



CHAPTER III

METHODOLOGY

This research aimed to evaluation the organizational climate at the beginning and after one year implementing Hospital Accreditation Program in Sena hospital. The target group for this study are all hospital staff who work in two time period of quality improvement process and they are the same group of this study. (April 1999 – May 2001) The researcher would like to evaluate only the project effectiveness by measuring outcome and comparing the outcome with the study's objectives. In this study, after the first set data collecting and analyze then report result to the hospital steering committee and setting the quality improvement plan by co operation with Human resource development department for improvement the overall working climate. (See Appendix B: Hospital quality improvement plan 2000-2001) The hospital staffs have been actively participating in the quality improvement plan between the data collection in two time periods.

3.1 Purpose

The followings are objectives for evaluation the organizational climate in sena hospital at the beginning and after one year implementing Hospital Accreditation Program in Sena hospital by staff opinions.

1. To compare the Organizational climate relating to overall hospital staff at the beginning and after implementing Hospital accreditation program.
2. To compare the Organizational climate at the beginning and after implementing Hospital accreditation program among hospital staff who

3. were classified by position.(Physicians and Dentists , other professional , Nurses , Nurse Aides , other supportive personnel)
4. To compare the Organizational climate at the beginning and after implementing Hospital accreditation program among hospital staff who were classified by Status (Head , and member)

3.2 Evaluation Questions

1. The Organizational climate overall at the beginning and after implementing Hospital accreditation program are different or not.
2. The Organizational climate at the beginning and after implementing Hospital accreditation program among hospital staff's position are different or not.
3. The Organizational climate at the beginning and after implementing Hospital accreditation program among hospital staff's status are different or not.

3.3 Evaluation Methods

3.3.1 Research design

This study is design as a descriptive pre – post test.

3.3.2 Data collection

Population

205 the hospital staffs from all department in Sena hospital who are participating in the Hospital accreditation program were actually surveyed in two time

period of quality improvement process : at the beginning and after 1 year implement Hospital accreditation program and they are the same group of this study. They were classified by position into 5 groups : Physicians and Dentists , Other professional, Nurses , Nurse Aides , other supportive personnel, were surveyed of their opinion about the organizational climate. Other staffs in the hospital who work after April 1999 were excluded because they were not participating in this program.

Sampling Design

Samples

1. 205 the sample size was calculated by Yamane's table. ($\alpha = 0.05$)
2. Stratified Random Sampling by group of position and each level are Sampling by Proportional Stratified Random Sampling. (Table 1)
3. Simple Random Sampling for the calculated sample.

$$\text{Number of sample in each level} = \frac{\text{Total sample} \times \text{number of population in each level}}{\text{Total population}}$$

Table 1: Number of population and sampling.

Position	N (population)	n (sample size)
Physicians and Dentists	31	15
Other professional	62	30
Nurses	165	79
Nurse Aides	62	30
Other supportive personnel	108	51
Total	428	205

Time and location

The study was conducted in Sena Hospital , amphur Sena, Ayutthaya province in April 2000 – May 2001.

Study instrument

An organizational Climate questionnaire from The Institute of Hospital Quality Improvement & Accreditation (HA-Thailand) was instrument to measure an opinion of hospital staff about the organizational climate. The questionnaire was checked for content validity by the expert of The Institute of Hospital Quality Improvement & Accreditation (HA-Thailand). and tested for reliability by Cronbach Alpha Coefficient equal to 0.85 ($r=0.85$) There are consisted of nine dimensions of the organizational Climate and forty-six items in the questionnaire. There are three parts of questionnaire:

Part I. General data

Demographic data of respondents were collected : sex, age, numbers of work year in hospital, position of staff (Physicians and Dentists , other professionals, nurse, nurse aides, Other supportive personnels), and status of the hospital staffs (head, member)

Part II : Opinion of an organizational Climate Using Likert –scale ,a nine – point scale questions, this part constructed to assess the opinion of an organizational climate. The respondents were asked to score each question as : 9 = most likely agree, 8 = moderately agree, 7 = least likely agree, 6 = least likely uncertain, 5 = moderately uncertain, 4 = most likely uncertain , 3 = least likely disagree, 2 = moderately disagree,

1 = most likely disagree. For this part , the questions 2,15,16, 38, 39, 41, were in negative format and the score of these questions were reversed. The questions consist of nine dimensions with forty-six items (Total score 414)

1. Opinion toward Ability to change a working system (question 1 – 7, Total score = 63)
2. Opinion toward Working as a team (question 8 – 17, Total score = 90)
3. Opinion toward Creativity (question 18 – 20 , Total score = 27)
4. Opinion toward Meaning of Quality (question 21 – 28 , Total score = 63)
5. Opinion toward Responding to Needs of Patients and Customers (question 29 – 33 , Total score = 45)
6. Opinion toward Internal Customer Relations (question 34 –36 , Total score = 27)
7. Opinion toward Improvement of a Working System (question 37 – 41, Total score = 45)
8. Opinion toward Goals/Shared Visions (question 42 – 44 , Total score = 27)
9. Opinion toward Satisfaction.(question 45 – 46 , Total score = 18)

1. Opinion toward ability to change a working system (question 1 – 7)

Question 1 – 7 were developed to measure ability to change a working system. For this part , Q3 – Q7 were constructed to ask the respondent how their supervisor encourages, gives morale support and facilitates them to solve problems by themselves and supports them to modify their current work system in response to other departments/ professionals.

2. Opinion toward Working as a team (question 8 – 17)

Question 8 – 17 were developed to measure team work. For this part , Q8 – Q9 were constructed to ask the respondent for receive cooperation from other members in solving arising problems . Q11 – 15 were constructed to ask about team decision making.

3. Opinion toward Creativity (question 18 – 20)

Question 18 – 20 were developed to measure creative thinking. For this part , Q18 was constructed to ask the respondent for questions regarding their work if it should be done or if there is any better ways to deal with it.Q19 – 20 were constructed to ask for receive cooperation from other and supervisors regularly support innovative ideas.

4. Opinion toward Meaning of quality (question 21 – 28)

Question 21 – 28 were developed to measure quality mind. For this part , Q21 - Q24 was constructed to ask the respondent for understanding and perceive the meaning of quality. Q25 – Q28 were constructed to ask for quality in a view point of professional.

5. Opinion toward Responding to needs of patients and customers (question 29 – 33)

Question 29 – 33 were developed to measure response client and customer need. For this part ,Q29 was constructed to ask the respondent that their colleagues attempt to understand patients' needs. Q31 was constructed to ask do patient have a chance to

participate in decision-making process. 32 – 33 were constructed to ask for the standard of hospital's technical service is in the satisfactory level and Services behavior by practitioners are in the satisfactory level.

6. Opinion toward Internal customer relations (question 34 – 36)

Question 34 – 36 were developed to measure internal customer relations. For this part was constructed to ask the respondent about departments or persons who pass a task to them try to understand and respond to their need.

7. Opinion toward Improvement of a working system (question 37 – 41)

Question 37 – 40 were developed to measure Improvement of a working system. For this part, Q37 was constructed to ask the respondent for Ability to change working style. Q38 – 40 were constructed to ask Working climate an attempt to make use of data as a base for decision-making.

8. Opinion toward Goals/Shared Visions (question 42 – 44)

Question 41 – 44 were developed to measure goal and work values. For this part, Q41- 43 was constructed to ask the respondent for every staff knows what needs to be done to make the idea of being the ideal hospital and receive information from executives clearly and regularly come true.

9. Opinion toward satisfaction.(question 45 – 46)

Question 45 – 46 were developed to measure job satisfaction. For this part, Q45 was constructed to ask the respondent about job satisfaction and Q46 involvement perception of performance and general climate

Part III : The suggestion with open – end questionnaire .

Data collection :

The set of data were collected in two time periods . Phase I. : the first set of data were collected during the first week of May 2000 and analysis., report the result to the Hospital steering committee and setting the quality improvement program by co operation with Human resource development department.(See Appendix B: Hospital quality improvement plan 2000-2001) The hospital staffs have been actively participating in the program between the data collection in two time periods. Phase II. The second data collection was done during the first week of May 2001, gathering and analyze.

Data analysis

SPSS for window version 10.0 statistical software was used for data analysis. Descriptive statistic were used to analysis demographic data of respondents and opinion about the organizational climate and Confidence Intervals 95 % (=0.05)

1. Descriptives statistic were used to analyze demographic data of respondents and opinion about organizational climate.
2. Paired t-test were used for comparing the organizational climate among each five groups of hospital staff ' s position and two groups hospital staff's status.
3. The scores level of the organizational climate classified by norm reference measurement with mean score and Standard deviation and determine into three levels by meaning.

Good = Hospital staff agree with overall the organization climate

Fair = Hospital staff uncertain with overall the organization climate

Low = Hospital staff disagree with overall the organization climate

Organizational climate level	Score ranges
Good	= $(\bar{X} + S.D.)$
Fair	= $(\bar{X} \pm S.D.)$
Low	= $(\bar{X} - S.D.)$

3.4 Implementation

The implementation is consisted of two phases ;

Phase I.

- Collecting data the organizational climate at the beginning HA. Program in second week of April 2000.
- Gathering and data analysis during May 2000.
- Report the result to hospital steering committee in first week of June 2000.
- Setting quality hospital plan in June 2000.
- Implement quality hospital plan and monitoring.

Phase II.

- collecting data the organizational climate after one year Implementing HA. Program in second week of April 2001.
- Gathering all data during May 2001.

- Data analysis in June 2001.(Compare the organizational climate in two time period of implementing Hospital Accreditation program.)
- Report result to hospital steering committee and plan to setting the hospital quality plan & monitoring in October 2001.

Activity Plan

The implementation of this project, “the organizational climate toward Hospital Accreditation Program in sena hospital, Phra Nakorn Sri Ayutthaya Province.”, will follow this monthly schedule , phase I : data collection the organization climate at the beginning of The Hospital Accreditation program in April 2000. Phase II : data collection the organization climate of The Hospital Accreditation program after six month , data gathering , compare & data analysis and suggestion plan to the hospital steering committee. Time duration for these activities was delayed due to some problems about report writing. (see Table 2)

