inclusion criteria.

Measurement and Control of Biases:

1. Construction of Interview Guideline:

As mentioned above, the data were collected from two main sources. Primary data collection was performed by using the in-depth interview which was one of the main qualitative methods. This method of data collection relied on the construction of the interview guidelines containing open-ended questions which corresponded to specific categories and data items classification. These interview-guidelines or open-ended questionnaires were designed by the following criteria:

- they should not have leading questions

- they should not contain factual questions
- they should have clear and understandable questions
- they should be related to the cases being studied

These questions were formulated to find out the interviewees'opinion by using subjective and objective approaches to measurement. The questions were divided to First, the overview of the interviewee's perception was assessed with respect to the publicprivate coordination such as level and trends, needs, problems of coordination, and factors affecting coordination between the public and the private sector. Second, the interviewee's opinion was searched regarding issues related to the JPPHC: ie to clarify its status and roles by using the conceptual framework of strategic However, the context of the interview was a free-flowing discussion: the subjects were provided with an opportunity to discuss many potentially relevant topics some of which were beyond the scope of the research agenda. To ensure the completeness of data collection, taking notes and tape recording were carried Finally, those data and information, as well as out. some evidences from the literature reviewed, then, were concluded and interpreted.

2. Assurance of Validity and Reliability:
Unlike quantitative studies which focus

mainly on objective numerical data, qualitative studies emphasize detailed, descriptive, and often subjective data gathered by nonstatistical based methods such as indepth interviewing, observation of participants in meetings and case study, which were used in this study. In any research, there are three things that should be concerned: reliability, validity, and control of bias. For this study, the researcher had tried to make the research process internally valid, where the correctness of findings was not affected by events occurred during The accuracy of the tools as well as the the study. conceptual framework on which the research was based, were controlled for not overtly and adversely affect the results. Those process were done because if the research process was internally valid, then the validity of its conclusion may also be improved and the results can be generally applied to other populations. The measures taken in this study to control for validity and reliability were as follows:

2.1 Validity: Validity is the degree to which the methods and its measurement process were able to make precise, concrete, and correct measurement. In measurement, it is important to ensure the internal validity which refers to the consistencies of awareness to items; or refers to the degree of confidence one has that a posited relationship between two or more factors

are related. In the study, two types of validity were concerned: content validity and construct validity.

The content validity dealt with the important content which has been covered and transformed into guideline-questionnaires. In the present study, literatures related to coordination between the public and the private sectors were reviewed to select items or issues which should be included in the questionnaires. A draft questionnaire was constructed and presented to experts in the field for review and modification. The modified questionnaires were then tested, corrected and retested.

The construct validity dealt with the validation of the construct theories and framework that underline the research. Construct validity was assessed by looking at the logic of the interviewee's perceptions of the general coordination issues and those applied specifically to JPPHC.

2.2 Reliability: Reliability refers to the degree to which the findings of the test are the same in any time and any measuring methods whether it was performed by intra-observation or inter-observation. In this study, the consistency of an interviewee's perceptions on specific issues were compared in his

response to general questions of coordination and to those pertaining to JPPHC. In addition for some subjects, the consistency of an interviewee's perceptions on specific issues during formal meetings of the JPPHC working groups were also compared his responses during in-depth interview. Inter-observer's variation did not exist since only one interviewer was used.

Data Interpretation

This procedure was to interpret the perceptions of individual interviewee and to collate and organize the collected data, both primary and secondary, and turn the data into concepts, and then concepts into relationships between issues, and finally into agenda for actions.

The perceptions each interviewee was documented by compiling data from interview notes and tapes. The documents containing the interpretation of the perceptions of the interviewees were typed and addressed to the interviewees who gave the information for confirmation that, in fact, they reflected the key ideas of the interviewees correctly.

Regarding collation of all the information, the researcher consult with advisors, experts in the field, and key stakeholders both within and outside the Ministry of Public Health. Care was taken to ensure that the

ideas reflected in the conclusion represent the legitimate interests of all stakeholders in public-private organization of the country.

Generally, data collection and analysis in qualitative study should occur simultaneously during the field operation. Because that will allow the researcher to modify the conceptual framework concerning the research questions under study which may obtained from data collection. The difficulty in this procedure was to write it up in the logical form. In the present study, the conceptual framework remained the same throughout the study. However, specific questions were added to the core questions for each interviewee in accordance with his interests and background.