



## CHAPTER V

### SUMMARY & RECOMMENDATIONS

This study was conducted at Sena Hospital. The objective was aimed to study changing in organizational working climate at the beginning and after one year implementing Hospital Accreditation Program in Sena hospital. The target group for this study are 205 hospital staffs who work in two time periods of quality improvement process were surveyed of their opinion about the organizational climate. They were classified by position into five groups : Physicians and Dentists , Other professional, Nurses , Nurse Aides , other supportive personnel ,and classified by status (Head & Sub head and Member) this study. An organizational Climate questionnaire from The Hospital Accreditation-Thailand was an instrument to measure an opinion of hospital staff about the organizational climate. There are consisted of nine dimensions and forty-six items in the questionnaires : Ability to in change a working system , Working as a team, Creativity , Meaning of quality , Responding to needs of patients and customers , Improvement of working system ,Goal / Shared vision , Satisfaction and involvement perception of performance. The hospital staff are the same group of this study.

The study revealed that the organizational climate was significantly different between two time periods of HA. program by mean scores at the beginning HA.

program were 285.99 with 27.53 standard deviation and 310.94 with 26.36 standard deviation. The organizational climate were highly significantly different between two time periods of implementing HA. program. ( $P=.000$ )

### **Overall Picture of Working Climate for Staff in the Organization**

The study indicates that the implementing of HA program has yielded better working climate for a lot of staff and worse for some because the implementing of the hospital Accreditation requires the participation of all staff in the organization which possibly increase more workload for them. When comparing to working climate of all occupations in the overall picture, it was found that the working climate of most occupations fell in the moderate level. Each group has a significantly different between two time periods of HA program implementation. ( $P<0.05$ ) The result is similar to the study on the working climate and job satisfaction of officials in the Office of Secretary General, Ministry of Education (Wannapa Na Songkla, 2530 B.E.) which indicates that the sample working in different divisions had different perceptions towards the organization

#### The organizational climate was classified by hospital 's staff position

**Physicians & Dentist :** The finding showed the organizational climate at the beginning and after implementing HA program was significantly different. ( $P=.002$ ). For score level, Fair level were decrease from 86.7% to 73.3% and poor were increase from 13.3 % to 26.7 % According to the interview with senior executives, academics as well as several governmental units, some disagreements were echoed from several sections regarding negative aspects towards the direction of the Hospital Accreditation

program. Among physicians, the finding found that they didn't have time to participate in quality development activities because of excessive workload. In addition, they believed that they did their best and didn't want to be monitored and preferred to work independently. (Reference is made to public health system research: Hospital Accreditation: Situation and Directions for Development for Hospital Accreditation in Thailand. 1999)

**Other professional** : The finding showed the organizational climate at the beginning and after implementing HA program was highly significantly different. ( $P=.000$ ). For score level, organizational climate in good level at the beginning and after implement HA program were decrease from 29.4 % to 16.7% also poor level were decrease from 23.3% to 6.7%. After the implementing of hospital Accreditation program, most staff had the moderately higher level of opinion towards working climate from 68.6% to 76.7%.

**Nurse** : The finding showed the organizational climate at the beginning and after implementing HA program was highly significantly different. ( $P=.000$ ). For score level, good level at the beginning and after implementing HA program was increase from 17.7% to 20.3% and also poor level were increase from 17.7% to 20.3%.

**Nurse Aides** : The finding showed the organizational climate at the beginning and after implementing HA program was highly significantly different. ( $P=.000$ ). For score level, good level at the beginning and after implementing HA program were increase from 0% to 10.0% and poor level were increase from 13.3% to 30.0%.

**Other supportive personnel :** The finding showed the organizational climate at the beginning and after implementing HA program was highly significantly different. ( $P=.000$ ). For score level, good level at the beginning and after implementing HA program were decrease from 20.4% to 19.6% and poor level were increase from 11.2% to 11.8%.

When considering percentage of organizational climate fair level at the beginning HA. program, it was found that percentage of fair level were shift into good level and poor level of all hospital staff ' s position. The finding showed the lower figures than the beginning of the HA regarding the opinion of working climate for these three occupational groups, Physicians & Dentists, Nurse and Nurse Aides who had previously responded very low. This can be explained by the fact that they had heavy workloads as they were in charge of providing direct services to the patients for 24 hours a day in accordance to their professional standard. Because the HA program must follow the professional and hospital standard, an analyze of working procedures must investigate the needs of customers to respond to their needs and set up solutions to correct, monitor, improve and develop the quality on regular basis. If an organization has the working climate which requires high standard of implementation, it will be an incentive for the success. However, it is possible that staff may feel stressed that they have to do their best to produce the excellent job and this would create high tension, dissatisfaction or unhappy toward the current job. (Litwit & Stringer, 1968)

The organizational climate was classified by hospital 's staff status

**Head & Subhead :** The finding showed the organizational climate was highly significantly different between two time periods of HA. program by mean scores at the beginning and after implementing HA. Program were 281.70 with 17.20 standard deviation and 315.70 with 23.08 standard deviation. ( $P=.000$ ) For score level, it was found that percentage of good level Head & Sub head member were increase from 0 % to 22.0% and poor level were decrease from 12.2 % to 9.8% .

**Member:** The finding showed the organizational climate was highly significantly different between two time periods of HA. program by mean scores at the beginning and after implementing HA. program were 287.06 with 29.05 standard deviation and 309.75 with 27.05 standard deviation. ( $P=.000$ ) For score level, it was found that percentage of good level were decrease from 17.7 % to 13.4 % and poor level were increase from 14.0 % to 22.0% . In conversely, percentage of fair level of Head & Sub head and member were shift to good level and poor level after implementing HA. program. To conduct the quality development, staff at all levels must participate in the process because in the service procedure, the service must be transferred and the staff needed to correct mistakes and find ways for improvement. In the old days, the practitioners usually follow the instruction of the supervisor or do only the assigned job but for the HA program, they must participate in the planning and implementing process. The study found that the working climate of head & subhead after the implementing of HA program was higher than at the beginning of HA program. Supalerk Kornsomsirichad (1983) conducted a research study on the working climate in the dimension of responsibility structure, intimacy and support and found

that the position of the sample group had a relationship with a perception of working climate in the dimension of support. The sample with high ranking had a higher perception than those in lower position.

The organizational climate was classified by nine dimensions

**Ability to change a working system**

Overall Picture of Working Climate for Staff in the Organization in Ability to change a working system at the beginning HA. program mean score was 41.07 with 6.69 standard deviation and after implementing Hospital Accreditation program mean score was 46.00 with 6.36 standard deviation. Ability to change a working system was significantly different in two time period of HA. program. ( $p = .000$ ). At the beginning of HA program, staff agreed relatively low with the statement that they can change working systems by 31.7% and agreed by 44.9% that supervisors provide morale supports as well as encourage the subordinate to solve problem by themselves and 19% on the statement that staff is encouraged to solve problems in cooperation with external departments or professionals. After implementing the HA program, it was found that the staff had higher level of agreement to 56.1% in the statement that supervisors provide more morale support as well as encourage them to solve problem by themselves while they agreed by 73.7% that they were encouraged to work with other departments and professionals in problem-solving. However, the low percentage; 48.3% was still found on the statement that they are able to change a working style.

Greiner emphasizes at the role of leader who initiates changes. He says the changes must be done carefully (Greiner, 1967) because quality improvement affects

the change of working cultures. The change probably creates a tension and confusion and can decrease the ability of the staff to work efficiently. Therefore, the executive should build up the confidence and trusts with all staff that the change will benefit everyone as well as the organization and support the staff to participate in the decision making process with the executive.

### **Working as a team**

Working as a team at the beginning HA. program mean score was 58.14 with 5.46 standard deviation and after implement Hospital Accreditation program mean score was 65.58 with 8.85 standard deviation. Teamwork after implement HA. program was highly significantly different in two time periods of HA. program. ( $p = .000$ )

At the beginning of HA program, the staff members agreed in a very small number, only 5.9%, in the dimension of teamwork environments in the statement about problem solving while an opportunity in giving suggestions and responses to the suggestions given were rated 37.1% and 33.7% respectively.

Pigor & Myer explains that good teamwork that has efficient cooperation among the staff will result in the goal achievement as planned. (Pigor & Myer, 1977) Working as a team also allows practitioners to develop their capacity because teamwork provides them a chance to exchange knowledge and experience in order to come up with new ideas. When their ideas are accepted, it would boost their morale and work satisfaction, which would increase the efficiency of their work. So, when working as a group in the division or inter-division, across the professional or between

practitioners and executives , the supervisor should play the role of the coach or supporter, instead of being the dominator in order to accomplish the result as planned.

### **Creativity**

Creativity at the beginning HA. program mean score was 19.09 with 3.07 standard deviation and after implementing Hospital Accreditation program mean score was 19.15 with 3.02 standard deviation. Creative thinking was not significantly different in two time periods of HA. program. ( $p = .891$ )

It was found that the staff agreed moderately low (only 48.3%) with the statements about the use of creativity and the capacity in taking new ways of working without fears of punishment. Regarding the creativity, the results didn't make any differences between two time periods of the HA program.

Steiner said that people who often use their creativity have a tendency to initiate new activities more than those who don't and they tend to be more active and are more willing to change from one approach to the others when dealing with problems (Steiner, 1965). If any organization has staff who are very creative, they would contribute to the organization by discovering new and better approaches. So, the executive needs to support and create incentives and working environments within the organization to foster the creativity and apply it to improve the work.



### Meaning of Quality

Meaning of Quality at the beginning HA. program mean score was 55.26 with 8.35 standard deviation and after implement Hospital Accreditation program mean score was 59.82 with 7.40 standard deviation. Quality mind after implementing HA. program was highly significantly different in two time periods of HA. program. ( $p = .000$ )

It was found that after implementing Hospital Accreditation program, most of the staff have better understanding of the meaning of quality. In the aspect of the professional standard of the practice, they responded having better levels of understanding by 82.9 percent, 84.4 percent in the aspect of providing services for customers' and patients' satisfactions and 86.8 percent in the aspect of responding to the needs of the customers.

Crosby defines the meaning of "quality" that it is related to the needs (Crosby, 1979) and the meaning of quality is various and different based on perspectives of stakeholders. So, to improve the quality, we need to balance the perspective of practitioners and customers. It can be said that quality development needs to start at the individual base because the service result which reflects the service can be considered from perceptions (subjective/perceptual). Results of the perceptions are response, willingness of the hospital staff and 2) Objective and clinical definition is the result of the fact. As a result, the development of the quality which is based on the perception can lead to the beginning of objective/clinical definition.

### **Responding to Needs of Patients and Customers**

Responding to Needs of Patients and Customers at the beginning HA. program mean score was 32.73 with 5.34 standard deviation and after implementing Hospital Accreditation program mean score was 34.51 with 4.23 standard deviation. Response customer need after implementing HA. program was highly significantly different in two time periods of HA. program. ( $p = .000$ )

This study revealed that at the early stage of HA program, the staff agreed upon by 44.4 percent that patients should be allowed to participate in decision-making process. But the number of agreement increased to 64.9 percent after the HA program implementing. It is because the hospital set up a policy to execute patient's centered approach and the patients' care team has practice principles to listen to the patients and customers in order to build up the customers' participation in learning problems, problem solving and mutually planning for medical treatments.

Juran defines the definition of quality by emphasizing the aspect of responses to customers' needs that quality means "appropriateness or the value of products or services which exactly fit the needs of the user".

### **Internal Customer Relations**

Internal customer relations at the beginning HA. program mean score was 17.75 with 3.41 standard deviation and after implementing Hospital Accreditation program mean score was 19.42 with 3.28 standard deviation. customer relationship after implementing HA. program was highly significantly different in two time periods of HA. program. ( $p = .000$ )

The staff highly agreed in the aspect of internal customer relationship at the beginning phase of the HA program and after implementing. It was found that job transferring to respond to the needs and the mutual understandings were rather low (45.4 and 46.8 percent respectively). Internal customer relationship is very vital to the quality that the external will receive because once there is a problem in any phase of the process or job transferring is not going to happen as expected by the successors, the quality of the whole process will immediately deteriorate. This can be further explained that the quality for the external customers depends on the relationships of internal customers. Consequently, it is important to build up relationships by organizing training programs or seminars or activities in the organization because it will be the starting point for the coordination in the organization.

### **Improvement of a Working System**

Improvement of a Working System at the beginning HA. program mean score was 32.35 with 4.34 standard deviation and after implementing Hospital Accreditation program mean score was 33.26 with 4.91 standard deviation. Improvement of a Working System was significantly different in two time periods of HA. program. ( $p = .039$ )

According to the opinion of the staff at the beginning of HA program, it revealed that 36.6 percent was agreed upon on the statement that the organizational climate was filled with fears and paranoid and 42.9 percent responded after implementing. This must be investigated by the executive management team to find the reason because appropriate managements can create the atmosphere which the staff will

feel secure, especially if they can set up suitable monitoring systems and warning systems and stress at the establishment of good working systems to prevent problems and use information for decision making and problem solving.

### **Goals/Shared Visions**

Goals/Shared Visions at the beginning HA. program mean score was 19.13 with 3.41 standard deviation and after implementing Hospital Accreditation program mean score was 19.68 with 3.36 standard deviation. Goal and work values was not significantly different in two time periods of HA. program. ( $p = .077$ )

After implementing of HA program, the staff replied that they had a mental picture of their desired hospital by 52.7 percent and attempted to make it come true by 55.1 percent

Edwin Locke explains that organizational goals are similar to creating a desired picture in the air but to achieve it, cooperation from all staff in the organization is needed. In addition, supports from the executive management will assist in making the desired picture happen. (Edwin Locke, 1977)

### **Satisfaction.**

Job satisfaction and involvement perception of performance at the beginning HA. program mean score was 10.38 with 2.69 standard deviation and after implementing Hospital Accreditation program mean score was 13.48 with 2.37 standard deviation. Job satisfaction and involvement perception of performance after

implementing HA. program was highly significantly different in two time periods of HA. program. ( $p = .000$ )

At the beginning of HA program, staff responded only 30.7 percent that they had been satisfied with their current work and 16.1 percent with the working conditions. But after the implementing of the HA program, the job satisfaction increased to 64.9 percent and the satisfaction with working conditions soared to 60.5 percent. This is due to the fact that the hospital has applied the quality improvement process and it allows the staff to use their creativity and learn to appreciate their self-value, work with others, set up goals in their work and monitor and solve problems. So, these should be considered for executives because all employees work under the supervision and monitoring of someone or something. The executives also have influences over them and it is vital to be aware in the organization that the higher the employee's satisfaction towards the organization, the higher the employees can make products for the organization. (Arun Raktham, 2536; Kart & Rosenzweig, 1974)

## **5.1 Conclusion**

Organizational development is the systematic process of changes and consists of team formulation and coordinating efforts to bring together individual and organizational goals. Changes which will lead to efficiency and extreme results need cooperation from all sections. It will yield powerful and continuous developments and result in the achievements of the mutual goals.

## 5.2 Limitations

1. This study is limited to the government officials and employee at Sena hospital, where the majority are young staffs. The focus is compare the Organizational climate at the beginning and after implementing HA. program by opinion hospital staffs, therefore , the applicability of research results may be restricted to this specific objective and this hospital setting.
2. An organizational Climate questionnaire from The Hospital Accreditation- Thailand was an instrument to measure an opinion of hospital staff about the organizational climate some question should review and adaptation to be used in Thai culture.

## 5.3 Recommendations

The researcher would like to propose recommendations based on the experiences in implementing this study with some limitations and constraints, problems and factors to success.

1. Organizations should foster the atmosphere of the learning center because the quality development process is like a cycle which cannot be stationary. The atmosphere of the learning center in the individual base and teamwork would assist the organization to be successful and develop itself continuously.
2. Organizational climates for teamwork should be further explored because quality development process emphasizes team oriented approaches in both quality improvement team (QIT) and patient care team (PCT). It is

interesting to investigate what are factors which support the coordination to achieve the mutual goals efficiently.

3. Organizational climates for HA development process among doctors should also be further explored because the doctors are professional important as the leader in clinical quality and they have specific knowledge and are highly personal. Factors in the aspect of organizational climate which are supportive for cooperation in quality development of the doctors should be investigated to assist the executive to set and plan the direction of practices appropriately to encourage the participation of the doctors.
4. Organizational climate should be used as an indicator of the quality in the aspect of hospital management because the organizational climate is like a wind indicator which helps the executive understand the situation and environments in the organization so that they can change and modify their management strategies appropriately.
5. Organizational climate which is supportive for creativity development should be further investigated because creativity has become a vital part of the organization and it brings out innovative and better approaches for the organization. In addition, it helps improve work systems, processes and new ways of working.
6. This study explored only the working climate of the staff in the hospital and it is just the perception of the staff. The perception of the external customer towards the performance of patient care team in the hospital should be studied.

7. Working climates of the staff should be investigated by measuring the results of performance or the achievements of the work based on the working climate which supports the quality development; i.e, measuring from performance indicators which help the organization to find ways to improve the situation at the exact point because the assessment of the working climate of the hospital's staff was conducted only in the aspect of the perception of the staff.
8. Organizational climates should be further explored to internal customer in order to set the cooperation process and response to the internal customer each other.