

CHAPTER 2

RESEARCH DESCRIPTION

2.1 Goal & Objectives

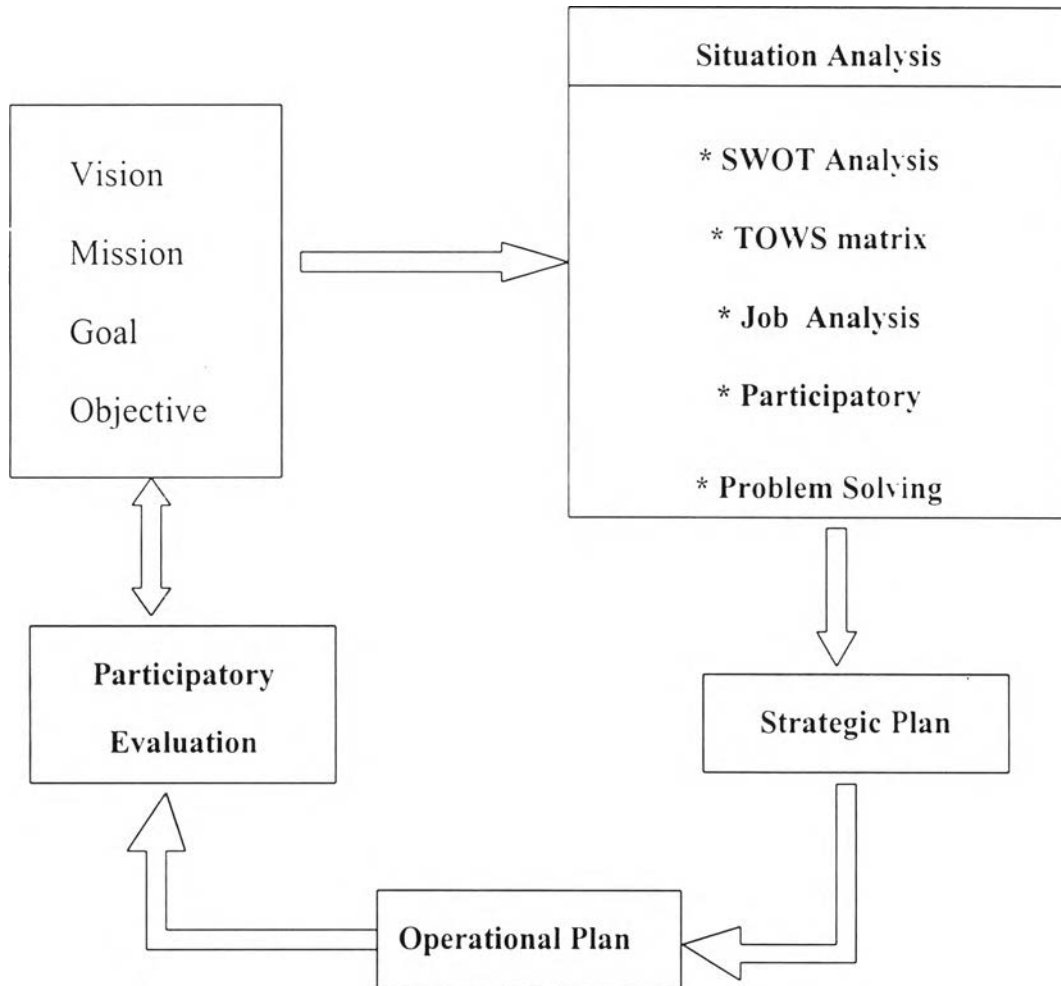
Goal :

To study and assess the process of strategic planning for developing a strategic plan in the Emergency Room aimed at meeting standards of hospital accreditation.

Objectives:

- 1) To identify factors that involve strategic planning in the Emergency Room of Kumkhuankaeo Hospital.
- 2) To identify the main problems of strategic planning in the Emergency Room of Kumkhuankaeo Hospital.
- 3) To study the process of strategic planning setting and find opportunities to develop the strategic plan for meeting standards of hospital accreditation.
- 4) To assess strategic planning in the Emergency Room by using the indicators of hospital accreditation.
- 5) To identifying ways in which participation and initiative could be enhanced.

Figure 1: Conceptual Framework for Development of a Strategic Plan in the Emergency Room of Kumkhuankeao Hospital to Meet Standards of Hospital Accreditation.



2.2 Research Methodology

2.2.1 Research Design

Qualitative will be used in this study and data collected through (a) observation of participants in group meetings, (b) in-depth interviews and (c) pre and post self assessment manual of hospital accreditation. The twelve participants in this study will consist of the Head of the Emergency Room (ER), nine -Registered Nurses and two Technical Nurses and using Participatory Action Research (PAR) methodology focused on the strategic planning process. The method of triangulation will be used to strengthen the findings of this study. The research will be divided into 3 phases as described below.

2.2.1.1. The preparatory phase: will be conducted as follow:

- To study and research theory and concept of strategic planning and hospital accreditation for use to develop a strategic planning model for employment in an Emergency Room of Kumkhuankaeo Hospital.
- In-depth interviews the Head Nurse and eleven nurse practitioners of the Emergency Room focus on the problem of planning in the ER to collect a database.
- To co-ordinate with the head nurse and to clarify the concept of this study to promotion all participants.
- Planning activities for strategic planning step by step.
- Pre-post self-assessment manual, using the indicators of hospital accreditation.

2.2.1.2 An intervention phase

Strategic planning setting focus on five steps as follow;

Step 1. Establish vision, mission, goals and objectives of an ER of Kumkhuankaeo Hospital by using the problem solving approach in a two-day meeting.

Step 2. Perform a situation analysis, looking at both the internal and external environment of the ER by using two techniques to help participants understand the situation; these techniques will be SWOT analysis and TOWS matrix. Job analysis will be included. Participatory group discussion would last two days.

Step 3. A two-day group meeting discussion for strategic planning focusing on the strategic planning process, strategic objectives, strategic selection, and decision to choose a strategic plan. There are a number of ways to approach the strategic targeting of team activity. The following approach has 13 distinct steps.

1. Complete a statement of organizational aim (purpose or mission, vision, and values) and list six to ten organization wide indicators of success that can be measured and monitored over time.

2. Build a list of major organizational patients.

3. Research the direct impact that better service of each patients would have on indicators of success.

4. Narrow the list to the patients that will have the greatest impact on success.

5. Find the patients to determine their key quality characteristics.

6. Perform situation analysis concerning the present state.

7. List the key quality characteristics that have the highest priorities.

8. Identify the working systems directly impacting the targeted characteristics.

9. Complete system map.

10. Identify cross-functional processes within these systems and charter teams.

11. Communicate targeted activities throughout management.

12. Identify processes and teams related to system priorities.

13. Create a monitoring and evaluation process.

The process development strategies are as follows;

- Find opportunities for process improvement.
- Organize a team that knows the process.
- Clarify current knowledge of the process.
- Uncover root cause of process variation.
- Start the improvement cycle: plan, do, check, and act.

Step4. A two-day group meeting to set up operational plan and scheduling of activities as follows;

- Consider alternative strategies,
- Consider needs and available resources,
- Select the best strategy.
- Mobilize resources,
- Detail activity, and
- Write operational plan and scheduling of activities.

Step5. Clarify planning with all nursing staff at a one day meeting, and implementing activity, these implementation decisions deal with:

- Coordination of activities
- Deployment of personal
- Allocation of resources
- Processing of information

2.2.1.3. An evaluation phase; participatory evaluation setting The general approach in evaluation is as follows:

- Measurement of observed achievement
- Comparison pre and post self-assessment form of hospital accreditation standard.
- Analysis of causes and feedback

In an effort to uncover the way in which strategic planning for meeting the standards of Hospital Accreditation can help develop a strategic plan for the ER a small descriptive study employing a qualitative approach will be used. Interviews will be conducted with the Head of the ER and eleven nurse practitioners. In the light of the content of scholarly discourse concerning and setting strategic plans in nursing, the following research question will be formulated:

"What are the ways in which the ER Nurses can develop a strategic plan for meeting standards of Hospital Accreditation?"

In order to discover the head nurse and practicing nurse's perspective on strategic planning, it will be necessary to employ a PAR approach and, more specifically, an inductive descriptive method, employing the structured guideline questions approach and using triangulation method for confirming finding.

Participatory Action Research (PAR)

Participatory Action Research is the process that aims at enhancing the knowledge and skill of target group in the view of improving their practice or quality of

life. It is known under many terms such as Participatory Action Research, Participatory Research, or Collaborative Action Research.

Wang et al., (1996) defined that " Participatory research is a process of collective, community - based investigation education and action for structural and personal transformation. PAR can be carried out under the impetus of scientists who want to answer purely research oriented question: or on request of company management. Who aim at improving staff performance: or of professional practitioners, who see a need to upgrade the services they render to their clients: or of communities who want to solve certain practical problems in a bid to enhance their quality of life. In each case the origin of the project, the definition of the problem as well as the setting of criteria to just whether improvement has occurred, degree of participation of all actors involved in drafting the design, and the people benefiting from the results, will be different.

The processes of PAR are following phases

A) Concern

This is related to who takes the initiative and to access to potential participants. Someone expresses a concern about situation. There is a sense that there is a problem, or that a certain issue should be studied, but there is no problem statement yet. If the concern is formulated by a researcher, then often the communities upon whom the researcher will be carried out are not involved, which raises the issue of researchers acquiring access to them. If they have not requested any research activities the researchers may be perceived as intruders. Building trust should start in this phase and can take the form of contracts between all parties involved.

B) Problem identification, information gathering

This is a very important phase. Researcher and organization try to obtain a clear picture of what the problem is. Researcher and key informants engage in the dialogue. There may be need to acquire information(see further), as well as for the researcher to boost the participants' self - confidence. This is a crucial phase with regard to the formation of sense of ownership of the research process by all parties involved, especially the participant from the communities.

C) Investigating alternative solution, planning for action

An inventory is made of possible solution, means available to the community to implement each solution, following which one or more courses of action are adopted. Action could be seen as a hypothesis that should be tested in reality (Criel et al.,1996). It is important that in this phase a decision about monitoring and evaluation procedures is being made.

D) Action

The participants carry out the action as decided in the previous phase and “ test it out”. They make observations on its different aspects.

E) Reflection, evaluation

Based on their observations during the action the participants discuss alternatives that would lead to improvement. The “action hypothesis” of phase three is being “rejected” or amended. There may be room for negotiation here since researchers and participants may have different interests and will have to reconcile them. Reflection

by the participants on their passed action is important to avoid that they become dependent on outsiders (Gianotten & de Wit, 1991). May be most important of all is that the participants through reflection and control of the program change their norms themselves and thus adapt their behavior, as opposed to behavioral change induced from outsiders using merely advice or recommendations (Eisen, 1994).

F) Possible redefinition of the problem, new action

The reflection may also lead to redefining the problem the problem, possibly resulting in anew search for information. Ultimately a new course of action can be defined with all its implications of observation and reflection.

Hart& Bond (1995, 1996) discern four types of PAR such as experimental organizational, professional zing, and empowering. These types are ideal types that may not be found as such in reality, but they help to understand the “position” of a project with regard to some vital issues such as who defines the problems who will benefit from the solutions that are being developed. Four type of PAR are as follow;

A) Experimental:

This relates to a context of experimental science. The aim is to generate knowledge that may or may not be used by policy makers. The initiative comes from a researcher, who is also the main beneficiary. The objects of the research do not participate in the research design and there clearly is a subject – object relationship.

B) organizational:

This relates to a context of organizations with varying degrees of complexity, such as commercial companies, hospitals, non-governmental agencies, etc... The aim of the research is to analyze a situation that is deemed unsatisfactorily by the management and to find appropriate solutions that can be implemented. The persons in charge take the initiative and formulate the problem, possibly in cooperation with the researcher that has been contracted from outside. The beneficiary is in the first place the management who aims at a better organizational performance, but the subjects of the research, e.g. workers, employees, members, may also benefit from improvements in their particular work situation. The subjects of the research may not be voluntarily involved in the research, nor are they involved in the design, but the researcher may decide to involve them in certain aspects as a means to come closer to their perspective or generating information that otherwise would not have been accessed. Even though the subjects of the research may have acquired a more active, participatory role, the relationship with the researcher is still very much characterized by the polarization of subject – object.

C) Professionalizing:

This relates to a context in which a relationship between a professional and his or her clients is central, e.g. health staff – patient. The initiative comes from the professional who wants to improve his her practice in view of benefits to the client. The set-up of such a type of research may not differ very much from the organizational type, as does the involvement of the client.

D) Empowering:

This relates to a context where the “objects” of the research not only have decided themselves that there is a need of researching some issues, but also participate

actively in the design. The participants may feel a clear need for improvement of their situation and therefore engage in the research. Although they may request specialists to assist them with certain technical aspects of research, they remain in charge of the whole process. The end result of the research process is both new knowledge and an improved living or working environment for the participants. It is empowering because the participants have acquired greater control over their lives by learning how to investigate their situation and take action to improve it.

The types of PAR the researcher consider most appropriate within the context of this research are organizational and empowering types. Because an organizational type relates to a context of organizations with varying degree of complexity, such as the hospital. The aim of the research is to analyze a situation that is deemed unsatisfactorily by the management and find appropriate solutions that can be implemented as well as this research also actively in the design. The participants may feel a clear need for improve of their situation and therefor engage in the research.

Budget

Table.2 : Budget; Estimated expenditure for program activities

Activity for Expenditure		No.Unit	Time	Unit rate/time	Amount	Total
1	<u>Vehicle(Fuel)</u>					4,200
	Review Literature	1	2	600	1,200	
	Co-Advisor Consulting	1	5	600	3,000	
2	<u>Concentration money</u>					10,300
	Participants Meeting	12	13	50	7,800	
	Consult Co-Advisor	1	5	500	2,500	
3	<u>Meeting Payment</u>					13,280
	Snack	13	26	25	84.50	
	Place	1	13	200	2,600	
	Film and Photos	1	1	500	500	
	Roneo Paper	15	1	70	1,050	
	Dry ink Pen	12	1	5	60	
	Transparency Pen	2	1	160	320	
	Transparency	30	1	10	300	
4	<u>Making Implementing manual</u>	13	1	200	2,600	2,600
5	<u>Data Analysis and Documentation</u>	1	1	2,000	2,000	2,000
6	<u>Presentation</u>					6,000
	Equipment	1	1	1,000	1,000	
	Co-Advisor Facilitation	1	1	5,000	5,000	
7	<u>Xeroxing</u>	1	1	1,000	1,000	1,000
9	<u>Others Management</u>	1	1	2,000	2,000	2,000
Total (Fourteen Thousand, one hundred and eighty bahts)						41,380

Activities Plan with time table

Table 3. Activities plan with timetable;

Planing activity / month	1	2	3	4	5	6
1.The preparatory phase						
- clarify concept to participant /2 days	←→					
2.An intervention phase						
step1.set up vision mission goal objective meeting /2days		←→				
step2.situation analysis meeting /2 days		←→				
Step3.strategic planing setting/2 days						
Step4.set up operational plan /2 days			←→			
Step5. – Clarify planing for all nursing staff /1day - Implementing activity			←→			
3.An evaluation phase						
-The evaluation meeting /2 days				←→		←→

Expected outcomes and plan for utilization of research results

1. The strategic plans of the emergency room will be seen as input to the process of strategic thinking with the desired outcome of hospital accreditation.
2. Obtained measurable and realistic statements of vision, mission philosophy, goal and objective of the Emergency Room of Kumkhuankaeo Hospital.
3. All participants will be able to involve themselves in strategic planning the future and managing the present.
4. All participants will have knowledge and skills of strategic planing and can be the examples for the other.

Ethical Issues

This study will be expected that there is no ethical problem because it is a research and development for health care organization. And this will support the policy of the Nursing Department of Kumkhuankaeo Hospital.

2.2.2 Sampling

The study consists of twelve participants: the Head of the ER, nine Registered Nurses and two Technical Nurses using Quota Sampling. All participants work in the ER of Khumkhuakaeo Hospital; they work on morning, afternoon and night shifts every working day as well as weekends and holidays

2.2.3 Data collection method

Tools for data collection are four ways;

1. In-depth interview will be used for all participants in the preparatory phase by using the structure guideline questions. There are 30 guideline questions (page 89)for in- dept interview the Head nurses and the other nurses of the Emergency Room focus on process and problem of planning. The purpose of these interviews is to stimulate in each participant a reflexive mode that would generate narrative information to illustrate the various thinking styles of each participant.

2. Participatory observations will be made during group discussion.

3. Group discussion during group meetings step- by- step.

4. Pre and post self –assessment manual by using standard of hospital accreditation. This self-assessment manual focus on content of the first general standards of the Hospital Accreditation Manual of Ministry of Public Health Thailand. All of the health care organization must to assess by using this general standard. Users consist of the Head and staff of the organization at least four people. The first general standard of hospital accreditation is content of mission, goals and objective has three main items and each main item has dividing to six step rang of the organization development. Please look for detail in page 91.

2.3 Data Analysis and Results

Descriptive Analysis will be used by using data from pre and post self-assessment manual and qualitative method will be used in five steps as follow:

1. Theory and concept analysis of strategic planning focusing on inductive method. It means the way to analyze the fact of this study comparing with theory and concept.

2. The method of triangulation will be used to strengthen the findings of this study.
3. Note taking and indexing during participatory observation, group discussion, and in-depth interview.
4. Recording and reduction will be used to continue.
5. Drawing and verifying conclusions.

2.4 Limitation

1. The interpretative – phenomenological approach is limited in its ability to offer the possibility of inferring wider generalization beyond the sample of the study. An over – reliance on the situation and on the insider’s perspective for research data contributes to this limitation (Carr & Kemmis, 1986). The interpretative perspective is unable to provide an “objective standard’ upon which the theoretical account can be verified or refuted. An over – reliance on people’s interpretation of phenomena and events related to their own social reality is also problematic in the same manner that there is a danger that people will misinterpret these phenomena and events. This leads to the problem of data being incapable of passing what Carr & Kemmis(1986 p.94) term or describe as the test of participant confirmation. That said any misinterpretation is in essence the informant’s defacto interpretation and must be taken to represent that which the person has experienced.

2. The small sample size, while producing a rich data set, is incapable of offering results which may be generalized to the wider population of practicing nurses (Fealy G.M. 1999).