

CHAPTER I



INTRODUCTION

The present world is rapidly changing, especially market and new technology. These pressures are parts of large forces that are shaping health care worldwide. Because of competition and driven by concern over cost, quality and service, These dramatic changes are occur in health care systems through out the development .This is forcing most health care provider changing the way they operate their organization management to the concept of quality and efficiency in order to cope effectively with external change. As a result of the aforementioned situation, ‘Bubble Medical Treatment’ (Parvej Vasee) refers to a large amount of money spent on medical expenses but it doesn’t yield well-worthy healthy lives for the society. In other words, people have still received poor and inaccessible services, which cause confusions as well as uncertainty on the quality of the services offered. The number of complaints and court lawsuits against doctors, nurses and hospitals is soaring. Therefore, the health service system reform is becoming a major trend around the world as a means for the hospital’s quality control. At the same time the new concepts and globalization like TQM., ISO 9000 and accreditation has risen quickly to the top of the health care agenda are being used in organizational development and manpower .It is professional and national recognition to reserved for hospital that provide high quality health care. From the united State to the united Kingdom, many countries have introduced a Hospital Accreditation program for the purpose at assuring high quality health services.

Thailand has experienced critical situations in its health service system. According to the World Bank's study in 1993, the finding reveals that the amount of medical expenses for the Thais equals to 5 percent of the Total Gross Domestic Product (GDP). Comparing with other neighboring countries which fell into similar economic status like Malaysia, Indonesia and the Philippines, their medical costs were then just 3.5, 2.4 and 2.4 percent respectively.

In addition, a report of the National Economy and Social Development Institute shows an estimation of the medical expense in 1990. that it would rise to 6 percent of the National Income and climb to 8.1 percent in 2000. which is too high to be acceptable and it has the tendency of rapid increase. However, the morbidity rate of people doesn't decrease and the quality of medical treatments is not different from the past. As a result, people have to be responsible for more additional expenses. Due to the fact that the Thai Constitution in 1997 which is exercised to govern the nation, has emphasized equality and human rights, it has created an awareness among people in terms of their right and duty, especially the right to receive the public health service which is up to standard. Referring to the Constitution section 82, says that the government must provide and support public health services so that people are able to get access to the services. People learn and are more aware of their right and as they need to pay more money for low quality medical treatments, this results to the growing number of complaints and lawsuits.

Consequently, the above critical incident triggered a major change in Thailand's health service system in both positive and negative effects. Organizations in charge of

financial monitoring has begun to stress quality control while the politics tried to urge and make the quality inspections to be effective extensively with all health service providers by developing and controlling the quality of the health service providers. It was included as one of the goals in The Eighth five-year National Health Development Plan (1997-2001)

During 1993 - 1994 , the Social Security Office with Health System Research and Institute, Ministry of Public Health, developed a set of standards for health service providers in order to evaluate all health service providers who were members in the social security system, It was similar to the mandatory system applied in the United States and if any hospital is unable to provide the service up to the standard, it will be removed from the contract list of the Social Security Office. It has awakened hospitals which have commitments with the Social Security Office to be more aware of standard quality service. Unfortunately, some improved just to pass the minimum standard requirement.

In 1997, Hospital Quality Improvement and Accreditation Program emerged as a research project by Health System Research Institute. Lessons learnt in both the success and failure from various countries which had conducted the program were reviewed prior to the adaptation to be used in Thai culture. (Anuwat: 5 Lessons Learned from Canada, 3rd Publishing) The contents and main concepts towards hospital standard were highlighted as follows; focus on process improvement for excellence, conduct patients-centered care, internal and external teamwork for inter-sections and across professionals, apply self-assessment along with evaluation and accreditation by

the external organizations. Regular reviews and revisions from external experts in terms of process, outputs and structures should be in place. These mechanisms would assure the society that hospitals have a reliable working system and inform people which hospitals they should count on and patients would receive better quality services.

There are totally 35 private and public hospitals enrolled voluntarily in the program. Sena Hospital, which is the hospital with 160 beds, is the secondary-level hospital. Although the hospital has continuously improved its quality as indicated through many programs: such as, human resources development in Organization Development training, Excellent Service Behavior training, TQM, 5S as well as physical environmental development program which granted the hospital an award for its outstanding improvement in 1996 sharing with Uttaradit hospital. However, such programs were conducted following the trend and lacked of continuity. At the same time, the hospital experienced problems similar to other hospitals in terms of service quality. Defensive service strategies were utilized due to the overcrowded number of primary type of patients who came to receive the treatment at the hospital. Instead of focusing on patients as the service center, hospital staffs were in charge of solving numerous service problems. Patient cares were also not provided continuously owing to the fact that organization structure was designed in the vertical line, which resulted in falling short of inter-collaboration in the service system.

The services provided by medical staff were conducted separately on individual basis. In other words, the end of the service took place when a person's job within his/her work scope was fulfilled. The staff didn't have clear mutual professional goals with others and the quality of the services was not standardized, lacked of mechanisms

and procedures which could improve the whole organization continuously and systematically. Regarding to the efficiency, it revealed that the medical expenses were increasing every year. In 1996, an inpatient paid 2,864.94 baht per case in average and an outpatient paid 136.24 baht per case. But in 1998 the expenses soared to 3,200 baht per case for the inpatient and 180 baht per case for the outpatient.

According to a survey asking opinions of the Sena Hospital's external customers (1997), it was found that 50.0 percent of the customers were satisfied with the hospital's quality in broad terms and 52.2 percent would come to the hospital to receive the treatment again. In addition, only 55.2 percent of the hospital staff said that they were pleased with the organizational climate and the hospital often received complaints from the customers concerning the services and behaviors of the staff. This was then the problem of the hospital and the executive management team was attempting to find the procedure to improve the quality of the hospital's service. In the meantime, the project entitled Development and Hospital Accreditation was established and was recruiting hospitals which were willing to participate in the project. Sena Hospital was one of 35 hospitals in the project in 1997 in hope that the project would benefit to the community, the patients and the hospital staff as follows; the hospital would become of the good quality and acceptable in the community, the patients would receive better treatments from the hospital and wouldn't risk with lower standard treatments and the hospital staff would be pleased and satisfied with their work. They would find they could work smoothly and rapidly without any disruption and have pleasant working climates which encourage the development of quality and allow them to perform their work efficiently up to the professional standard. Due to the fact that

this project was very new in Thailand, the hospitals had spent two years applying and implement all approaches which yielded sometimes successes and many times failures in quality improvement. The hospital finally reached its goal on 17 November 1999 when Sena Hospital was accredited by the Development and Accreditation of Hospital Institute. From then on, the hospital has applied the procedure of quality development which is set up by the hospital under the standard of hospital accreditation.

The hospital accreditation is just the first step which indicates the strong determination of Sena Hospital to follow the path of quality. The hospital accreditation is monitored periodically to maintain the quality system and the hospital needs to implement other procedures to develop itself to be the learning center and improve and stimulate the PDCA cycle to keep rolling in order to maintain the continuous implementation of quality system by the hospital staff until it becomes the work tradition of the hospital.

1.1 Rationale

To implement Hospital accreditation there must be a firm commitment from the leadership and all levels of the organization staff for change their former way of doing the job, The role of the leader is key. They must create the environment where implementation process can take root and flourish. In successful quality organization , the leader not only model the quality behavior and value , the concept of empowerment and involvement is also critical, customer focused organizations understand the requirement of both internal and external customers, an organization's boundary function must bridge the external environment with all units of organization. while

organizational manpower must be kept up-to-date , flexible and agile. Therefore the challenge for leader to create strong participation in joining hand and hearts while working as a team towards the organization goals. In spite of this , creating internal environment or organizational climate conducive to work is important.

The eighth five-year national health development plan (1997 – 2001) emphasize human being center because humans are the factor that leads to overall success in development and are considered as beneficiaries of improvement. These interacting climate factors influence an individual 's work, such key variables as satisfaction, production, and efficiency.

The organizational climate should be comfortable an individual workers because it encourages worker to work happily and willingly, sacrifice, have a good attitude towards the organization and work at full potential , produce effective and quality work. This reduce individual work changes, absenteeism, and quitting. This causes good results in the organization development. On the other hand, if individuals aren't satisfied in the organizational climate, they won't trust the organization and they will be unwilling in their work, will be bored, be fearful and stressed, lack cooperation, and have a bad attitude towards the organization. Job satisfaction is also related absenteeism , turn over , and productivity . When personnel find the work satisfying. They desire a sense of meaningfulness and tend to remain on the job.

The organizational climate is an assessment tool which enables management to identify the strengths and weaknesses . Such as monitoring indicators in the

management of an organization and It is warning sign to the administrator to improve and maintain ongoing development. Thanasukarn and team studied a project about progress of Hospital accreditation in eight hospital of project : and found that three might be factors affecting the progress of the project : leadership, work-team, organizational structure, budget, knowledge and comprehension of staff. Suppachutikul and team reported that there are the most important factors affecting success or failure of quality development : perception and participation of staffs in organization, serious support from leader, training, work team, leadership, continuous quality improvement . It's need to be aware of the organizational climate, understand interpersonal relationship, and need to be able to communicate effectively by listening as well as giving understand information. The leader must be aware of how things get done in the organization , must consider what can be expected from an attempt to study and solve a problem; and must know who has to be involve, how, and at what point.

Due to the hospital's participation in the Hospital Accreditation project, the working culture of all levels of staff in the hospital was affected and changed. The hospital's organization structure was re-designed and the processes of work in the level of individual, division and team were also modified. The hospital was restructured in matrix type which refers to the organization that has both vertical and horizontal lines. The vertical line consists of divisions and other sections with the number of staff which is set from the central. The vertical line is responsible for human resource management, staff recruitment, professional training and performance improvement based on expertise of each group and section. Horizontal line was founded mainly based on tasks and this is called "process oriented teams" which comprises all staff members in the hospital and in every expertise which involves in the task. They are responsible for

improving the quality of the task and acting as planners and implementers. In addition, they need to monitor the quality improvement of relevant teams involved in the task which are the service quality development team and the patient care team that is in charge of improving specific clinical capacity. They also need to set up monitoring systems and stimulate and support the quality improvement process to move on continuously.

Effects of these changes may influence over the organizational climate which can affect the efficiency of the staff performance and job satisfaction. Human resource development for the quality process needs to be implemented continuously in order to build up capacity of the staff for working as a group and preparing them to be ready for the quality system and to create the working culture with specific goals underlining the standard of working process as well as the compliance with the standard. Evaluation system will be put in place and improvements are made when systems don't operate as planned. A review process is undertaken in order to seek for a development opportunity in different ways and this should be repeatedly practiced until the quality evaluation becomes a part of regular working process. As the hospital accreditation can guarantee the quality for just two years and the evaluation must be conducted after earning the accreditation, the findings from interviews show that staff begun to feel stressed and fatigued. They started to ignore the environment because they spent most of their time working on increasing service tasks. This occurred simply because a number of patients both in and outside of the hospital's responsible area were higher and their expectations towards the quality hospital were greater as well. In addition, many groups of visitors came to the hospital for a study tour almost every week. As a result, it was difficult to

maintain the quality of their work. The hospital executive team needs to review a working process and analyze working climate within the organization from service providers' perspectives in order to seek factors which lead to success for quality development and direct appropriate development planning.

Realizing the importance of working climate within the organization, the researcher, responsible for hospital quality development system acknowledges the necessity to explore the working climate of hospital staff. So, a survey is conducted to elicit the opinion of all hospital staff towards working climate in the dimension of hospital quality improvement. This study aims to investigate the staff's perceptions and opinion at the time when the hospital accreditation is utilized in the early stage and again one year later after implementing to check if there would be any changes in the working climate in the hospital. The results of study would be used as a guideline in creating a satisfactory working climate for hospital quality development. In addition, the findings will be useful data for the hospital's executive in planning strategies to tackle problems and improve and develop the hospital to elevate it to the higher level of quality in the future.

1.2 Goal and Objectives

To analyze the working climate in the organization based on the perception of hospital staff after the implementation of hospital accreditation, leading to appropriate development planning within the hospital.

Objectives :

1. To study and compare overall the organizational climate at the beginning and after implementing Hospital accreditation program.
2. To study and compare the organizational climate among hospital staff 's positions (Physicians and Dentists, other professional, Nurses, Nurse Aides ,other supportive personnel) at the beginning and after implementing Hospital accreditation program.
3. To study and compare the organizational climate among hospital staff 's status (Head & Sub head and member) at the beginning and after implementing Hospital accreditation program.

Study Variable

1. Independent variables :
 - : Position (Physicians and Dentists, other professional, Nurses, Nurse Aides , other supportive personnel,)
 - : Status (Head & Sub head and member)
2. Dependent variables
 - : Nine dimensions of the organizational climate at the beginning and after implementing Hospital accreditation program.
 1. Ability to change a working system
 2. Working as a team
 3. Creativity
 4. Meaning of Quality
 5. Responding to Needs of Patients and Customers

6. Internal Customer Relations
7. Improvement of a Working System
8. Goals/Shared Visions
9. Satisfaction.

Scope of the Study

1. This study analyzes the working climate of the staff in all levels who work in Sena Hospital, at the early stage when the hospital accreditation will be conducted and one year after such implementing in the hospital (April 2000 – April 2001).
2. Working climate of the organization will be explored by using the conceptual framework of hospital accreditation with the dimension of the working climate which is supportive to hospital quality improvement. The hospital quality improvement is based on a major principle of Continuous Quality Improvement consisting of patient/client centered approaches and the concentration on quality and services results which are the most advanced strategy for hospital management,. In the meanwhile, service providers and all levels of staff need to be considered as well. Leaders have an important role in supporting and encouraging all units in the organization to participate in quality development in services. The leaders need to apply techniques in policy management and conduct work improvement procedures continuously by creating shared values so that the organization will accomplish its goals in nine dimensions of working climate which is favorable for hospital quality development.

1. Ability to change a working system
2. Working as a team
3. Creativity
4. Meaning of quality
5. Responding to needs of patients and customers
6. Internal customer relations
7. Improvement of a working system
8. Goals/Shared Visions
9. Satisfaction.

1.3 Definition of Terms

Hospital Accreditation : is a mechanism to promote , in co-operation with the health care organization, continuing improvement of quality of care by : a peer review and a self-assessment process that focuses on patient center and team commitment to continuously improve the system to meet the national standard.

Hospital Accreditation program : A process of Quality improvement Program.

Organization climate : A set of properties of the working climate perceived by individuals who work there and which serve as a major force in influencing their job behavior. Illustration includes structure, job descriptions, rewards, performance standards, leadership style, challenge, supportiveness, and work values; these

influence such a key variables as satisfaction, production, and efficiency.

- Head : A manager of the team or department, which has responsibility to manage resources and supervisor subordinates following the hospital's policy and include assistance manager of all department, which has responsibility to assist the head.
- Member : Operating staffs in all department which has responsibility to work and follow hospital's policy and supervised by head and sub head, include Nurse Aid and the worker of all department
- Physicians : Physicians include dentists.
- Nurse : Professional nurse and technical nurse
- Other professional : Other government official such as : Pharmacist ,technician, nutritionist, accountant, social worker, physical therapist ect.
- Nurse aides : Assistance of nurse.
- Other supportive personnel : An employee who work in other department