

**THE SUCCESS OF HOSPITAL ACCREDITATION POLICY
IMPLEMENTATION IN CASE SIRIRAJ HOSPITAL**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SCIENCE (PUBLIC HEALTH)
MAJOR IN PUBLIC HEALTH ADMINISTRATION
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY
2006**

**ISBN 974-04-7811-5
COPYRIGHT OF MAHIDOL UNIVERSITY**

Thesis
Entitled

**THE SUCCESS OF HOSPITAL ACCREDITATION POLICY
IMPLEMENTATION IN CASE SIRIRAJ HOSPITAL**



Kamolnate Chiemkaew

Miss Kamolnate Chiemkaew
Candidate

Bhusita Intaraprasong

Assoc. Prof. Bhusita Intaraprasong,
M.P.A., Ph.D.(Dev. Adm.)
Major-Advisor

Junya Pattaraarchachai

Asst. Prof. Junya Pattaraarchachai,
Sc.D.(Bios.)
Co-Advisor

Kla Tongk

Assoc. Prof. Kla Tongk,
Ph.D.(Dev. Adm.)
Co-Advisor

Jisn

Prof. M.R. Jisnuson Svasti, Ph.D.
Dean
Faculty of Graduate Studies

Bhusita Intaraprasong

Assoc. Prof. Bhusita Intaraprasong,
M.P.A., Ph.D.(Dev. Adm.)
Chair
Master of Science (Public Health)
Major in Public Health Administration
Faculty of Public Health

Thesis
Entitled

THE SUCCESS OF HOSPITAL ACCREDITATION POLICY IMPLEMENTATION IN CASE SIRIRAJ HOSPITAL

Was submitted to the Faculty of Graduate studies, Mahidol University
for the degree of Master of Science (Public Health)
Major in Public Health Administration

On
October 6, 2006

Kamolnate Chiemkaew.

Miss Kamolnate Chiemkaew
Candidate

Bhusita Intaraprasong

Assoc. Prof. Bhusita Intaraprasong,
M.P.A., Ph.D.(Dev. Adm.)
Chairman

Junya Pattaraarchachai

Asst. Prof. Junya Pattaraarchachai,
Sc.D.(Bios.)
Member

Kla Tongkow

Assoc. Prof. Kla Tongkow,
Ph.D.(Dev. Adm.)
Member

Sukhum Jiamton

Asst. Prof. Sukhum Jiamton,
M.D., M.Sc.(Epidemiology), Ph.D.(Lond.)
Member

Israe

Prof. M.R. Jisnusun Svasti, Ph.D.
Dean
Faculty of Graduate Studies
Mahidol University

Phitaya Charupoonphol

Assoc. Prof. Phitaya Charupoonphol,
M.D., Dip. Thai Board of Epidemiology
Dean
Faculty of Public Health
Mahidol University

ACKNOWLEDGEMENTS

The success of this thesis can be attributed to the extensive support and assistance from my major advisor, Assoc.Prof. Dr.Bhusita Intaraprasong and my co-advisor, Asst.Prof. Dr.Junya Pattaraarchachai and Assoc.Prof. Dr.Kla Tongkow. I deeply thank them for their valuable advice and guidance in this research.

I wish to thank Asst.Prof. Dr.Suraporn Saiensalay, Dr.Yuwadee Kestsumpun and Mrs.Sirima Leelawong for their kindness in examining the research instrument and providing suggestions for improvement. And would like to thank personnel in Maharaj Nakorn Cheang Mai Hospital who permitted to test questionnaire for this research. I would like to thank Asst.Prof. Dr.Sukhum Jiamton who was the external examiner of the thesis defense.

I would like to thank the Census Siriraj Hospital for facilitation in Faculty of Medicine Siriraj Hospital population. Thanks the Deputy Dean, Medical Services& Director of Siriraj Hospital, Deputy Dean & Assistant Dean, Human Resource for their facilitation of data collection. Thanks also go to all personnel who were the sample in this study for their participation.

I am grateful to all the lecturers and staff of the Public Health Administration for their valuable advice and thanks also go to friends in Public Health Administration class 18 for their kind support.

Finally, I am grateful to my family for their financial support, entirely care, and love. The usefulness of this thesis, I dedicate to my mother, my sister, instructors and all related individuals.

Kamolnate Chiemkaew

THE SUCCESS OF HOSPITAL ACCREDITATION POLICY IMPLEMENTATION
IN CASE SIRIRAJ HOSPITAL

KAMOLNATE CHIEMKAEW 4437441 PHPH / M

M.Sc. (PUBLIC HEALTH) MAJOR IN HEALTH ADMINISTRATION

THESIS ADVISORS: BHUSITA INTARAPRASONG, Ph.D. (DEV.ADM.), JUNYA
PATTARAARCHACHAI, Sc.D. (BIOS), KLA TONGKOW, Ph.D.(DEV.ADM.)

ABSTRACT

The purpose of this cross-sectional analytical research was to examine the organizational development factors which consist of transformational leadership, motivation, teamwork, participation, and commitment & adoption and the success of the Hospital Accreditation policy implementation in the case of Siriraj Hospital. The research sample consisted of 577 personnel working in Siriraj Hospital. Data were collected and the questionnaires were sent by myself. A total of 530 completed questionnaires (91.8%) were received for analysis. Statistical analysis was done using Pearson's Product Moment Correlation Coefficient and Multiple Regression.

Results revealed that overall the success of the Hospital Accreditation policy implementation in the case of Siriraj Hospital and each aspect of goal attainment, job satisfaction of employees and quality of work life were at a very high level. The overall organizational development factors consisted of transformational leadership, motivation, teamwork, participation and commitment & adoption and were all at a high level. By using Pearson's Product Moment Correlation Coefficient to analyze the relationships, it was found that motivation and teamwork had a high level of positive correlation. Participation and commitment & adoption factors had a moderate level of positive correlation with the success of the Hospital Accreditation policy implementation. The exception of transformational leadership had a low level of positive correlation with the success of the Hospital Accreditation policy implementation at the 0.05 level of significance ($r=.289$). By using multiple regression, variables that could explain variation of the success of the Hospital Accreditation policy implementation were motivation, teamwork and commitment & adoption at 49.1%.

It is recommended that implementation manuals should be produced to facilitate Hospital Accreditation policy implementation for the personnel working in Siriraj Hospital. In addition, administrators of Siriraj Hospital should be supported for the benefit of the motivation, teamwork, and commitment & adoption factors, additionally the transformational leadership and participation factors should be improved.

KEY WORDS: POLICY IMPLEMENTATION/ HOSPITAL ACCREDITATION/
ORGANIZATIONAL DEVELOPMENT FACTORS

204 P.ISBN 974-04-7811-5

ความสำเร็จในการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติของโรงพยาบาลศิริราช (THE SUCCESS OF HOSPITAL ACCREDITATION POLICY IMPLEMENTATION IN CASE SIRIRAJ HOSPITAL)

กมลเนตร จิมแก้ว 4437441 PHPH / M

วท.ม. (สาธารณสุขศาสตร์) สาขาวิชาเอกบริหารสาธารณสุข

คณะกรรมการควบคุมวิทยานิพนธ์ : ภูมิศา อินทรประสงค์ พบ.ค (การบริหารการพัฒนา), จรรยา ภัทรอาชาชัย Sc.D. (Bios.), กล้า ทองขาว พบ.ค (การบริหารการพัฒนา)

บทคัดย่อ

การวิจัยครั้งนี้เป็นการวิจัยเชิงวิเคราะห์ แบบภาคตัดขวาง เรื่องความสำเร็จของการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติในโรงพยาบาลศิริราช มีวัตถุประสงค์เพื่อตรวจสอบปัจจัยด้านการพัฒนาองค์กร ประกอบด้วย ปัจจัยย่อย 5 ปัจจัย ได้แก่ ภาวะผู้นำการเปลี่ยนแปลง การมุ่งใจ การทำงานเป็นทีม การมีส่วนร่วม และความผูกพันและการยอมรับกับ ความสำเร็จของการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติในโรงพยาบาลศิริราช กลุ่มตัวอย่างที่ใช้คือ บุคลากรที่ปฏิบัติงานในโรงพยาบาลศิริราช จำนวน 577 คน เก็บรวบรวมข้อมูล โดยใช้แบบสอบถามส่งด้วยตนเอง ได้รับแบบสอบถามที่สมบูรณ์สามารถนำมาวิเคราะห์ได้จำนวน 530 ฉบับ คิดเป็นร้อยละ 91.8 สถิติที่ใช้ในการวิเคราะห์ คือ สถิติสัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน และการวิเคราะห์ถดถอยแบบพหุ

ผลการวิจัยพบว่า ความสำเร็จในการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติโดยรวมและรายด้าน คือ การบรรลุเป้าหมายและวัตถุประสงค์ ความพึงพอใจของสมาชิกในองค์กร และคุณภาพชีวิตการทำงาน อยู่ในระดับสูงมาก และปัจจัยด้านการพัฒนาองค์กร โดยรวมและรายด้านอยู่ในระดับสูง คือ ภาวะผู้นำการเปลี่ยนแปลง การมุ่งใจ การทำงานเป็นทีม การมีส่วนร่วมและความผูกพันและการยอมรับ เมื่อวิเคราะห์ความสัมพันธ์ด้วยสถิติสัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน พบว่า การมุ่งใจ และการทำงานเป็นทีมมีความสัมพันธ์กับทางบวกในระดับสูง การมีส่วนร่วมและความผูกพันและการยอมรับ มีความสัมพันธ์ทางบวกในระดับปานกลาง กับการสำเร็จในการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติของโรงพยาบาลศิริราช ส่วนภาวะผู้นำการเปลี่ยนแปลงมีความสัมพันธ์ทางบวกในระดับต่ำกับการสำเร็จในการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติของโรงพยาบาลศิริราช อย่างมีนัยสำคัญทางสถิติ ($r=0.289, p<0.05$) ผลการวิเคราะห์ถดถอยพหุคูณ พบว่า การมุ่งใจ การทำงานเป็นทีม และความผูกพันและการยอมรับ สามารถร่วมกันอธิบายความผันแปรความสำเร็จในการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติของโรงพยาบาลศิริราช ได้ร้อยละ 49.1

ข้อเสนอแนะจากการวิจัยควรมีการจัดทำคู่มือการนำนโยบายการพัฒนาคุณภาพโรงพยาบาลไปปฏิบัติสำหรับบุคลากรที่ปฏิบัติงานในโรงพยาบาลศิริราชใช้ในการปฏิบัติงาน ผู้บริหารควรสนับสนุน ปัจจัยการมุ่งใจ การทำงานเป็นทีม ความผูกพันและการยอมรับ รวมทั้งส่งเสริมให้มีการพัฒนาด้านภาวะผู้นำการเปลี่ยนแปลง และด้านการมีส่วนร่วมให้มากขึ้น

204 หน้า. ISBN 974-04-7811-5

CONTENS

	Page
ACKNOWLEDGEMENTS.....	iii
ABSTRACT.....	iv
LIST OF TABLES.....	viii
LIST OF FIGURES.....	x
CHAPTER	
1 INTRODUCTION	
Background and Rational.....	1
Research Objectives.....	7
Research Hypothesis.....	8
Research Variables.....	8
Scope of Research.....	9
Operational Definition.....	9
2 LITERATURE REVIEW	
Part 1: Concept of Hospital Accreditation.....	13
Part 2: Concept of Policy Implementation.....	31
Part 3: Concept of the Organizational Development Factors.....	37
Part 4: Concept of the Policy Implementation: Success and Failure.....	64
Part 5: Related Researches.....	79
3 MATERIALS AND METHODS	
Research Design.....	96
Population and Sample.....	97
Research Instruments.....	99
Data Collection.....	106
Data Analysis.....	107
Ethical Consideration.....	108

CONTENS (CONT.)

4 RESULTS

Part 1: Generalization Characteristic of the Personnel Working in Siriraj Hospital.....	111
Part 2: Data of the Organizational Development Factors	111
Part 3: Data of the Success of Hospital Accreditation Policy Implementation.....	123
Part 4: Relationship Analysis of the Organization Development Factors and the Success of Hospital Accreditation Policy Implementation.....	132

5 DISCUSSION.....	138
--------------------------	------------

6 CONCLUSION.....	160
--------------------------	------------

BIBLIOGRAPHY.....	169
--------------------------	------------

APPENDIX.....	181
----------------------	------------

BIOGRAPHY.....	204
-----------------------	------------

LIST OF TABLES

Table	Page
1 Show the statistics of the patient used service at OPD Siriraj Hospital.....	6
2 Generalizations characteristic of the personnel working in Siriraj Hospital.....	111
3 Number and percentage, mean, standard deviation and level of transformational leadership of personnel working in Siriraj Hospital.....	113
4 Number and percentage, mean, standard deviation and level of motivation of personnel working in Siriraj Hospital.....	115
5 Number and percentage, mean, standard deviation and level of teamwork of personnel working in Siriraj Hospital.....	117
6 Number and percentage, mean, standard deviation and level of participation of personnel working in Siriraj Hospital.....	119
7 Number and percentage, mean, standard deviation and level of commitment and adoption of personnel working in Siriraj Hospital	120
8 Number and percentage, mean, standard deviation and level of the organizational development factors of personnel working in Siriraj Hospital.....	122
9 Number and percentage, mean, standard deviation and level of goal attainment of personnel working in Siriraj Hospital.....	125
10 Number and percentage, mean, standard deviation and level of job satisfaction of employees of personnel working in Siriraj Hospital	127
11 Number and percentage, mean, standard deviation and level of quality of work life of personnel working in Siriraj Hospital....	129

LIST OF TABLES (CONT.)

Table	Page
12 Number and percentage, mean, standard deviation and level of the success of Hospital Accreditation policy implementation of personnel working in Siriraj Hospital.....	131
13 The Pearson's product moment correlation between the organizational factors and the success of Hospital Accreditation policy implementation.....	133
14 Correlation coefficient between the organizational development factors and the success of Hospital Accreditation policy implementation.....	135
15 Multiple regression analysis between the organizational development factors and the success of Hospital Accreditation policy implementation.....	136
16 Reliability of the organizational development factors.....	196
17 Reliability of the success of Hospital Accreditation policy implementation.....	199

LIST OF FIGURES

Figure	Page
1 Conceptual Framework...	12
2 The development and Hospital Accreditation process...	17
3 Model for policy implementation-organization development... Model of Wadej Chandarasorn...	36
4 Component of Transformational leadership...	38
5 Herzberg's Two-factors theory...	46
6 Model for participation of Cohen & Uphoff...	52

CHAPTER I

INTRODUCTION

Background and Rationales

Accrediting Hospitals, Accreditation should move from structure and process to outcome. The separation between purchasers and providers in the National Health System has posed a new set of problems in relation to quality assurance. Since 1991, however, purchasers have been required to seek new ways of ensuring that the services that they commission are of high quality. And providers, anxious to market their services, have sought ways to demonstrate their quality standards to purchasers (Drummond & Maynard, 1993: 4-5). These twin pressures have increased interest in models of Hospital Accreditation. Hospital Accreditation is a system of non-governmental self regulation in which an independent agency defines and monitors quality standards in hospitals participating in such a scheme. The model was developed in the United States in 1917 as a result of an initiative of the medical profession. After many years of development the process is now managed through the Joint Commission on Accreditation of Health Care Organizations, which in 1993 covered 80% of American hospitals. Models building on the American approach have been developed in Canada and Australia (Shaw & Collins, 1995: 781-784).

Health services in many developed countries have come under severe scrutiny in recent years. Positioned against the backdrop of globalization, there is an intense move towards accreditation of health services. Accreditation of hospitals is a voluntary process by which an authorized agency or organization evaluates and recognizes health services according to a set of standards describing the structures and processes that contribute to desirable patient outcomes. Accreditation can be understood as an indicator of professional achievement and quality of care. Accreditation is opposed to licensing or regulation of healthcare facilities, which is usually mandatory and state-imposed. Central to accreditation are two features:

The principle of external review and the use of standards. Accreditation is not new to the health system. The first initiative towards accreditation was taken in the United States of America as early as 1910. Over a period of time after several experiments, the Joint Commission on Accreditation of Healthcare Organization (JCAHO), a national accreditation program, established itself as an esteemed accreditation body by 1987. JCAHO has high standards of quality assurance and rigorous process of evaluation, which makes it a much-esteemed agency for accreditation. Health services certified by JCAHO are given “deemed status”. The onset of accreditation in different countries. Canada Accreditation has had different paths and patterns of growth in different parts of the globe. In Canada, the move towards accreditation started in 1952 with the initiative from the medical profession. Presently, the Canadian Commission on Hospital Accreditation is the sole agency to accredit hospitals and enjoys complete monopoly (<http://www.jcaho.org>, Jan19, 2002).

Quality improvement and accreditation. Health systems currently operate within an environment of rapid social, economic and technological change. Such changes are expected to continue for the foreseeable future as a result of restructured economic and social policies, globalization of markets and enhanced worldwide communication. Many of the health systems currently in place have neglected evaluation of the quality of individual and systematic institutional care in the past, giving rise to an unnecessary increase in costs. National health systems are coming under increasing scrutiny with a view to cost containment and quality improvement, often as a direct or indirect result of health sector reform (<http://www.jcaho.org>, Jan26, 2002).

Accreditation can be the single most important approach for improving the quality of health care structures. In an accreditation system, institutional resources are evaluated periodically to ensure quality of services on the basis of previously accepted standards. Standards may be minimal, defining the bottom level or base, or more detailed and demanding. Accreditation is not an end in itself, but rather a means to improve quality. The accreditation movement is gaining prominence due to globalization and especially the global expansion of trade in health services. It will eventually become a tool for international categorization and recognition of hospitals.

When implemented appropriately, accreditation can strengthen the fundamental leadership and steering role of national health authorities (<http://www.jcaho.org>, Jan19, 2002).

Hospitals and health system reform, The common understanding of Hospital Accreditation is that it is a means to improve and ensure quality. In a wider sense it can contribute to reforming the health sector. Hospitals are an integral part of health systems; by harmonizing standards in hospitals in line with other institutions and levels of care, continuity of care is improved and the health care network strengthened. 1) Hospitals account for 40%–70% of the national health budget. Efficiency in hospitals is demanded by all stakeholders. 2) Hospitals dominate health systems and are important symbols for the public and for decision-makers in most countries of the Region. 3) Hospitals play a crucial role in health care delivery and are labor intensive. On average, hospitals employ half the physicians and two-thirds of the nurses in a country. 4) Although hospitals are large fixed assets and difficult to change, hospital treatment patterns are changing due to changing technology and demands. Hospitals are being “re-engineered” to cope with challenges of high cost and increase demand. Accreditation is an opportunity for better reengineering of hospitals. 5) Accreditation of hospitals is a way to enhance standardization of care and exchange of expertise worldwide. 6) Pressures are intensifying to make hospitals more accountable to national health policies. Accreditation is a way to ensure that hospitals contribute to national health systems as set by health planners (<http://www.ha.or.th>, May23, 2002).

Specific goals of hospital accreditation are usually determined by the type of national health system and its policies. The most important objectives include enhancing health systems, promoting continuous quality improvement, informing decision-making and ensuring accountability to national health policies. Objectives of Hospital Accreditation 1) Enhanced health systems: integrating and involving hospitals as an active component of the health care network. 2) Continuous quality improvement: using the accreditation process to bring about changes in practice that will improve the quality of care for patients. 3) Informed decision-making: providing data on the quality of health care that various stakeholders, policy-makers, managers, clinicians and the public can use to guide their decisions. 4) Improved accountability and regulation: making

health care organizations accountable to statutory or other agencies, such as professional bodies, government, patient groups and society at large, and regulating their behaviors to protect the interests of patients and other stakeholders (<http://www.jcaho.org>, Jan19, 2002).

According to public health development plan in the national economic and social plan No.8 of Thailand (1997-2001). Focusing on human development. The human resources are emphasized as the center. People must get effective health care service with standard and justice. About 80 percent of hospital must have quality standards as the required criteria (Uthairat, K. 2000: 15). Recently, public health working system have brought the hospital accreditation as the model in hospital development towards standards and stimulate the hospital as the whole organization to have right direction, continuous reliability and trust by focusing on potentiality development, moral and ethics of organization personnel. The purpose was to coordinate work system improvement with reasoning method, could be examined and responded the patient's needs and problems. The patient would receive care with quality and efficiency, less risk but with the right protection and human rights. The hospital quality development would create the better atmosphere for the working performers. There would be less risk towards errors. Everyone could learn and develop self potentiality. Hospitals become learning organization and could survive and in a sustainable behaviors. (The Institute of Quality Development and Hospital Accreditation, Public Health Ministry, 2000: 7)

Hospital Accreditation planning in Thailand begins since January of 1997 as the affiliation of Hospital Accreditation with 35 public and private hospitals (Health System Research Institute, 1998: 20). The Institute presently demands that every hospital have participate in the project of Hospital Accreditation by focusing on organizational performance assessment in each section. Hospital that passed quality assurance assessment has to develop service quality, management quality, and clinic quality. Every patients should receive equal service and continuous standardized quality without depending on economic, race, and gender, even they are at the hospital (Banchuen, C. 1998: 36). The admission of hospital quality assurance is a process indicating how reliability of the hospital is and hearted participation (Health System

Research Institute, 2000: 3-4). The purpose of hospital quality assurance was aiming at urging hospital to develop patient-caring task system and general task as to the direction, bringing to well service quality, good work environment, to be a learning organization which is the heart of accreditation emphasis on patient-centered and multidisciplinary team approach leading to avoid unnecessary problem, improve resource management as money, man, material and place which is imbalanced. Hospital Accreditation is a voluntary process by hospital indicating responsibility to society, intention of contributing task quality by organization member and patient advantage as much as possible (Health System Research Institute, 1999: 3-4).

In Thailand, the approach on quality improvement is introduced and adapted to improve the health service place continuously. It appeared vividly in the seventh national health affairs improvement plan (1992-1996) that all service places must be improve (The Association of Public Health of Thailand, 1995: 8). In accordance with this policy, the Ministry of Public Health declared the functional methodology, with an emphasis on changing the health service places into quality which is considered an essential in 1995 (Saengsingkaew, W. 1995: 2). During 1993-1996, the World Health Organization, the Institute of Public Health Research and the Local Hospital section established the research and improvement project by employing the TQM (Total Quality Management) in the 8 sampling hospitals in the Ministry of public Health. Hospital Accreditation is a sort of confirming success on quality improvement from outside organizations that the hospitals' services are as good as the national standard. It is the process which various countries all over the world employ as a stimulant for accreditation of the health service places thoroughly, especially the hospitals. The World Health Organization (WHO) also utilizes it as a method for operational improvement and continuous quality one (Srirattanaball, J. 2002: 2). Consequently, accreditation in the hospitals is the main trend in quality improvement of the health service places. However, it is only a tool, not the goal because the exact goal is high quality services.

Siriraj Hospital is a part of the health service which must accredit the society that it would operate with quality, efficiency and equity. Accreditation Survey to Siriraj Hospital by the Institute of Development and Hospital Accreditation. On

January 10, 2002 (Administrative Achievements Faculty of Medicine Siriraj Hospital Mahidol University, 2005: 202). The Faculty of Medicine Siriraj Hospital was officially certified Hospital Accreditation (HA). The service user of Siriraj Hospital shown in table 1

Table 1 Show the statistics of the patient used service at Out Patient Department Siriraj Hospital.

Year	Number of bed	Admit case	OPD case
1997	2,302	59,004	1,353,840
1998	2,247	57,867	1,164,471
1999	2,168	69,330	1,188,340
2000	2,193	88,029	1,525,332
2001	2,523	90,430	2,222,992

Resources: Siriraj Hospital. *Medical statistics*. Medical Record and Statistic Division, 2002

From the table 1. The Out – and-in patients who come to receive service at Siriraj Hospital. In reasons form this the Siriraj Hospital personnel had workload. But The Faculty of Medicine Siriraj Hospital was officially certified Hospital Accreditation (HA). In situation recently, From the reasons as above, the researcher has set the objectives in the findings that Siriraj Hospital had accreditation hospital and which are the factors that may have some impacts on the Hospital Accreditation implementation policy. This is because there are so many have factors that may have some impacts on the success or the failure of the policy implementation process, especially the factors in relations with organization development which consist of five factors, such as, transformational leadership, motivation, teamwork, participation and commitment and adoption. And each has some impact on the success or the failure of the policy implementation process (Chandarasorn, V. 1984: 542). The researcher has set up the conceptual organization development model and then analyzed on the main

basis: Firstly, at present the organization development is the newly developed technology in coping with the challenges, in order to help the organization administration in the success of both implementation and personal goal (Thepanom Muangman and Sawing Suwan, 1997: 268). Secondly, because there is some information concerned with the detailed analysis of what extent that the five factors in organization development test the role, particularly in the Hospital Accreditation policy. The expected knowing outcomes are not only the obtained empirical data on Hospital Accreditation in case Siriraj Hospital, but also the identification of the correlations between major factors on the administrative mission of Siriraj Hospital to the achievement established by Faculty of Medicine Siriraj Hospital Mahidol University. And the most important is the result found in this research will be applied in the promotion and accumulation of technical knowledge on public policy analysis, especially on how to approach the policy to implementation and to apply to the other public policy administrations as well.

Research Objectives

General Objective:

To examine the organizational development factors consist of 5 factors; transformational leadership, motivation, teamwork, participation, and commitment and adoption on the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

Specific Objectives: To

1. To study and examine the organizational development factors consist of transformational leadership, motivation, teamwork, participation, and commitment and adoption on the success of Hospital Accreditation policy implementation in case Siriraj Hospital.
2. To analyze the relationship between the organizational development factors consist of transformational leadership, motivation, teamwork, participation,

and commitment and adoption and the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

3. To analyze which the organizational development factors consist of transformational leadership, motivation, teamwork, participation and commitment and adoption can explain variation in the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

Research Hypotheses

This research is hypothesized into 2 items:

1. The organizational development factors consist of transformational leadership, motivation, teamwork, participation, and commitment and adoption have positive correlation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

2. The organizational development factor consist of transformational leadership, motivation, teamwork, participation, and commitment and adoption can explain variation in the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

Research Variables

Independent variables such as: these organization development factors consist of;

1. Transformational leadership
2. Motivation
3. Teamwork
4. Participation
5. Commitment and adoption

Dependent variable such as: the success of Hospital Accreditation policy implementation which consist of;

1. Goal attainment
2. Job satisfaction of employees
3. Quality of work life

Scopes of the Research

This research concentrated on the sample groups who working in Siriraj Hospital and study follow criteria of The Standard Hospital Accreditation, published in Kanchanapisek journal. This research used every unit of the population.

Operational Definitions

The success of Hospital Accreditation policy implementation is the implementation of Siriraj Hospital on Quality Hospital policy by Faculty of Medicine Siriraj Hospital Mahidol University. The examination are carrying out of 3 elements:-

(a) Goal Attainment means the success of the quality hospital policy implementation. Measured from 6 indicators, which are issuing commitment to quality development, resource and resource management, quality process, safe professional standard and professional ethic, patient right and good governances, and patient care and treatment.

(b) Job satisfaction of employees was the extent to which an individual feel positive or negative about their job. Job satisfaction as any combination of psychological and environmental circumstances that would cause personnel who working in Siriraj Hospital to state, “I am satisfied with my job”.

(c) Quality of work life means all things related to work and working toward goal, which would meet satisfaction and happiness in working to increase

effectiveness and efficiency of the organization and the work quality of employees. Measurement the feeling of personnel who working in Siriraj Hospital about to Hospital Accreditation policy implementation.

The Organizational Development Factors are the factors involving transformational leadership, motivation, teamwork, participation, and commitment and adoption.

(a) Transformational leadership means the personnel working in Siriraj Hospital have being approached the states of the art to encourage the implementers to work willingly and actively at full capacity, in order to accomplish the goals. These consist of the transformational leadership factors; Charisma or Idealized Influence, Inspirational Motivation, Intellectual Stimulation and Individualized Consideration.

(b) Motivation means the processes provided by the personnel working in Siriraj Hospital that various factors have been arranged to motivate the implementers to perform in the given directions in order to achieve the goals. Those factors are motivation on achievement, recognition, work itself, responsibility, and advancement, company and administrative policies, supervision, salary, interpersonal relations, working conditions.

(c) Teamwork means at least 2 persons perform the assigned task for the same objective or the same aim together, also they communicate, co-operate, decide, plan, and support each other, in order to effectively and efficiently push the responsible task to the accomplished goal. Those factors are communication, objective, interpersonal conflict, organization, controls, role of team members, decision making, and results.

(d) Participation means the personnel working in Siriraj Hospital offer the implementers the opportunities in the administrative and management processes in order to accomplish the goal as much as possible. The participation can be divided into 4 kinds: participation in decision making, participation in implementation, participation in benefits, and participation in evaluation.

(e) Commitment and adoption means the feeling of the personnel working in Siriraj Hospital towards the hospital to make a decision to continue or to quit from being a member. It is composed of commitment to the hospital and feeling to be with the hospital and commitment which is according to the standard of the hospital. Those factors are affective commitment, continuance commitment, and normative commitment and innovation adoption.

Form the arranged details proposed above, the rational and background, research questions, objectives, hypotheses, variables, operation definition, and conceptual research framework, thus leads to review of related literatures and previous researches which will be presented in chapter II.

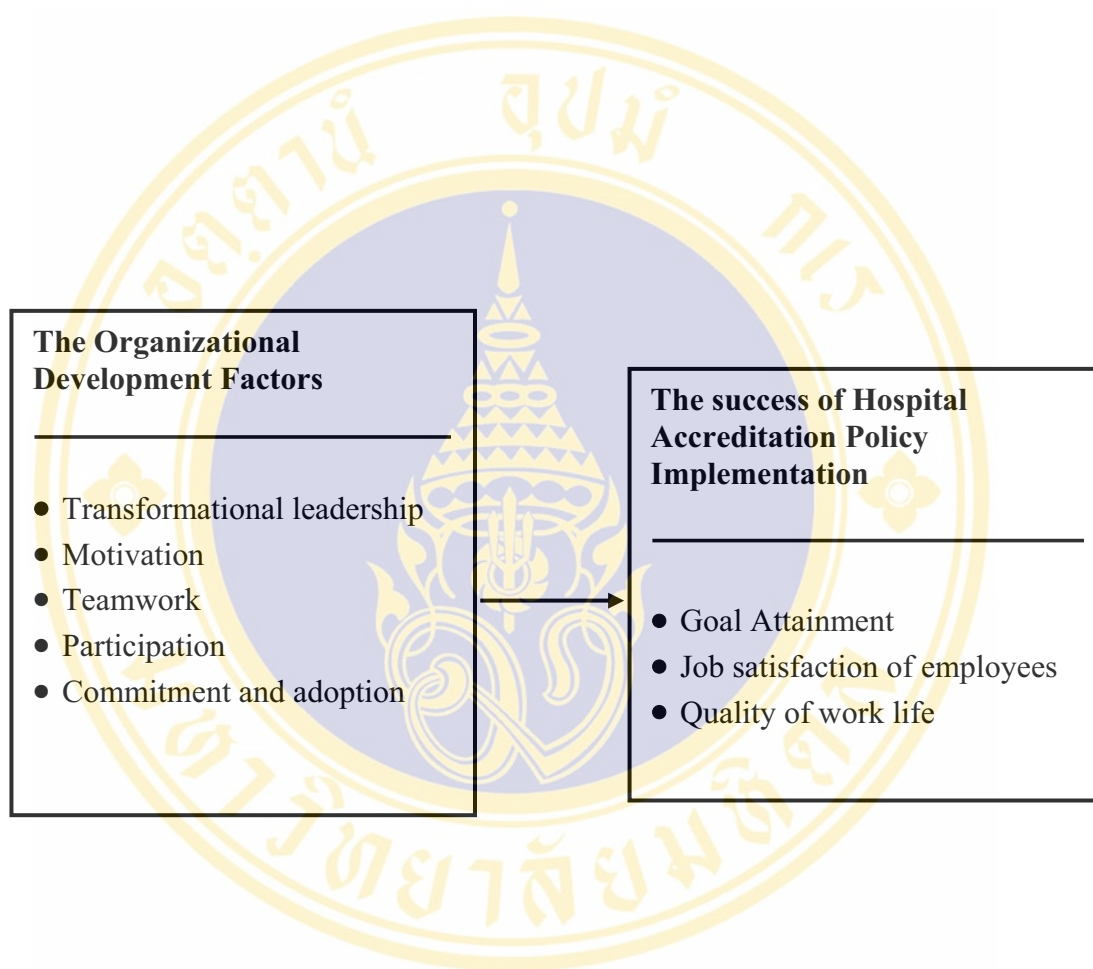
Dependent Variable**Independent Variable**

Figure 1 Conceptual Framework of this research is “The success of Hospital Accreditation Policy Implementation in Case Siriraj Hospital”

CHAPTER II

LITERATURE REVIEW

Research revised the literature, concepts, theories and research documents that are related to the research and set the part of the contents as follows:

- Part 1: Concept of Hospital Accreditation
- Part 2: Concept of the policy implementation.
- Part 3: Concepts of the organizational development factors
- Part 4: Concept of the policy implementation: Success and Failure
- Part 5: Related research.

Part 1: Concept of Hospital Accreditation

Hospital Accreditation (HA.)

Accreditation of hospitals, The Hospital Standardization Program set up by the American College of Surgeons in 1918 received interest beyond expectation. By 1945, 94 per cent hospitals had met minimum standards. As the program grew very big, in 1952, a large organization namely, Joint Commission on Accreditation of Hospitals was formed. Currently it accredits 80 per cent of hospitals in United States. In 1987 the name was changed to Joint Commission on Accreditation of Healthcare Organization (JCAHO). In 1960, with the introduction of Medicare and Medicaid, hospitals which were accredited by JCAHO were considered to have met the conditions for participating in Medicare. At present, 42 States allow hospitals exemption from their own regulatory process if they have received accredited status of JCAHO. Canada: Here too the initiative for accreditation was taken by medical profession and the Hospitals Association. In 1952 they established the Canadian Commission on Hospital Accreditation (Scrivens, 1995: 18). By 1980 it was accrediting 94 percent of the beds facilities. The Council has recognized that the

current system of monitoring quality solely through structures and process standards is rapidly becoming inadequate (CCHFA, 1990: 6). So the Council has started to examine outcome measures and how such measures can be incorporated in accreditation process.

Accreditation, a formal process by which a recognized body, usually a non-governmental organization, assesses and recognizes that a health care organization meets pre-determined and published standards. Such standards are regarded as achievable and optimal, and are designed to encourage continuous improvement efforts. In quality by accredited organizations. Accreditation decisions are made following a periodic on-site evaluation by a team of peer reviewers, typically conducted every to three years. Accreditation is usually a voluntary process, rather than one required by law and regulation. Government and other agencies financing health care may, however, require that organizations be accredited or certified in order to receive funds, or that the level of funding is determined by accreditation status.

Definition of Hospital Accreditation

Hospital Accreditation (Utairatana, K. 1999: 53) referred to:

1. System that assembled complicated things together to be under the same guidelines and directions, within standards from the joint medical professionals and the entire process of the hospital.
2. Accreditation that there were a reliable quality assurance which meet standards established by the third party.
3. Quality of healthcare institution were designed specifically for continual assessment and development of hospital.

Hospital Accreditation referred to the process which stimulates and supports a hospital to systematically improve quality throughout the organization. There were three main stages of activities; quality improvement, assessment and accreditation from non-partisan external organization. This were a voluntary system which consists of assessment, self improvement of healthcare institution and a review

by a group of experts from other institutions to assure the society that the hospital has reliable systematic workflow (Anuwat Supachutikul and Chumni Jittreprasert, 1980:18; Phrabaromrathanok Institute, 1998: 14).

Hospital Accreditation were motivated and supported mechanics for hospitals to implement the systematic quality improvement for the entire organization. There were 3 stages of activities; quality improvement, quality assessment and accreditation. (Hospital Accreditation Thailand Institute, 1992: 2)

Hospital Accreditation referred to the accreditation of hospital's good systematic workflow which support safe and quality services, commitment to quality work, continual quality improvement and consistent self assessment (Hospital Accreditation Thailand Institute, 1999: 12).

To summarized, Hospital Accreditation were the accreditation that a hospital has continual quality improvement process for the organization as a whole, uses patients as centre for organization development plan and provides services which meet national standards. The directions for development were established by non-partisan external organization to establish credibility and reliability in hospital's medical treatments for consumers.

Historical background of Hospital Accreditation

Hospital Accreditation originated in the United States of America in 1930. The established objective was to locate healthcare institution for medical specialty training. Later on it was changed to serve as conditions for public aid reimbursement. In the beginning it was spread to other developed countries such as, Canada, New Zealand, Australia, England and Sweden. After that the World Health Organization started to support developing countries to develop and accredit hospitals. Thailand started out by establishing the research and development project called "The development and Hospital Accreditation" to conduct limited research in 35 pilot hospitals from August1, 1997 to July31, 2000. The project was under supervision of

the collaboration for hospital quality improvement and accreditation funded by the Health System Research Institute and the research funding division, the Ministry of Public Health. On April 8, 1999 the collaboration for hospital quality improvement and accreditation proposed the establishment of the Hospital Accreditation Thailand Institute (HAT) to manage independently and freely, but was still subjected to review by the Health System Research Institute. The objective was to provide networks for learning under the support and direction from the collaboration for hospital quality improvement and accreditation (Hospital Accreditation Thailand Institute, 2000a: 12-13).

Hospital Accreditation decision process.

Decision makers to award Hospital Accreditation were members of the distinguished experts committee who were named by Hospital Accreditation Thailand Institute. The committee will make decision based on information received from external surveyors. Types of accreditation were as followed (Hospital Accreditation Thailand Institute, 1999: 12).

- Two year Accreditation for hospitals that can meet the enter standards, most of services were good, no obvious risks, and there were evidence of continual improvement efforts.
- Non-Accreditation for hospitals that cannot meet the entire standards and still presents obvious risks.

The development and Hospital Accreditation process

The development and Hospital Accreditation process were consists of 3 stages were as followed: (Anuwat Supachutikul and Chumni Jittreprasert, 1998: 18-19; Hospital Accreditation Thailand Institute, 1999b: 3-12; Sittisuk Preukpitikool, 2000: 17)

- 1) Quality improvement: hospitals establish performance standards, structure review system and continual quality improvement.

2) Quality assessment: hospitals conduct self-assessment according to established standards.

3) Hospital Accreditation: assessment survey conducted by external organization.

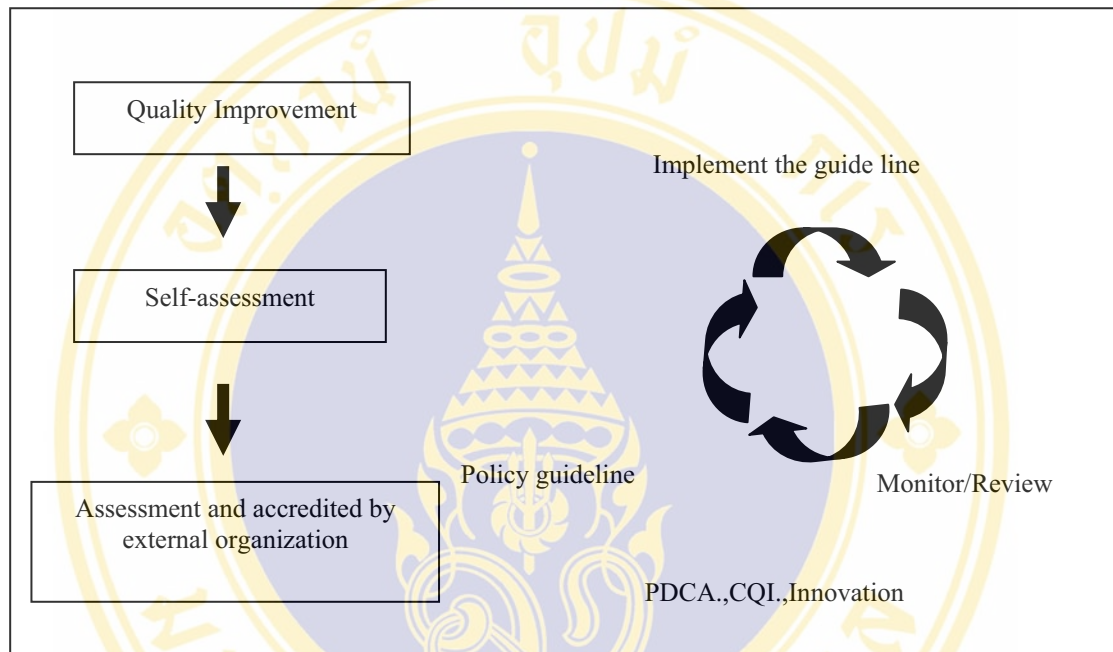


Figure 2 The development and Hospital Accreditation process.

Resource: Anuwat Supachutikul. Hospital Accreditation Thailand. Nontaburi: Hospital Accreditation Thailand Institute, 1999 p.3

The significance of the development and Hospital Accreditation process were creation of commitment and development of hospital systematic workflow were as followed (Hospital Accreditation Thailand, 1999: 3-12).

1) Quality improvement

Definition of quality improvement (QI)

Quality improvement referred to systematic management and workflow in a Hospital According to guidelines as stated in hospital standards, which

focus on employees' commitment to quality performance, team work and response to patients' needs and end users. There is a systematic review to make corrections and adjustments through coordinating activities (Hospital Accreditation Thailand Institute, 2000 a: 7) which comprised of there main activities were as followed:

Risk management (RM) referred to looking for chances of risks, assessment of risks, Prevention of risks or reduction of losses and actions taken when losses occur.

Quality assurance (QA) referred to implementation of system to assure that there will be performance standard or established performance guidelines to obtain expected results, which consists of definition of standards, measurement of performance and corrections and adjustments for performance not in compliance of established guidelines or results not as expected.

Continual quality improvement (CQI) referred to non-stop utilization of scientific process and creativity in improvement of systematic workflow to respond to the needs of users for excellence.

Targets of Quality improvement (Anuwat Supachutikul and Chumni Jittreprasert, 1998: 20; Hospital Accreditation Thailand Institute, 2000: 10-11)

Targets of Quality improvement to benefit patients, workers, hospital, service system and society are as followed:

- 1) Patients receive quality service, standards of treatments, patient's right and human dignity.
- 2) Administrators manage happily with time to think for development.
- 3) Workers reduce chances to make mistakes, work easier, learn and develop their capability, have good working condition and are proud of their units.
- 4) Payers have information in selecting a hospital or considering level of payment.
- 5) Hospital has continual development, were an organization for learning, survives and prospers.
- 6) Professional organization has standards and regulations for implementation.

7) Healthcare service system. The entire system of hospital services will improve continually. There will be a wide spread of society for learning through giving advice and assessment.

8) Society were more confident in the system of hospital services and trusts the reliable and dependable performance.

2) Quality assessment

Definition of quality assessment

Quality assessment referred to the review of systematic workflow and performance against the hospital standards, issued in 2000 by the Health System Research Institute, by both hospital and external surveyors (Hospital Accreditation Thailand Institute, 1999: 8)

Steps in conducting quality assessment

Steps in conducting quality assessment were divided into 2 stages (Hospital Accreditation Thailand Institute, 1999: 9-11)

1) Self assessment. This were the process to review the progress in quality improvement and the preparation for external assessment and accreditation. Self assessment should be conducted by participating teams; to visit and observe actual performance; review concept, guidelines and results leading to problem solving and continual improvement of procedures. The self assessment form must be used to record and analyze the systematic workflow based upon the regulations in hospital standards.

2) External survey. There were three steps as followed:

2.1) Preparation survey. This assessment step were conducted to find out if the hospital completed the implementation of quality improvement according to the hospital standards. Is there any obvious risk remaining? The hospital

will request the preparation survey prior to the actual survey when the hospital is confident in the results of self assessment and development according to the hospital standards. Preparation survey may be conducted periodically several times until the hospital was certain of the preparation.

2.2) Accreditation survey. This step were the review of document and actual performance to verify that the hospital followed hospital standards; hospital policies and procedures; advice and recommendations of the specialists from the preparation survey. The important tool used by external surveyors were information of completed self assessment based on designed format, which external surveyors must study prior to the on-site survey.

2.3) Post-survey. There were three different types were as follows:

- Surveillance survey. This were a scheduled every 6-12 months concentrating on important issues or on issues which may present problems for the entire organization.
- Unscheduled survey. This were a survey upon learning that there may be critical problems concerning patient care or safety.
- Verification survey. This were type includes opening for services, expansion of services and change of ownership or administrators. The hospital must report the changes within thirty days. There will be a repeat survey to confirm the accreditation, if there were more than nine months left in the accredited time and will not extend the original time limit. Implementing Hospital Accreditation.

Objectives of Accreditation:

- Enhances health systems by integrating and involving hospitals as an active component of the health care network.
- Quality improvement: Accreditation will bring about changes in practice that will improve the quality of care for patients. Accreditation improves efficiency, reduces unnecessary costs.
- Informing decision making by providing various stakeholders, policy makers, managers, clinicians and the public with data on the quality of health care.

- Accountability and regulations: Accreditation makes the health care organization accountable to professional bodies, government, patient groups and the society at large, and regulates their behavior. At the same time, the interests of patients and other stakeholders are protected.

Suggested steps to be followed to achieve Hospital Accreditation

1. Orientation of the national authorities within the ministry of health and other stakeholders on concept, methodology, benefits and expected outcomes of accreditation.
2. Launching accreditation process by establishing an ad hoc national accreditation committee.
3. Presentation of an accreditation manual.
4. Contact with the country leadership by the national accreditation committee.
5. First national seminar on Hospital Accreditation "Validation of standards and evidence of performance".
6. Identification of available resources and existing ongoing activities on accreditation and quality improvement through the country ad hoc national committee.
7. Selection of public and private, large and small hospitals as pilots.
8. National seminar on Hospital Accreditation "Presentation of the accreditation process in pilot hospitals"
9. Establishment of a permanent multi-institutional national commission/council representing health care providers, independent or semi-governmental organizations, universities, insurance companies and /or community representatives.
10. Reformulation of some standards and indicators based on the pilot study.
11. Initial formal surveyors training.

Challenges in implementing Hospital Accreditation:

Improved quality of care requires more than a technical approach. Failure to change behaviors and attitudes of people and organizations is the commonest cause of ineffective quality initiatives. Sustained improvements often require a change in attitude and acquisition of sense of ownership with regard to the quality of services provided by the organization.

The challenge in setting and measuring against standards are mostly technical while the challenges in making appropriate change are social and managerial. Some of the challenges for Hospital Accreditation are:

- Strengthening legal support.
- Establishing multi-institutional and independent national accreditation body.
- Ensuring participation of the private and insurance sectors,
- Ensuring use of minimum standards.
- Ensuring application of standards to all hospital services.
- Basing accreditation on consensus rather than numerical scoring.
- Differentiating between licensing and accreditation.
- Ensuring sustainability of a National Accreditation Program.
- Clarifying the role of surveyors.

The Accreditation process.

Pre - Survey

1. The hospital first submits and application to the accreditation body together with fees for survey.
2. The Assessment Division determines the appropriate standards for the participating hospitals.

3. The Assessment Division provides self-evaluation schedules, forms, scoring guidelines etc. to the hospital and collects them after they have been completed by the hospital.

4. The Assessment division analyses the self-evaluation schedules and forms filled and returned by the participating hospital.

5. The Assessment Division co-ordinates the assessment schedule and procedure or protocols to be followed. This includes setting the survey dates, assigning an assessment team, the length of the assessment and setting the survey agenda with the hospital.

On – Site Survey

1. The assessment team gathers information by observing structures and processes in the hospital during visits to different units and departments, while on a tour of the building and by interviewing patients, the hospital owner or administrator, the clinical and support and, finally, by reviewing records and documents.

2. The team uses the information thus gathered to determine whether the hospital is complying with standards for various functions. These functions could be patient focused (for example, assessment of patients), organization focused (for example, organizational performance improvement) or structure-and-function focused (for example, procurement of appropriate equipment and its maintenance).

3. The team identifies the areas of partial or non-compliance with standards.

4. The findings from the surveyors in the team are integrated into a single report.

5. The findings are reviewed and validated with the hospital owner or administrator.

Post-Survey

1. The self-evaluation of the hospital and the findings of the assessment team are validated by comparing them to the scoring guidelines.

2. The accreditation status and the appropriate recommendations are determined through a number of stages. These are:

2.1 The compliance findings are aggregated to generate an accreditation decision grid. This is essential as hospitals offer different kinds of facilities. Moreover, each facility would have an individual score of compliance to the set standards. If there is a high score in one facility and not in the other, the total average for that hospital would still be high. Would this then be truly reflective of the standard of that hospital? A decision grid would provide flexibility in determining the final score such that it would be as close to reality as possible.

2.2 The level of accreditation as minimum, optimum or excellent is determined. Also, whenever necessary, recommendations are made.

2.3 If indicated, the findings and final decision to be taken by the accreditation body is reviewed.

- The Accreditation Report (containing the accreditation decision, accreditation decision grid and consultative recommendations) and the derived performance report (for public disclosure) are sent to the participating hospital.

- Should a hospital challenge the accreditation findings or decision, an appeal may be sent to the assessment division.

Hospital Accreditation in Siriraj Hospital.

Hospital Accreditation policy of Siriraj Hospital.

1. The system setting for Hospital Accreditation.

1.1 The implementation of the policy as proclaimed by the faculty is as follows:

1.1.1 Setting up of the system and mechanism for quality development for the performance of the faculty in all aspects and in the consistent manner.

1.1.2 Establishing the quality development for the nursing care service in response to the Hospital Accreditation criteria, published in Kanchanapisek journal, aiming at promoting Siriraj Hospital to be certified for Hospital Accreditation by the Institute of Development and Hospital Accreditation with in the year 2001.

1.2 After Siriraj Hospital had passed the survey for Hospital Accreditation by the Institute of Development and Hospital Accreditation on 14-16 November 2001, the Faculty proclaimed the implementation of 5 policies to encourage the continuous development of quality during 2002-2004 as follows:

1.2.1. Development the procedure of nursing care for the patients with utmost quality.

1.2.2. All department have continuous quality development.

1.2.3. Expanding the quality development to cover all of the service systems of the hospital.

1.2.4. Integrating the quality development system into other missions of the Faculty.

1.2.5. The Faculty of Medicine Siriraj Hospital has been the leader and the best practice of quality development.

1.3 Support of the performance by Deputy Dean for Quality Development Affairs by appointing the Assistant Dean for Quality Development from 3 to 5 in 2001-2002 and increasing the positions to 7 in 2003- present.

1.4 Support of establishing Quality Development Section to serve as the Center for coordinating and supporting the development of the quality system of the Faculty by appointing more staff members to work in this section.

1.5 Support of the budget for activities to meet the set goal of the quality development plan in each year. The activities are divided in to 8 categories.

1. Organizing various activities including meetings, seminars and training to build knowledge to the staff members of the Faculty.

2. Organizing the internal survey and the accreditation survey by external organizations.

3. Organizing activities for Quality Conference and Quality Fair.
4. System setting for quality documents and the registration of quality documents.
5. System setting for the office libraries, media/ publication production and the books for libraries.
6. Production of quality information to disseminate knowledge and information on quality development to the staff members at all levels.
7. Organizing the study program and the study visits to institutes and organizations. The knowledge and the concept to be gained from these activities will be integrate into quality development system of the Faculty.
8. Arranging the study visit on the development of Hospital Accreditation system for other institutes and organizations.

2. Maintaining the Hospital Accreditation System

Apart from the proclamation of 5 policies to encourage the continual development of quality and to maintain the Hospital Accreditation System, the Faculty organized various activities to enhance, encourage, move forward, follow – up and evaluate the implementation of the 5 policies continuously as follows:

2.1 Production and Dissemination of Information on Quality Development. The objective of this activity is to disseminate the knowledge of information on quality development information and publicize the updated policies and activities of the quality development to all social sectors. The easy language was used to facilitate easier communication.

2.2 Organizing Annual Quality Conference and Quality Fair. The organization of Quality Conference has its objectives to open the forum for all Departments and Units to present their performance on quality development, to inform the administrators of their performance and seek for their support for all activities of quality development conducted by the faculty as well as to give knowledge to staff members for the understanding of various forms of quality development including the exchange of ideas and opinions on the quality development. In the beginning, the week of each month to facilitate the continuous participation of the administrators.

2.3 System Setting for The registration of Quality Documents. The quality documents here refers to the official policies and procedures which reflect the knowledge and principles of the updated profession and accord with the mission in rendering services to patients and the service users for the personnel's guideline in implementing the work plan. At the beginning, the development of quality development was initiated with a view to enabling the staff members to understand the terms of references and the mandate of the quality document including the formulation of policies, rules and procedures for the Boards, Departments and all Unit.

2.4 Promoting all Departments/Units to Create the Activities of Quality Development. Up to now, there have been a number of activities to create knowledge and disseminate quality development performance.

2.5 Arrangement of the Annual Internal Survey. This activity started in 2001. The internal survey is conducted twice a year. The pre- survey was during January 29 –April 4, 2001 and the accreditation survey was members of the Faculty who were trained before their assumption for the post. The objective of the survey is to create encouragement and introduce the concept of the quality development including developing the format of survey. In 2002-2003, the developed survey system was tried, aiming to activate all Units to develop themselves continuously. This format is relevant to the survey system of the Institute of Development and Hospital Accreditation. The purpose is to make the staff members familiar with the system by arranging the surveillance survey twice a year for all cross-sectoral committees, the Clinical Lead Teams, the Clinical Units, the laboratory Units and the Support Units. Other units will be provided with one survey a year.

List of key performance

1. Siriraj Hospital was certified Hospital Accreditation by the Institute of Development and Hospital Accreditation as follows:

- 1.1 Approved the Pre-Survey during August 22-24, 2001.
- 1.2 Approved the accreditation survey during November 14-16, 2001.
- 1.3 Officially Certified Hospital Accreditation for the first time on January 10, 2002.

1.4 Approved Surveillance Survey on February 14, 2003.

1.5 Approved the Re-Accreditation Survey during February 18-20, 2004.

1.6 Officially Certified Hospital Accreditation for the second time on June 11, 2004.

2. Siriraj Hospital received the Surveillance Survey by the Royal College for Parasitology to evaluate the medical laboratory and the evaluation of the Training Institute for Specialized Medical Fields on Parasitology and Forensic medical Science as follows:

2.1 Approved the Pre-Survey during January 3-4, 2002, the certification was effective from October 19, 2001 to October 18, 2003.

2.2 Approved the Accreditation Survey during February 9-10, 2004, the certification was effective from February 20, 2004 to February 19, 2007.

Contributing factors for the success of accreditation.

Tawatchai Sasiprapa (1999: 5) said that important factors which supported and promoted fast-paced development were:

1. Leadership: hospital director had commitment and vision, truly recognized the importance of quality improvement and reduced the intensity of problems.

2. Discipline: discipline was the basis for sense of duty, responsibility and open for suggestions from every level of fellow employees.

3. Medical organization and strong nursing management: worked well together as a team.

4. Every level of personnel: was united and ready to join the leader.

5. Hospital location: located on friendship highway. The building structures were not complicated but accommodated access to services for patients and clients.

6. Budget: under the management of capable leaders, the hospital had no budget problems for development.

7. Consultants: team of consultants from the Health System Research Institute consistently gave advice and guidelines for development, and acted as external surveyors.

Chatree Duangnet (1999: 7) stated that important factors for an organization to be successful, as a hospital committed to continuing quality improvement, were as follows:

1. Commitment of organization leadership: every management and medical administrator, who could hire and fire personnel at the next lower level, must have true commitment or at least must understand that they had objectives to turn an organization into a hospital committed for continuing medical treatment quality, and to lead the organization to that point without any excuse.
2. Commitment of the leading team comprised of persons who were directly responsible for hospital quality system, all middle management personnel, representatives of medical staff and/or personnel interested in hospital quality system. The team must have true commitment in working with outside organizations to acquire knowledge and experiences for the project, at the same time working with internal departments to coordinate the continuing joint efforts of the organization systematically and indefinitely.
3. Commitment to get the organization on board: resistance to changes were unavoidable, at this point success depended on managing changes. The chief executive officer and every member of the lead team must understand the principles in advance to get over these ripple with the least impacts. They must work together as one.
4. Commitment to inform and involve medical staff: because members of the medical organization and dentists must participate in caring for patients as a team. At the same time they were not able to fully spend time in the establishment of performance system. Therefore, there must be communications regarding establishment of system. Therefore, there must be communications regarding establishment of system to provide information, as much as possible, for the entire medical staff and dentists from the beginning.

5. Commitment to follow established steps of implementation: we found that implementation must have correct beginning and ending steps. Starting from the front line group that contacted patients directly, there was training on quality system until it was understood and could be acted on. Next linking other related units in the hospital, holding on to the structure of patient care team, dividing into several teams based on actual needs and then invited related physicians to participate. At the same time there were preparations of documents, policies or steps of performance. Medical staff and dentists, who were not directly involved, were regularly informed. When self-assessment and adjustments indicated that things were sufficiently in place, by-laws and rules and regulations of medical organization and dentists were announced to bring every member in to officially join the project at the end.

The Health Research System Institute (1998: 4-5) stated that factors effected the progress of hospital quality improvement which promoted rapid development were:

1. Role of organization leaders: must understand that quality came from the coordination between management and professionals. Leaders of some hospitals arranged regular weekly meetings, to follow up on and give suggestions to quality improvement teams in different units, giving signal to employees to see the commitment of the leaders in supporting quality improvement.
2. Devoted coordinators: having physicians to join the team of main coordinators obviously helped the development progress.
3. Changing of problem solving culture: concentrated on development of systems more than punishments or warnings, jointly solved problems among teams and created an environment which opened for suggestions, by using cause analysis process and creativity in solving problems.

Part 2: Concept of the Policy Implementation

Definition of Policy Implementation

This study focuses on public policy implementation relating to Hospital Accreditation. Conceptual models are developed and applied in order to further the understanding of how policies relating to Hospital Accreditation are actually implemented.

The term “Public policy” refers to governmental approaches designed to formally resolve or deal with various problems in or threats to society, such as those related to foreign policy, environmental protection, crime, unemployment, and numerous other areas of concern (Nagel, 1984: 3)

The definitions of policy implementation, conceptual framework theories, and research related to policy implementation are also examined in order to identify any causal relationships between factors affecting policy implementation. In addition, references to scientific literature are used to back up the conclusions of qualitative studies and to support the development of new conceptual framework which is capable of explaining the policy development and implementation process we have now.

The term “Implementation” may be defined as the carry out of a basic policy decision. There are usually incorporated in statutes, but they can also take the form of executive decrees or court decisions. Ideally, such decisions will identify the problem(s) to be addressed, stipulate the objective(s) to be pursued, and (in a variety of ways) basically “structure” the implementation process. The process itself normally involves a number of stages. First the passage of the basic statute, followed by the policy output (i.e. policy decision) of the implementation agency or agencies, the compliance of target groups with those decision, the actual impact of those (both of expected and unexpected) of those outputs, the perceived impact of agency decisions, and usually ending with revisions (or attempted revisions) to the proposed statute.

Williams (1971: 144) concluded that “implementation seeks to determine whether and organization can bring together men and material in cohesive organizational unit and motivate them in such a way as to carry out the organization’s stated objectives”.

Pressman & Wildavsky (1973: 8) define policy implementation as a process of interaction between the setting of goal and the actions geared to achieving them. They found that proper implementation required government officials to translate broad agreements into specific decisions, despite the often wide range of participants and their generally quite different perspectives. Thus, the degree to which policy goals are actually achieved through specific decisions can provide a ready gauge of the degree of implementation actually achieved.

Van Meter & Van Horn (1975: 200-217) have stated that “policy implementation encompasses those action by public and private individuals (or groups) that affect the achievement of objectives set forth in prior policy decision”.

Bardach (1980:9) has defined that policy implementation as part of the business of the political process.

Barrett & Fudge (1981: 12-13) has proposed that it is the observation of the actual realistic evidences or the being done in the process of policy implementation.

Thai academic experts, Supachai Yawapraps (1992: 69) has concluded that there are at least 2 main concern in policy implementation . The first, is the dynamic continuous process with steps of operational activities. The second, is the implementation to get to the policy goal.

Voradej Chandarasorn (1998: 17) has defined that policy implementation is the study interested in the capability to push the overall mechanism of work to the setting achievement of the policy.

Conclusion:

Policy implementation means the operations of the implementing agents in accordance with the existing appointed role and authorities, in order to administer and manage for the accomplishment of objectives and goal mandated in the policy.

Policy Implementation Model

The accepted conceptual framework of Thai author the policy implementation model of Voradej Chandarasorn (1984: 535-554) which is the model describing the problems or the linkage between success and failure of the policy-plan-project implementation. And identified six policy implementation models:

1) Rational Model

The rational model emphasizes efficiency in planning and control. Requires a successful program to have a clear set of goals and activities delegation of authority and responsibility, standardization of work, performance appraisal mechanism, and a system of penalties and rewards.

2) Management model

This model focuses on the ability of the organization to carry out its program and activities. As proper implementation requires the organization to have an appropriate structure as well personnel within the organization to be capable in terms of both administrative and technical know-how, the organization must have a suitable implementation plan and sufficient resources to accomplish its tasks.

3) Organizational Development Model

This model emphasizes creating better relationship and improving cooperation in order to fulfill various psychological and sociological needs. It stresses participation, on the assumption that this is strongly related to the efficient running of the organization.

4) Bureaucratic Process Model

This model is based on the assumption that the power of the organization does not reside solely in the formal positions held by organizational leaders, but rather that it is dispersed unevenly throughout the organizational to all

staff members who exercise decision-making power-in particular those who have direct contact with the general public. Thus, failure of implementation is not solely the result of inefficient administration, but also the result of the attitudes and actions of policy makers, administrators and staff policy makers as well as the ability of implementers to provide proper services, combined with an adequate level of policy acceptance by those persons actually responsible for carrying out policy.

5) Political Model

This model was developed by Chadarasorn (1983) based on further development of research conducted by Allison (1971); Pressman & Wildvasky (1979); Bardach(1980); Sabatier & Mazmanian (1980). The political model says tat although the agents or representatives of organizations are responsible for policy implementation, proper consensus and participation are inherently difficult to achieve, and indeed conflict is a phenomenon which seems common to all organization and societies. As policy inevitably involves politics, policy implementation necessarily becomes a matter of confrontation, administrative conflict, support-seeking activity, campaigning on the relative negotiating ability, power-base and resources of the participants, the number of agencies involved, the degree of support the policy attracts from politicians and various other interest groups, and finally the character and of the participants themselves.

6) General Model

This model is a developmental of the various models already mentioned. Based on the work of Van Meter and Van Horn (1975) (which itself was a further development of organizational theory and previous conceptual models of political systems) the framework of the general model adopts many of the variables used in other models in order to further understanding of the policy implementation process. For example, its policy objectives have been adopted from the rational model, the Pressman and Wildavsky model and also the Sabatier and Mazmanien model, while its “communication procedures” variable comes from Pressman and Wildavsky’s “complexity of joint action” variable and Van Meter and Van Horn’s “communication” variable. Similarly, its “support from implementers” variable was developed from the “human relation & acceptance” factor in the organizational development model, while the’ socio-economic and political condition’s variable

comes from the political model. In addition, the “characteristics of implementing organizations” factor was adapted from the management model, and the ‘resources’ variable appeared earlier in both the management and political models.

Basically, the general model focuses on three main factors: communication procedures, organization ability to implement policy, and the level of support demonstrated by implementers. However, the rather large number of variables it attempts to incorporate tends to make productive quantitative research difficult, and the validity of some variables can be difficult to ascertain are mainly due to the importance of the implementers. Although there are limited model for studying on policy implementation, the factors affecting policy implementation are mainly due to the importance of the implementers. Thus, the organizational development model is selected as conceptual research framework of this research. The purposes are to testify and confirm the theoretical setting concepts with the empirical evidences, and also to develop appropriate factors for further organizational development. Because the organizational development model is the modern science to help administer and manage any change for both the organizational effectiveness of implementation goals and the organization staff.

Organizational Development Model

Thai author the policy implementation model of Voradej Chandarasorn (1984: 535-554). This model emphasizes creating better relationship and improving cooperation in order to fulfill various psychological and sociological needs. It stresses participation, on the assumption that this is strongly related to the efficient running of the organization. For the organizational development model, Voradej Chandarasorn (1984: 542) has addressed that this model emphasizes on the participation of the organization on the conceptual basis that the participation will contribute to effective teamwork. The accomplishment of policy implementation should be concerned with motivation, proper actions of leadership approach, relation enhancement by member’s participation to conduct acceptance, and including teamwork building, rather than controlling or commanding power by the supervisors.

This is due to the separation that policy establishing should be in responsibility of the upper levels, and the implementation corresponding with the policy belongs to the lower levels, and this is in contrast with the reality. The point is to make implementers realize the importance of the project and foresee that the project accomplishment is the achievement of both implementers and all related person, and this is the strategic key of success on policy implementation rather than strategy. In other words, policy implementation is the process of giving way to implementers in directly setting or framing the policy. The relations of variables are illustrated (see Figure 3).

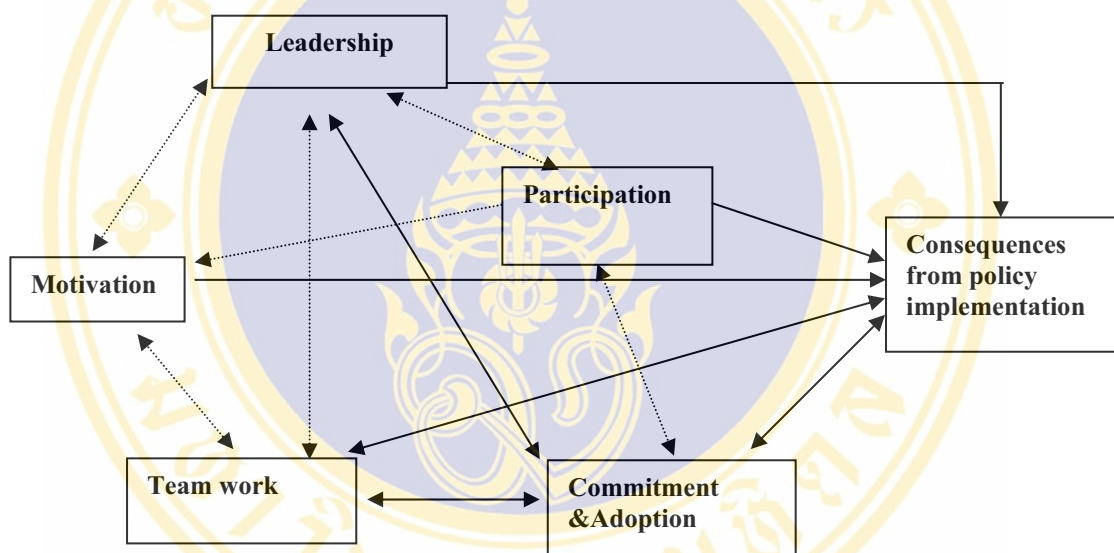


Figure 3 Model for policy implementation-organization development model of Woradej Chandarasorn.

Resource: Woradej Chandarasorn. Policy implementation- models and values. Thai journal Development Administration, Vol. 40,No.3, (October 1984), p.542

From figure 3, the factor of dependent variable is the consequences gained from policy implementation. The independent variables are the organization development factors; consist of (1) leadership (Transformational leadership) , (2) motivation, (3) teamwork, (4) participation, and (5) commitment and adoption. All these variables will later presented in terms of meaning and related theories.

Part 3: Concepts of the Organizational Development Factors

3.1 A model of Transformational leadership

In the mid-1980s, Bass (1985: 9) provided a more expanded and refined version of transformational leadership that was based on, but not fully consistent with, the prior works of Burns (1978: 15) and House (1976:189-207). In his approach, Bass extended Burns's work by giving more attention to followers' rather than leaders' needs, by suggesting that transformational leadership could apply to situations in which the outcomes were not positive, and by describing transactional and transformational leadership as a single continuum rather than mutually independent continua (Yammarino, 1993: 379-382). Bass extended house's work by giving more attention to the emotional elements and origins of charisma and by suggesting that charisma is a necessary but not sufficient condition for transformational leadership (Yammarino, 1993: 380).

Bass (1985: 20) argues that transformational leadership motivates followers to do more than the expected by doing the following: (a) raising follower's levels of consciousness about the importance and value of specified and idealized goals, (b) getting followers to transcend their own self-interest for the sake of the team or organization, and (c) moving followers to address higher-level needs. An elaboration of dynamics of the transformation process is provided in his "model of transformational and transactional leadership". As can be seen in Figure 4, the model of transformational and transactional leadership incorporates seven different factors. These factors are also illustrated in the "full range of leadership model," A discussion of each of these seven factors will help to clarify Bass's model. This discussion will be divided into three parts: transformational factors (4), transactional factors (2), and the nonleadership/ nontransactional factors (1).

Leadership Factors		
Transformational Leadership	Transactional Leadership	Laissez-faire Leadership
Factor 1 Idealized Influence Charisma	Factor 5 Contingent Reward Constructive Transactions	Factor 7 laissez-faire Non transactional
Factor 2 Inspirational Motivation Factor 3 Intellectual Stimulation	Factors 6 Management-by-Exception Active & passive	
Factor 4 Individualized Consideration		

Figure 4 Leadership

Resource: Avolio, B. J. (1999). *Full Leadership Development: building the Vital Forces in Organizations*. Thousand Oaks, CA: Sage

Transformational Leadership factors

Transformational leadership is concerned with the performance of followers and also with development followers to their fullest potential (Avolio, 1999; Bass & Avolio, 1990a: 231-272). Individuals who exhibit transformational leadership often have a strong set of internal values and ideals, and they are effective at motivating followers to act in ways that support the greater good rather than their own self-interests (Kuhnert, 1994: 10-25).

Idealized Influence

Factor 1 is called charisma or idealized influence. It describes leaders who act as strong role models for followers; followers identify with these leaders and want very much to emulate them. These leaders usually have very high standards of moral and ethical conduct and can be counted on to do the right thing. They are deeply respected by followers, who usually place a great deal of trust in them. They provide followers with a vision and a sense of mission. In essence, the charisma factor

describes individuals who are special and who make others want to follow the vision they put forward.

Inspirational motivation

Factor 2 is labeled inspiration or Inspirational motivation. This factor is descriptive of leaders who communicate high expectations to followers, inspiring them through motivation to become committed to and a part of the shared vision in the organization. In practice, leaders use symbols and emotional appeals to focus group members' efforts to achieve more than they would in their own self-interest. Team spirit is enhanced by this type of leadership.

Intellectual Stimulation

Factor 3 refers to intellectual stimulation. It includes leadership that stimulates followers to be creative and innovative, and to challenge their own beliefs and values as well as those of the leader and the organization. This type of leadership supports followers as they try new approaches and develop innovative ways of dealing with organizational issues. It promotes followers' thinking things out on their own and engaging in careful problem solving.

Individualized Consideration

Factor 4 of the transformational factors is called individualized consideration. This factor is representative of leaders who provide a supportive climate in which they listen carefully to the individual needs of followers. Leaders act as coaches and advisers while trying to assist individuals in becoming fully actualized. These leaders may use delegation as a means to help followers grow through personal challenges.

Transactional Leadership Factors

Transactional Leadership diverges from transformational leadership in that the transactional leader does not individualize the needs of subordinates nor focus on their personal development. Transactional leaders exchange things of value with subordinates to advance their own as well as their subordinates agenda (Kuhnert, 1994: 10-25). Transactional leaders are influential because it is in the best interest of subordinates to do what leader wants (Kuhnert & Lewis, 1987: 648-657)

Contingent Reward

Factor 5, labels contingent reward, is the first of two transactional leadership factors. It refers to an exchange process between leaders and followers in which effort by followers is exchanged for specified rewards. With this kind of leadership, the leader tries to obtain agreement from followers on what needs to be done and what the payoffs will be for the people doing it.

Management-by-Exception

Factor 6 is labeled in the model as management-by-exception and refers to leadership that involves corrective criticism, negative feedback, and negative reinforcement. Management-by-exception takes two forms: active and passive. A leader using the active form of management-by-exception watches followers closely for mistakes or rule violations and then takes corrective action.

Nonleadership Factors

In the model, the nonleadership factor diverges further from transactional leadership and represents behaviors that are nontransactional

Laissez-Faire

Factor 7 describes leadership that falls at the right side of the transactional-transformational leadership continuum. This factor represents the absence of leadership. As the French phrase implies, the laissez-faire leader take a “hands-off-let-things-ride” approach. This leader abdicates responsibility, delays decisions, gives no feedback, and makes little effort to help followers satisfy their needs.

Summarized, from concept on this transformational leadership theory able to study from the leader who changes the colleagues and follower, they could consider them self and performance in all paradigms, which effect awareness regarding vision and mission of team and organization. Transformational leadership comprise of 4 components are creating 1) charisma leadership or idealized influence 2) Inspiration motivation 3) intellectual stimulation 4) Individualized consideration which the study of various country accept that transformation is proper leadership is present era because of it is changing paradigm shift and lead to empowering ad be moral agents. They able to change an effectiveness of organization are higher. The author applied on Bass’s theory because of appropriate with changing era.

3.2 Motivation

Meaning of motivation

The meanings of motivation are stated by number of foreign authors.

Delocco (1968: 180) has declared that motivation is composed of elements pushing the persons to behave according to those compositions, i.e., encouraging objects, expectation, stimulating matter, and punishment. While Baron (1968: 73) has viewed motivation as one set of process empowering personal behaviors and controlling of those attained behaviors.

Moorhead & Griffin (1995: 78) has viewed that motivation is the set of power pushing the persons to perform in the desired directions. And for Hellrigel & Slocum (1996: 170) has declared that motivation is regarding with the arousing, controlling, regulating, and conserving the behaviors leading to goals.

From the various above-mentioned meaning, it can be conclude that motivation is the process of arranging factors as the pushing forces onto the implementers to make them behave to the achievement purposes or the desired goals. And in this study, it is the process carried out by personnel working in Siriraj Hospital to build up motivation forces in the implementers to make accomplishment of their organization goals.

Many psychologists and theorist have suggested concept about the theory of motivation in working such as Maslow's Hierarchy of need, and the X,Y theory of Douglas McGregor. In this research Herzberg's two factors theory have bee taken to be the concept of the study, because this theory s interested in people and environment.

Herzberg's Two-factors theory

The Two-factors theory was hypothesized by Herberg, et al.(1959:45-115) by studying 200 engineers and accountants. This study was designed to specify attitudes, identify factors, and examine the effects of attitudes expressed by the respondents. A semi-structured interview, known as "critical incident technique", was employed to elicit the required information. The subjects were asked to think of a period of time, either recently or any other time, when they felt exceptionally happy or unhappy and were required to tell various events which made them feel so. By means of content analysis, Herzberg and his associates noted an important distinction between two kinds of factors.

Motivator factors. The group of factors dealt with the nature of job was done. One set of factors contributed to satisfaction. They are referred to as intrinsic, job content, motivators, or satisfy.

Achievement. Definition of achievement also included its opposite, failure, and the absence of achievement. Stories involving some specifically mentioned success were put into this category and these included the following: successful completion of a job, solution to problems, vindication, and seeing the results of one's work.

Recognition. The major criterion for this category was some act of recognition to the person speaking to us. The source could be almost anyone: supervisor, a peer, a client, or general public. Some act of notice, praise, or blame was involved. In our subcategories, we differentiated between situations in which rewards were given along with the acts of recognition and those in which there were no concrete rewards. Note that we and many sequences in which the central event was some act, such as a promotion or a wage increase, which was not itself accompanied by verbal recognition but which was perceived by the respondent as a source of feeling of recognition.

Work itself. The actual doing of the job or the tasks of the job as a source of good or bad feelings about it. Thus jobs can be routine or varied, creative or stultifying, overly easy or overly difficult. The duties of a position can include an opportunity to carry through an entire operation or they can be restricted to one-minute aspect of it.

Responsibility. This includes those sequences of events in which the person speaking reported that he derived satisfaction from being given responsibility for his own work or for the work of others or being given new responsibility. In which the story revolved around a wide gap between a person's authority and authority he needed to carry out his job responsibilities.

Advancement. This category was used only when there was an actual change in the status or position of the person in the company. In situations in which an individual transferred from one part of the company to another without any change in status but with increased opportunities for responsible work, the change was considered an increased responsibility but not formally advancement.

Hygiene factors or maintenance factors. The set of factors was instrumental in bringing about dissatisfactions. They are called as extrinsic, jobs context, hygiene's, or dissatisfies working conditions.

Possibility of growth. The inclusion of a possibility as an objective factor in the situation may sound paradoxical, but there were some sequences in which the respondent told us of change in his situation involving objective evidence that the possibilities for his growth were now increased or decreased. An example of this is a change in status that officially included a likelihood that the respondent would be able to rise in a company, or the converse.

Interpersonal relations. We restricted our coding of interpersonal relations to those stories in which there was some actual verbalization about the characteristics of the interaction between the person speaking and some other individual. We set this up in terms of three major categories, interpersonal relationship with superior, interpersonal relationship with subordinate; interpersonal relationship with peers, to describe various kinds of situations involving interaction between the person speaking and others. These would have enabled us to differentiate between the characteristics of interpersonal relationships, which are purely social, and those, which were socio technical.

Status. It might be considered that any advancement would involve a change in status and ought to be thus coded. This was not done. Status was coded only when the respondent actually mentioned some sign or appurtenance of status as being a factor in his feelings about the job.

Company policy and administration. This category identified two kinds of characteristics. One involved the adequacy or inadequacy of company organization and management, The second kind of over-all characteristic of the company involved the harmfulness or beneficial effects of the company's policies. These are primarily personnel policies. These policies, when viewed negatively, are not described as ineffective, but rather as malevolent.

Working conditions. This category was used for stories in which the physical conditions of work, the amount of work or the facilities available for doing the work were mentioned in the sequence of events. Adequacy or inadequacy of

ventilation, lighting, tools, space, and other such environmental characteristics would be included here.

Factors in personal life. Situations in which some aspect of the job affected personal life in such a way that the effect was a factor in the respondent's feelings about his job. For example, the company demanded that a man move to a new location in a community in which the man's family was unhappy.

Job security. This included such considerations as tenure and company stability or instability, which reflected in some objective way on a person's job security.

Supervision-technical. The category supervision-technical, fairness or unfairness of the supervisor was the critical characteristics. Statement about the supervisor's willingness or unwillingness to teach. A supervisor who is perpetually nagging or critical and supervisor who kept things humming smoothly and efficiently might both be reported as factors in a sequence of events that led to exceptional feelings about the job.

Salary. This category included all sequences of events in which compensation plays a role. Surprisingly enough, virtually all of these involve wage or salary increases, or unfulfilled expectation of salary increases.

Herzberg et al. (1976: 78-80) postulates that satisfaction and dissatisfaction were two separate, distinct, and independent feelings. They are, in other words, unipolar dimensions. The opposite of satisfaction is no satisfaction, and the opposite of dissatisfaction is no dissatisfaction. The traditional view, on the other hand, conceives satisfaction and dissatisfaction as bipolar dimension. According to this view, the absence of the one factor indicates the presence of the other. Schematically, the views may be represented as follows.

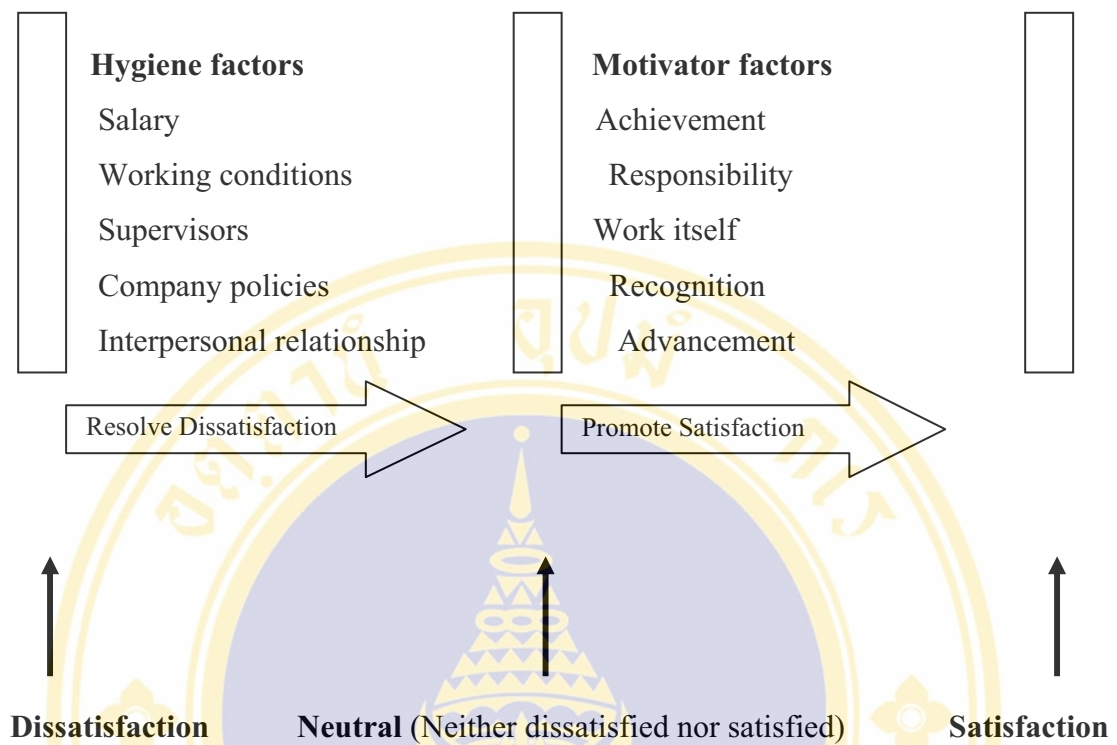


Figure 5 Herzberg's Two-factors theory (1959:115)

Resource: Herzberg, F., et al.(1959). The Motivation to work. John Wiley and Sons, New York, p 115

3.3 Teamwork

Teamwork is not a new idea. The basic concepts of organizing and managing teams go back in history to biblical times. However, it was not before the beginning of the 1920s Century that work teams were formally recognized as an effective device for enhancing organizational performance. Specifically, the discovery of important social phenomena in the classic Hawthorne studies (Roethlingsberger & Dickerson ,1939) led to new insight on group behavior and the benefits of work group identity and cohesion to performance (Dyer, 1977). Globalization, privatization, digitization and rapidly changing technologies have transformed our economies into a hyper-competitive enterprise system where virtually every organization is under pressure to do more things faster, better and cheaper. Effective teamwork is seen as a key success factor in deriving competitive advantages from these developments. At the

same time, the process of team building has become more complex and requires more sophisticated management skills as bureaucratic hierarchies and support systems decline.

Definition of Teamwork

Katzenbach & Smith (1993: 45) define a work team as “a small number of people with complementary skills who are committed to a common purpose, set of performance goals, and approach for which they hold themselves mutually accountable”. They differentiate between a working group and a work team by focusing on performance results. While a working group's performance is solely a function of the performance of the individuals in the group, a work team's performance is a function of both individual and collective work products. Working group members are only accountable for their own results. Work team members are accountable for both individual and team results.

Form the definitions of the above-mentioned authors, it can be concluded that team working: It has been defined as a small number of people with complementary skill at least two persons co-operate the authorizes assignments with common objectives or goals, through communication, coordination, decision making, planning, and supporting each other in order to push one's responsible assignments to the efficiency and effectiveness of the setting goal at last.

In this research, team effectiveness (Varney, 1989: 22-23) was assessed on nine sub-dimensions:

1. Communication: In an effective team, there are honest working relationships and high levels of trust. A healthy organization allows dissent and disagreement to be dealt with through a well-established and informal communication process. In such organizations, There are high listening levels, a sharing of information, appropriate praise exchanged between members, and feedback about how people are working together and meetings are being conducted. When people are working well together on an interpersonal level, effective decisions are reached with

the least amount of effort, and the boss is open to suggestions and encourages the free expression of ideas and opinions.

2. Objectives: Effective teams have clear objectives that are understood by all team members. Members are committed to accomplishing these objectives, which are realistic yet challenging. In all cases, effective teams set goals through a process of participation and involvement.

3. Interpersonal Conflict: Interpersonal conflict is a natural part of the day-to-day interaction between people. In an effective team, there is a relatively low level of interpersonal conflict. When it does occur, it is not rigidly suppressed; rather, it works out in a healthy manner within the group.

4. Organization: An efficient team uses carefully designed formal and informal organizational approaches that are based on the functions of the team. These approaches are designed to fully utilize the abilities and skills of everyone on the team, while providing sufficient authority to get the job done and allowing enough flexibility for people to perform effectively.

5. Control: Certain controls are built into the way an effective team functions. Performance standards are developed and agreed to in advance. These standards then become the measurements by which the actual performance of members is evaluated. Positive feedback is used to give team members information about their successes, and negative feedback is kept to a minimum.

6. Support: When a team is working well, a positive environment has been established by the members of the team, designed to respect and support the efforts of each member. This positive environment is candid and relaxed. Members of such a team feel at ease with each other and can honestly state their opinions.

7. Roles of Team Members: Effective teams make certain that members understand their respective roles and that these roles are agreed to and not imposed on members. Team members have confidence in themselves and express confidence in one another. There is a high degree of loyalty to the team, and this is often intensified when the team is under criticism from someone outside it.

8. Decision Making: When decisions are reached through consensus and all members feel that they have contributed to these decisions, an effective team is at

work. The input from all members is carefully considered and evaluated, and final decisions are accepted by all members of the team.

9. Results: Increased productivity is the mark of a well-oiled team. When production information is always shared openly, team members are aware of and can control the factors that affect results.

3.4 Participation

Definition of participation

In the literature of development, there are many definitions and understandings of participation. In 1980, Cohen and Uphoff define participation as “the involvement of a significant number of persons in situations or actions which enhance their well being, e.g. their income, security or self-esteem” (Cohen & Uphoff, 1980: 7-10). More importantly than defining participation, they find it necessary to ask: 1) what kind of participation is under consideration; 2) who is participating in it; and how is participation occurring?. These three questions are important as participation can occur on different levels, with different groups involved in different ways.

Chambers’ definition of participation in development becomes synonymous with practicing PRA – perhaps because it is not as important to define participation in development as how participation is used. According to Chambers when the approaches and methods from PRA are used properly, PRA transforms local people from being inferior to experts/outsideers being fully capable of analyzing and planning their own reality (Chambers, 1997: 130).

Ervin (1976: 138) has defined that participative development is the process of offering person to be involved in development proceedings, sharing ideals and decisions, and problem solving by themselves. It is individuals’ active participation, sharing of creation, skills, together with appropriate technologies and performance supporting and following up, in order to solve the problems of the organization.

Moorhead & Griffin (1995: 117) have concluded that participation is the process of offering opportunities to the subordinate to have rights in decision making of their tasks.

Alastair (1982: 18) has identified the four dimensions of participation;

Dimension 1: Participation in decision of what should be done and how to do.

Dimension 2: Sacrificial participation for the development and implementation as decided.

Dimension 3: Participation in allocation of benefits resulting from operation.

Dimension 4: Participation in evaluation.

Step of participation

Pirat Taecharin (1984: 6-7) had mentioned about the stage of participation for achieve the objective and development policy as:

1. Participate in study searching the problems and cause of problem which happened to community including the needs of community.
2. Participate in develop and create development method, solve and reduce community problem or for create new thing which benefit to community or responding to the needs of community.
3. Participate in lay out policy or plan or project or activity in order to abolish and solve problem and responding to needs of community.
4. Participate in decision making on using limited resources for the benefit of all.
5. Participate in handle or improve development management system to have effective and efficiency.
6. Participate in project investment according to the capacity of themselves and organization development.
7. Participate in policy, plan, project, and activity implementation in order to achieve the goal.

8. Participate in control, follow up, evaluation and maintain the project and activity which setting by private and government sector to make use of them forever.

Patterns of people's participation

From patterns of people's participation review found that it had divided the types of pattern and participation process differently according to the characteristic of activities and the concept of each academic which depended on their attitude academic background. However, it found that pattern and many participation process concepts were harmonized, even in the patterns of Fonaroff, Cohen & Uphoff, Cary, Chapin, All of them explained the patterns and participation which have similarity, in the similarity there still had some differences in details of each stage as follows:

Cohen & Uphoff (1977: 8) had divided participation patterns into 4 types.

1. Decision making consisted with 3 stages as
 - Decision making at beginning stage
 - Decision making during activities
 - Decision making in implementation
2. Implementation, it may be in the form of resource support, administration, cooperation including labor force and spirit.
3. Benefits, even benefits from material side and social side or individual benefit.
4. Evaluation, it was the control and examine all activities implementation and it showed the adjustment of next participation

In addition, Cohen & Uphoff still the relationship of participation model, the details as shown in figure 6

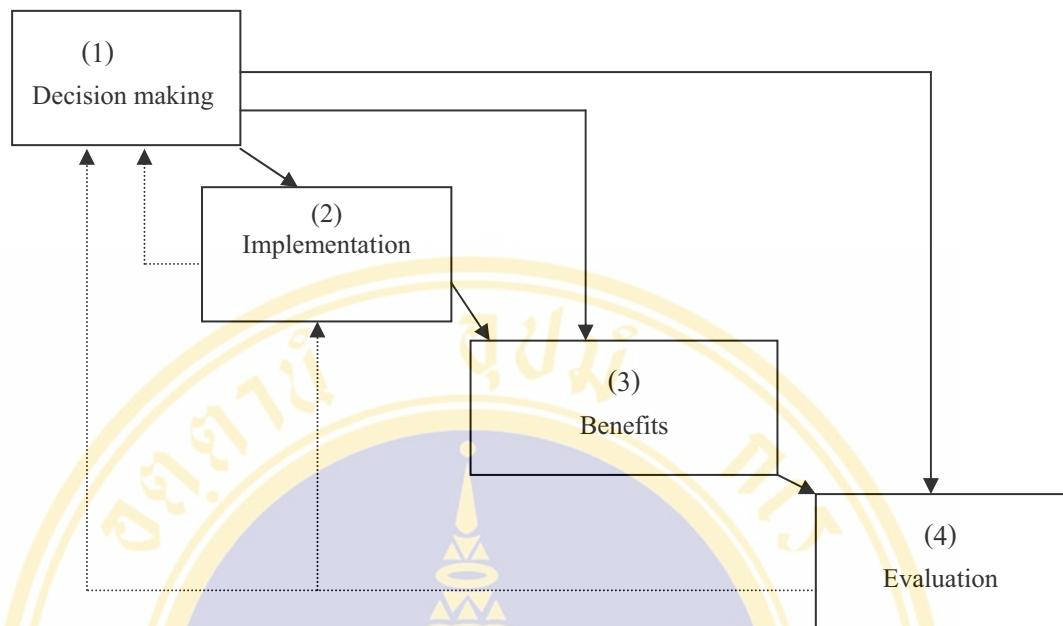


Figure 6 The relationship of participation of Cohen & Uphoff

Resource: John M. Cohen and Norman T. Uphoff. Rural Development Participation: Concepts and Measures for Project Design, Implementation, and Evaluation. Ithaca, New York: The Rural Development Committee, Center for International Studies, 1977 p.8

From figure 6, it could be seen that Cohen & Uphoff emphasized on decision making very much. As seen in the figure the started point is in (1) decision making which Cohen & Uphoff showed the relation line by using dotted line (-----). Decision making will have effect to implementation and from implementation it will effect to benefits and evaluation. Meanwhile decision making will have direct to benefits and evaluation as shown from solid line, at the same time evaluation will have feedback to decision making which shown by dotted line (---) and it also clearly showed that implementation will have feedback to decision making too.

3.5 Commitment and Adoption

Definition of Organization Commitment

There were many persons who gave the definition of organizational commitment in different ways as follows:

Becker (1960: 32-33) presented the definition of organizational commitment as the condition of individuals who brought themselves to the action or behavior according to what he invested. We called the investment as “side-bet”. It is a better idea to be strict rather than not to be strict with the obligation. Therefore, the level of commitment depends on the degree and quality of the investment such as education, experience, working period and status.

Sheldon (1971: 143) is of the opinion that organizational commitment which links or attaches the identity of the person to the organization. Employee feel concern towards the organization and intend to work to achieve the target of the organization.

Hrebiniak & Alutto (1972: 556) presented the definition of the organizational commitment as a structured phenomenon which occurs as a result of individual-organizational transactions in site bet or investment over time. The structured phenomenon depend on the employee’s perception.

Porter, et al (1974: 603-609) presented the definition of the organizational commitment as the feeling of the staff who act as though they are part of the organization, to have the same values with other members and are willing to devote to work or organization. This feeling is different from the organizational commitment that comes from normal members. The behavior of the worker who has real organizational commitment focuses on the willingness to work to achieve the organization’s target also. It consists of strong belief in and acceptance of the organization’s goals and values, a willingness to exert considerable effort on behave of the organization and a strong desire to maintain membership in the organization.

Steers (1977: 46) presented the definition of the organizational commitment as the close relationship of the members to join the organization's activity.

Meyer & Allen (1993: 538-551) mentioned that organizational commitment is the characteristics of the relation of the person to the organization and leads to the decision to be or not to be the member of that organization, which consists of the feeling of affective attachment, continuance commitment and normative commitment.

Poranee Keeratibutr (1986: 94) mentioned that organizational commitment can be separated into two characteristics which are formal organizational commitment, which can be shown by coming to the office on time. Affective commitment means the employees are seriously committed or interested in the target value and objectives of the employers. It is the good attitude towards the employer and willingness to intention to work in the organization to achieve the target easily.

According to these definitions we conclude that the organizational commitment is the feeling between employees and the organization to decide to be or to quit from being a member that consists of organizational commitment and desire to be the organization and the normative commitment of the organization.

Concept and theory of organizational commitment

There are many scholars who have presented the concept of organizational commitment. We can separate them into two concepts as follows:

1. Concept of behavior

By this concept, we always see the organizational commitment in terms of behavior. When people have organizational commitment they will have continuance behavior, working continuously without thinking of quitting or rotating their job. The organizational commitment and decision not to leave the organization is

the result of the weighing of the advantages and disadvantages. If they leave their status as members of the organization, these disadvantages as mentioned may be lost advantages.

This concept came from the exchange concept or reward cost notation (Homan, 1960 Reference in Hrebiniak & Alutto, 1972: 555-573) which appeared in the pattern of exchange in the abstract and reality. The clarity depends on the negotiation or exchange between the individual and the organization. The more satisfaction they get from the exchange, the more commitment that they have to the organization. Howard S. Becker developed the frame of study in exchange concept or reward cost notation. He used the basis of the simple exchange paradigm in the structure of the Side-Bets Theory. The important element of this theory is the consideration of the organizational commitment that results from a person who compares and weighs the consequences of resigning, what he will lose according to the person who went to be the member of the organization or department during a working period that causes the investment to occur, which Becker called “side-bets” that may appear in the form of time, physical and energy to work or be a member of other organizations. If that happens, that person would want other compensation from the organization in the long term such as lump sum or pension, aside from the salary. If the person resigns before the due date, his investment increases. It will be hard for him to make a decision to leave the organization, which means that he will lose much more than he would get from the organization.

However, the concept of Becker has some limitation in the explanation of phenomenon. Each social system sets a different value system. Therefore, the one who grows up in a social system sets that has a different value is able to assess the value in the different level.

2. Concept of attitude

The people who support the concept of attitude see organizational commitment as a strong feeling that the people show that they are part of the organization. The persons who have studied these ideas are:

Mowday, et al., (1982: 224-247) presented that organizational commitment consists of three characteristics:

1. The strong belief in and acceptance of the organization's goals and values. This comes from the person who has the same feeling towards the organization, has the values that harmonize with other members and has the feeling that they own the organization.

2. The willingness to exert considerable effort on behalf of the organization by the people who devote their physical and mental energy. This feeling is different from organizational commitment according to the normal or regular organization. The members have the same behavior in working that has the exact organizational commitment where they emphasize on their willingness to achieve the organization's targets.

3. The strong desire to maintain membership in the organization and to achieve the organization's target without rotation or quitting from the organization because they are part of the organization and have confidence to be with that organization.

Meyer & Allen (1993: 539) mentioned that the organization commitment is the relation characteristics between person and organization that leads to a decision to continue or to quit from being a member of that organization. There are three components as follows:

Affective commitment refers to the employee's emotion attachment to, identification with, and involvement in the organization. Employees with a strong affective commitment continue employment with the organization because they want to do so.

Continuance commitment refers to an awareness of the costs associated with leaving the organization. Employees whose primary link to the organization is based on continuance commitment remain because they need to do so.

Normative commitment refers a feeling of obligation to continue employment. Employees with a high level of normative commitment feel that they to remain with the organization.

Poranee Keerabutr (1986: 94) mentioned that organizational commitment can be divided into two types as follows:

1. Formal commitment is the tangible action such as: going to work on time.
2. Affective commitment is a serious commitment or interest of the employees towards the target, values and employer's target. They have good attitude towards the employer and are willing to spend energy to work to achieve the target easily.

In this research, organizational commitment means the feeling of personnel working in Siriraj Hospital towards the hospital to make a decision to continue or to quit from being a member. It is composed of commitment to the hospital and feeling to be with the hospital and commitment which is according to the standard of the hospital.

Concept of the measurement of organizational commitment

Organizational commitment is an important indicator to measure the organizational effectiveness. There are scholars who studied the concept of the measurement of the organizational commitment as follows:

Mowdays, et al., (1982: 224-247) developed the measurement tools to measure organizational commitment called Organizational Commitment Questionnaire (OCQ). OCQ was the measurement that shows the qualifications of the measurement in psychology. There were 15 items in the areas of organizational commitment definition that had 3 characteristics such as: believing and acceptance of the targets and values of the organization, the willingness to spend effort for the organization and the greatest desire to maintain the status of the organization's members.

Meyer & Allen (1993: 539) created the organizational commitment measurement called "Meyer and Allen's Three-Component Model". It was the tool that measured the feeling of the person in the organization. There were three commitment scales which are: affective commitment, continuance commitment and normative commitment with 18 items and five point, Likert-type scales.

In this research, researcher used the concept of Meyer & Allen to be concept of this study, because it is the concept that has a definition that covers three meanings which are: affective commitment, continuance commitment and normative commitment. According to the literature revision, there are fewer people who use this concept.

Adoption

Definition of Adoption

Barnett (1953: 313) mentioned that innovation is the reception given to a new idea is not so fortuitous and unpredictable as it sometimes appears to be. The character of the idea is itself an important determinant.

Rogers & Shoemaker (1971: 19) innovation means thoughts, practices, or object's people perceived that it is new, whether the thought are new, at the beginning time of either . Finding or thinking, but depends on personal perception that it is new by their opinion, which will decide by their response to that. What they think new, it is innovation. New innovation may not be new knowledge. People may have already know innovation's knowledge but undeveloped their attitude in like or dislike direction, or accepted or deny to that. Newness of innovation may subject about attitude knowledge or decision. Newness of innovation may be possible temporarily in specific time but when those practice or new things are accepted to implement widely, those thing will be normal.

Foster (1973: 146-147) gave the meaning of innovation as citizens learning through education and passing through step of cognition. Acceptance can arise if there is self learning, and the learning will affect the individual after he tried out the practice. After he is certain that the artifact is beneficial, he then dares to invest in the artifact.

The adoption process is the mental process through which an individual passes from first hearing about an innovation to final adoption. The adoption process should be distinguished from the diffusion process which is the spread of a new idea from its source of invention or creation to its ultimate users or adopters. A major difference between the diffusion process and the adoption process is that diffusion occurs among persons while adoption is an individual matter. The adoption process is one type of decision-making. The adoption of an innovation requires a decision by an individual. It must begin using a new idea and, in most cases, decide to cease using an idea that the innovation replaces. The adoption process is actually more complex than this statement implies; several interrelated decisions must be made during the adoption process. Decision-making is the process by which an evaluation of the meaning and consequences of alternative lines of conduct is made. Johnson and Haver (1953: 8) listed the following steps in decision-making: (1) observing the problem, (2) making an analysis of it, (3) deciding the available courses of action, (4) taking one course, and (5) accepting the consequences of the decision.

Stages in the adoption process

Five stages are utilized in this research: (1) awareness, (2) interest, (3) evaluation, (4) trial, and (5) adoption. The type of behavior occurring at each stage is described, as well as the main function that each stage fulfills in the adoption process.

1. Awareness Stage

At the awareness stage the individual is exposed to the innovation but lacks complete information about it. The individual is aware of the innovation, but is not yet motivated to seek further information. The primary function of the awareness stage is to initiate the sequence of later stages that lead to eventual adoption or rejection of the innovation.

2. Interest Stage

At the interest stage the individual becomes interested in the new idea and seeks additional information about it. The individual favors the innovation in a

general way, but he has not yet judged its utility in terms of his own situation. The function of the interest stage is mainly to increase the individual's information about the innovation. The cognitive or "knowing" component of behavior is involved at the interest stage (Lavidge & Steiner, 1961: 59-62). The individual is more psychologically involved with the innovation at the interest stage than at the awareness stage. The interest stage has been referred to as the "information" stage by Beal and others (1957), as the "knowledge" step by Lavidge and Steiner (1961), and as the "interest information" stage by the North central Rural Sociology Subcommittee (1961).

3. Evaluation Stage

At the evaluation stage the individual mentally applies the innovation to his present and anticipated future situation, and then decides whether or not to try it. A sort of "mental trial" occurs at the evaluation stage. If the individual feels the advantages of the innovation outweigh the disadvantages, he will decide to try the innovation. The trial itself, however is conceptually distinct from the decision to try the new idea. The evaluation stage is probably least distinct of the five adoption stages and empirically one of the most difficult about which to question respondents. Other research workers have termed the evaluation stage "application" (Bealet al., 1957; Beal & Rogers, 1960: 20), "acceptance" (Copp, et al., 1958), "evaluation – application – decision" (NCRS Subcommittee, 1961), and "conviction" (Rogers & Yost, 1960: 21; Rogers & pitzer, 1960). All these terms imply that an affective component of behavior, a favorable or unfavorable feeling toward the idea, is involved at the evaluation stage (Lavidge & Stiner, 1961: 25).

4. Trial Stage

At the trial stage the individual uses the innovation on a small scale in order to determine its utility in his own situation. The main function of the trial stage is to demonstrate the new idea in the individual's own situation and determine its usefulness for possible complete adoption. It is thus a validity test or "dry run". The decision to use the idea on a trial basis was made at the evaluation stage. The

individual may seek specific information about the method of using the innovation at the trial stage.

5. Adoption Stage

At the adoption stage the individual decides to continue the full use of the innovation. The main functions of the adoption stage are consideration of the trial results and the decision to ratify sustained use of the innovation. Adoption implies continued use of the innovation in the future. The connective or motivational component of behavior is involved at the adoption (and trial) stage (Lavidge & Steiner, 1961: 25-27).

Communication is a process of facilitating the exchange of feeling and information among individuals or group of people, that enhances mutual understanding, if the communication involves transmission of “innovations” (new product, service, idea, and so on) from one end to another. And stimulates action to adopt the innovation, it is “diffusion of innovations”.

According to Everett M. Rogers’s definition, diffusion of innovations is the process by which an innovation (new idea) is communicated through certain channels over time among the members of a social system. Five main elements can be observed in this statement explaining the process of innovations diffusion. They are Innovation, Communication, Time, Social System, and Adopter.

1. Innovation. the definition of “ innovation ” varies when it appears across different discipline, and even within one certain discipline, Generally speaking, it can be new ideas, inventions, knowledge, products, services, perspectives and so on. When people make decision on whether or not to adopt an innovation, the following factors play dominant role in their decision making process.

1.1 Relative Advantage it is common for people to assess the advantages of an innovation before they decide to adopt it. Most of the time, it is not the absolute supremacy of a new alternative that actualizes adoption behaviors, but

the benefit relatively greater than the existing options, Moreover, the benefit is not perceived of an innovation also substantially influences on the speed of the diffusion process. The more significant the relative advantage is perceived, the faster the innovation diffusion

1.2 Compatibility it is the degree to which an innovation is compatible and consistent with the existing values and past experience of potential adopters. If a new idea drastically conflicts the existing value system, it will hardly be accepted, and thus the chance of being adopted is little. For example, when Christianity was first introduced to China, great hurdles occurred because the idea against idol worshipping contradicts the Chinese traditions of admiring their forefathers.

1.3 Complexity this concept delineates the degree to which an innovation is perceived difficult to understand and use, In Los Molinos, Peru, volunteers promoted the idea of drinking boiled water to improve the health conditions of the residents. When they tried to explain how the germs in the water could be terminated under high temperature, no one accepted because the concept of germ per se was far beyond their understanding. Therefore, the more complicated an innovation is, the less cases of adoption occur, and the slower the diffusion process is.

1.4 Trialability People will be more willing to accept a new idea if they can literally try it to observe and evaluate the results. Because by doing so, they will be able to limit the risk of facing unfavorable outcomes. This is the reason why marketers offer consumers taste samples or small package of trial products before the real launching of new products.

1.5 Observability Whether or not the results of adopting an innovation are visible to the adopter and people around will affect the diffusion process. If the results are intangible, people will be more reluctant to accept or adopt the innovation; in the contrary, if the results are easy enough to be observed, people's interests in adopting it will increase. Celebrity endorsement is used in advertising as means to augment the visibility of new products.

Other determining factors influencing diffusion of innovations include the communication skills of the message sender, the decision making processing systems of individuals, clutters and interruptions in the communication process, social norms and values, and connections among people.

2. Time the diffusion process consists of five different stages when diffusion occurs among individuals and another two stages when it happens within organizations. Compared to individual diffusion, organizational diffusion process is more controllable.

2.1 Individual Diffusion

2.1.1 Knowledge: This stage begins when a potential adopter is exposed to the innovation. In this stage, the potential adopter becomes aware of the existence an innovation, yet has no judgment about it. The communication in this stage is usually through impersonal media.

2.1.2 Persuasion: The potential adopter's attitudes towards the innovation is formed in this stage. By anticipating and appraising future use satisfaction and risks of adoption, the potential adopter develop positive or negative attitudes to the innovation, which play important role of modifying his final decision

2.1.3 Decision: In this stage, the potential adopter start to actively seek out for information about the innovation that assists the decision making. The effectiveness of personal communication stands out in this stage because people tend to heavily rely on their personal network for information, such as consulting their opinion leaders on their decisions.

2.1.4 Implementation: Up to this point, mental information processing and decision-making is drawing to an end, but behavioral change begins. People either actually accept the innovation and put it into use, or reject to adopt it.

2.1.5 Confirmation: After the adoption of innovation, the adopter keeps evaluate the results of his decision. If the level of satisfaction is significant enough, the use if innovation will continue; however, it is also possible that

the rejection occurs after adoption. In the latter case, the reverse of previous decision is called “discontinuance”

2.2 Organizational Diffusion

2.2.1 Initiation: The innovation is structured in this stage through two basic approaches. (a) Agenda-setting: It is more feasible to set favorable prior conditions (such as developing felt needs for the innovation) within an organization than in a general social context. In this stage, the organization prepares an appropriate environment before informing its members about the innovation. (b) Matching: The organization matches the innovation to its needs to convince its members that the innovation is valuable and beneficial and thus necessary.

2.2.2 Implementation: The implementation of innovation can be further categorized into three levels. (a) Redefining/Restructuring: To cater to the specific needs of the organization. The new idea may be custom tailored. In another case, the restructure within the organization itself may be required to fit the qualifications to utilize the innovation. (b) clarifying: After the innovation being executes for a period of time, the members of an organization gradually understand the innovation and give recognition to it. (c) Routinizing: When the innovation gain recognition and support from the members of an organization, the innovation eventually becomes part of the formal norms or rules of operation within the organization.

Part 4: Concept of Policy Implementation: Success and Failure

Policy Implementation: Success and Failure

Sabatier and Mazmanian stated in an article “Policy implementation ” that even though almost all implementation studies have sought to evaluate program performance, there have been a wide variety of approaches concerning the evaluation criteria employed, for example, whether one focuses on policy output or eventual outcomes (or both); and evaluative criteria only partially related to statutory

prescribed goals. In terms of evaluation criteria, the objective specified in the statute and the benefits of the program, for example, in terms of benefit-cost analysis are frequently employed. Secondly, the concern is on policy outputs or the ultimate outcomes of a program that could be viewed from various perspectives.

Ingram & Mann (1980: 11-29) stated in the volume editors' introduction in the book entitled "Why policy Succeeds or fails" that the phenomenon of success or failure is neither simple nor certain. Both of them are slippery concepts, often highly subjective and reflective of an individual's goals, perception of need, and perhaps even psychological disposition toward life. Especially before a policy is implemented, policy success or failure is in the eyes of the beholder. Some, because of their entrepreneurial role in promoting the interest of a given group, may proclaim great victory, where other see compromise at best, and perhaps even defeat. In the course of this essay, they mentioned several problems of measuring success and failure which are:

1. Lack of an objective measurement of policy success that can be acceptable to all conflicting value positions. For example, the policy on the minimum wage is necessity for a protection of skilled and organized workers, but it is also viewed as an irrational policy for some businesses and economists.

2. Lack of specific standard to identify the accomplishment of the policy compared with the idealized national policy. The Medicare program, for example, has reduced the financial burden on the aged and made accessible to them Medicare they otherwise found unavailable. However, this policy has not yet substantially reduced the financial burdens of the poor, even if, in some indicators at least, it improve the health of the poor.

3. Unknown alternatives to policy tried. In assessing policy success and failure, evaluators are also faced with significant "what if" questions. For example, the Urban Renewal policy was in many respects a failure; but would a policy of doing nothing to revitalize the urban area core be preferable? No one knows. Policy failure, however, painful, may be evidence of political imperatives that respond to problems, even if knowledge may be limited and appropriate policy tools are unavailable.

For the explanations of why policy fails or succeeds, a number of causes for policy failure has been identified; most are related to institutional and behavioral influences, about which the social scientists are supposed to have particular insight. Ingram and Mann also added three conditions affecting the judgment on policy success or failure, which are: the impact of changing circumstances and the relationships of one policy to another and the boundaries in question. The following are the conditions affecting the policy failure: excessive policy demand, unrealizable policy expectations, inaccurate theory of causation, inappropriate choice of effective policy tools, the vagaries of implementation, and failure of political institutions.

Likewise, Voradej Chandarasorn (1997b: 9-13) proposed the idea of success and failure of the governmental development program in three dimensions as follows:

1. policies' achievement should be considered in three levels: output, outcome and ultimate outcome. The output level is to measure to what extent that the policy achieved its desired objectives. The EDA's Oakland project sought to create 3,000 jobs in all for the unemployed through several public work projects, for example, the construction of an aircraft hanger, marine terminal, port industrial park, and an access road to the city's newly built coliseum. To ascertain whether the implementations has been created within the time limit, the identity of those who have been hired and how much they are hired, and progress on the related public work projects according to a time schedule.

The outcome level of program achievement, which is the consequence for the society that flows from the output, intended or unintended, can be measured according to the target groups' access in terms of equality, fairness, responsibility, etc., to the benefit of the program as desired. For example, a medical care program such as Medicaid was designed to improve access of the low- income groups to medical resources and hence the health of the population. Evaluation has demonstrated that Medicaid did, in fact, improve access to good care, but it has not demonstrably improved the health of the lower-income citizens. This program thus cannot be claimed successful at the outcome level. For the ultimate outcome level, a program must have to accomplish, for example the trend of future development. An

evaluation typically might be asked if a manpower program provides its graduates with jobs that represented an economic improvement of the target groups and of the country as a whole.

2. The program's achievement is based upon four aspects which are:

2.1 The success of one policy must not have negative impacts to other policies or lead to harmful consequences. A welfare program, for example, may improve the income situation of the groups' benefit as intended; but the policy success may also have an effect on their initiative to seek employment and create a dependency attitude among American citizens. An agricultural price-support program in various countries by the governments. Which is intended to improve farmers' income, can also sometimes lead to overproduction of the supported commodities.

2.2 The success of one program must not be suspected for its validity and reliability. The inside valuation stated by Voradej Chandarasorn, for example, will be biased for the program's benefit which will wrongly signal for decision-making for some on going policies.

2.3 The measures or approaches of a program must not create any difficulties or problems in practice or in being applied to real situations. That is, to use Chares L. Schultz' s statement

Bardach (1977) is the academic author interest in criteria for measuring the failure or the success of the policy. From his opinion, failure can be viewed in 3 dimensions; (1) the accomplishment at lower criteria level, (2) there is some delay in policy implementation assessed by comparing with the setting plan or goal, and (3) there is some over expense in each project or policy implementation. Thus, the failure is judged when met only one of the criteria or of all.

Therefore, the research has set up the criteria for identifying the successive levels of Hospital Accreditation policy implementation in case Siriraj Hospital. In this research author followed a similar approach and looked at success through the eye of the main provider involved in the policy implementation:

organizational effectiveness or success ; goal attainment, job satisfaction, and quality of work life.

Organizational effectiveness theory

Although the literature on organizational effectiveness is large and growing, there seems to be little consensus on how to conceptualize, measure, and explain effectiveness. For example, Steers (1975) reviewed seventeen major multivariate studies of organizational effectiveness and found fifteen different evaluative criteria used to define the construct. Campbell (1976) listed thirty separate indicators. Researchers seem to disagree most about how to conceptualize organizational effectiveness, and generally choose one of three models: the “behavioral-attitudinal” model, the “processual” model, and the “goal attainment” model. Some students of organizational effectiveness claim that certain behavioral and attitudinal characteristics of individuals or groups of employees offer the most precise measure of an organization’s effectiveness. Such evaluative criteria as employee satisfaction (Friedlander & Pickle, 1968; Negandhi & Reimann, 1973), absence of tension and conflict within subgroups (Georgopoulos & Tannenbaum, 1957; Ghorpade, 1971), psychological commitment (Schein, 1970), turnover and absenteeism (Czmbell, 1975), interpersonal relations (Negandhi & Reimann, 1973), and morale (Price, 1968) figure prominently in this behavioral-attitudinal conceptualization of organizational effectiveness.

1) The goal-attainment model

The goal attainment model defines organizational effectiveness in terms of the extent to which the organization achieves its goals or objectives (Price, 1968, 1972; Steers, 1975). However, researchers disagree considerably over how to define goal and objectives. The “prescribed” goal approach argues that the formal character of the organization, as embodied in top management, is the most valid source of information concerning goals (Perrow, 1968). The “derived” goal approach permits the investigator to derive the organization’s goal from his functional theory,

and thus arrive at its goals independent of the intentions and awareness of the members of the organization (Yuchtman & Seashore, 1967). Similarly, researchers differentiate organizational goals from the private goals of leaders or participants, and actual goals from official goals (Gross, 1969). These three sets of distinctions suggest the wisdom of defining goals sensibly and perhaps of defining several alternative sets of goals.

Another area of disagreement is over how to measure achievement, assuming that goals have been defined in a satisfactory fashion. Should progress toward accomplishing organizational goals be indexed by employee ratings, supervisory ratings, or by the analyst using presumably objective archival records (Campbell, 1975). Defining objectives and measuring their achievement is critical, since effectiveness criteria can be designed to reflect the perspectives of at least three different reference groups: profitability for the owners, satisfaction for the employees, and societal value for society at large (Friedlander & Pickle, 1968).

Productivity, defined as the quantity or volume of product or service per capita that the organization provides, closely resembles a goal-attainment conceptualization of organizational effectiveness (Campbell, 1976). Using productivity to measure organizational effectiveness assumes that providing a product or delivering a service is a legitimate organizational goal. It is clear that organizational effectiveness must be defined principally as achieving goals that have been defined externally by, for example, community, society, or a specific clientele. The extent to which an organization achieves its goals probably depends upon the behavior and attitudes of its members, its internal processes, and its interaction with its environment, but these agents of cause should not be confused with their effects: the organization's effectiveness. It is also clear that varying levels of goal achievement (e.g., high or low) could affect, favorably or unfavorably, the behavior and attitudes of the employees as well as the internal processes of the organization. Goal achievement and behavior-attitudinal characteristics influence each other, but goal achievement is most important in measuring organization effectiveness. (Steers, 1975: 105)

2) Job satisfaction of employee

Satisfaction means the degree of feeling of contentment felt by a person toward his organizational role or job. The degree to which individuals perceive they are equitably rewarded by various aspects of their job situation and the organization to which they belong.

Definition of job satisfaction

Job satisfaction is a multidimensional construct with a variety of definitions and related concepts, which has been studied in a diversity of disciplines from early this century until now. Social psychologists and scholars interested in job organization have conducted many studies of job satisfaction. Job satisfaction has been defined as the positive feelings or attitudinal responses within an individual that result from the work performed in a job. This attitude is developed from an individual perception of his or her job. Employee job satisfaction is dependent on the work conditions adequacy of tools, equipment, and resources; wages/ salary for the work that is performed; supervision; training and career opportunities, as well as recognition and rewards.

Hoppock (1935: 47) defined job satisfaction as any combination of psychological, physiological, and environmental circumstances that would cause a person to state, “I am satisfied with my job.”

Locke (1976: 1300) defined job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job experience. Or defines job satisfaction as resulting from the perception that one's job fulfills or allows the fulfillment of one's important job values, providing and to the degree that those values are congruent with one's need (Locke, 1976: 1307) Furthermore, Smith, Kendall, and Hulin (1969: 6) suggested that job satisfaction are feelings or affective responses to facets of the situation. Intrinsic in each of the definitions is the impact of both affective responses and contextual stimuli.

Factors related to job attitude

Through worker selection and placement, adequate programs of training, and work situations favoring cohesiveness, worker's needs have a better chance to get fulfilled. When one feels that he is needed as a part of the organization, then his morale can be high in spite of the undesirable aspects of the physical environment. But why, we may ask, do men work in the first place? One man may feel that something important needs to be done, that he is the man to do it. He needs no other motive to get the task completed. In the upper levels of the industrial hierarchy we may find economic forces pressuring an executive to work hard purely for financial reward. At another time he may work to avoid penalty for shirking. But generally he works, as do most people gainfully employed at any level, not for some special reward or for fear of penalty, but for a combination of reasons. We work for different reasons at different times, but in the main we are all after very much the same things in our work.

Near the beginning of this chapter we listed in the specific aspects of the ten major job factors related to attitudes. Let us now consider each of these in a summary way as they contribute to understanding why people work. In terms of overall needs managers and workers differ little in kind, although they may differ greatly in degree and in the hierarchy in which they would place their needs at any given time. Let us present some average ranks as determined by Herzberg et al. (1959: 20). It is possible, of course, that no single individual would rank these factors in the order in which they are presented. We also know that at any given time, for any given person, a certain factor may rank high. With changing circumstances this high factor may shift to a relatively low comparative position. For example, for a man who has just been married wages may be of primary importance. At some other time he might place wages low in his comparisons. For the upward mobile manager opportunities for advancement may well take first place, even topping security. The man in the wet mines may place working conditions near the top. For most people benefits (hospitalization, holidays) may rank last comparison because most people already have them in some form or other.

1. *Security*. This factor deals with the steadiness of employment; it is positive where the manager or worker feels he has a reasonable chance of working under conditions of company stability. The man with security feels that he is valued by the firm and that he has the abilities and the opportunity to keep his job. Security is a strong reason for liking a job and satisfaction. The lower one gets in the occupational scale, the greater the importance attached to the security factor. The greater skill and responsibility demanded in higher-level jobs gives the employee more “salability” and hence creates a demand for his services both within his own company and in others. Security is a job-attitudes factor which increases slightly in importance with an increase in age. There is evidence that security is less important to employees with more education. It seems to be equally important to employees regardless of their dependents, with the possible exception of the single man who is entirely on his own.

2. *Opportunity for advancement*. What are the chances of getting ahead? This factor ranks high in importance, particularly to the person striving for upward mobility. Opportunity for advancement is quite a different problem for person at opposite ends of the socioeconomic scale. The professional man and the corporation executive have this factor primarily within their own individual control. To the man in middle management, however, the problem of opportunity is of greater concern, for his future is largely tied in with what happens to and within his company. To the worker, advancement is related to merit, to be sure, but seniority plays a big role where union contracts are in effect. The young, ambitious, good worker may find advancement held back because of seniority agreements. The results of many attitude surveys show that the lack of opportunity for advancement is frequently a strong reason for disliking a job, but rarely is opportunity for advancement mentioned as a contributor to satisfaction. Men are much more expressive in giving importance to this factor than are women. There is some evidence that there is a decrease to this in the importance of the advancement factor with increasing age. Once a man has reached his “opportunity level” and becomes adjusted to his situation, other factors become more important to him, length of service in a stable company, for example. Intelligence and education are substantially related to the opportunity factor. As a matter of fact, one serious problem for the bright and ambitious college graduate is to realize that

promotional opportunities are often slower in coming than he would like. Some studies show that college seniors select their jobs largely because they think they will have a good opportunity for advancement.

3. *Company and management.* What constitutes a good company and management? To one employee this may mean how well the company gets along with the union. Another man may rate the company on its sponsorship of athletic teams. Whether we are dealing with the size of the organization, reputation, earnings, or public relation, the employee believes that a good company is one which helps him feel some stability in his job. Like security, this job factor is seldom a strong reason for dissatisfaction, but it contributes to the employee's satisfaction. In terms of occupational level there is some evidence that the higher the skill level, the greater the satisfaction with the company. Older works show a slightly greater concern for the rating and reputation of the company than young worker do. Perhaps their years of service to the company have made them a little more ego-involved with it.

4. *Wages.* When this factor is ranked with nine other job factors, employees give it fourth place. It is interesting that employers generally rank this factor near the top when they are asked what the employee wants. Although there is some indication that wages and opportunity for advancement are related through the element of money, employees consistently have rated wages as much less important than either opportunity for advancement or security. Studies show that the factor of wages contributes more to the dissatisfaction than to the satisfaction of the worker. Rarely ever does a man express satisfaction with the amount of money he is making. Wages are more important to men than to women worker and are generally more important to factory worker than to office worker. Herzberg and his colleagues conclude that there is a tendency for the importance of wages to drop as the employee grows older, at least until the age of forty. After forty, the employee attaches more importance to the factor of the wages, whereas the factors of job, company, security, and so seem to have become fairly well established.

5. *Intrinsic aspects of job.* There are many reasons why people like their job simply for the sake of the job. One man may like what he is doing because he has just the right ability and training for it. Another may like his job per se because it brings him recognition; a third person may like his job because it is easy, gives him an opportunity to travel, or is free of tension and pressure. Whatever the reason, what the man does at his particular job contributes to both satisfaction and dissatisfaction.

There is an important relationship between a person's skill and education and the requirements of a job. It has been found, for example, that a reduction in the skill requirements of a job increases the dissatisfaction of the more skilled worker, whereas it would not affect the skilled worker. The higher the occupational and skill level of the person and the higher his education, the more important the challenges of his job becomes. Most people in executive or supervisory positions say they like their job because intrinsically it challenge and stimulates them. One difficult thing for successful leaders to realize is that employees in lower-status jobs often do not like jobs with challenge. For them there must be other things involved if the job is to lead to satisfaction.

6. *Supervision.* To the worker, his supervisor is both a father figure and an irritating boss who is an equally strong contributor to both satisfaction and dissatisfaction. Women seem more sensitive to supervision than do men, but for both bad supervision can be a primary reason for absenteeism and labor turnover.

Supervision seems less important at the high level in spite of the fact that people in high position have a greater tendency to verbalize the things that are wrong with their particular supervisory structure. College graduates voice criticism of their supervisors more than less educated people. They are particularly critical at times of the supervisor's ability to handle people. There is some evidence that married workers with dependents are more conscious of the problem of good supervision than are single men. One could interpret this as meaning that the man with family responsibilities feels more necessity for supervisory approval. And, of course, we cannot overlook the fact that the supervisor, in playing his many roles with the worker, is a focal point for attitude formation.

7. *Social aspects of the job.* This is one of the most difficult of the job attitudes factors to describe. It involves such needs as belonging and social approval. This factor contributes to both satisfaction and dissatisfaction of the employee. A man who feels himself a member of a productive, cohesive group is happier with his job than is someone who finds himself a misfit. The social factor appears only slightly more important to women than to men; it is relatively independent of age and occupational level.

8. *Communication.* An old military expression which says that “there is always someone who does not get the word” is expressive but hardly a complete definition of the factor of communication. The lack of good communication may be a reason for disliking a job, but it is never a specific reason for liking a job. What, then, is really meant by communication? To be sure, it means the formalities of conveying information, giving orders, turning out annual reports. But to the employee it also means being listened to, receiving recognition, and “knowing why.” Good communication, as far as feeling go, means the opposite of being ignored. The factor of communication seems to be more important at the higher educational levels.

First-line supervisors list the lack of good communication as one of their chief annoyances. Perhaps this is because they feel that they are “told” by higher management rather than “conferred with.” In one company an attitude survey was made among 120 foremen. When asked to describe their biggest problems. After a one-day session they returned to their jobs. One year later when they were asked to identify problems, communication was far down the list. A follow-up study showed that merely being brought together and asked for views on company problems had made the men feel that communication was now good. Recognition that he is a part of management may well be what the supervisor wants when he asks for improved communication.

9. *Working conditions.* Temperature, lighting, ventilation, parking facilities, cafeteria, toilets, and the like are always a place affording criticism when the employee wishes to let off steam. Actually this factor has been found to make an equally low contribution to both satisfaction and dissatisfaction. Working conditions

are substantially more important to women than to men, as we shall point out later in the chapter entitled “Women in Industry.” Hours are more important to men than any other specific aspect of working conditions; but among women. Especially married women, this aspect has even more significance. To the more educated and higher-level work the limited hours of the union man! To workers in hazardous jobs, safety conditions are most important; but when they are ranked with nine other job factors, working conditions come in next to last.

10. Benefits. Retirement provisions, hospitalization, leaves, vacations, and holidays are now a fairly standard part of most jobs; there is greater uniformity throughout industry in this factor than in any of the other major factors. This factor has not been mentioned as a real contributor either to satisfaction or to dissatisfaction in the many studies of job attitudes. To is interesting to note, however, how much attention is paid by union representatives to fringe benefits at the time of contract negotiations.

3. Quality of work life

There have been various definitions of work life given by different persons, depending on their concept of working. If the concepts stressed the importance of man, then the quality of work life is the relations between the workers and the total working conditions (Davis, 1977: 53). However, when man together with his work are considered important, the quality for work life becomes abstract in character. It is a feeling of working together or the best possible result, which is the final goal (Katzell, 1980: 411; Glaser, 1980: 72). These included human feeling about every dimension of work, such as economic rewards, security, working conditions, and wishes in their work (Walton, 1974: 14). Furthermore, it also means participation in a discussion for solution to problems and decision making of the organization (Kast & Rosenzwing, 1985: 652). From a survey of related literature, a considerably long list of definitions of quality of work life was compiled as follows:

Walton (1974: 92) stated the quality of work life is a phrase that contains vast meaning. It is not merely the limit of working 40 hrs a week, or a labor law that protects child labor and equitable pay, but also the inclusion of the needs and wishes for a better life of the people within the organization.

Davis (1997: 53) had defined the quality of work life as the quality of the relationship between a worker and his working conditions, with emphasis on human dimension, which is usually ignored by the designer of work, plan for technical and economic considerations.

Delamotte & Takezawa (1984: 2) had defined quality of work life that

1. It was the establishment of the climate that employees would be more satisfied in working by being able to participate in the decision-making process and solving major problems of the organization, which might turn them higher satisfaction. It would draw the change in attitude and behavior in the groups and in the organization such as lessening absenteeism, better productivity, being strict discipline and lowering the depressions.

2. Quality of work life might be defined broadly and restrictedly. Its definition could be as following issues.

- 2.1 The broad definition of quality of work life could be defined as matters involved work life, which encompassed wages, work-hour, work environment, benefits, services, work advancement and human relations. All mentioned were motivation and satisfaction for workers.

- 2.2 The restricted definition of quality of work life was the effect toward worker, which was defined as special improvement in the organization and work characters, particularly, employee should be specially considered in the enhancement of quality of work life in each individual. It also included the needs of employees regarding work satisfaction, and participation in decision-making, which affected their work conditions.

- 2.3 Quality of work life in the perspective of humanization of work, which France and the countries those spoke French used the words of improvement of working condition, some countries used working

environment and democratization of the workplace. Quality of work life covered methods and decorum or technology that promoted working environment which drew more satisfaction and the end improvement of the whole organization and individuals respectively.

In summary, quality of work life meant all things related to work and working toward goal, which would meet satisfaction and happiness in working to increase effectiveness and efficiency of the organization and the work quality of employees.

Many employee groups are finding serious deficiencies in the quality of their work lives. Restless and alienated blue-collar and office workers want to alter the content of their jobs to give them challenge and more satisfying contact with others. Engineers and scientists are increasingly concerned about technical obsolescence. Even corporate managers have made the news by dropping out of the career “rat race” to redress the imbalance between work and other aspects of their lives.

The term “quality of work life” has come to mean far more than the needs satisfied by the 40-hour week, workmen’s compensation laws, and job guarantees through collective bargaining--even more than equal employment opportunity and job enrichment schemes. The term also includes other human needs and aspirations; here are eight conceptual categories that it encompasses:

1. Adequate and fair compensation. Does pay received meet socially determined standards of sufficiency or the recipient’s subjective standard? Does pay received for certain work bear an appropriate relationship to pay received for other work?

2. Safe and healthy environment. That employees should not be exposed to physical conditions or work arrangement that are unduly hazardous or unhealthy is widely accepted. In the future, when health will be less the issue than comfort, more stringent standards than today’s will possibly be imposed. These may include minimizing odors, noise, or visual annoyances.

3. Development of human capacities. To varying degrees work has become fractionated, deskilled, and tightly controlled; planning the work is often

separated from implementing it. So jobs differ in how much they enable the worker to use and develop his skills and knowledge, which affects his involvement, self-esteem, and the challenge obtained from the work itself.

4. Growth and security. Attention needs to be given to (a) the extent to which the worker's assignments contribute to maintaining and expanding his capabilities, rather than leading to his obsolescence; (b) the degree to which expanded or newly acquired knowledge and skills can be utilized in future work assignments; and (c) the availability of opportunities to advance in organizational or career terms which peers, family members, or associates recognize.

5. Social integration. Whether the employee achieves personal identity and self-esteem is influenced by such attributes in the climate of his workplace as these: freedom from prejudice, a sense of community, interpersonal openness, and the absence of stratification in the organization and the existence of upward mobility.

6. Constitutionalism. What rights does the worker have and how can he (or she) protect these right? Wide variations exist in the extent to which the organizational culture respects personal privacy, tolerates dissent, adheres to high standards of equity in distributing rewards, and provides for due process in all work-related matters.

7. The total life space-A person's work should have a balanced role in his life. This role encompasses schedules, career demands, and travel requirements that take a limited portion of person's leisure and family time, as well as advancement and promotion that do not require repeated geographical moves.

8. Social relevance. Organizations acting in a socially irresponsible manner cause increasing numbers of their employees to depreciate the value of their work and careers. For example, does the worker perceive the organization to be socially responsible in its products, waste disposal, marketing techniques, employment practices, and participation in political campaigns?

In this study, the researcher has decided to choose Walton's attributes of quality of work life. Since the Walton's concept was considered mostly relevant to indicated of the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

5. Related Researches

5.1 Researches concerning Policy Implementation

The researches involving policy implementation of both Thai and foreign authors are presented in order as follows.

5.1.1 Works of foreign experts

Berman, et al. (1977) examined the factors which he considered most affected the success of policy implementation, observing that the success of any such program could be measured by quantifying the degree of “goal fulfillment” the project attained-either by using the prevailing methodology or by gauging the continuity, implementation methods, awareness and experience of the target group. In his study he expressed the opinion that participation by stakeholders is an important factor in implementation of policy.

The 1979 study by Pressman and Wildavsky (1979) is one of the most important regarding policy implementation. In it the authors established that there were four major factors which influenced policy implementation with regard to the task of developing job opportunities for minority groups in Oakland, California: 1) the existence of key actors or participants, 2) the phenomenon that the greater the complexity of any joint action or the more agencies involved, the lower the chances of success were for the implementation process, 3) the suitability of the project, and 4) the soundness of the implementation theory employed. They added that a clear strategy, clear goal, and clear guideline were also important. The above strongly suggests that in order to minimize problems in implementation. The complexity of the implementation process itself should be minimized. Ideally then, strategy implementation should be a relatively simple process.

Nakamura and Smallwood (1980: 146) has proposed the five criteria for assessing the success or failure of Schumann's public health project. These are (1)

Effort; is assessed from quantity and quality of existing activities, by examining the input or energy used and neglecting the outputs. (2) Performance; is the assessment of the doing or performance, or the result gained from the effort. (3) Adequacy; is the examination on whether the overall performance is adequate with the needs. (4) success or failure by examining whether it is productive performance of what result, and why it is that. Later Nakamura and Smallwood (1980: 146-151) has proposed the five criteria for measuring or assessing the success on policy implementation. (1) policy goal attainment; is the effort to measure the predictable accomplished policy goal, by applying quantitative methods on measuring and comparing the outputs to goals. (2) Efficiency; is the assessment of performance quality in comparing with costs. This is applied to the unpredictable policy goal, such as policy for safety, policy on national defense, and etc. (3) constituency satisfaction; is the examination on people's satisfaction, by assessing the increasing or decreasing public voices on such policy implementation. (4) Clientele responsiveness; is the assessment of customers' satisfaction, which is suitable for public service agencies, i.e., hospital, school, and etc. And (5) system maintenance; is the examination on internal consistency of the organization from resources allocation of the organization.

Sabatier and Mazmanien (1980) established the framework for another general model by identifying successful policy implementation as a dependent variable. Tractability of the problem (i.e. valid technical theory and technology, diversity of target group behavior, target group as percentage of population and extent of behavioral change require), the ability of legislation to structure implementation (vis a vis causal theory, policy directives, financial resources, hierarchical integration, decision-making procedures, recruitment procedures for officials and the level formal access given to outsiders), and non-statutory variables affecting implementation were synthesized into the following independent variables: 1) socio-economic conditions and technology, 2) media attention, 3) public support, 4) attitudes and resources of constituency groups, 5) support from sovereigns, and 6) the commitment and leadership skill of implementation officials.

5.1.2 Works of Thai experts

Kiti Bunnak (1993: 3) conducted the qualitative research to study the output on the implementation on value-added taxation policy of which the dependent variable is the success of such policy implementation. The result found that the failure in public relations to both the business firms and public due to motivation lacking in the Revenue Department. For this, the researcher has suggested that there should be some development on public relations to motivate communication process of clearly simplified themes, including motivation development for pursuing more participation from public and business firms.

Thongbai Sudchalee (1993: Abstract) had conducted the study on policy implementation of the Teaching Colleges: the Case Study of Teaching Colleges Act (Version 2) 1984. The study was carried out in the south e-sarn multidisciplinary academies with the research framework of combining the Management Model, political Model and General Model of Voradej Chandarasorn. It was found that the most influencing variable regarding policy that can explain and predict the success on policy implementation is the co-operation in performance. The latter is leadership, and the left variables were not statistically significant.

Thepasak Bunyaratapan (1993: 98) analyzed the factors influencing effectiveness of policy implementation on public services. The data were collected from district officials in Bangkok Metropolis and the people getting the services. It was found that the factors affecting the effectiveness were 1) the work prepared resources, 2) the complexity of the servicing structures, 3) the clarity in policy goal, and 4) the participation of people in services.

Kusol Ruksa (1996: Abstract) has carried out the study on the factors relating the success of policy implementation on expeditionary of title deed approval of the whole country, by collection of questionnaires from sampling population of land – surveyor officials. The factors relating to project success are 1) public relation, 2) motivational force to work of the officials, 3) efficiency of implementing units, 4)

controlling, stimulating, promoting, and evaluating, 5) mission and task assignment, and 6) the clarity in goals and objectives.

Suraporn Sainsalai (1996: 105) has concluded in his research that there are several criteria for assessing the success or failure of the policy or project, and each criterion focuses on different points of view. Some criterion views at the efforts, at the output, or at the outcomes, and selection of different assessing criteria gives in the different assessed results. Thus, it is a must for researcher to select the assessing criteria for the success or failure that appropriate to the policy or project. The effort criterion focuses on short-term performance, the output criterion is fit for the success or failure on policy implementation. In addition, the success or failure of the assessment may be evaluated from goal achievement or impact on policy, and this is the efficiency criterion. From the above concepts, it can be seen that the assessment of policy implementation itself is quite difficult and complicated. The use of only one measure to assess the success or failure of policy implementation is not compromised with actual circumstances.

Suntida Tesniyom (1998: 100) has studied the factors impacting the success policy implementation on family planning, by assessing the opinions of the sampling groups of family planning health officials of four regions through questionnaires. The finding factors to policy implementation were the implementers themselves, of which assessed from a) the understanding in policy, b) comprehensiveness, capability and intention, and c) servicing factors of technical development on servicing, public relations and dissemination.

Sathimon Sirisomboonvej (1999: 103) has studied the factors influencing the success performance prediction of village volunteers of primary health care centers, Supanburi province, by applying the Organization Development Model of Voradej Chandarasorn as the research framework. The independent variables employed are leadership, participation in performance, motivation, association to organization, and team working. The findings are; the 5 independent variables are positively significant in relation with the dependent variable ($p < 0.05$), but only

variables on participation in performance and motivation can be applied for the village volunteers' performance.

Wisut Boonyko (2002: 62-65) has studied the success of solid waste policy implementation in tambol municipalities. By applying the organization development model of Voradej Chandarasorn as the research framework. The result revealed that the success of solid waste policy implementation was at a low level. Administrator efforts and solid waste management capabilities factors were at a low level, while people support was at a moderate level. The findings showed the moderated level of leadership, motivation, team working, and commitment and adoption factors of tambol municipalities. It was found that the participation factors was at a low level. The organization development factors had a positive correlation at a low level. With the success of solid waste policy implementation.

5.2 Researches related to dependent variables

In 1988, Dilaga Tripaibool conducted a research on "Factors effected activities of hospital quality improvement group at Maharach Hospital, Chiangmai" It was found that the factors effected activities of hospital quality improvement group were acknowledgment, organization support systems, persons related to activities of quality improvement group had supporting and helping behavior, income and work experiences.

In 1992, Suwunna Lawlohakarn conducted a research on "Factors supported activities of quality improvement group of registered nurses, nursing division, Rajavithi General Hospital". It was found that the population characteristic factors were related to activities of quality improvement group: in the areas of marital status, age and nursing experience. Principal factors were related to activities of quality improvement group: in the areas of acknowledgement of nursing quality improvement group. Contributing factors were related to activities of quality improvement group: organization support systems for nursing activities of quality improvement group were related to activities of quality improvement group

($p > 0.0001$). Additional factors were related to activities of quality improvement group: support and help of persons involved in activities of quality improvement group were not related to Activities of quality improvement group ($p > 0.05$)

In 1996, Tabtip Titipongpanich conducted a research on “Factors influenced the acceptance of total quality management of personal in hospital under the office of the permanent secretary, Ministry of Public Health”. It was found that the factors influenced the acceptance of total quality management of the sample group were: participation effected the acceptance of total quality management.

Tipvadee Bumpenboon, Panida Chusuvan, Ora Ganya Soimadee (2001: 2-3) Competence of Songkhla Hospital Personnel for Hospital Accreditation. This is an analytical research to study the competence and factors influencing the competence of Songkhla Hospital personnel for Hospital Accreditation. The independent variables were age, marital status, educational status, type of working unit, period of in-service, length of professional practice and experience in training for hospital development. The study revealed that the leaders were competent for Hospital Accreditation in all aspects; i.e., knowledge, awareness, team work and team support. While the competence of the members was significant in three aspects: knowledge, awareness and working atmosphere of the organization. The difference of the competence of both groups was statistically significant ($p < .05$). On analyzing factors influencing the competence for Hospital Accreditation of Songkhla Hospital personnel, two factors; i.e., experience in training for self assessment of Hospital General Standard (GEN 9) and type of working unit ($R^2 = .180$) were found to have a statistically significant influence.

Wandee supawongsanond (2001: Abstract) Studied Service-Quality improvement activities in regional hospitals and general hospital of The ministry of public health. The results indicate that most of hospitals (>50%) had many quality activity namely, rural public health service improvement's standard program, 5-s, QA, ESB, SS, OD, QA, QC, frontline improvement, 3s (smile smell surrounding-program), HA, ISO9002, ISO Guide 25 and health promoting hospital. All have implemented the

rural public health service improvement's standard program and the 5 S programs. Almost all hospital (65.1%) have started Hospital Accreditation programs over the last few years. Implementation on of ISO9002 was statistically significant related to the type of hospitals($P=0.036$), but quality improvement activities were not statistically significant related numbers of bed and personnel. Most of the hospitals (>50%) reported successful enhancement of governance, leadership, and nursing management, and began to realize some results, particularly those related to resource management. There were some problems and obstacles in improving quality and managing resources in most hospitals for instance, lack of knowledge and attitude. It is recommended that training and workshop should be provided increase technical skills while continuous evaluation on quality improvement is also beneficial.

Sukunya Chatkaew (2001: 88) studied job satisfaction of nurses in Rajavithi hospital .Nurses are important personnel in hospitals and the organizations that Provide services for patients. The objective of this research was to study job satisfaction of nurses in Rajavithi hospital. The research result found that the job satisfaction of nurses was at the moderate level; moreover; intrinsic factors and extrinsic factor and job satisfaction of nurses were at the moderate levels as well. Considering intrinsic factors, it was found that satisfaction with job ability and job responsibility were at high level, but extrinsic factors were found that showed satisfaction with activity during work, social status, social service, and job discipline were also at a high level. However, with job authority, job progression, payment, policy and practice, superiors, colleagues, respect, job stability, working environment, and welfare, satisfaction was at moderate level.

Panit Sakulwattana (1997:46,59-70) studied factors affecting professional nurses' quality of work life at Maharaj Nakorn Cheang Mai Hospital. A subject of 270 professional nurses., using by questionnaire. The results of the study revealed that the mean of quality of work life of the professional nurses at Maharaj Nakorn Cheang Mai Hospital was 3.15, the relationship between job related , working condition and quality of work life was statistically significant at the level of .01 ($r=.770$)

Panaya Borwornnuntakul (2000: Abstract) studied quality of work life of government officials : A case study of professional nurses at hospital in metropolitan Bangkok. The objective of this study was to investigate the quality of work life of professional nurses at hospital in metropolitan Bangkok. A subject 275 professional nurses working in hospital from different affiliated state organizations in Bangkok were sampled . The data was collected by questionnaire and the results found that as far as quality of work life was concerned most of the professional nurses expressed a moderate level.

5.3 Researches related to independent variables

Transformational leadership

Suladda Pongrattanaman (1999: 128-130) studied relationship between leadership and the service quality improvement performance of head nurses, private hospitals participated in Hospital Accreditation program. A subject of 301 staff nurses were sampling using the questionnaire of transformational leadership, developed from *the Multifactor leadership Questionnaire (MLQ) of Bass & Avolio*. The results revealed that the level of transformational leadership was in a high level. There were positive relationship at .05 level between transformational leadership with the service quality improvement performance of head nurses, at high level ($r=.773$)

Prapapun koonboonchan (2002: 65,81-83) studied relationship between transformational leadership and emotional quotient and primary health care management to provincial outstanding village health volunteers in 1998-2001. A subject of 300 persons were sampling using the questionnaire of transformational leadership, developed from *the Multifactor leadership Questionnaire (MLQ Form 5X) of Bass & Avolio*. The results revealed that the level of transformational leadership was in a high level. And found that transformational leadership in four aspects had a significantly positive relationship with primary health care management related to training and information technology ($p\text{-value}<0.05$).

Anchalee duangurai (2002: 102,111) studied relation between personal factors, leadership of head nurses, perceived organizational policy clarity, and participation in quality development activities of staff nurses, hospitals under the jurisdiction of the ministry of defense. A subject of 200 staff nurses were sampling using the questionnaire of transformational leadership, developed from *the Multifactor leadership Questionnaire (MLQ) of Bass & Aviola*. The results revealed that the level of *transformational leadership* was in a high level. And found that transformational leadership had a positive (low level) related to participation in quality development activities ($r=.282$) at the .01 level.

Dutdaw Suwannives (2004: 2-3) studied the relationship between Attitude, Leadership and Participation Behavior for Sustaining the Effectiveness of the Hospital Accreditation : A Case Study of Nurses in Phramongkutklo Hospital. the results of this study were as in the followings. Nurses had high level of perception of transformational leadership and behavior for sustaining the effectiveness of the Hospital Accreditation. Attitude to Hospital Accreditation and transformational leadership can predict 32.1% of behavior for sustaining the effectiveness of the Hospital Accreditation.

Motivation

Nopparat arrayapatthanakul (1997: 77-79) studied relationship between personal characteristics, motivation and job satisfaction of head of health promotion in community hospitals. A subject of 224 personal were using the questionnaire of Motivation theory, developed from *Motivation-Hygiene Theory of Frederick Herzberg*. The results revealed that the level of motivation and job satisfaction were in a moderate level. And found that motivation had a positive relationship with job satisfaction at the level of significance of .001 ($r=.479$)

Kanogwan Mukdasanit (1998: 53-57) studied relationships between personal characteristics, motivation, role perception and performance in urban primary health care of municipal public health officials. A subject of 123 personal were using

the questionnaire of Motivation theory, developed from *Motivation-Hygiene Theory of Frederick Herzberg*. The results revealed that the level of motivation was in a high level. And found that motivation had a positive relationship with performance in urban primary health care of municipal public health officials the level of significance of .05 ($r=.430$)

Woranuch Bunyakamol (1999: 63-65) studied the relation between individual factors, motivation and job satisfaction of health volunteers in mini health centers in Bangkok. A subject of 350 personal were using the questionnaire of Motivation theory, developed from *Motivation-Hygiene Theory of Frederick Herzberg*. The results revealed that the level of motivation and job satisfaction were in a high level. And found that motivation had a positive relationship with job satisfaction of health volunteers in mini health centers in Bangkok the level of significance of .05 ($r=.024-0.278$)

Arunsri Tantiwaraporn (2000: 77-80) studied relationships between personal characteristics, motivation and administrative behaviors of head nurses in general hospitals. A subject of 308 personal were using the questionnaire of Motivation theory, developed from *Motivation-Hygiene Theory of Frederick Herzberg*. The results revealed that the level of motivation was in a high level. And found that motivation had a low level positive relationship with administrative behaviors of head nurses in general hospitals. the level of significance of .05 ($r=.385$)

Teamwork

Somsamorn Ruangvoraboon (2001: 74,82-84) studied relationship between head nurses' administrative abilities, teamwork of healthcare team, and effectiveness of patient units as perceived by staff nurses, general hospitals under the jurisdiction of the ministry of public health. A subject of 399 staff nurses were using the questionnaire of teamwork, The results revealed that the level of teamwork was in a high level. And found that teamwork had a positive relationship with effectiveness of patient units. the level of significance of .01 ($r=.380$)

Vewdow Intabuth (2002: 123-125) studied relationship between personal factors, staff development, team working, and work productivity of staff nurses, community hospitals. A subject of 361 staff nurses were using the questionnaire of teamwork, The results revealed that the level of teamwork was in a high level. And found that teamwork had a positive relationship with work productivity of staff nurses. the level of significance of .05 ($r=.577$)

Participation

Saowapa Saranopakul (2001: 98-102) The participation of personnel in proceeding toward Hospital Accreditation at Srithaya Hospital Mental Health Department. The result showed that the level of personnel's participation in proceeding toward Hospital Accreditation was moderate level. The level of personnel's knowledge, the personnel's opinion about organization's leadership, the personnel's relationship, the organization's commitment and the personnel's adoption were high level. There were significant correlation ($p\text{-value} < 0.05$) between the participation and personal factors such as sex, age, income, position and the length of working. There were significant correlation ($p < 0.01$) at mild level between knowledge and personnel's relationship and organization's commitment. Organization's leadership had significant correlation ($p < 0.01$) at mild level with personnel's relationship, organization's commitment and personnel's adoption. There was significant correlation ($p < 0.01$) at moderate level between organization's commitment and personnel's adoption. There were significant correlation ($p < 0.01$) at mild level between the personnel's participation and the personnel's relationship, the organization's commitment and the personnel's adoption. After another factors were adjusted, it was found that the personnel's adoption was significantly correlated ($p < 0.01$) at mild level to the personnel's participation in proceeding toward Hospital Accreditation.

Nutjarin Lapboonruang (2002: 115) Participation of staff in quality improvement of community hospitals in Kalasin province which joined the Hospital Accreditation Program. Results: 1). About knowledge, 57.9 to 71.4 percent of

executives in 4 hospitals perceived that key concept of HA was to improve quality of service. However, only 14.3 percent of executives in another hospital thought that HA was to improve quality of service. Understanding on key concept of HA was lower among staff. Only 35.4 to 44.7 percent of staffs in 4 hospitals had perception on key concept of HA and in one hospital it was only 26.1 percent 2). More than 40 percent of staffs in all 5 hospitals participated in HA activities. Precipitation activities included brainstorming in order to set mission, vision and strategies of their hospitals, identified problems and problem solving methods and monitoring HA's activities through the hospital monthly meeting. 3). Directors, administrators and head of units exercised their leadership in motivating staff in HA program thought regularly inquiring on progress at monthly meeting of hospitals. Some heads of units gave friendly advice to their staff. 4). Both executives and staff identified personnel as major problems of HA implementation. Personnel problems including poor cooperation, did not give priority to quality improvement and lack of unity.

Orawan nognoie (2002: 79-81) studied employees' participation in Hospital Accreditation: A case study of faculty of medicine Siriraj Hospital. The sample of 376 persons. Data was collected by using questionnaire. The results of this study found that level of employees' participation of faculty of medicine Siriraj Hospital in Hospital Accreditation was a high level. Factors of relating to employees' participation in Hospital Accreditation was job satisfaction.

Siriporn Sukkho (2003: 3-5) Factors contributing to cooperation behaviors in Hospital Accreditation among Taksin Hospital Staffs. The result of this study were, 1). The majority of staffs had their cooperation behaviors in Hospital Accreditation at a moderate level. 2). The Bio-social factors namely sex, age, level of education, marital status, work position, duration of work, and responsibility had relationships with cooperation behaviors in Hospital Accreditation at .01 level. 3). The Predisposing factors namely knowledge and attitude of staffs concerning Hospital Accreditation had statistically significant relationships with cooperation behaviors in Hospital Accreditation at .01 level. 4). The Enabling factors namely a training on Hospital Accreditation, media and channel of communication concerning Hospital

Accreditation and organization atmosphere had statistically significant relationships with cooperation behaviors in Hospital Accreditation at .01 level. 5). The Reinforcing factors namely support from administrator and interrelationship among working team had statistically significant relationships with cooperation behavior in Hospital Accreditation at .01 level.

Commitment

Prompan Beehattakitkul (1998: 110-115) studied factors influencing organization commitment and professional commitment of registered nurses at Siriraj Hospital. In this study we divided organizational commitment and professional commitment into 3 main aspects were; affective commitment, continuance commitment and normative commitment. Findings were: 1) Nurses at Siriraj Hospital have organizational commitment and professional commitment in general was around the middle level, considering in those 3 main aspects all were in the middle level. 2) There was positive relationship between age, tenure, incomes and organizational commitment and professional commitment. 3) Nurses differed in marital status, self identity, participation in management, relationship between supervisor, relationship between co-worker and satisfaction with salary and outcomes had significantly different organizational commitment and professional commitment at statistical level of .01. 4) Nurses differed in education level did not have significantly different organizational commitment and professional commitment.

Praptha Thongwattana (1999: 4-5) Studied The organization commitment of professional nurses in Chainat province. It was found that 79.2% of the sample population had a high level of organization commitment and 20.0% a moderate level. 31.8% of the professional nurses were 31-35 years of age. The most common marital status was married (50.6%) and the most common time working as a nurse was 11-15 years (29.4%). The Professional nurses perception of job – characteristic was rated at a good level (70.5%), perception of the work experiences were rated at a positive level (62.9%) and perception of the professional role factor was rated at a moderate level (59.2%). Factors correlated with organization commitment that were significant at the

.05 level were: position, autonomy, skill variety, task identity, task significance, feedback, option interaction, personal importance, organization dependability, met expectation, group attitudes, role conflict and ambiguity. Factors which significantly influenced organization commitment of professional nurses at the .05 level were: organization dependability, role ambiguity, position, personal importance, met expectation, and role conflict. These were able to explain the organization commitment at the percentage of 54.71%. The goal of a hospital is to produce a more effective, efficient product. Income fringe benefits, promoting job-descriptions, opportunity for growth will in turn improve the quality and standard of work, which will have a positive effect in the effective organization.

Juree Usaha (2000: 114-116) studied organizational commitment of staff nurses in hospital under department of communicable disease control, Ministry of Public Health. The study showed that the staff nurses owned a high level of organizational commitment and a moderate level of job satisfaction. The positively significant factors related to the organizational commitment were job satisfaction ($r = 0.659$; $p < 0.001$) and age ($r = 0.144$; $p < 0.05$). But those not related to organizational commitment were working experience, gender, working position, educational background and marital status ($p > 0.05$). Particularly, the significant group of variables: job security, work itself, salary, age, policy and administration could explain or predict the valid of organizational commitment of approximately 56.8 percent ($p < 0.05$). It was recommended that the administrator should allow the staff nurses to participate in formulating the working policy. Increasing necessary welfare beneficial to the nurses, promoting continuing education of technical and professional nurses in order to develop their potential that is required in the effective health care delivery system.

Sasinun Larnamwong (2002: Abstract) studied the relationships between personal factors, organizational climate, Job involvement, and organizational commitment of professional nurses, Governmental Hospitals, Bangkok Metropolis. The purposes of this study were to examine the organizational commitment of professional nurses, governmental hospitals, Bangkok Metropolis; to analyze relationships between personal factors, organizational climate, job involvement, and

organizational commitment of professional nurses. The major findings were as follows: There was a moderate level of organizational commitment of professional nurses, governmental hospital, Bangkok Metropolis with mean score of 3.29. There was a good level of affective commitment with mean score 3.73 and moderate level of normative commitment, and continuance commitment with mean score of 3.09 and 3.06.

Adoption

Nuttha Bualuang (2002: 124-128) studied factors influencing adoption of the performance improvement project for office of the civil service commission. A subject of 266 officers were using the questionnaire of Adoption, developed from concept of adoption of Rogers and Shoemaker. The results revealed that the level of adoption was in a moderate level. And found that diffusion of innovation factor in the message, factors of achievement in public sector reform and the reform objective's clarification and factor of education influencing adoption in high level.

Napasorn Siripanitanwej (2003: Abstract) studied factors relating to the adoption of Hospital Accreditation: A Case Study of Nurses in Police General Hospital. The result of this study is found out that level of the adoption of Hospital Accreditation for nurse in Police General Hospital is high. Hypothesis test shows that factors significantly relating to the adoption Hospital Accreditation are 1) knowledge and understanding in Hospital Accreditation 2) Attemption of Hospital Accreditation board in supporting Hospital Accreditation and 3) consciousness in qualification of Hospital Accreditation.

Rungrudee Punprasert (2002: 123-130) studied relationships between personal factors, perceived characteristics of innovative quality development, opinion leadership, and acceptance of nursing units innovative quality development of head nurses, general hospitals. A subject of 255 head nurses were using the questionnaire of Adoption, developed from concept of adoption of Rogers and Shoemaker. The findings were as follows: Head nurses had the acceptance if nursing units' innovative

quality development, the perceived characteristics of innovative development at the high level. Factors that significantly predicted acceptance of nursing units' innovative quality development of head nurses at the level of .05 was characteristics of innovative development.

From those above reviews, it can be seen that the factors concerning the organization development factors which consist of transformational leadership, motivation, teamwork, participation, and commitment and adoption, are factors involved the success in policy implementation. Therefore, this research is conducted in order to prove whether all these factors are truly involved in the success of policy implementation on Hospital Accreditation, or not, and the methodology for answering these questions is being presented in details in chapter 3.

CHAPTER III

MATERIALS AND METHODS

In this chapter, the researcher purposed to work out the research design employing the variables chosen from literature review in Chapter 2 and then constructed the materials and methods as the following topics.

1. Research Design
2. Population and Sample
3. Research Instrument
4. Instrument Testing
5. Data Collection
6. Data Analysis
7. Ethical Consideration

1. Research Design

This research was designed as an analytical cross-sectional study. The objective was to examine the organizational development model consist of 5 factors; transformational leadership, motivation, teamwork, participation, and commitment and adoption on the success of Hospital Accreditation policy implementation in case Siriraj Hospital. And analyze the relationship organizational development factors consist of transformational leadership, motivation, teamwork, participation, and commitment & adoption. And the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

2. Population and Sample

The research populations consisted of 530 personnel who working in Siriraj Hospital in the fiscal year 2003-2005. The samples were from service staff (i.e. administrators, hospital staffs, doctors, dentists, pharmacists, nurses).

Sample

Because the research aims to find out the explanatory potential to the variations of dependent variable by independent variables, thus the research has employed the equations of Hsien, et al., (1988 :1623-1624)

$$n = \frac{n^*}{1 - r^2}$$

While
$$n^* = \frac{(Z_{1-\alpha} + Z_{1-\beta})^2}{Z_0^2} + 3$$

$$Z_0 = \frac{1}{2} \log \left(\frac{1+r}{1-r} \right)$$

r = correlation coefficient between dependent and independent variables which is the minimum. And after trying out the instrument, it is found that the minimum correlation coefficient between variable of teamwork and dependent variable $r = .406$, with statistical significance ($p < .05$)

α = error type I which in this research is equal to .05

$$Z_{\alpha/2} = Z_{.05/2} = Z_{.025} = 1.96$$

β = error type II which in this research is equal to .10

$$Z_{\beta} = Z_{.10} = 1.64$$

n = sample size

Substitute in the equation;
$$Z_0 = \frac{1}{2} \log \left(\frac{1+r}{1-r} \right)$$

$$= \frac{1}{2} \log \left(\frac{1+.406}{1-.406} \right) = 0.1870$$

$$n^* = \frac{(1.96 + 1.64)^2}{(0.1870)^2} + 3 = 373.28$$

$$n = \frac{373.28}{1-.406^2} = 576.76 = 577$$

$$\text{Adjust to} = 577$$

The systematic random sampling is applied for the selection of sample from the list of Smart card data. (Human resource, Human Resource Department of Siriraj Hospital, 2003) The steps carried out are

1. Calculate the sampling interval (I)

$$I = N/n$$

N = total number of 10,343

N = number of sample of samples employed in this research which is 577

$$I = \frac{N}{n} ; = \frac{10,343}{577} = 17.92 \quad \text{and adjust to} = 18$$

2. Random start for initial number between 1 to 18 by drawing lots, that the obtained number is R.

3. The sampling unit are (by Simple Random Sampling) if R; $R \leq I$; R, R+I, R+2I, R+3I..., R+(n-1)I; until getting the total calculated number of samples.

The questionnaire respondent in representation of the sample is one person in charge with in Siriraj Hospital of responsibility in Hospital quality development.

For the sending of questionnaires, the researcher had already sent questionnaires to 577 in order to get back at the calculated number. The questionnaires were sent back with complete answers of 530 sets or 91.8 percent of the total sent. After that, the researcher had done the sampling of 530 questionnaires for the next step of analysis. These samples are in Siriraj Hospital.

3. Research Instruments

In this research, the instrument used the questionnaire constructed according to the criteria gained from conceptual research framework, The instrument is composed in accordance with the contents of dependent and independent variables set from literature review, journal, reports, and research advisors, were the close – ended question. It was divided into 3 parts as follows:

Part 1: The success of Hospital Accreditation policy implementation questionnaire.

Part 2: The Organization Developmental Factors consist of 5 factors; transformational leadership, motivation, teamwork,, participation, and commitment & adoption questionnaire.

Part 3: Generalization data.

Part 1: The success of Hospital Accreditation policy implementation questionnaire.

The questionnaire on the success of Hospital Accreditation policy implementation of personnel working in Siriraj Hospital was composed of the goal attainment questionnaire, the job satisfaction of employees and the quality of work life. The researcher had applied “the goal attainment” of the Hospital Accreditation criteria, publish kanchanapisek journal. From the Institute of Development and Hospital Accreditation. The job satisfaction of employees was measured by the validated (McNichols et al., 1978). The job satisfaction blank (Hoppock, 1935) is a four-item job satisfaction scale. These items summed so that higher scores reflected feeling of higher job satisfaction. And the “Quality of work life” by Richard E. Walton (1975: 357-358).

The success of Hospital Accreditation policy implementation questionnaire on goal attainment.

The goal attainment questionnaire used six subscales to measure the success of Hospital Accreditation policy implementation. The goal attainment items used were based on the Hospital Accreditation criteria, publish kanchanapisek journal. From the Institute of Development and Hospital Accreditation. Where needed wording of the items was adapted to fit the context and several items were left out. Responses are given on 4-point scale, from 1 (least/ not at all) to 4 (most) Likert's scale. As follow;

The commitment to quality development	7 items
The resource and resource management	9 items
The quality process	6 items
The safe standard professional and ethic professional	3 items
The patient right and organization governance	2 items
The patient care and cure patient	3 items

There were criteria in giving scores to the answers as followed:

	Positive statement	Negative statement
Most	4	1
Quite most	3	2
Quite less	2	3
Least/ not at all	1	4

Score Interpretation

The setting of level goal attainment is carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-4 are set into 4 levels as followed.

$$\begin{aligned}\text{Interval score for each level} &= \text{max score} - \text{min score} / \text{number of levels} \\ &= (4-1)/4 = 0.75\end{aligned}$$

Thus, interval score for each level is

- | | |
|--------------------|------------------------|
| - score 1.00- 1.75 | set as very low level |
| - score 1.76- 2.50 | set as low level |
| - score 2.51- 3.25 | set as high level |
| - score 3.26- 4.00 | set as very high level |

The success of Hospital Accreditation policy implementation questionnaire on job satisfaction.

The job satisfaction of employees. Overall job satisfaction of employees was assessed using the Hoppock Job Satisfaction Blank (JSB; Hoppock, 1935), a four – item self – report instrument developed to measure global job satisfaction of employees. For each item, respondents are asked to indicate which of seven response alternatives most accurately reflects how they feel about their present job. Total JBS scores, which range from 1 to 7, are obtained by summing response to the four items; higher total score reflect greater job satisfaction. Based on data from four different samples

Score Interpretation

The setting of level job satisfaction of employees is carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-7 are set into 7 levels as followed.

$$\begin{aligned}\text{Interval score for each level} &= \text{max score} - \text{min score} / \text{number of levels} \\ &= (7-1)/7 = 0.85\end{aligned}$$

Thus, interval score for each level is

- | | |
|--------------------|--------------------------|
| - score 1.00- 1.85 | set as the lowest level |
| - score 1.86- 2.71 | set as very low level |
| - score 2.72- 3.57 | set as low level |
| - score 3.58- 4.43 | set as moderate level |
| - score 4.44- 5.29 | set as high level |
| - score 5.30- 6.15 | set as very high level |
| - score 6.16- 7.00 | set as the highest level |

The success of Hospital Accreditation policy implementation questionnaire on quality of work life.

The quality of work life questionnaire used eight subscales to measure the success of Hospital Accreditation policy implementation. The quality of work life items used were based on concept of quality of work life by Richard E. Walton (1975: 357-358). Where needed wording of the items was adapted to fit the context and several items were left out. Responses are given on 4-point scale, from 1 (least/ not at all) to 4 (most) Likert's scale. As follow;

The Adequate and fair compensation	2 items
The Safe and healthy environment	2 items
The Development of human capacities	2 items
The Growth and security	2 items
The Social integration	2 items
The Constitutionalism	2 items
The Total life space	2 items
The Social relevance	1 items

Score Interpretation

The setting of level quality of work life is carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-4 are set into 4 levels as followed.

$$\begin{aligned}\text{Interval score for each level} &= \text{max score} - \text{min score} / \text{number of levels} \\ &= (4-1)/4 = 0.75\end{aligned}$$

Thus, interval score for each level is

- score 1.00- 1.75	set as very low level
- score 1.76- 2.50	set as low level
- score 2.51- 3.25	set as high level
- score 3.26- 4.00	set as very high level

Part II. The Organization Development Factors consist of 5 factors; transformational leadership, motivation, teamwork, participation, and commitment and adoption questionnaire.

1. Transformational leadership; The researcher has modified research instrument from Transformational Leadership Model by B.M.Bass and B.J.Avolio (1992: 156-157) and used Multifactor Leadership Questionnaire (MLQ) Form 6S; A total of 12 items.

1.1 Charisma	3 items
1.2 Intellectual stimulation	3 items
1.3 Inspiration motivation	3 items
1.4 Individualized consideration	3 items

2. Motivation; The researcher has modified research instrument from Motivation-Hygiene Theory (or Two-factor Theory) was developed by Frederick Herzberg (1959: 45-49). In this research the author consulted to expert for improve some item. A total of 20 items.

2.1 Achievement	2 items
2.2 Recognition	2 items
2.3 Work itself	2 items
2.4 Responsibility	2 items
2.5 Advancement	2 items
2.6 Company policy and administration	2 items
2.7 Supervision	2 items
2.8 Working condition	2 items
2.9 Interpersonal relation-peers	2 items
2.10 Salary	1 items

3. Teamwork; The researcher has modified research instrument from Concept of Team building by Glenn H. Varney (1977: 22-23). In this research the author consulted to expert for improve some item. A total of 19 items.

3.1 Communication	2 items
3.2 Objectives	2 items
3.3 Interpersonal conflict	2 items
3.4 Organization	2 items
3.5 Control	2 items
3.6 Support	2 items
3.7 Role of team members	3 items
3.8 Decision making	2 items
3.9 Results	2 items

4. Participation; The researcher has modified research instrument from Concept of concept of participation by John M. Cohen & Norman T. Uphoff (1977: 7-10). In this research the author consulted to expert for improve some item. A total of 10 items.

4.1 Participation in Decision-making	3 items
4.2 Participation in Implementation	4 items
4.3 Participation in Benefits	2 items
4.4 Participation in Evaluation	1 items

5. Commitment and adoption; The researcher has modified research instrument from Meyer and Allen's (1991) Three-Component Model of Commitment by John P. Mayer & Natalie J. Allen (1991: 67). And used concept of Adoption by Everett M. Roger and F. Floyd Shoemaker (1971: 102). In this research the author consulted to expert for improve some item. A total of 23 items.

5.1 Affective Commitment	6 items
5.2 Continuance Commitment	6 items
5.3 Normative Commitment	6 items
5.4 Innovations Adoption	5 items

There were criteria in giving scores to the answers as followed:

	Positive statement	Negative statement
Most	4	1
Quite most	3	2
Quite less	2	3
Least/ not at all	1	4

Score Interpretation

The setting of level goal attainment is carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-4 are set into 4 levels as followed.

$$\begin{aligned}\text{Interval score for each level} &= \frac{\text{max score} - \text{min score}}{\text{number of levels}} \\ &= \frac{(4-1)}{4} = 0.75\end{aligned}$$

Thus, interval score for each level is

- score 1.00- 1.75 set as very low level
- score 1.76- 2.50 set as low level
- score 2.51- 3.25 set as high level
- score 3.26- 4.00 set as very high level

Part III. Generalization data (1 items) Choose one answer

4. Instrument Testing

Content validity: The researcher had the major advisor and 3 experts (see Appendix) to examined the constructed questionnaires focusing on the content completeness, and to clarified the language and relevant of the issue. Some corrections were made based on the suggestion provided in order to cover the necessary content.

Reliability: The researcher tested the reliability of the questionnaires regarding the success of Hospital Accreditation policy implementation by trying out with the sample group that had the characteristics similar to the research population (30 personnel working in Maharaj Nakorn Chiang Mai hospital). After that the data was analyzed by using Pearson's product moment correlation and Cronbach's alpha coefficient. The researcher indicated the Alpha coefficient ≥ 0.70 . From the analysis of content reliability regarding the success of Hospital Accreditation policy implement questionnaires, the Alpha coefficient was 0.95 (Goal attainment = 0.96, Job satisfaction of employees = 0.65, quality of work life = 0.79) and the organization development factors questionnaires, the Alpha coefficient was 0.97. (Transformational leadership = .92, motivation = .85, teamwork = .97, participation = .93, and commitment & adoption = .76)

The researcher selected the items from considering the correlation coefficient between questionnaires and the total scale. If an item was highly related with the total scale, it shown the high internal consistency and it was reliable.

The researcher indicated the good items must have Pearson's correlation coefficient between 0.2–0.8. If the correlation coefficient of an item due to the recommendations of the advisor so that the sample group would understand the item. The content reliability of all parts of the questionnaire was reliable except the questionnaire about Job satisfaction of personnel working in Siriraj Hospital which was equal 0.65 (see Appendix). According to the concepts of Hoppock Job satisfaction, the researcher had improved and adapted some parts before launching the questionnaires to all participants in this research.

5. Data Collection

1. The researcher had obtained the formal document from Faculty of Graduate, Mahidol University and sent it to the Dean of Faculty Medicine of Siriraj Hospital and the Directors of Siriraj Hospital to explain about the objectives of this research and ask for the approval in order to conduct the data collection.

2. The Questionnaires and the documents for cooperation were sent to the Department of Siriraj Hospital by hand. The researcher asked those people to return the questionnaires within two weeks. In some Department of Siriraj Hospital that were very long time and to be convenient for them, the researcher had called back and address the researcher's name and place. Duration time on June1, 2006 to July7, 2006.

3. After 3 weeks, if the questionnaires were not returned, the researcher asked for more cooperation via the phone call. In case the phone call could not be used, the questionnaires were sent back to the same area.

4. The returned questionnaires will be examined for the completeness and analyzed.

6. Data Analysis

After collecting data, the researcher had examined the completeness of the returned questionnaires. The coding book was constructed and the data were filled with the codes and analyzed by using the following statistics.

1. Descriptive statistics such as percentage, frequency, and mean were applied to describe the range distribution of the success of Hospital Accreditation policy implementation and the organization development factors of personnel working in Siriraj Hospitals.

2. Inferential statistics

2.1 Pearson's product moment correlation coefficient (r_{xy}) was used to test the relationship among the organization development factors and the success of Hospital Accreditation policy implementation of personnel working in Siriraj Hospital. The relationship between dependent variables and independent variables can be predicted by the correlation coefficient. If the correlation coefficient (r) is negative or very different, it refers that such statement cannot be measure in the same direction.

The level of correlation coefficient according to the criteria of Davis (1997: 235) can be divided as follows:

- $r = 0.00$ There is no relationship.
- $r = \pm 0.01 - 0.09$ The level of relationship is very low.
- $r = \pm 0.10 - 0.29$ The level of relationship is low.
- $r = \pm 0.30 - 0.49$ The level of relationship is moderate.
- $r = \pm 0.50 - 0.69$ The level of relationship is high.
- $r = \pm 0.7$ or more The level of relationship is very high.

2.2 Multiple regression analysis was conducted to analyze the relationship between dependent and independent variables in order to indicate the strength of relationship.

2.3 The significant at 0.05

7. Ethical Consideration

This study was conducted after final permission to perform the study was granted by the Committee on Human Rights related to Experimentation, Mahidol University, Number 37/2004 on May 18, 2004. (Appendix)

The research on the success of Hospital Accreditation policy implementation in case Siriraj Hospital was conducted in accordance with international ethical guidelines as the following conditions.

1. Respect for person: The name and surname of the researcher had been introduced to the participants. As well as the consents and willing of participants, including their rights was concerned. All participants had rights to accept or reject the research project at any time.
2. Benefits or risks: This research did not use any experimental substances that caused the bad impacts to participants. The name of participants and any information were kept confidentially. The research results will be present as a whole picture and these will be a beneficial guideline for Nursing Administration.
3. Justice: The researcher had explained the details of the research project to all participants including the benefits obtained from this research. Therefore,

the participants could use this information to make a decision and they would be willing to join the project without any doubt.

This research followed the process of ethical clearance which requires the following steps.

1. The approval from the ethical committee of Mahidol University was conducted.
2. Data collection was approved by the Dean of Faculty of Medicine Siriraj Hospital and Directors of Siriraj Hospital.
3. Data collection was conducted to all participants with their willingness. They have right to reject or get out of this project any time.
4. The data from questionnaires will be kept confidentially; both first and last name of participants will be anonymous.
5. The research results will be presented as a whole picture and there is no impact on the participants' job or position.
6. The research results will be uses as a guideline for Nursing Administration in the future.

In this chapter, the researcher has presented the research methodology starting from research design, population and sample, research instrument, validity and reliability, data collection, and data analysis, and the next chapter 4 is the presentation of details in analysis of results.

CHAPTER IV

RESULTS

This research was to examine the organizational development factors with the success of Hospital Accreditation policy implementation in case Siriraj Hospital. Data analyze was came from the answer to the questionnaires of personnel working in Siriraj Hospital in 2004, a total of 577 questionnaires. 530 or 91.8 % of the questionnaire were received. They were completed and analyzed. The rest had the following problems for 32 questionnaires: 12 were unable to answer the questionnaires (reported back to researcher and other 20 questionnaires were incomplete). Therefore, the questionnaires that were analyzed were 91.8%. Researcher would like to analyze the data respectively as follows:

Part 1: Generalizations Characteristic of Personnel Working in Siriraj Hospital

Part 2: Data of the Organizational Development Factors

Part 3: Data of the success of Hospital Accreditation policy implementation

Part 4: Relationship analysis of the Organizational Development Factors and the Success of Hospital Accreditation Policy Implementation

Part 1: Generalizations Characteristic of the Personnel Working in Siriraj Hospital

Research outcomes of this study base on the 530 returned questionnaires, which were distributed to personnel working in Siriraj Hospital. This part will present distribution of generalizations characteristic of the personnel working in Siriraj Hospital. According to table 2, majority of staffs 71.9%.

Table 2 Generalizations characteristic of personnel working in Siriraj Hospital. (N=530)

Generalizations characteristic	Number	Percentage
Status:		
- Administrators	149	28.1
- Staffs	381	71.9
Total	530	100.0

Part 2: Data of the Organizational Development Factors

The organizational development factors consists of transformational leadership, motivation, teamwork, participation, and commitment and adoption. The setting of levels the organization development factors are carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-4 are set into 4 levels as followed:

$$\begin{aligned}\text{Interval score for each level} &= \text{Max score} - \text{Min score} / \text{Number of levels} \\ &= [(4-1)/4 = 1.75]\end{aligned}$$

Thus, interval score for each level is

- score 3.26 - 4.00 set as very high level
- score 2.51 - 3.25 set as high level
- score 1.76 - 2.50 set as low level
- score 1.00 - 1.75 set as very low level

2.1 Transformational leadership

The result revealed that 81.7% of personnel working in Siriraj Hospital had transformational leadership in high level. And evaluation the level of transformational leadership found that total personnel working in Siriraj Hospital had high level of transformational leadership ($\bar{x}=2.97$). Upon consideration of the composition in each side of the transformational leadership. It was found that composition in 4 components of transformational leadership were in high level, Charisma leadership or Idealized Influence had the highest average ($\bar{x}=3.05$), follow was inspirational motivation ($\bar{x}=3.03$) and the third was individualized consideration ($\bar{x}=2.96$), the last was the intellectual stimulation ($\bar{x}=2.84$) as shown in table 3

Table 3 Number and percentage, mean, standard deviation and level of transformational leadership of personnel working in Siriraj Hospital. (N=530)

Transformational leadership	Mean	S.D.	level	Transformational leadership level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall transformational leadership	2.97	0.45	high	41	433	53	3
				(7.7)	(81.7)	(10.0)	(0.6)
Charisma or Idealized Influence	3.05	0.40	high	56	449	23	2
				(10.6)	(84.7)	(4.3)	(0.4)
Intellectual Stimulation	2.84	0.57	high	45	358	123	4
				(8.5)	(67.5)	(23.2)	(0.8)
Inspirational Motivation	3.03	0.49	high	69	410	49	2
				(13.0)	(77.4)	(9.2)	(0.4)
Individualized Consideration	2.96	0.54	high	64	381	83	2
				(12.1)	(71.9)	(15.7)	(0.4)

In conclusion, Overall, personnel working in Siriraj Hospital had transformational leadership in high level. When considered in each component, it was found that charisma leadership or idealized influence was in the most level, follow was inspiration motivation leadership and individualized consideration. The component of intellectual stimulation had the less behavior in the topic of getting others to rethink ideas that they had never questioned before. (see the details in Appendix)

2.2 Motivation

Data and results from Table 4 indicated that 81.7% of personnel working in Siriraj Hospital had high level of motivation ($\bar{x}=3.00$). The Overall of motivator factors were high level. When considered in each side of the motivator factors. It was found that composition in 5 components of motivator factors were in high level, Work itself had the highest average ($\bar{x}=3.21$), follow was achievement ($\bar{x}=2.92$) and the third was responsibility ($\bar{x}=2.79$), and recognition ($\bar{x}=2.75$). The last was the advancement was lowest mean ($\bar{x}=2.68$). And considered in each side of the hygiene factors. It was found that composition in 5 components of the hygiene factors, Company policy and administration had the highest average ($\bar{x}=3.09$), follow was interpersonal relations ($\bar{x}=2.97$) as same as supervision ($\bar{x}=2.96$) and the third was working condition ($\bar{x}=2.79$), The last was the salary was lowest mean ($\bar{x}=2.41$). as shown in table 4

Table 4 Number and percentage, mean, standard deviation and level of motivation of personnel working in Siriraj Hospital. (N=530)

Motivation	Mean	S.D.	level	Motivation level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall motivation	3.00	0.43	high	50 (9.4)	433 (81.7)	46 (8.7)	1 (0.2)
Achievement	2.92	0.65	high	90 (17.0)	312 (58.9)	125 (23.6)	3 (0.6)
Recognition	2.75	0.63	high	40 (7.5)	329 (62.1)	147 (27.7)	14 (2.6)
Work itself	3.21	0.63	high	172 (32.5)	299 (56.4)	58 (10.9)	1 (0.2)
Responsibility	2.79	0.67	high	66 (12.5)	292 (55.1)	165 (31.1)	7 (1.3)
Advancement	2.68	0.74	high	67 (12.6)	245 (46.2)	198 (37.4)	20 (3.8)
Company policy and administration	3.09	0.61	high	125 (23.6)	327 (61.7)	78 (14.7)	0
Supervision	2.96	0.63	high	80 (15.1)	364 (68.7)	70 (13.2)	16 (3.0)
Working condition	2.79	0.66	high	60 (11.3)	310 (58.5)	149 (28.1)	11 (2.1)
Interpersonal relations	2.97	0.60	high	82 (15.5)	354 (66.8)	90 (17.0)	4 (0.8)
Salary	2.41	0.71	low	18 (3.4)	233 (44.0)	228 (43.0)	51 (9.6)

In conclusion, Overall, personnel working in Siriraj Hospital had motivation in high level. When considered in each side of the motivator factors. It was found that composition in 5 components of motivator factors were in high level, Work itself had the highest average, follow was achievement and the third was responsibility and recognition. The last was the advancement was the lowest. And considered in each side of the hygiene factors. It was found that composition in 5 components of the hygiene factors, Company policy and administration had the highest average, follow was interpersonal relations as same as supervision and the third was working condition. The component of salary had the lowest in the topic of salary is not appropriate towards the present cost of living, suitable to the quantity of work and corresponding to knowledge and capacity. (see the details in Appendix)

2.2 Teamwork

The result revealed that 80.6% of personnel working in Siriraj Hospital had teamwork in the high level. And evaluation the level of teamwork that total personnel working in Siriraj Hospital had high level of teamwork ($\bar{x}=3.02$). Upon consideration of the composition in each side of the teamwork. It was found that composition in 9 components of teamwork were in high level, the objectives had the highest average ($\bar{x}=3.04$), follow was the role of team members ($\bar{x}=3.02$) and the second was the controls, the results, and the interpersonal conflict ($\bar{x}=2.89$, $\bar{x}=2.88$, $\bar{x}=2.87$), the third was the communication, the decision-making and the support ($\bar{x}=2.83$, $\bar{x}=2.82$, $\bar{x}=2.80$) the last was the organization ($\bar{x}=2.77$). There was a part of the organization, the support, the decision-making and the communication was the high level due to low level. as shown in table 5

Table 5 Number and percentage, mean, standard deviation and level of teamwork of personnel working in Siriraj Hospital. (N=530)

Teamwork	Mean	S.D.	level	Teamwork level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall teamwork	3.02	0.45	high	56 (10.6)	427 (80.6)	46 (8.7)	1 (0.2)
Communication	2.83	0.61	high	58 (10.9)	328 (61.9)	141 (26.6)	3 (0.6)
Objectives	3.04	0.62	high	109 (20.6)	334 (63.0)	85 (16.0)	2 (0.4)
Interpersonal conflict	2.87	0.63	high	66 (12.5)	338 (63.8)	116 (21.9)	10 (1.9)
Organization	2.77	0.62	high	50 (9.4)	315 (59.4)	159 (30.0)	6 (1.1)
Controls	2.89	0.64	high	77 (14.5)	326 (61.5)	121 (22.8)	6 (1.1)
Support	2.80	0.65	high	61 (11.5)	310 (58.5)	152 (28.7)	7 (1.3)
Role of team members	3.02	0.48	high	64 (12.1)	410 (77.4)	56 (10.6)	0
Decision- making	2.82	0.58	high	51 (9.6)	336 (63.4)	142 (26.8)	1 (0.2)
Results	2.88	0.60	high	63 (11.9)	346 (65.3)	117 (22.1)	4 (0.8)

In conclusion, Overall, personnel working in Siriraj Hospital had teamwork in high level. When considered in each side of teamwork. It was found that composition in 9 components of teamwork were in high level, the objectives had the highest average, follow was the role of members and the second was the controls, the results, and the interpersonal conflict. The third was the communication, the decision-making and the support, the last was the organization. There was a part of the organization, the support, the decision-making and the communication was the high level due to low level. In the topic of the support shown employing friendship familiarity rather than facts in working. And the topic of the organization shown capability in identifying the problems of working teams, follow the topic of the decision-making and the communication were capability in righteousness and appropriateness in problem solving in corresponding to situation emergency and topic degrees of applying coordination systems as means in helping other team members.(see the details in Appendix)

2.3 Participation

The result revealed that 76.0% of personnel working in Siriraj Hospital had participation in high level and very high. And evaluation the level of participation that total personnel working in Siriraj Hospital had high level of participation ($\bar{x}=2.86$). Upon consideration of the composition in each side of the participation. It was found that composition in 4 components of participation were in high level, the participation in decision-making had the highest average ($\bar{x}=2.85$), follow was the participation in implementation ($\bar{x}=2.81$). A part of the participation in benefit and the participation in evaluation was the nearest high level. as shown in table 6

Table 6 Number and percentage, mean, standard deviation and level of participation of personnel working in Siriraj Hospital. (N=530)

Participation	Mean	S.D.	level	Participation level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall participation	2.86	0.60	high	58	345	122	5
				(10.9)	(65.1)	(23.0)	(0.9)
Participation in Decision-making	2.85	0.62	high	61	338	123	8
				(11.5)	(63.8)	(23.2)	(1.5)
Participation in implementation	2.81	0.61	high	53	332	140	5
				(10.0)	(62.6)	(26.4)	(0.9)
Participation in Benefit	2.67	0.72	high	65	237	214	14
				(12.3)	(44.7)	(40.4)	(2.6)
Participation in Evaluation	2.66	0.71	high	42	301	154	33
				(7.9)	(56.8)	(29.1)	(6.2)

In conclusion, Overall, personnel working in Siriraj Hospital had participation in high level. When considered in each component, it was found that participation in decision-making was in the most level, follow was participation in implementation. The component of participation in benefit and participation in evaluation had the high beside low. (see the details in Appendix)

2.5 Commitment and Adoption

The result revealed that 74.6% of personnel working in Siriraj Hospital had commitment and adoption in high level. And evaluation the level of commitment and adoption that total personnel working in Siriraj Hospital had high level of commitment and adoption ($\bar{x}=3.00$). Upon consideration of the composition in each side of the commitment and adoption. It was found that composition in 5 components of commitment and adoption were in high level, the innovation adoption had the highest average ($\bar{x}=3.31$), follow was affective commitment ($\bar{x}=3.11$). The third was normative commitment. And the last, it was continuance commitment. as shown in table 7

Table 7 Number and percentage, mean, standard deviation and level of commitment and adoption of personnel working in Siriraj Hospital. (N=530)

Commitment and adoption	Mean	S.D.	level	Commitment and adoption level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall commitment and adoption	3.00	0.50	high	67 (12.6)	396 (74.7)	67 (12.6)	0
Affective commitment	3.11	0.62	high	134 (25.3)	324 (61.1)	71 (13.4)	1 (0.2)
Continuance commitment	2.36	0.65	low	19 (3.6)	183 (34.5)	297 (56.0)	31 (5.9)
Normative commitment	2.80	0.68	high	75 (14.2)	281 (53.0)	168 (31.7)	6 (1.1)
Innovation adoption	3.31	0.50	very high	174 (32.8)	347 (65.5)	9 (1.7)	0

In conclusion, Overall, personnel working in Siriraj Hospital had commitment and adoption in high level. When considered in each component, it was found that innovation adoption was in very high level, follow was affective commitment. The component of normative commitment had a high level. And the last, it was continuance commitment in very low level about topic of “it would be very hard for me to leave my organization right now, even if I wanted to”. (see the details in Appendix)

The Organizational Development Factors

The results revealed that 86.8% of personnel working in Siriraj Hospital in high level, follow is 7.2% in very high level and none in the least level. And evaluation the level of the organizational development factors found that total personnel working in Siriraj Hospital had a high level of the organizational development factors ($\bar{x}=3.01$). Upon consideration of the composition in each side of the organizational development factors. It was found that composition in 5 components of the organizational development factors were in high level, teamwork had the highest average ($\bar{x}=3.02$), follow were motivation and commitment and adoption ($\bar{x}=3.00$) and the third was transformational leadership ($\bar{x}=2.97$), the last was the participation was lowest mean ($\bar{x}=2.86$). as shown in table 8

Table 8 Number and percentage, mean, standard deviation and level of the Organizational Development Factors of personnel working in Siriraj Hospital. (N=530)

The Organizational Development Factors	Mean	S.D	level	The Organizational Development level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall the Organization	3.01	0.36	high	38	460	32	0
Development Factors				(7.2)	(86.8)	(6.0)	
Transformational leadership	2.97	0.45	high	41	433	53	3
				(7.7)	(81.7)	(10.0)	(0.6)
Motivation	3.00	0.43	high	50	433	46	1
				(9.4)	(81.7)	(8.7)	(0.2)
Teamwork	3.02	0.45	high	56	427	46	1
				(10.6)	(80.6)	(8.7)	(0.2)
Participation	2.86	0.60	high	58	345	122	5
				(10.9)	(65.1)	(23.0)	(0.9)
Commitment and Adoption	3.00	0.50	high	67	396	67	0
				(12.6)	(74.7)	(12.6)	

Part 3: Data of the Success of Hospital Accreditation Policy Implementation.

The success of Hospital Accreditation policy implementation consists of goal attainment, job satisfaction of employees, and quality of work life. The setting of levels the goal attainment and quality of work life are carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-4 are set into 4 levels as followed:

$$\begin{aligned}\text{Interval score for each level} &= \text{Max score} - \text{Min score} / \text{Number of levels} \\ &= [(4-1)/4 = 1.75]\end{aligned}$$

Thus, interval score for each level is

- score 3.26 - 4.00 set as very high level
- score 2.51 - 3.25 set as high level
- score 1.76 - 2.50 set as low level
- score 1.00 - 1.75 set as very low level

And then job satisfaction of employees is carried out by applying Levin's method (1986: 21) for the calculation of means of sub-item variables. The means of average 1-7 are set into 7 levels as followed:

$$\begin{aligned}\text{Interval score for each level} &= \text{Max score} - \text{Min score} / \text{Number of levels} \\ &= [(7-1)/7 = 1.85]\end{aligned}$$

Thus, interval score for each level is

- score 6.16 - 7.00 set as the highest level
- score 5.30 - 6.15 set as very high level
- score 4.44 - 5.29 set as high level
- score 3.58 - 4.43 set as moderate level
- score 2.72 - 3.57 set as low level
- score 1.86 - 2.71 set as very low level
- score 1.00 - 1.85 set as the lowest level

3.1 Goal attainment

The results revealed that 40.9% of personnel working in Siriraj Hospital in very high level, follow is 57.4% in high level and none in the least level. And evaluation the level of goal attainment found that total personnel working in Siriraj Hospital had very high level of goal attainment ($\bar{x}=3.40$). Upon consideration of the composition in each side of goal attainment. It was found that composition in 6 components of goal attainment were in very high level, safe standard professional and ethic professional had the highest average ($\bar{x}=3.50$), follow were commitment to quality development and quality process ($\bar{x}=3.45$, $\bar{x}=3.44$) and the third was patient right and good governances ($\bar{x}=3.28$), the last was the patient care and cure the patient was lowest mean ($\bar{x}=3.15$). as shown in table 9

Table 9 Number and percentage, mean, standard deviation and level of the goal attainment of personnel working in Siriraj Hospital. (N=530)

Goal attainment	Mean	S.D.	level	Goal attainment level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall goal attainment	3.40	0.52	very high	217	304	9	0
				(40.9)	(57.4)	(1.7)	
Commitment to quality development	3.45	0.56	very high	259	255	16	0
				(48.9)	(48.1)	(3.0)	
Resource and resource Management	3.20	0.51	high	133	369	28	0
					(25.1)	(69.6)	(5.3)
Quality process	3.44	0.53	very high	243	277	10	0
				(45.8)	(52.3)	(1.9)	
Safe standard professional and ethic professional	3.50	0.54	very high	277	245	6	2
				(52.3)	(46.2)	(1.1)	(0.4)
Patient rights and good governances	3.28	0.67	high	217	247	66	0
				(40.9)	(46.6)	(12.5)	
The patient care and cure the patient	3.15	0.66	high	154	305	66	5
				(29.1)	(57.5)	(12.5)	(0.9)

In conclusion, Overall, personnel working in Siriraj Hospital had goal attainment in very high level. When considered in each component, it was found that safe standard professional and ethic professional, commitment to quality development, and quality process were in very high level, follow was patient rights and good governances in high level. The component of resource and resource management had a high level. And the last, it was the patient care and cure the patient in high level. (see the details in Appendix)

3.2 Job satisfaction of employees

Data and results from table 10 indicated that 50.4% of personnel working in Siriraj Hospital had overall of job satisfaction in quite high level ($\bar{x}=4.47$), 41.5% in moderate level and 9.8% in very low. Job satisfaction of employees in each item aspect were quite high level.

The first, Job satisfaction of employees, shown that the statement which best tells how well you like your job when the Hospital Accreditation policy implementation in Siriraj Hospital, ranging from quite high to high and very high levels was in the first rank with 34.7% (like job) and 40.9% (feel, enthusiastic about job and love job) respectively.

The second, Job satisfaction of employees shown that the statement how much of the time you feel satisfied with your job when the Hospital Accreditation policy implementation in Siriraj Hospital, ranging from quite high to high and very high levels was in the first rank with 44.2% (feel, a good deal of the time satisfied with your job) and 16.4% (feel, all the time and most of time satisfied with your job) respectively.

The third, Job satisfaction of employees shown that the statement how you feel about changing your job when the Hospital Accreditation policy implementation in Siriraj Hospital, ranging from quite high 32.6% (feel, would like to change both my job and my occupation about changing your job). And the last, Job satisfaction of employees shown that the statement how you think you compare with other people when the Hospital Accreditation policy implementation in Siriraj Hospital moderated levels was in the first rank with 68.1% (Compare with other people like my job about as most people like theirs) respectively. as shown in table 10

Table 10 Number and percentage, mean, standard deviation and level of job satisfaction of employees of personnel working in Siriraj Hospital. (N=530)

Job satisfaction of employees				Job satisfaction level						
				the	very	high	moderate	low	very	the
				highest	high				low	lowest
				N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Overall job satisfaction	Mean	S.D.	level	0	8	267	220	34	1	0
Of employees	4.47	0.65	very high		(1.5)	(50.4)	(41.5)	(6.4)	(0.2)	
Like your job which HA				156	61	184	77	50	1	1
policy implementation				(29.4)	(11.5)	(34.7)	(14.5)	(9.4)	(0.2)	(0.2)
Satisfied with your job which				44	43	234	56	136	16	1
HA policy implementation				(8.3)	(8.1)	(44.2)	(10.6)	(25.7)	(3.0)	(0.2)
Changing your job which HA				16	36	173	62	64	22	10
policy implementation				(30.8)	(6.8)	(32.6)	(11.7)	(12.1)	(4.2)	(1.9)
Compare with other people				20	35	85	361	27	0	2
which HA policy implementation				(3.8)	(6.6)	(16.0)	(68.1)	(5.1)		(0.4)

3.3 Quality of work life

The results revealed that 40.9% of personnel working in Siriraj Hospital in high level, follow is 76.2 % in high level. And evaluation the level of quality of work life found that total personnel working in Siriraj Hospital had a high level of quality of work life ($\bar{x}=2.95$). Upon consideration of the composition in each side of quality of work life. The total 8 components, It was found that composition in 6 components of quality of work life were in high level, 2 components were in low level, the constitutionalism had the highest average ($\bar{x}=3.11$), follow were development of human capacities and social relevance ($\bar{x}=3.08$, $\bar{x}=3.00$) and the third was safe and healthy environment ($\bar{x}=2.96$), the last was adequate and fair compensation was lowest mean ($\bar{x}=2.14$). as shown in table 11

Table 11 Number and percentage, mean, standard deviation and level of quality of work life of personnel working in Siriraj Hospital. (N=530)

Quality of work life	Mean	S.D.	level	Quality of work life level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall quality of Work life	2.95	0.50	high	51 (9.6)	404 (76.2)	73 (13.8)	2 (0.4)
Adequate and fair compensation	2.14	0.71	low	20 (3.8)	113 (21.3)	316 (59.6)	81 (15.3)
Safe and healthy environment	2.96	0.66	high	98 (18.5)	323 (60.9)	101 (19.1)	8 (1.5)
Development of Human capacities	3.08	0.65	high	132 (24.9)	310 (58.5)	86 (16.2)	2 (0.4)
Growth and security	2.39	0.75	low	38 (7.2)	179 (33.8)	266 (50.2)	47 (8.9)
Social integration	2.94	0.66	high	93 (17.5)	318 (60.0)	111 (20.9)	8 (1.5)
Constitutionalism	3.11	0.64	high	137 (25.8)	321 (60.6)	67 (12.6)	5 (0.9)
The total life space	2.71	0.85	high	96 (18.1)	225 (42.5)	169 (31.9)	40 (7.5)
Social relevance	3.00	0.56	high	81 (15.3)	377 (71.1)	67 (12.6)	5 (0.9)

In conclusion, overall, personnel working in Siriraj Hospital had quality of work life in high level. In specific, they expressed the quality of work life of constitutionalism and development of human capacities. However, safe and healthy environment, social integration, the total life space appeared to have low quality of work life in some aspects. Adequate and fair compensation, personnel working in Siriraj Hospital reported low quality of work life.

3.4 The success of Hospital Accreditation policy implement

According to table 12, 60.9% of personnel working in Siriraj Hospital were succeed with overall the Hospital Accreditation policy implementation in very high level and their successful the Hospital Accreditation policy implementation in each aspect of policy implementation was in a high level as well. Goal attainment, ranging from high to very high levels was in the first rank with 57.4% and 40.9% respectively. Job satisfaction of employees appeared in high. However, some aspect of job satisfaction of employees was in low level in the statement of feel, occasionally satisfied with your job (25.7). And in the statement of feel, about changing your job that “I am not eager to change my job, but would do so if could get a better job” (12.1%). Quality of work life appeared in high level with the percentage of 76.2%. as shown in table 12

Table 12 Percentage, mean, standard deviation and level the success of Hospital Accreditation policy implementation of personnel working in Siriraj Hospital. (N=530)

The success of Hospital Accreditation policy implementation	Mean	S.D.	level	The success of HA policy implementation level			
				very high	high	low	very low
				n	n	n	n
				(%)	(%)	(%)	(%)
Overall the success of Hospital Accreditation Policy implementation	3.37	0.50	very high	202 (38.1)	323 (60.9)	5 (0.9)	
Goal attainment	3.40	0.52	high	217 (40.9)	304 (57.4)	9 (1.7)	0
Job satisfaction of employees	4.46	0.65	high				
Quality of work life	2.95	0.50	high	51 (9.6)	404 (76.2)	73 (13.8)	2 (0.4)

Part 4: Relationship Analysis of the Organizational Development Factors and the Success of Hospital Accreditation Policy Implementation

4.1 Relationship analysis of the organizational development factors and the success of Hospital Accreditation policy implementation

Test of hypothesis 1: The organizational development factors have positive correlation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

From the analysis of the relationship between the organizational development factors and the success of Hospital Accreditation policy implementation in case Siriraj Hospital by the Pearson's product moment correlation coefficient as a statistical tool. The study was found that the organizational development factors engaged statistically high significant positive correlation between the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant ($r = 0.673$, $p < .01$). When considered in each aspect, it was found that they have positive relationship in each aspect in high level. Motivation factors had much more relationship than the other aspects ($r = 0.649$, $p < 0.01$). And the later was teamwork factors has relationship in high level with the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant ($r = 0.592$, $p < .01$).

The findings indicated that commitment and adoption factors were in moderate level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant ($r = 0.592$, $p < .01$). And participation factors were in moderate level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant ($r = 0.414$, $p < .01$). Even if, the study founded that transformational leadership had a low level positive correlation to the success of Hospital

Accreditation policy implementation in case Siriraj Hospital at the level of significant ($r = 0.289$, $p < .01$). as shown in the detail in table 13

Therefore, these findings did support the hypothesis I; the organizational development factors have a high level of positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital. When considered in each aspect, transformational leadership, motivation, teamwork, participation, and commitment and adoption have positive correlation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

Table 13 The Pearson's product moment correlation coefficient between the Organizational Development Factors and the Success of Hospital Accreditation Policy Implementation. (N= 530)

The Organizational Development Factors	The Success of Hospital Accreditation Policy Implementation	
	Correlation coefficient value	p-value
The Organizational Development Factors	0.673	< 0.00
Transformational leadership	0.289	< 0.00
Motivation	0.649	< 0.00
Teamwork	0.592	< 0.00
Participation	0.414	< 0.00
Commitment and adoption	0.454	< 0.00

From analysis of The success of Hospital Accreditation policy implementation in case Siriraj Hospital, it was found that the organizational development factors have statistically significant positive correlation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital ($r = 0.673$, $p < 0.01$) and when considered in each aspect, the organizational development factors have positive correlation to goal attainment at the level of significant ($r = 0.574$,

$p < .01$), the organizational development factors have positive correlation to job satisfaction of employees at the level of significant ($r = 0.176$, $p < .01$), and the organizational development factors have positive correlation to quality of work life at the level of significant ($r = 0.620$, $p < .01$). When examining the indicators separately, it is found that

The organizational development factors have statistically positive correlation with the goal attainment ($r = 0.574$, $p < 0.01$), with the highest correlation coefficient of motivation factors ($r = 0.537$). The later are teamwork factors ($r = 0.512$), commitment and adoption factors ($r = 0.392$), and participation factors ($r = 0.351$), respectively. The lowest correlation coefficient is the transformational leadership factors ($r = 0.255$), at which all features show the high correlation coefficients (r between 0.500-0.690)

The organizational development factors have statistically positive correlation with the job satisfaction of employees ($r = 0.176$, $p < 0.01$), with the highest correlation coefficient commitment and adoption factors ($r = 0.217$). The later are motivation factors ($r = 0.129$), participation factors ($r = 0.392$), The teamwork factors and the transformational leadership factors none relation with the job satisfaction of employees respectively. At which all features show the low correlation coefficients (r between .0.100 to 0.290)

The organizational development factors have statistically positive correlation with the quality of work life ($r = 0.620$, $p < 0.01$), with the highest correlation coefficient of motivation factors ($r = 0.651$). The later are teamwork factors ($r = 0.564$), participation factors ($r = 0.382$), and commitment and adoption factors ($r = 0.367$), respectively. The lowest correlation coefficient is the transformational leadership factors ($r = 0.248$), at which all features show the high correlation coefficients (r between 0.500-0.690). as shown in the detail in table 14

Table 14 Correlation coefficient between the Organizational development factors and the success of Hospital Accreditation policy implementation. (N= 530)

Variables	(X ₁)	(X ₂)	(X ₃)	(X ₄)	(X ₅)	(X)	(Y ₁)	(Y ₂)	(Y ₃)	(Y)
(X ₁)	1.000									
(X ₂)	.379**	1.000								
(X ₃)	.262**	.656**	1.000							
(X ₄)	.387**	.589**	.418**	1.000						
(X ₅)	.309**	.510**	.335**	.371**	1.000					
(X)	.561**	.870**	.749**	.710**	.744**	1.000				
(Y ₁)	.255**	.537**	.512**	.351**	.392**	.574**	1.000			
(Y ₂)	.073	.129**	.075	.116**	.217**	.176**	.073	1.000		
(Y ₃)	.248**	.651**	.564**	.382**	.367**	.620**	.488**	.214**	1.000	
(Y)	.289**	.649**	.592**	.414**	.454**	.673**	.931**	.277**	.747**	1.000
$\bar{x}$	2.97	3.00	3.02	2.86	3.00	3.01	3.39	4.47	2.95	3.37
SD	0.45	0.43	0.45	0.60	0.50	0.36	0.52	0.65	0.50	0.50
Min	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	1.00	2.00
Max	4.00	4.00	4.00	4.00	4.00	4.00	4.00	6.00	4.00	4.00
N	530	530	530	530	530	530	530	530	530	530

** Correlation is significant at the 0.01 level (2-tailed)

** p<.01

* p<.05

(X₁) = Transformational leadership(Y₁) = Goal Attainment(X₂) = Motivation(Y₂) = Satisfaction of Employee(X₃) = Teamwork(Y₃) = Quality of work life(X₄) = Participation

(Y) = Success of policy implementation

(X₅) = Commitment & Adoption

(X) = Organization development Model

From such findings, it can be concluded that organizational development factors engage positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital. Thus, supported the hypothesis I.

4.2 Analysis of variables which affect the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

Testing of hypothesis II; The organizational development factors can explain variation in the success on policy implementation of Hospital Accreditation in case Siriraj Hospital.

For this hypothesis testing, the multiple regression analysis is applied through the enter method. It is found that, the organizational development factors consist of; transformational leadership, motivation, teamwork, participation, and commitment and adoption. These five independent variables can in all be the statistically significant can explain variation in the success of Hospital Accreditation policy implementation in case Siriraj Hospital of 49.1 % ($R^2 = 0.491$, $p < 0.01$). The standard Error of the Estimate = 10.22. See table 15.

Table 15 Multiple regression analysis between the organizational development factors consist of; Transformational leadership, motivation, teamwork, participation, and commitment and adoption and the success on policy implementation of Hospital Accreditation in case Siriraj Hospital.(N = 530)

No.	Independent variables	Multiple regression coefficients			
		b	S.E.(b)	t	p-value
1	Transformational leadership	.081	.132	.610	.542
2	Motivation	.806	.111	7.279	.000
3	Teamwork	.661	.094	7.012	.000
4	Participation	.041	.131	.309	.758
5	Commitment & adoption	.305	.069	4.404	.000
	Constant	48.588	5.488	8.853	.000
$R^2 = 0.491$					

According to Table 15, when considering individual factors, the findings are that the factors of transformational leadership and participation cannot be co-predicted variables onto the dependent variable (the success of Accreditation Hospital policy implementation consist of; goal attainment, job satisfaction of employees and quality of work life) for $p > 0.05$. And then, it was tried to repeat the multiple regression analysis of only the motivation, teamwork and commitment & adoption factors with the dependent variable. And it is found that these three can be co-predicted variables to the success of Hospital Accreditation policy implementation in case Siriraj Hospital of 49.1% ($R^2 = 0.491$) and the rest is from other factors which are not included in this research. Thus, the finding unsupported with hypothesis II

In conclusion, the organizational development factors had relation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital. Thus, supported the hypothesis I, and the organizational factors cannot predict to the success on policy implementation of Accreditation Hospital in case Siriraj Hospital. Thus, unsupported the hypothesis II.

The result in this chapter was to explain the organizational development factors, to analyze level of transformational leadership, motivation, teamwork, participation, and commitment and adoption of personnel working in Siriraj Hospital. And the relationship of the mentioned variable including analyze to find the variable that was able to explain the success of Hospital Accreditation policy implementation in case Siriraj Hospital. The result was not in accordance with the hypotheses that were set. Researcher would discuss this in chapter 5.

CHAPTER V

DISCUSSION

This research aims to examine and to identify factors affecting the success of Hospital Accreditation policy implementation in case Siriraj Hospital, and find out the correlation between the organizational development factors that composing of transformational leadership, motivation, teamwork, participation and commitment and adoption, to such success. And to further investigate the compositions of organizational development factors of which can be the prediction factors to the success of Hospital Accreditation policy implementation in case Siriraj Hospital. Data collection was from questionnaires, which were distributed to personnel working in Siriraj Hospital. There are two parts of data analysis as following the objective to discussion.

1. Examine the organizational development model consist of 5 factors; transformational leadership, motivation, teamwork, participation, and commitment and adoption on the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

2. Relationship of the organizational development model consist of 5 factors; transformational leadership, motivation, teamwork, participation, and commitment and adoption and the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

General Objective: Examine the organizational development model consist of 5 factors; transformational leadership, motivation, teamwork, participation, and commitment and adoption on the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

The study found that the level of overall success of Hospital Accreditation policy implementation was very high. (Table 13) Especially in the aspects of fulfilling the goal attainment. The personnel working in Siriraj Hospital agree with the implementation of professional standard and ethics, agreed with the determination to implement quality development and quality process, having Hospital Accreditation policy being literally advocated, explanation of objectives and target of activities for quality development for Hospital Accreditation, encouraging every personnel to follow quality policy of the hospital. In the quality process, the personnel who working in Siriraj Hospital agreed with internal survey at least twice a year and also agreed with the concept of continuous quality improvement to customers or patient focus. The study was in accord with the work of Thepasak Bunyaratapan (1993: 98) analyzed the factors influencing effectiveness of policy implementation on public services. The data were collected from district officials in Bangkok Metropolis and the people getting the services. It was found that the factors affecting the effectiveness were 1) the work prepared resources, 2) the complexity of the servicing structures, 3) the clarity in policy goal, and 4) the participation of people in services. And it was also in accord with the research of Kusol Ruksa (1996: Abstract) has carried out the study on the factors relating the success of policy implementation on expeditionary of title deed approval of the whole country, by collection of questionnaires from sampling population of land – surveyor officials. The factors relating to project success are 1) public relation, 2) motivational force to work of the officials, 3) efficiency of implementing units, 4) controlling, stimulating, promoting, and evaluating, 5) mission and task assignment, and 6) the clarity in goals and objectives. More over this corresponds to the research of Kanjana Pratassee (1998: 120-125) who found that the effectiveness or success of the primary health care work by sub-district health personnel in Supanburi province was very high. This study had the similar outcome to Chatree Duangnet (1999: 7) stated that important factors for an

organization to be successful, as a hospital committed to continuing quality improvement, were as follows: 1) Commitment of organization leadership 2) Commitment of the leading team comprised of persons who were directly responsible for hospital quality system, all middle management personnel, representatives of medical staff and/or personnel interested in hospital quality system. 3) Commitment to get the organization on board: resistance to changes were unavoidable, at this point success depended on managing changes. 4) Commitment to inform and involve medical staff: because members of the medical organization and dentists must participate in caring for patients as a team. 5) Commitment to follow established steps of implementation.

In the same as Bardach (1977: 89) is the academic author interest in criteria for measuring the failure or the success of the policy. From his opinion, failure can be viewed in 3 dimensions; (1) the accomplishment at lower criteria level, (2) there is some delay in policy implementation assessed by comparing with the setting plan or goal, and (3) there is some over expense in each project or policy implementation. Thus, the failure is judged when met only one of the criteria or of all. Nakamura and Smallwood (1980: 146) has proposed the five criteria for assessing the success or failure of Schumann's public health project. These are (1) Effort; is assessed from quantity and quality of existing activities, by examining the input or energy used and neglecting the outputs. (2) Performance; is the assessment of the doing or performance, or the result gained from the effort. (3) Adequacy; is the examination on whether the overall performance is adequate with the needs. (4) Success or failure by examining whether it is productive performance of what result, and why it is that. Later Nakamura and Smallwood (1980: 146-151) has proposed the five criteria for measuring or assessing the success on policy implementation. (1) Policy goal attainment; is the effort to measure the predictable accomplished policy goal, by applying quantitative methods on measuring and comparing the outputs to goals. (2) Efficiency; is the assessment of performance quality in comparing with costs. This is applied to the unpredictable policy goal, such as policy for safety, policy on national defense, and etc. (3) Constituency satisfaction; is the examination on people's satisfaction, by assessing the increasing or decreasing public voices on such policy implementation. (4) Clientele responsiveness; is the assessment of customers'

satisfaction, which is suitable for public service agencies, i.e., hospital, school, and etc. And (5) system maintenance; is the examination on internal consistency of the organization from resources allocation of the organization. And the study had the similar outcome to Sabatier and Mazmanien (1980: 134) established the framework for another general model by identifying successful policy implementation as a dependent variable. Tractability of the problem, the ability of legislation to structure implementation, and non-statutory variables affecting implementation were synthesized into the following independent variables: 1) socio-economic conditions and technology, 2) media attention, 3) public support, 4) attitudes and resources of constituency groups, 5) support from sovereigns, and 6) the commitment and leadership skill of implementation officials; However it was not in accord with the research of Wisut Boonoyko (2002: 62-65) has studied the success of solid waste policy implementation in Tambol municipalities. By applying the organization development model of Voradej Chandarasorn as the research framework. The result revealed that the success of solid waste policy implementation was at a low level.

The level of goal attainment in patient right and ethical practice in this study was high could be explained that personnel who working in Siriraj Hospital provided service with full recognition of the right and dignity of the patient in accordance with the regulation and purpose of the Hospital Accreditation standard (Institute of Hospital Accreditation, 2000: 86-89) which specified that every personnel working in Siriraj Hospital should be aware and respect every body for the patient right well, no matter of age, sex, ethic and religion. There were many evidence to proof the fore mentioned argument e.g. There was work instruction manual / procedure for patient's right. The personnel who working in Siriraj Hospital were trained to be aware of the protection of patient's right. The patients had access to be knowledgeable about their own right by receiving elaborate explanation about their own sickness, various therapeutically procedures, other necessary information. The Hospital also had issued policy and guideline about inform consent and consent from, before they agreed to receive treatment patient's. The patients who demanded special care had received proper attention from the hospital. However in term of caring, discharging and continuous care, in the aspect of medical record, there were some part of personnel who slightly agreed with the implementation. This was contradictory with the regulation and

purpose of Hospital Accreditation standard (Institute of Hospital Accreditation, 2000: 104-105) which specified that there must be the arrangement of medical record for every patient with sufficient detail. There also must be the process to facilitate the returning of patient to lead normal life with the family as soon as possible by planning proper overall discharging procedure and coordinating for continuous care.

Job satisfaction of employees

Overall Job satisfaction of employees appeared in high. However, some aspect of job satisfaction of employees was in low level in the statement of feel ,occasionally satisfied with your job (25.7%). And in the statement of feel, about changing your job that “I am not eager to change my job, but would do so if could get a better job” (12.1%). Data and results from table 10 indicated that 50.4% of personnel working in Siriraj Hospital had overall of job satisfaction in quite high level 41.5% in moderate level and 9.8% in very low Job satisfaction of employees in each item aspect were quite high level. Inclusion they were satisfied with their job after Hospital Accreditation policy implementation at the level of high to highest. The results of this research accord with Supakorn Rojchananin et al., (2001: Abstract) who found that the personnel working in Siriraj Hospital had a high level of job satisfaction in working with the Hospital Accreditation. Siriluk Suesatya (2002: Abstract) found that factors affecting job satisfaction of nurses working in monk’s hospital had significant statistically positive relationship with the implementation for Hospital Accreditation system at .05 .As the same Wanida Intravunti (2002: Abstract) also found high level of job satisfaction of personnel working in regional hospital and provincial hospital in Rajchaburi in pursuing the task Hospital Accreditation. However, Sukunya Chatkaew (2001: 88) studied job satisfaction of nurses in Rajavithi hospital. Nurses are important personnel in hospitals and the organizations that Provide services for patients. The research result found that the job satisfaction of nurses was at the moderate level; Kittiya Sarisut (1996: Abstract) also found that health personnel had low level of job satisfaction in referral system. Considering for each category of job satisfaction some contradiction to job satisfaction had been found personnel working in Siriraj Hospital had satisfaction for job transfer at the level of high to highest which was close to job satisfaction when quality policy had been

implemented, which was accordance with the study by Supakorn Rojchananin et al., (2001) which found that many personnel working in Siriraj Hospital felt the negative impact of Hospital Accreditation policy implementation 60.3% responded of more efficiency of routine work, 88.6% responded for no increase of income, 70.1% responded for the non- changed sickness, 49.5% for lack private time for family, 86.1% for increase of time spent for meeting, 81.6% for additional work besides routine work, 75.0% for increase of documentary work and 68.7% for increase of stress. Because the Hospital Accreditation policy implementation is the quality circle composing of plan, do, check, act going around in circle, the activities may be repetitive and boring for the workers. The solution of the problem mat be done by linking quality circle activities with routine work. Analysis of one's routine work and link all quality improvement activities with major activities of the working unit can help coordinate activities and unnecessary overlapping work (Anuwat Supattchutikul, et al., 2001: 244-245)

Quality of work life

Quality of work life appeared in high level with the percentage of 76.2%.Overall, personnel working in Siriraj Hospital had quality of work life in high level.(Table 11) When considered in each component, the study found that the component which received highest score of agreement was the quality of work life in constitutionalism component; personnel working in Siriraj Hospital had protect these right. Wide variations exist in the extent to which the organizational culture respects personal privacy, tolerates dissent, adheres to high standards of equity in distributing rewards, and provides for due process in all work-related matters. And the second component was development of human capacities in jobs differ in how much they enable the worker to use and develop his skills and knowledge, which affects his involvement, self-esteem, and the challenge obtained from the work itself. The third component was social relevance. In topic acting in a socially responsible manner cause increasing numbers of their employees to increase the value of their work and careers, perceive the hospital to be socially responsible in its products, waste disposal, marketing techniques, employment practices, and participation in political campaigns. The fourth component was safe and healthy environment. That personnel working in

Siriraj Hospital should not be exposed to physical conditions or work arrangement that are unduly hazardous or unhealthy is widely accepted. And the last component of social integration. However, safe and healthy environment, social integration, the total life space appeared to have low quality of work life in some aspects (31.9%). One of the reason may be the increased work-load especially among service providers. The increased workload in service, technical and administration may affect time utilization for personal life, rest and family and may create stress and work fatigue.

Walton (1974: 10-14) suggest that the total life space-A person's work should have a balanced role in his life. This role encompasses schedules, career demands, and travel requirements that take a limited portion of person's leisure and family time, as well as advancement and promotion that do not require repeated geographical moves. Imbalance of time allocation may affect both the work and personal life, if too much time allocated for work life, the time for family and social activities will be interrupted (Delamotte & Takezawa, 1984: 2) The research found that the component of growth and security and adequate and fair compensation was in low level. That component of growth and security was in low level (50.2%) in topic the availability of opportunities to advance in the organizational and injustice in rewarding. The component of adequate and fair compensation was in low level. (59.6%) In topic, pay received for certain work bear and appropriate relationship to pay received for other work. It shown that personnel working in Siriraj Hospital had the opinions that they were paid with unfair professional compensation in comparing with other professional colleagues who had similar responsibilities. This reflected that there were some personnel who did not receive sufficient salary and compensation fee to be appropriate with present economy. The finding was in accord with the study by Panit Sakulwattana (1994: 60-61) studied factors affecting professional nurses' quality of working life at Maharaj Nakorn Chiang Mai hospital. A subject of 270 professional nurses. And found that component of adequate and fair compensation was in low level. Somwang pithyanuwathna, et al., (1997) studied quality of work life of 6,487 civil officers in central administration found that 74.4% of the respondents had low level in component of adequate and fair compensation. Kanjana Daengmadee (2002: Abstract) studied the quality of work life of government officials working in police academy school found that component of adequate and fair compensation was in low

level too. Patara Puaekpant (2002: 96,109) studied the relationship between personnel factors, job characteristics and participative management of work chiefs with work life of nurses working in emergency and accident units of state hospitals in Bangkok. The study found that the respondents had low level of adequate and fair compensation and growth and security.

These could be explained that presently the cost of living is quite high but the payment from the organization is not sufficient, besides that the job in responsibility is difficult, complicated and hard. Besides that the job is has to deal with the life and death of the person, thus it needs carefulness and delicate performance. The personnel may consider that they are paid not in accordance with the effort they put into work thus they have low level of job satisfaction. The payment of income of everyone since he/she may exchange it for products and services essential for their lives. Appropriate income can create job satisfaction and results in quality of work life.(Payom Wongsarasri,1991) Besides the expectation for essential payment, the personnel also have comparative perspective with other people who have similar job responsibility: they expect the fairness of treatment. Thus the criteria in making judgment about the payment could be considered in two aspects: quality of work life considering from adequacy to lead normal life in accord with social standard. Justice in payment could be considered from the relation between payment and job characteristics in comparing the payment for other person performing similar kind of job or responsibility. Thus appropriate payment to the personnel will guarantee the sustainability of the organization and build up work moral (Prempreede Akyachinda, 1997: 38-40)

Hypothesis 1: The Organizational Development Model consist of 5 factors ; Transformational leadership, Motivation, Teamwork, Participation and Commitment & Adoption have positive correlation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

Transformational leadership

The result revealed overall, personnel working in Siriraj Hospital had transformational leadership in high level. When considered in each component, it was found that charisma leadership or idealized influence was in the most level, follow was inspiration motivation leadership and individualized consideration. As the same Suladda Pongrattananaman (1999: 128-130) studied relationship between leadership and the service quality improvement performance of head nurses, private hospitals participated in Hospital Accreditation program. A subject of 301 staff nurses were sampling using the questionnaire of transformational leadership, developed from *the Multifactor leadership Questionnaire(MLQ) of Bass & Avolio*. The results revealed that the level of transformational leadership was in a high level. There were positive relationship at .05 level between transformational leadership with the service quality improvement performance of head nurses, at high level ($r = 0.773$). Prapapun koonboonchan(2002: 65,81-83) studied relationship between transformational leadership and emotional quotient and primary health care management to provincial outstanding village health volunteers in 1998-2001. A subject of 300 persons were sampling using the questionnaire of transformational leadership, developed from *the Multifactor leadership Questionnaire(MLQ Form 5X) of Bass & Avolio*. The results revealed that the level of transformational leadership was in a high level. And found that transformational leadership in four aspects had a significantly positive relationship with primary health care management related to training and information technology ($p\text{-value} < 0.05$). Bass(1985: 20) argues that transformational leadership motivates followers to do more than the expected by doing the following: (a) raising follower's levels of consciousness about the importance and value of specified and idealized goals, (b) getting followers to transcend their own self-interest for the sake of the team

or organization, and (c) moving followers to address higher-level needs. Charisma or idealized influence. It describes leaders who act as strong role models for followers; followers identify with these leaders and want very much to emulate them. These leaders usually have very high standards of moral and ethical conduct and can be counted on to do the right thing. They are deeply respected by followers, who usually place a great deal of trust in them. They provide followers with a vision and a sense of mission. In essence, the charisma factor describes individuals who are special and who make others want to follow the vision they put forward.

The component of intellectual stimulation had the less behavior in the topic of getting others to rethink ideas that they had never questioned before. Give personal attention to others who seem rejected and enable others to think about old problems in new ways. It contrast with the research of Anchalee duangurai (2002: 102,111) studied relation between personal factors, leadership of head nurses, perceived organizational policy clarity, and participation in quality development activities of staff nurses, hospitals under the jurisdiction of the ministry of defense. A subject of 200 staff nurses were sampling using the questionnaire of transformational leadership, developed from *the Multifactor leadership Questionnaire (MLQ)* of Bass & Aviola. The results revealed that the level of *transformational leadership* was in a high level. the intellectual stimulation had the highest average ($\bar{x}=3.88$), follow was individualized consideration ($\bar{x}=3.86$) The phenomenon might explainable that personnel working in Siriraj Hospital may not be accustomed with the intellectual stimulation. It includes personnel working in Siriraj Hospital that stimulates co-worker to be creative and innovative, and to challenge their own beliefs and values as well as those of the leader and the organization. This type of leadership supports followers as he try new approaches and develop innovative ways of dealing with organizational issues. It promotes followers' thinking things out on their own and engaging in careful problem solving. the transformational factors is individualized consideration. This factor is representative of personnel working in Siriraj Hospital who provide a supportive climate in which they listen carefully to the individual needs of co-worker, act as coaches and advisers while trying to assist individuals in becoming fully

actualized. These leaders may use delegation as a means to help followers grow through personal challenges.(Bass, 1999: 144-151)

The relationship between transformational leadership and the success of Hospital Accreditation policy implementation in case Siriraj Hospital was found the study founded that transformational leadership had a low level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant .05 ($r = 0.289$, $p < .01$).(table 14) which was supported the hypothesis. The finding was also in accord with the work by Anchalee duangurai (2002: 102,111) studied relation between personal factors, leadership of head nurses, perceived organizational policy clarity, and participation in quality development activities of staff nurses, hospitals under the jurisdiction of the ministry of defense found that transformational leadership had a positive (low level) related to participation in quality development activities ($r = 0.282$) at the .01 level. Prapapun koonboonchan (2002: 65,81-83) found that transformational leadership in four aspects had a significantly positive relationship with primary health care management related to training and information technology ($p\text{-value} < 0.05$). a low level. But not correlated with Suladda Pongrattanaman (1999: 128-130) found that there were positive relationship at .05 level between transformational leadership with the service quality improvement performance of head nurses, at high level ($r = 0.773$).

When considering the relationship between transformational leadership and the success of Hospital Accreditation policy implementation which were classified into three aspects. It was found that transformational leadership had slightly positive relationship with goal attainment job satisfaction of employees and quality of work life; transformational leadership had had positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of goal attainment at the level of significant .05 ($r = 0.255$, $p < .01$), transformational leadership had had positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of quality of work life at the level of significant .05 ($r = 0.248$, $p < .01$). And not correlation with job satisfaction of employees ($p\text{-value} = 0.094$)

Motivation

Results from Table 4 indicated that the overall of motivator factors of personnel working in Siriraj Hospital was high level. When considered in each side of the motivator factors. It was found that component in 5 components of motivator factors were in high level, Work itself had the highest average in topic Appropriateness in assigning tasks to capable right persons, follow was achievement in topic Achievement according to quality improvement activity and the third was responsibility, and recognition. The last was the advancement was lowest mean. And considered in each side of the hygiene factors. It was found that component in 5 component of the hygiene factors, company policy and administration had the highest average, follow was interpersonal relations as same as supervision and the third was working condition, The last was the salary was lowest mean. The component of salary had the lowest in the topic of salary is not appropriate towards the present cost of living, suitable to the quantity of work and corresponding to knowledge and capacity. In the same as research of Kanogwan Mukdasanit (1997: 115-119) studied relationships between personal characteristics, motivation, role perception and performance in urban primary health care of municipal public health officials. The result of the research shows that motivation, role perception and performance in urban primary health care of public health officials are at a high level. And similar outcome to Arunsri Tantiwaraporn (1998: 2-4) studied The relationships between personal characteristics, motivation and administrative behaviors of head nurses in general hospitals. Inadequate preparation for the readiness of a head nurse can affect her administrative behaviors which in turn influence the quality of the hospital administrative system. The results of the study showed that 53.7% of the administrative of head nurse were at a good level. There were positive relationships between the personal characteristics, motivating factors and hygienic factors. The duration of administrative position, the recognition from subordinates, the work itself, the interpersonal relationship with subordinates, the work status and salary were predictive factors which could predict head nurses' administrative behaviors by 35.7%. Kanogwan Mukdasanit (1998: 53-57) studied relationships between personal characteristics, motivation, role perception and performance in urban primary health care of municipal public health officials. A subject of 123 personal were using the

questionnaire of Motivation theory, developed from *Motivation-Hygiene Theory of Frederick Herzberg*. The results revealed that the level of motivation was in a high level. But it not correlated with the research of Nopparat arrayapathanakul (1997: 77-79) studied relationship between personal characteristics, motivation and job satisfaction of head of health promotion in community hospitals. A subject of 224 personal were using the questionnaire of Motivation theory, developed from *Motivation-Hygiene Theory of Frederick Herzberg*. The results revealed that the level of motivation and job satisfaction were in a moderate level.

The relationship between motivation and the success of Hospital Accreditation policy implementation in case Siriraj Hospital was found the study founded that motivation had a high level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant .05 ($r = 0.383$, $p < .01$). (table 14) Correlation with Nopparat arrayapathanakul (1997: 77-79) found that motivation had a positive relationship with job satisfaction at the level of significance of .001 ($r = 0.479$) and Kanogwan Mukdasanit (1998: 53-57) found that motivation had a positive relationship with performance in urban primary health care of municipal public health officials the level of significance of .05 ($r = 0.430$) and Woranuch Bunyakamol (1999: 63-65) studied the relation between individual factors, motivation and job satisfaction of health volunteers in mini health centers in Bangkok. found that motivation had a positive relationship with job satisfaction of health volunteers in mini health centers in Bangkok the level of significance of .05 ($r = 0.024-0.278$) In contras with Arunsri Tantiwaraporn (2000: 77-80) studied relationships between personal characteristics, motivation and administrative behaviors of head nurses in general hospitals. found that motivation had a low level positive relationship with administrative behaviors of head nurses in general hospitals at the level of significance of .05 ($r = 0.385$)

When considering the relationship between motivation and the success of Hospital Accreditation policy implementation. Which were classified into three aspects; goal attainment job satisfaction of employees and quality of work life. It was found that motivation had positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of goal attainment at the

level of significant .05 ($r = 0.537$, $p < .01$), motivation had positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of quality of work life at the level of significant .05 ($r = 0.651$, $p < .01$). And had a low positive correlation with job satisfaction of employees at the level of significant .05 ($r = 0.129$, $p < .01$).

Teamwork

The result revealed that 80.6% of the personnel working in Siriraj Hospital had teamwork in high level. And evaluation the level of teamwork that total personnel working in Siriraj Hospital had high level of teamwork. Upon consideration of the composition in each side of the teamwork. It was found that composition in 9 components of teamwork were in high level, the objectives had the highest average, follow was the role of team members and the second was the controls, the results, and the interpersonal conflict, the third was the communication, the decision-making and the support the last was the organization. There was a part of the organization, the support, the decision-making and the communication was the high level due to low level. Overall, personnel in Siriraj Hospital had motivation in high level. When considered in each side of teamwork. It was found that component in 9 component of teamwork were in high level, the objectives had the highest average, follow was the role of members and the second was the controls, the results, and the interpersonal conflict. The third was the communication, the decision-making and the support, the last was the organization. There was a part of the organization, the support, the decision-making and the communication was the high level due to low level. In the topic of the support shown employing friendship familiarity rather than facts in working. And the topic of the organization shown capability in identifying the problems of working teams, follow the topic of the decision-making and the communication were capability in righteousness and appropriateness in problem solving in corresponding to situation emergency and topic degrees of applying coordination systems as means in helping other team members. In this research, team effectiveness (Varney, 1989: 22-23) was assessed on nine sub-dimensions: 1) Communication: In an effective team, there are honest working relationships and high levels of trust. A healthy organization allows dissent and disagreement to be dealt with

through a well-established and informal communication process. In such organizations, There are high listening levels, a sharing of information, appropriate praise exchanged between members, and feedback about how people are working together and meetings are being conducted. When people are working well together on an interpersonal level, effective decisions are reached with the least amount of effort, and the boss is open to suggestions and encourages the free expression of ideas and opinions.

2) Objectives: Effective teams have clear objectives that are understood by all team members. Members are committed to accomplishing these objectives, which are realistic yet challenging. In all cases, effective teams set goals through a process of participation and involvement.

3) Interpersonal Conflict: Interpersonal conflict is a natural part of the day-to-day interaction between people. In an effective team, there is a relatively low level of interpersonal conflict. When it does occur, it is not rigidly suppressed; rather, it works out in a healthy manner within the group.

4) Organization: An efficient team uses carefully designed formal and informal organizational approaches that are based on the functions of the team. These approaches are designed to fully utilize the abilities and skills of everyone on the team, while providing sufficient authority to get the job done and allowing enough flexibility for people to perform effectively.

5) Control: Certain controls are built into the way an effective team functions. Performance standards are developed and agreed to in advance. These standards then become the measurements by which the actual performance of members is evaluated. Positive feedback is used to give team members information about their successes, and negative feedback is kept to a minimum.

6) Support: When a team is working well, a positive environment has been established by the members of the team, designed to respect and support the efforts of each member. This positive environment is candid and relaxed. Members of such a team feel at ease with each other and can honestly state their opinions.

7) Roles of Team Members: Effective teams make certain that members understand their respective roles and that these roles are agreed to and not imposed on members. Team members have confidence in themselves and express confidence in one another. There is a high degree of loyalty to the team, and this is often intensified when the team is under criticism from someone outside it.

8) Decision Making: When decisions are reached through consensus and all members feel that they have contributed to these decisions, an effective team is at work. The input from all members is carefully considered and

evaluated, and final decisions are accepted by all members of the team. 9) Results: Increased productivity is the mark of a well-oiled team. When production information is always shared openly, team members are aware of and can control the factors that affect results. The finding was also in accord with the work by Vewdow Intabuth (2002: 123-125) studied relationship between personal factors, staff development, team working, and work productivity of staff nurses, community hospitals. A subject of 361 staff nurses were using the questionnaire of teamwork, The results revealed that the level of teamwork was in a high level. And the research of Somsamorn Ruangvoraboon (2001: 74,82-84) studied relationship between head nurses' administrative abilities, teamwork of healthcare team, and effectiveness of patient units as perceived by staff nurses, general hospitals under the jurisdiction of the ministry of public health. A subject of 399 staff nurses were using the questionnaire of teamwork, The results revealed that the level of teamwork was in a high level. Wisut Boonyko (2002: 62-65) has studied the success of solid waste policy implementation in Tambol municipalities. The results revealed that the level of overall teamwork was in a high level.

The relationship between teamwork and the success of Hospital Accreditation policy implementation in case Siriraj Hospital was found the study founded that teamwork had a high level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant .05 ($r = 0.592$, $p < .01$). (table 14) and support with hypothesis I. The finding was also in accord with the work by Vewdow Intabuth (2002: 123-125) found that teamwork had a positive relationship with work productivity of staff nurses at the level of significance of .05 ($r = 0.577$). And Somsamorn Ruangvoraboon (2001: 74,82-84) found that teamwork had a positive relationship with effectiveness of patient units at the level of significance of .01 ($r = 0.380$) Wisut Boonyko (2002: 62-65) found that teamwork had a positive relationship with the success of solid waste policy implementation in Tambol municipalities at the level of significance of .01 ($r = 0.391$)

When considering the relationship between teamwork and the success of Hospital Accreditation policy implementation. Which were classified into three aspects. goal attainment, job satisfaction of employees and quality of work life. It was

found that teamwork had positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of goal attainment at the level of significant .05 ($r = 0.512$, $p < .01$), teamwork had positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of quality of work life at the level of significant .05 ($r = 0.564$, $p < .01$). And not correlation with job satisfaction of employees ($p\text{-value} = 0.085$)

Participation

The result revealed that 76.0% of the personnel working in Siriraj Hospital had participation in high level. And evaluation the level of participation that total personnel working in Siriraj Hospital had high level of participation. Upon consideration of the composition in each side of the participation. It was found that composition in 4 components of participation were in high level, the participation in decision-making had the highest average, follow was the participation in implementation. A part of the participation in benefit and the participation in evaluation was the nearest high level. Overall, personnel in Siriraj Hospital had participation in high level. When considered in each component, it was found that participation in decision-making was in the most level, follow was participation in implementation. The component of participation in benefit and participation in evaluation had the high beside low. In the same as research of Nutjarin Lapboonruang. (2002) Participation of staff in quality improvement of community hospitals in Kalasin province which joined the Hospital Accreditation Program. Results: More than 40 percent of staffs in all 5 hospitals participated in HA activities. Participation activities included brainstorming in order to set mission, vision and strategies of their hospitals, identified problems and problem solving methods and monitoring Hospital Accreditation's activities through the hospital monthly meeting. The finding was also in accord with the work by Saowapa Saranopakul (2001: 98-102) studied the participation of personnel in proceeding toward Hospital Accreditation at Srithaya Hospital Mental Health Department. The result showed that the level of personnel's participation in proceeding toward Hospital Accreditation was moderate level. In the same as research of Orawan nognoie (2002: 79-81) studied employees' participation in Hospital Accreditation: A case study of faculty of medicine Siriraj Hospital. The

sample of 376 persons . Data was collected by using questionnaire. The results of this study found that level of employees] participation of faculty of medicine Siriraj Hospital in Hospital Accreditation was a high level. Dutdaw Suwannives (2004: 2-3) studied the relationship between Attitude , Leadership and Participation Behavior for Sustaining the Effectiveness of the Hospital Accreditation : A Case Study of Nurses in Phramongkutklo Hospital. The result showed that participation in high level. This study not in accord with the work by Sathimon Sirisomboonvej (1999: 103) has studied the factors influencing the success performance prediction of village volunteers of primary health care centers, Supanburi province The result showed that participation in moderate level. And research of Siriporn Sukkho (2003: 3-5) Factors contributing to cooperation behaviors in Hospital Accreditation among Taksin Hospital Staffs. The result of this study were, the majority of staffs had their cooperation behaviors in Hospital Accreditation at a moderate level.

The relationship between participation and the success of Hospital Accreditation policy implementation in case Siriraj Hospital was found the study founded that participation had a moderate level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant .05 ($r= 0.414$, $p<.01$),(table13) and supported with hypothesis I.

When considering the relationship between participation and the success of Hospital Accreditation policy implementation. Which were classified into three aspects. goal attainment, job satisfaction of employees and quality of work life. It was found that participation had moderate positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of goal attainment at the level of significant .05 ($r= 0.351$, $p<.01$), participation had moderate positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of quality of work life at the level of significant .05 ($r= 0.382$, $p<.01$). And had a low positive correlation with job satisfaction of employees at the level of significant .05 ($r= 0.116$, $p<.01$).

Commitment and Adoption

The result revealed that 74.6% of the personnel in Siriraj Hospital had commitment and adoption in the high level. And evaluation the level of commitment and adoption that total personnel in Siriraj Hospital had high level of commitment and adoption. Upon consideration of the composition in each side of the commitment and adoption. It was found that composition in 5 components of commitment and adoption were in high level, the innovation adoption had the highest average, follow was affective commitment. The third was normative commitment. And the last, it was continuance commitment. Overall, personnel in Siriraj Hospital had commitment and adoption in high level. When considered in each component, it was found that innovation adoption was in the very high level, follow was affective commitment. The component of normative commitment had the high level. And the last, it was continuance commitment in the very low level about topic of “it would be very hard for me to leave my organization right now, even if I wanted to”. As the same of research of Juree Usaha (2000: 114-116) studied organizational commitment of staff nurses in hospital under department of communicable disease control, Ministry of Public Health. The study showed that the staff nurses owned a high level of organizational commitment In the same as research of Saowapa Saranopakul (2001: 98-102) studied the participation of personnel in proceeding toward Hospital Accreditation at Srithaya Hospital Mental Health Department. The result showed that the level personnel's the organization's commitment and the personnel's adoption were high level. and this study had the similar to Ravewon Uschasai (2002: 99-102) studied relationships between the use of change strategies of nursing administrators and the acceptance of change of staff nurses in hospitals seeking Hospital Accreditation. The result found that acceptance to the change of staff nurses were at a high level. Rungrudee punprasert (2002: 123-130) studied relationships between personal factors, perceived characteristics of innovative quality development, opinion leadership, and acceptance of nursing units innovative quality development of head nurses, general hospitals. A subject of 255 head nurses were using the questionnaire of Adoption, developed from concept of adoption of Rogers and Shoemaker, The findings were as follows: Head nurses had the acceptance if nursing units' innovative quality development, the perceived characteristics of innovative development at the

high level. As the same research of Napasorn Siripanitanwej (2003: Abstract) studied factors relating to the adoption of Hospital Accreditation: A Case Study of Nurses in Police General Hospital. The result of this study is found out that level of the adoption of Hospital Accreditation for nurse in Police General Hospital is high level.

The relationship between commitment and adoption and the success of Hospital Accreditation policy implementation in case Siriraj Hospital was found the study founded that commitment and adoption had a moderate level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital at the level of significant .05 ($r = 0.454$, $p < .01$), (table13) and supported with hypothesis I.

When considering the relationship between commitment and adoption and the success of Hospital Accreditation policy implementation. Which were classified into three aspects, goal attainment, job satisfaction of employees and quality of work life. It was found that commitment and adoption had moderate positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of goal attainment at the level of significant .05 ($r = 0.392$, $p < .01$), commitment and adoption had moderate positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital in component of quality of work life at the level of significant .05 ($r = 0.376$, $p < .01$). And had a low positive correlation with job satisfaction of employees at the level of significant .05 ($r = 0.176$, $p < .01$).

Summary, these findings did support the hypothesis I; The organizational development factors have a high level of positive correlation to the success of Accreditation policy implementation in case Siriraj Hospital. When considered in each aspect, transformational leadership, motivation, teamwork, participation, and commitment and adoption have positive correlation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital. It can be concluded that organizational development factors engage positive correlation to the success of Accreditation Hospital policy implementation in case Siriraj Hospital. at the level of significant ($p\text{-value} < .05$). Thus, supported the hypothesis I.

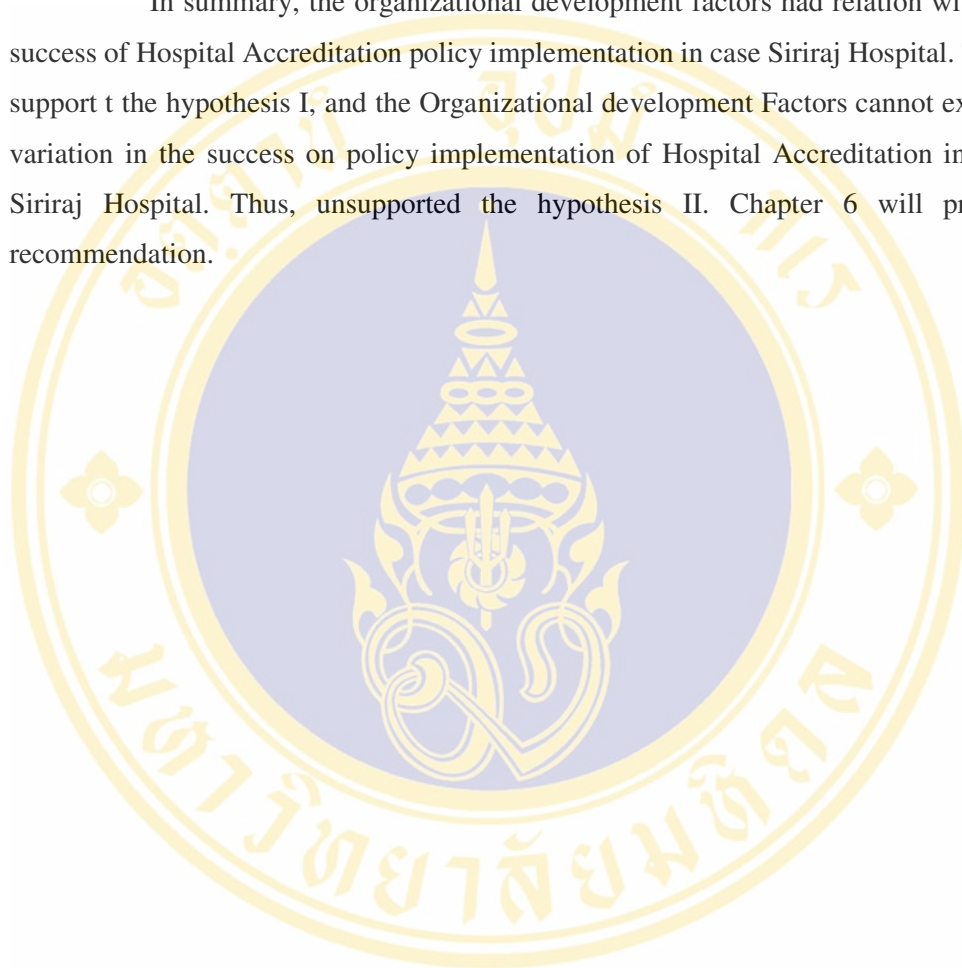
Hypothesis II: The Organizational Development Model consist of 5 factors; transformational leadership, motivation, teamwork, participation and commitment and adoption can explain variation in the success of Hospital Accreditation policy implementation in case Siriraj Hospital.

From analysis of The success of Hospital Accreditation policy implementation in case Siriraj Hospital, it was found that organizational development factors have statistically significant positive correlation with The success of Hospital Accreditation policy implementation in case Siriraj Hospital ($r = 0.673, p < 0.01$) and when considered in each aspect, the organizational development factors have positive correlation to goal attainment at the level of significant ($r = 0.574, p < 0.01$), the organizational development factors have positive correlation to job satisfaction of employees at the level of significant ($r = 0.176, p < 0.01$), and the organizational development factors have positive correlation to quality of work life at the level of significant ($r = 0.620, p < 0.01$). For this hypothesis testing, the multiple regression analysis is applied through the enter method. It is found that, the organizational development factors consist of; Transformational leadership, motivation, teamwork, participation, and commitment and adoption. These five independent variables can in all be the statistically significant can explain variation in the success of Hospital Accreditation policy implementation in case Siriraj Hospital of 49.1 % ($R^2 = 0.491, p < 0.01$).

When considering individual factors, the findings are that the factors of Transformational leadership and participation cannot be co-predicted variables onto the dependent variable (the success of Hospital Accreditation policy implementation consist of; goal attainment, job satisfaction of employees and quality of work life) for $p > 0.05$. And then, it was tried to repeat the multiple regression analysis of only the motivation, teamwork and commitment and adoption factors with the dependent variable. And it is found that these three can be co-predicted variables to the success of Hospital Accreditation policy implementation in case Siriraj Hospital of 49.1%

($R^2 = 0.491$) and the rest is from other factors which are not included in this research. Thus, the finding unsupported with hypothesis II

In summary, the organizational development factors had relation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital. Thus, support the hypothesis I, and the Organizational development Factors cannot explain variation in the success on policy implementation of Hospital Accreditation in case Siriraj Hospital. Thus, unsupported the hypothesis II. Chapter 6 will present recommendation.



CHAPTER VI

CONCLUSION

The research about the success of Hospital Accreditation policy implementation in case Siriraj Hospital. This research was a cross-sectional analytical study. The objective of the research was to identify the organizational development factors comprising of five components which were transformational leadership, motivation, teamwork, participation, and commitment and adoption which affected the success of Hospital Accreditation policy implementation in case Siriraj Hospital in the aspect of goal attainment, satisfaction of employees and quality of work life. Population of this study population were 577 personnel working in Siriraj Hospital.

The study questionnaire was based on transformational leadership factor; The researcher has modified research instrument from transformational leadership Model by Bass & Avolio (1992: 156-157) and used Multifactor Leadership Questionnaire (MLQ) Form 6S, Motivation factor; The researcher has modified research instrument from Motivation-Hygiene Theory (or Two-factor Theory) was developed by Herzberg (1959: 45-49). Teamwork factor; The researcher has modified research instrument from concept of Team building by Varney (1977: 22-23). Participation factor; The researcher has modified research instrument from concept of Participation by John M. Cohen & Norman T. Uphoff (1977: 7-10). Commitment and adoption; The researcher has modified research instrument from Meyer & Allen's (1991) Three-Component Model of Commitment by John P. Mayer & Natalie J. Allen (1991: 67). And using concept of Adoption by Everett M. Roger and F. Floyd Shoemaker (1971: 102). The questionnaire on the success of Hospital Accreditation policy implementation of personnel working in Siriraj Hospital was composed of the goal attainment questionnaire, the job satisfaction of employees and the quality of work life. The researcher had applied "the goal attainment" of the Hospital Accreditation criteria, publish kanchanapisek journal. From the Institute of Development and Hospital Accreditation. The job satisfaction of employees. Overall

job satisfaction of employees was assessed using the Hoppock Job Satisfaction Blank (JSB; Hoppock, 1935). And the quality of work life questionnaire used eight subscales to measure the success of Hospital Accreditation policy implementation. The quality of work life items used were based on concept of quality of work life by Richard E. Walton (1975: 357-358). These assessment tools were translated in to Thai and three experts (See Appendix) rechecked the accuracy of all the translations.

The researcher tested the reliability of the questionnaires regarding the success of Hospital Accreditation policy implementation by trying out with the sample group that had the characteristics similar to the research population (30 personnel working in Maharaj Nakorn Cheang Mai hospital). After that the data was analyzed by using Pearson's product moment correlation and Cronbach's alpha coefficient. The researcher indicated the Alpha coefficient ≥ 0.70 . From the analysis of content reliability regarding the success of Hospital Accreditation policy implement questionnaires, the Alpha coefficient was 0.95 (Goal attainment = 0.96, Job satisfaction of employees = 0.65, quality of work life = 0.79) and the organization development factors questionnaires, the Alpha coefficient was 0.97.(Transformational leadership = .92, motivation = .85, teamwork = .97, participation = .93, and commitment& adoption = .76) The research had distributed questionnaire by hand during June1, 2004 to July 7, 2004. There were 562 questionnaire returned with 32 in completed thus the percentage of questionnaire being analyzed was 91.8 %. The data was statistically analyzed by using Pearson's product moment correlation coefficient and Multiple Regression Analysis.

Research Conclusion

The results obtained from this can be concluded as followed.

1. Generalization of Sampling

The majority of the personnel working in Siriraj Hospital were staffs or (71.9%) while the rest were administrators (28.1%)

2. Levels of the success of Hospital Accreditation policy implementation in case Siriraj hospital

The success of Hospital Accreditation policy implementation in case Siriraj Hospital were at very high level. When considering each factors specifically it was found that goal attainment was highest, secondary was the quality of work life and the third was job satisfaction of employees.

2.1 The overall goal attainment; personnel working in Siriraj Hospital had goal attainment in very high level. When considered in each component, it was found that safe standard professional and ethic professional, commitment to quality development, and quality process were in very high level, follow was patient rights and good governances in high level. The component of resource and resource management had a high level. And the last, it was the patient care and cure the patient in high level.

2.2 The overall job satisfaction of employees; personnel working in Siriraj Hospital had overall of job satisfaction in high level. Job satisfaction of employees in each item aspect were high level.

2.3 The overall quality of work life; personnel working in Siriraj Hospital had quality of work life in high level. When considering each aspect separately it was found that administrative style was highest, the second were characteristics were beneficial to society; the third were safe working environment and interpersonal relationship. Career growth, job security proper and fair payment were the lowest.

3. Levels of the organizational development factors.

The organizational development factors, the factors of organization development which were composed of transformation leadership, motivation, teamwork, participation and commitment and adoption were at high level. Upon considering each factor separately it was found that the highest was team work, the second were motivation, commitment and adoption, the third were transformation leadership and participation

3.1 The overall transformational leadership; personnel working in Siriraj Hospital had transformational leadership in high level. When considered in each component, it was found that charisma leadership or idealized influence was in the most level, follow was inspiration motivation leadership and individualized consideration. The component of intellectual stimulation had the least.

3.2 The overall motivation; personnel working in Siriraj Hospital had motivation in high level. When considered in each side of the motivator factors. It was found that composition in 5 components of motivator factors were in high level, Work itself had the highest average, follow was achievement and the third was responsibility and recognition. The last was the advancement was the lowest. And considered in each side of the hygiene factors. It was found that composition in 5 components of the hygiene factors, Company policy and administration had the highest average, follow was interpersonal relations as same as supervision and the third was working condition. The component of salary had the lowest.

3.3 The overall teamwork; personnel working in Siriraj Hospital had teamwork in high level. When considered in each side of teamwork. It was found that composition in 9 components of teamwork were in high level, the objectives had the highest average, follow was the role of members and the second was the controls, the results, and the interpersonal conflict. The third was the communication, the decision-making and the support, the last was the organization. There was a part of the organization, the support, the decision-making and the communication was the high level due to low level.

3.4 The overall participation; personnel working in Siriraj Hospital had participation in high level. When considered in each component, it was found that participation in decision-making was in the most level, follow was participation in implementation. The component of participation in benefit and participation in evaluation had slightly low.

3.5 The overall commitment and adoption; personnel working in Siriraj Hospital had commitment and adoption in high level. When considered in each component, it was found that innovation adoption was in very high level, follow was affective commitment. The component of normative commitment had a high level. And the last, it was continuance commitment in very low level.

4. Results of Hypotheses Testing

4.1 Testing of Hypothesis 1; The organizational development factors have positive correlations to the success of Accreditation Hospital policy implementation in case Siriraj Hospital.

The relationship between the organizational development factors and the success of Hospital Accreditation policy implementation in case Siriraj Hospital by the Pearson's product moment correlation coefficient as a statistical tool. The study was found that the organizational development factors engaged statistically high significant positive correlations to the success of Hospital Accreditation policy implementation in case Siriraj Hospital with statistically significant at 0.05 ($r=0.673$, $p<.01$).

When considered in each aspect, it was found that they have positive correlation in each aspect in high level. Motivation factors had much more correlation than the other aspects ($r= 0.649$, $p<0.01$), And the later was teamwork factors has correlation in high level with the success of Hospital Accreditation policy implementation in case Siriraj Hospital with statistically significant at 0.05($r=0.592$, $p<.01$). The findings indicated that commitment and adoption factors were in moderate level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital with statistically significant at 0.05 ($r=0.592$, $p<.01$). And participation factors were in moderate level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital with statistically significant at 0.05($r=0.414$, $p<.01$). Even if, the study founded that transformational leadership had a low level positive correlation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital with statistically significant at 0.05 ($r=0.289$, $p<.01$).

In conclusion the analysis of five independent variables which were transformational leadership, motivation, teamwork, participation, and commitment and adoption with the success of Hospital Accreditation policy implementation of Siriraj Hospital, found that every independent variables had positive correlations with the

success of Hospital Accreditation policy implementation of Siriraj Hospital with statistically significance ($p\text{-value} < .05$)

4.2 Testing of Hypothesis; the organizational development factors can explain variation in the success on policy implementation of Hospital Accreditation in case Siriraj Hospital

For this hypothesis testing, the multiple regression analysis is applied through the enter method. It is found that, the organizational development factors consist of; transformational leadership, motivation, teamwork, participation, and commitment and adoption. These five independent variables can in all be the statistically significant co explain variables to the success of Hospital Accreditation policy implementation in case Siriraj Hospital of 49.1 %

When considering individual factors, the findings are that the factors of transformational leadership and participation cannot be co-explain variation onto the dependent variable (the success of Accreditation Hospital policy implementation consist of; goal attainment, job satisfaction of employees and quality of work life) for $p > 0.05$. And then, it was tried to repeat the multiple regression analysis of only the motivation, teamwork and commitment and adoption factors with the dependent variable. And it is found that these three can be co-explain variation to the success of Hospital Accreditation policy implementation in case Siriraj Hospital of 49.1% ($R^2 = 0.491$) and the rest is from other factors which are not included in this research. Thus, the finding unsupported with hypothesis II.

In conclusion, the organizational development factors had relation with the success of Hospital Accreditation policy implementation in case Siriraj Hospital. Thus, supported the hypothesis I, and the organizational development factors cannot explain variation in the success on Hospital Accreditation policy implementation in case Siriraj Hospital. Thus, unsupported the hypothesis II.

Recommendations from the research

From the research finding all of the organizational development factors with were transformational leadership, motivation, teamwork, participation, and commitment and adoption. It could be used to explain the success of Hospital Accreditation policy implementation in case Siriraj Hospital with statistically significant at 0.05 ($p\text{-value} < .001$).

The most powerful variables which affect the success of Hospital Accreditation policy implementation in case Siriraj Hospital were motivation, teamwork and commitment and adoption consecutively. However the success of Hospital Accreditation policy implementation also need advocacy process to promote and support the implementation for more comprehensiveness. Though the research had shown that the overall success of Hospital Accreditation policy implementation was very high but the job satisfaction of the employees was still very low. Job satisfaction is very important to the organization because it can reduce turn over absenteeism rate of personnel resignation and increase the efficiency of the organization. It is recommended that the organization should find appropriate strategy to promote job satisfaction of the personnel. From the research result the research had the recommendations that could be divided in to three categories:

1. Policy recommendation

1.1 Siriraj Hospital should advocate policy to increase motivation among the personnel. The motivation scheme should include appropriate payment to be comparable with knowledge and capability of the personnel promote career growth assign proper responsibility, improve working environment.

1.2 Siriraj Hospital should advocate policy to develop better teamwork. The scheme should include participation in target setting, better intra-group communication and coordination, benefit sharing etc. The administrative staff should

provide support in creating learning environment in the organizational, monitoring and control should receive more attention from the administrators.

1.3 Advocate quality improvement as an important policy for personnel to be applied into their routine work. Promote organization commitment especially basic commitment and inter-personal connection including loyalty to the hospital.

1.4 Promote the creation of transformational leadership among the personnel especially self – expression of determination to improve the quality of the service of the hospital and creating self trustworthy for others to admire and accept. Three basic skills should be cultivated among the personnel which are problems solving skill communication skill and team-building skill.

2. Technical recommendations

2.1 There should be training course about quality improvement activities. Core competency of each unit of work should be developed to recruit potentiality of the personnel for quality improvement of the organization. Leadership development should be pursued using the concept of transformational leadership. Every personnel should be encouraged to participate in all activities of quality improvement program.

2.2 Promote undertaking research about the success of Hospital Accreditation policy implementation of Siriraj Hospital and disseminated the research result to the public.

3. Practical recommendation

3.1 Provide incentive to personnel by financial measures and administrative measures such as proper payment to be comparable with the workload, promote career growth and manage fair rewarding system, improve working environment to be conducive for working to improve the quality of the hospital service.

3.2 Promote teamwork process and organization development program.

3.3 Promote the creation of loyalty to the organization among personnel.

3.4 Improve and support all of the eight issues of quality of work life especially in the aspect of fair and adequate payment for personnel, promote career growth and job security including housing and other welfare benefit for the needy.

Recommendation for future research

1. There should be some research focusing on opinions of patients and customers about their benefit from quality improvement of the hospital.

2. There should be some study about other variables which may affect the success of Hospital Accreditation policy implementation in Siriraj Hospital such as organization culture, organization climate, knowledge management, learning organization, etc...

3. This research was only a case study of Siriraj Hospital thus there should be comparative study among various university hospitals which have already Hospital Accredited such Ramathibodi Hospital, Songklanakarindra Hospital, khonkaen Hospital, etc...

There should be some other studies which focus upon the behaviors of the personnel who are in charge or providing service and being affected by the quality of work life such as their performance, job retention, turn over rate, resignation rate. The comparison of quality of work life of different health professionals should also be undertaken such as doctors, nurses, pharmacies.

BIBLIOGRAPHY

THAI

- กานดา พูนลาภทวี. (2539). สถิติเพื่อการวิจัย. กรุงเทพมหานคร: สำนักพิมพ์ฟิสิกส์เซ็นเตอร์.
- กฤษฎ์ อุทัยรัตน์. (2543). แม่ไม่คุณภาพ เจาะHA Year 2000. กรุงเทพมหานคร: สมาคมส่งเสริมเทคโนโลยี (ไทย-ญี่ปุ่น).
- กิตติ บุญนาค. (2536). การนำนโยบายที่มีมูลค่าเพิ่มไปปฏิบัติ: การศึกษาวิเคราะห์เชิงปรากฏการณ์ในธุรกิจโรงแรม. วิทยานิพนธ์ปริญญาพัฒนบริหารศาสตรดุษฎีบัณฑิต (การบริหารการพัฒนา), คณะรัฐประศาสนศาสตร์ สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- กล้า ทองขาว. (2534). การวิเคราะห์ปัจจัยที่มีผลต่อความสำเร็จของการนำนโยบายสาธารณะไปปฏิบัติ: กรณีศึกษานโยบายณรงค์เพื่อการรู้หนังสือแห่งชาติ. วิทยานิพนธ์ปริญญาพัฒนบริหารศาสตรดุษฎีบัณฑิต (การบริหารการพัฒนา), คณะรัฐประศาสนศาสตร์ สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- กุลธร ธนาพงศธร. (2535). “แนวคิดทั่วไปเกี่ยวกับนโยบายสาธารณะ” นโยบายสาธารณะและการวางแผน. นนทบุรี: สำนักพิมพ์มหาวิทยาลัยสุโขทัยธรรมมาธิราช.
- กุศล รักษา. (2539). ปัจจัยที่ส่งผลกระทบต่อความสำเร็จของการนำนโยบายสาธารณะไปปฏิบัติ: ศึกษากรณีโครงการเร่งรัดการออกโฉนดที่ดินทั่วประเทศ. วิทยานิพนธ์ปริญญารัฐศาสตรมหาบัณฑิต, ภาควิชาการปกครอง บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.
- โกมาตร จึงเสถียรทรัพย์ และสุมาภรณ์ แซ่ลี้. (2545). 30 ประเด็นสู่แผนพัฒนาสุขภาพแห่งชาติ ฉบับที่ 9. กรุงเทพมหานคร : โครงการตำรา สำนักนโยบายและแผนสาธารณสุข.
- คณะกรรมการอำนวยการจัดทำแผนพัฒนาสุขภาพแห่งชาติ.(2544). แผนพัฒนาสุขภาพแห่งชาติ ในช่วงแผนพัฒนาเศรษฐกิจและสังคมแห่งชาติ ฉบับที่ 9 พ.ศ. 2545-2549. กรุงเทพมหานคร: โรงพิมพ์องค์การรับส่งสินค้าและพัสดุภัณฑ์.
- คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล.(2548). ผลการดำเนินงานคณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล (1 ตุลาคม 2543- 30 กันยายน 2547).กรุงเทพมหานคร: โอ.เอส.พรินติ้ง เฮ้าส์.
- งานเวชระเบียน โรงพยาบาลศิริราช. (2545). สถิติข้อมูล จำนวนเตียง จำนวนผู้ป่วยใน ผู้ป่วยนอก. [Online].Available:http://www.si.mahidol.ac.th/office_h/medrecord/mainservice_2bed.htm[2002, Jan 23].

- จิราพรรณ ปุ่นเอื้อง. (2543). ความพึงพอใจในงานของพยาบาลโรงพยาบาลชุมชนจังหวัดชัยนาท. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์), สาขาวิชาเอกบริหารสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- จิรัฏม์ ศรีรัตนบัลล์. (2543). “ประสบการณ์รับรองคุณภาพโรงพยาบาล. (Hospital Accreditation) ในต่างประเทศ”. การรับรองคุณภาพโรงพยาบาล. [Online].Available: <http://www.ha.or.th/> [2002, Nov 22].
- จิราพรรณ กาญจนะจิตร. (2539). ระเบียบวิธีการวิจัยทางสังคมวิทยาและมานุษยวิทยา 1. กรุงเทพมหานคร: สำนักพิมพ์มหาวิทยาลัยรามคำแหง.
- เจิมจันทร์ ทองวิวัฒน์ และปิ่นรส มาลากุล ณ อยุธยา. (2531). การสร้างทีมงาน. กรุงเทพมหานคร: โรงพิมพ์กรมสรรพสามิต.
- จูริย์ อุสาหะ. (2542). ความยึดมั่นผูกพันต่อองค์การของพยาบาลประจำการในโรงพยาบาลสังกัดกรมควบคุมโรคติดต่อ กระทรวงสาธารณสุข. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์), สาขาวิชาเอกบริหาร โรงพยาบาล บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- ชาญชัย อาจินสมาจาร. (2536). เทคนิคการพัฒนาทีมงาน. กรุงเทพมหานคร: ศูนย์สื่อเสริมกรุงเทพ.
- ชาตรี ดวงเนตร. (2546). โรงพยาบาลจุฬาลงกรณ์จัดสู่ความเป็นเลิศในการพัฒนาคุณภาพ. [Online].Available: <http://www.thaimedtech.org> [2003, Oct 29].
- เดือนใจ แวงงาม. (2534). พลวัตของกลุ่มและการทำงานเป็นทีม. กรุงเทพมหานคร: เม็ดทรายพรินต์.
- เทพนม เมืองแมน และสวี่ สุวรรณ. (2540). พฤติกรรมองค์การ. (พิมพ์ครั้งที่ 2). กรุงเทพมหานคร: ไทยวัฒนาพานิช.
- ทัศนา บุญทอง. (2543). ปฏิรูประบบบริการการพยาบาลที่สอดคล้องกับระบบบริการสุขภาพไทยที่พึงประสงค์ในอนาคต. (พิมพ์ครั้งที่ 2). กรุงเทพมหานคร: ศิริยอดการพิมพ์.
- ธิดา นิสานนท์. (2541). การรับรองคุณภาพเขาทำกันอย่างไร. มทป. (อัดสำเนา)
- ธีระพงษ์ แก้วหาญ. (2542). การพัฒนารูปแบบความร่วมมือระหว่างภาครัฐ NGOs และองค์กรประชาชนในการนำนโยบายการสาธารณสุขมูลฐานไปสู่การปฏิบัติระดับจังหวัด. (พิมพ์ครั้งที่ 1). ขอนแก่น: ศูนย์ฝึกอบรมและพัฒนาการสาธารณสุขมูลฐานภาคตะวันออกเฉียงเหนือ.

- ธงชัย สันติวงษ์. (2537). องค์การและการบริหาร. กรุงเทพมหานคร: บริษัทโรงพิมพ์ไทยวัฒนาพานิชจำกัด.
- บุญชม ศรีสะอาด. (2545). การวิจัยเบื้องต้น. (พิมพ์ครั้งที่ 7). กรุงเทพมหานคร: สุวีริยาสาส์นจัดพิมพ์.
- บุญธรรม กิจปรีดาบริสุทธิ์. (2531). ระเบียบวิธีการวิจัยทางสังคมศาสตร์. กรุงเทพมหานคร: สามเจริญพานิช.
- บุญรินทร์ ทีดี. (2542). ปัจจัยที่มีความสัมพันธ์กับการยอมรับการประกันสุขภาพการพยาบาลของเจ้าหน้าที่ทางการพยาบาลในโรงพยาบาลที่ทดลองใช้กระบวนการรับรองคุณภาพโรงพยาบาล เขตภาคกลาง. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์), สาขาวิชาเอกพยาบาลสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- ประพนธ์ ปิยรัตน์. (2534). ยุทธศาสตร์การมีส่วนร่วมของประชาชนในการพัฒนาคุณภาพชีวิต. นครปฐม: สถาบันพัฒนาการสาธารณสุขอาเซียน มหาวิทยาลัยมหิดล ศาลายา.
- ประภาพรณ ชุนบุญจันทร์.(2545). ความสัมพันธ์ระหว่างภาวะผู้นำการเปลี่ยนแปลง และความสำเร็จทางอารมณ์ กับการจัดการงานสาธารณสุขมูลฐานของ อสม. ดีเด่นระดับจังหวัดปี พ.ศ. 2541-2544. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์), สาขาวิชาเอกบริหารสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- ปิยะนุช เงินคล้าย. (2539). กลยุทธ์ในการประสบความสำเร็จทางการนำไปปฏิบัติทางนโยบาย: กรณีนโยบายสาธารณสุขมูลฐาน. วารสารสังคมศาสตร์, 30 (1), 67 – 86.
- ผาณิต สกฤตวันนะ.(2537).ปัจจัยที่มีผลต่อคุณภาพชีวิตการทำงานของพยาบาลวิชาชีพในโรงพยาบาลมหาราช นครเชียงใหม่. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต (การบริหารการพยาบาล) มหาวิทยาลัยเชียงใหม่.
- พิรุณ รัตนวนิช. (2543). คุณภาพบริการด้านสาธารณสุขสำหรับพยาบาล. ตรัง : วิทยาลัยพยาบาลบรมราชชนนิตรัง.
- ไพฑูรย์ เริงมล. (2540). แนวความคิดและทฤษฎีความพึงพอใจในการปฏิบัติงาน. วารสารพัฒนาเทคนิคการศึกษา, 21 (มกราคม-มีนาคม), 16-19.
- ภรณ์ กิรีติบุตร. (2529). การประเมินประสิทธิผลขององค์กร. กรุงเทพมหานคร: สำนักพิมพ์โอเดียนสโตร์.
- รัชดา ตันติสารศาสน์ และคนอื่นๆ. (2543). ความพร้อมของบุคลากรในการเข้าสู่การพัฒนาและรับรองคุณภาพโรงพยาบาลโรงพยาบาลทันตกรรม. สงขลานครินทร์เวชสาร, 4 (ตุลาคม-ธันวาคม), 245-252.

- วิโรจน์ ตั้งเจริญเสถียร, อนุวัฒน์ ศุภชุตินกุล, สุกัลยา คงสวัสดิ์, และ Sara Bennett. (2539). คุณภาพ
บริการโรงพยาบาลในสายตาผู้ป่วย. วารสารการวิจัยระบบสาธารณสุข, 4 (3), 158-168
- วิสูตร บุญน้อยกอ. (2545). ความสำเร็จในการนำนโยบายการจัดการมูลฝอยไปปฏิบัติของเทศบาล
ตำบล. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์), สาขาวิชาเอก
บริหารสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- วีระวัฒน์ พงษ์พยอม. (2521). ทำงานเป็นทีม. กรุงเทพมหานคร : บริษัทซีเอ็ดยูเคชั่น จำกัด.
- วรเดช จันทรศร. (2527). การนำนโยบายไปปฏิบัติ: ตัวแบบและคุณค่า. วารสารพัฒนบริหารศาสตร์,
24 (ตุลาคม): 535-554
- วรเดช จันทรศร. (2528). การนำนโยบายไปปฏิบัติ : บทเรียนและกลยุทธ์ที่ได้จากความสำเร็จใน
อดีต. วารสารพัฒนบริหารศาสตร์, 25 (4), 488 – 504.
- วรเดช จันทรศร. (2541). แผนปฏิรูประบบราชการ : การสร้างการยอมรับและความสำเร็จในการ
นำไปปฏิบัติ. (พิมพ์ครั้งที่ 2). กรุงเทพมหานคร. โครงการเอกสารและตำราสมาคมรัฐ
ประศาสนศาสตร์ สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- วรณัฐ บุญยะกมล. (2542). ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล แรงจูงใจ กับความพึงพอใจใน
การปฏิบัติงานของอาสาสมัครสาธารณสุขในศูนย์สุขภาพชุมชนกรุงเทพมหานคร.
วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์), สาขาวิชาเอกการ
พยาบาลสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- ศุภกร ไรจนรินทร์และคณะ. (2544). ผลการสำรวจเรื่อง HA กับคุณภาพชีวิตของชาวศิริราช. งาน
ประชาสัมพันธ์และสถานส่งเสริมการวิจัย คณะแพทยศาสตร์ศิริราชพยาบาล
- ศุภชัย ยาวะประภาส. (2535). “การแปลงนโยบายไปสู่ภาคปฏิบัติ.” บทในเอกสารการสอนชุด
วิชาการวางแผนนโยบาย โครงการและการบริหารโครงการ. นนทบุรี :
มหาวิทยาลัยสุโขทัยธรรมมาธิราช.
- ศุกลีลพิธี พรธรรมาโรจน์. (2543). ความเป็นธรรมในระบบสุขภาพ ชุดสุขภาพคนไทย ปี พ.ศ. 2543
นนทบุรี : สถาบันวิจัยระบบสาธารณสุข
- สาริมน ศิริสมบุญเวช. (2542). ปัจจัยที่มีอิทธิพลต่อผลการปฏิบัติงานของอาสาสมัครสาธารณสุข
จังหวัดสุพรรณบุรี. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์),
สาขาวิชาเอกบริหารสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- สิทธิศักดิ์ พุกภัยพิตกุล. (2544). เส้นทางสู่ Hospital Accreditation. (พิมพ์ครั้งที่ 2). กรุงเทพมหานคร :
สำนักพิมพ์ ส. ส. ท. สมาคมส่งเสริมเทคโนโลยี(ไทย-ญี่ปุ่น).

- สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2543). มาตรฐาน HA และเกณฑ์พิจารณา : นูรณ์การภาพรวมระดับโรงพยาบาล. (พิมพ์ครั้งที่ 4). กรุงเทพมหานคร : บริษัท ดีไซน์ จำกัด
- สถาบันวิจัยระบบสาธารณสุข. (2539). Hospital Accreditation : สถานการณ์และแนวทางการพัฒนาในประเทศไทย. วารสารการวิจัยระบบสาธารณสุข, 4 (3), 188-195
- สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2546). โรงพยาบาลที่ผ่านการรับรองกระบวนการคุณภาพ. [Online]. Available : <http://www.ha.or.th/accreditation.htm>. [2003, Jan 16].
- สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2546). โครงการปรับปรุงมาตรฐานโรงพยาบาลเพื่อการพัฒนาและรับรองคุณภาพโรงพยาบาล. [Online]. Available <http://www.ha.or.th/HastandardAmendment.html>. [2003, Jan 19].
- สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2545). นุรณ์การการนำความรู้สู่การปฏิบัติ. นนทบุรี : บริษัท ดีไซน์ จำกัด.
- สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2545). Simplicity จาก Web HA. นนทบุรี : บริษัท โฮลิสติก ฟลิซซิ่ง จำกัด.
- สถาบันวิจัยระบบสาธารณสุข. (2539). มาตรฐานโรงพยาบาลฉบับปีกาญจนาภิเษก, แนวทางการพัฒนาคุณภาพโดยมุ่งผู้ป่วยเป็นศูนย์กลาง. กรุงเทพมหานคร : บริษัท ดีไซน์ จำกัด.
- สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2543). คู่มือการประเมินและรับรองคุณภาพโรงพยาบาล. (พิมพ์ครั้งที่ 2) นนทบุรี : บริษัท ดีไซน์ จำกัด.
- สุชาติ ประสิทธิ์รัฐสินธุ์. (2537). เทคนิคการวิเคราะห์ตัวแปรหลายตัวสำหรับการวิจัยทางสังคมศาสตร์และพฤติกรรมศาสตร์. (พิมพ์ครั้งที่ 3). กรุงเทพมหานคร : สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- สุนิตดา เทศนิยม. (2541). ปัจจัยที่ส่งผลต่อความสำเร็จของการนำนโยบายวางแผนครอบครัวไปปฏิบัติ. วิทยานิพนธ์ปริญญาคุยฎิบัณฑิต (การบริหารการพัฒนา), คณะรัฐประศาสนศาสตร์ สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- สุนันทา เลहनันท์. (2540). การสร้างทีมงาน. กรุงเทพมหานคร : ดี.ดี.บุ๊คสโตร์
- สมยศ นาวิการ. (2521). การพัฒนาองค์การและการจูงใจ. (พิมพ์ครั้งที่ 2). กรุงเทพมหานคร : สำนักพิมพ์ดวงกมล จำกัด.
- สร้อยตระกูล(ดิทยานนท์) อรรถมานะ. (2545). พฤติกรรมองค์การ ทฤษฎีและการประยุกต์. (พิมพ์ครั้งที่ 3) กรุงเทพมหานคร : สำนักพิมพ์มหาวิทยาลัยธรรมศาสตร์.

- สุรพล เสียนสลาย. (2539). การวิเคราะห์ปัจจัยที่ส่งผลต่อการนำนโยบายสาธารณะไปปฏิบัติ: ศึกษากรณีนโยบายการปฏิรูปที่ดินเพื่อเกษตรกรรมในประเทศไทย. วิทยานิพนธ์ปริญญาพัฒนบริหารศาสตรดุษฎีบัณฑิต (การบริหารการพัฒนา), คณะรัฐประศาสนศาสตร์ สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- หลุย จำปาเทศ. (2533). จิตวิทยาการสูงใจ. กรุงเทพมหานคร : บริษัท สามัคคีสาส์น จำกัด
- อัญชลี ดวงอุไร. (2545). ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล ภาวะผู้นำของหัวหน้าหอผู้ป่วย การรับรู้ความชัดเจนในนโยบายขององค์กรกับการมีส่วนร่วมในกิจกรรมพัฒนาคุณภาพของพยาบาลประจำการโรงพยาบาลสังกัดกระทรวงกลาโหม. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต, สาขาบริหารการพยาบาล บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.
- องอาจ วิบุรชศิริ, จิรุตม์ ศรีรัตนบัลล์, และ มยุรี จิรวิศิษฐ์. (2539). การสถาปนา TQM ในโรงพยาบาลรัฐ ตอน: จุดเริ่มและภาพรวม. วารสารการวิจัยระบบสาธารณสุข, 4 (3), 148-156.
- อนูวัฒน์ สุขขุติกุล. (2539). ไปดูเขาพัฒนาคุณภาพโรงพยาบาลในแคนาดาโดยกระบวนการ Accreditation. วารสารการวิจัยระบบสาธารณสุข, 4 (3), 196.
- อนูวัฒน์ สุขขุติกุล. (2543). การพัฒนาคุณภาพโรงพยาบาล. (พิมพ์ครั้งที่ 1). นครปฐม: โรงพิมพ์สถาบันพัฒนาการสาธารณสุขอาเซียน มหาวิทยาลัยมหิดล.
- อนูวัฒน์ สุขขุติกุล และคนอื่น ๆ. (2542). เส้นทางสู่โรงพยาบาลคุณภาพ. คู่มือการเรียนรู้เชิงปฏิบัติ. กรุงเทพมหานคร : สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล.
- อนูวัฒน์ สุขขุติกุล และจิรุตย์ ศรีรัตนบัลล์. (2543). คุณภาพของระบบสุขภาพ. กรุงเทพมหานคร: โครงการสำนักพิมพ์สถาบันวิจัยระบบสาธารณสุข.
- อุทัย เลาหิเชียร. (2543). รัฐประศาสนศาสตร์: ลักษณะวิชาและมิติต่าง ๆ. (พิมพ์ครั้งที่ 6). กรุงเทพมหานคร: สำนักพิมพ์เสมาธรรม.
- อุทมพร (ทองอุไทย) จามรมาน. (2530). แบบสอบถาม : การสร้างและการใช้. กรุงเทพมหานคร โรงพิมพ์จุฬาลงกรณ์มหาวิทยาลัย.
- อุทัย บุญประเสริฐ. (2532). กลุ่มสัมพันธ์และการบริหารทีมงานที่มีประสิทธิภาพ. กรุงเทพมหานคร: โรงพิมพ์จุฬาลงกรณ์มหาวิทยาลัย.
- เอกชัย กี่สุขพันธ์. (2538). การบริหาร : ทักษะและการปฏิบัติ. กรุงเทพมหานคร : สุขภาพใจ.
- อรุณ รักธรรม. (2523). การพัฒนาองค์การ: การสร้างและพัฒนาการทำงานเป็นทีม. กรุงเทพมหานคร : สำนักพิมพ์รหัส.

อรวรรณ นกน้อย. (2545). การมีส่วนร่วมของบุคลากรในการรับรองคุณภาพโรงพยาบาล: ศึกษาเฉพาะกรณีคณะแพทยศาสตร์ศิริราชพยาบาล. วิทยานิพนธ์ปริญญาศิลปศาสตรมหาบัณฑิต (รัฐศาสตร์), สาขารัฐศาสตร์ ภาควิชารัฐศาสตร์และรัฐประศาสนศาสตร์ บัณฑิตวิทยาลัย มหาวิทยาลัยเกษตรศาสตร์.

ENGLISH

Alastair, W.T.(1982).Why community participation?: A discussion of the argument go, community participation : Current issue lesson learned” United Nations Children’s Fund.

Allen, N. J., & Meyer, J. P.(1990).The measurement and antecedent of affective, continuance and normative commitment to the organization. Journal of Applied Psychology, 63, 1 – 18.

Applewhite, P.B. (1965).Organizational behavior. New York: Prentice Hall.

Argyris,C.(1962).Interpersonal competence and organizational effectiveness. Homewood: Irwin-Dorsey.

Argyris, C.(1971). Management and organizational development. New York: McGraw-Hill.

Barnett, H.G. (1953). Innovation: the basis of culture change. New York: Columbia University Teachers College, Bureau of Publications.

Baron, R.A. (1986).Behavior in organizations. Bonton :Allyn and Bacon.

Barrett, S. & Fudge, C. (1981). Policy and action: Essays in the implementation of public policy. London: Methven.

Bass, B. M. (1985). Leadership and performance beyond expectations. New York: Free Press.

Bass,B.M.,&Avolio,B.J.(1992). Multifactor Leadership Questionnaire-Short form 6S.Binghamton, New York: Center for Leadership Studies.

Bass,B.M&Avolio,B.J.(1993).Transformational leadership:Aresponse to critiques.In M.M. Chemers&R.Ayman(Eds.),leadership theory and research: Perspective and directions(pp.49-80). San Diego, CA:Academic Press.

Bass, B.M.,& Avolio,B.J.(1994).Improving organizational effectiveness through transformational leadership. Thousand Oaks, CA:Sage.

- Bennis, W. & Nanus, B. (1985). Leadership: Strategies for taking charge. New York: Harper & Row.
- Berman, P., Malaughlin, M. W., Bass, G., Pauly, E. & Zellman, G. (1977). Federal programs supporting educational change vol. VII: Factors affecting implementation and continuation. Department of Health, Education and Welfare. U.S.A.
- Bradach, E. (1977). The implementation game: What happens after becomes a law. Cambridge, M.A.: MIT.
- Brill, N.I. (1976). Teamwork: Working together in human services. New York: Lippincott.
- Bruce, Buchanan II. (1974). "Government managers, Business executives and Organizational commitment". Public Administration Review, 34(July-August), 340.
- Burn, J. M. (1978). Leadership. New York: Harper & Row.
- Charles O. Jones. (1970). An Introduction to the study of public policy. California: Wadsworth Publishing, Inc.
- Cohen, J. M. & Uphoff, N. T.(1977). Rural development participation concepts and measures for project design, implementation and evaluation. New York: The Rural Development Committee Center for International Studies. Cornell University.
- Cohen, J. M. & Uphoff, N. T. (1980). "Participation's place in development: seeking clarity through specify". In World Development, 8, 213-235. New York: Cornell University.
- Danald S. Van Meter & Carl E. Van Horn.(1975). "The Policy implementation process: A conceptual framework". Administration and Society, 6(4), 375.
- Drummond, M. & Maynard, A.(1993). Purchasing and providing cost-effective health care. Edinburgh: Churchill Livingstone.
- Dubrin, A. J. (1984). Foundations of organizational behavior. Englewood Cliffs, New Jersey: Prentice-Hall.
- Dyer, W.(1987). Team Buling:Issues and alternatives. Reading, Mass.: Addison-Wesley.

- Everett M. Rogers & F. Floyd Shoemaker.(1971). Communication of innovation: A cross -cultural approach .(2nd ed). New York: The Free Press.
- Foster, G. M. (1973). Tradition societies and technological change. New York: Harper and Row.
- Francis, D. & Young, D. (1979). Improving work group: A practical manual for team building .La Jolla, California University Associates.
- George C. Edwards III & Ira Sharkansky. (1978). The policy predicament : making and implementing public policy. San Francisco: W.H. Freeman and Company.
- Georges, Edward III. (1980). Implementing public policy. Washington D.C.: Congressional Quarterly, Inc.
- Gilmer, V. H. (1966). Industrial psychology. New York: McGraw-Hill.
- Good, C. V. (1973). Dictionary of education.(3rd.ed.).New York: McGraw –Hill.
- Gregory Moorhead and Rick W.Griffin.(1995). Organizational Behavior.(4th.ed.) Boston MA : Houghton Mifflin Company
- Grusky, O. (1966). Career mobility and organizational: Understanding and managing the human side of work. New Jersey University.
- Hackett, R.D., Bycio, P., & Hausdor, P, & Allen, J.S. (1995). Further assessments of Bass's(1985) Conceptualization of Transactional and Transformational leadership. Journal of Applied Psychology, 80 (4), 468 – 478.
- Hayes, J. & Scrivens, E. (1993). An evaluation of the accreditation program for community hospitals. Bristol: Hospital Accreditation Program.
- Herzberg, F., Mausner, B., & Snyderman, B. (1959). The Motivation to work. New York: John Wiley and Sons.
- Hoppock, R. (1901). Occupational information : Where to get it and how to use it in conseling and teaching.(3rd ed.) New York: McGraw- Hill.
- House,R.J.(1976).A1976 theory of charismatic leadership.In J.G. Hunt&L.L. Larson(Eds.),Leadership: The cutting edge(pp.189-207). Carbondale: Southern Illinois University Press.
- Hsieh,F.Y., Daniel, A., Bloch& Michel,D.L.(1988). A sample method of sample size calculation for linear and logistic regression. Statistics in Medicine Statist. Med.,17,1623-1624

- Katzenbach, J. R. & Smith, D. K. (1993). Wisdom of teams. Boston: Harvard Business School Press.
- Keith David.(1972). Human behavior at work. (4th.ed.).New York : McGraw – Hill.
- Kezsbom, D. (1990). “Are you really ready to build a project team ?.” Industrial Engineering ,22 (September), 50-55.
- Kuhnert,K.W. (1994). Transforming leadership: Developing people through delegation. In B.M. Bass& B.J. Avolio(Eds.), Improving organizational effectiveness through transformational leadership (pp.10-25). Thousand Oaks, CA:Sage.
- Kuhnert,K.W.,& Lewis,P.(1987). Transactional and transformational leadership:A constructive/developmental analysis. Academy of Management Review, 12(4),648-657.
- Lavidge, R. J. & Steiner, G. A. (1961). “A Model for predicting measurements of advertising effectiveness”. Journal of Marketing, 25, 59-62.
- Likert, R.(1961).New patterns of Management. New York :McGraw -Hill
- Locke, E. (1976). The nature and consequences of job satisfaction. In M. D. Dunnette (Ed.). Handbook of industrial and organizational psychology. Chicago: Rand–McNally.
- Lowe, K.B.,Kroeck,K.G.,& Sivasubramaniam, N.(1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the MLQ literature.Leadership Quarterly, 7(3),385-425.
- Maslow, A.H.(1970).Motivation and personality.(2nd edition).New York :Harper
- Mazmanian, D.A. & Sabastier, P.A. (1980). Implementation of policy: A framework of analysis. Journal Policy Studies, 8, 539.
- Moorhead, G & Griffin, R.W.(1992) .Organizational Behavior: Managing People and Organization.Hardcover :Houghton Mifflin College Div.
- Nagel, Stuart S.(1984). Public policy: Goals, means and methods. New York: St. Martin’s Press.
- Nunnally, J. C. (1978). Psychometric theory. (2nd edition) New York: McGraw–Hill.
- Peter G. Northouse.(1997). Leadership. theory and practice. California : Sage Publications, Inc.

- Pressman, J. L. & Wildavsky, A. (1975). Implementation. (2nd ed). Berkeley: University of California Press.
- Randall B. Dunham, Jean A. Grube, and Mair B. Castaneda. (1994). Organizational commitment : The utility of an integrative Definition. Journal of Applied Psychology. Vol.79 No.3, 370 – 380
- Richard M. Sterris. (1991) Introduction to organizational behavior. New York : HarperCollins Publishers Inc.
- Rick D. Hackett, Peter Bycio, & Peter A. Hausdorf. (1994). Further assessment of Meyer and Allen's (1991) Three – Component Model of Organizational Commitment. Journal of Applied Psychology. Vol.79 No. 1 : 15 – 23.
- Robert Nakamura & Frank Smallwood. (1980). The politics of policy implementation. New York: St. Martin's Press.
- Robert P. Vecchio. (1988). Organization behavior. New York : The dryden press, a division of holt, Rinehart and Winston, Inc.
- Roethlisberger F., & W. Dickerson. (1939). Management and the Worker Cambridge, Mass.: Harvard. University Press.
- Rogers, E.M. and Shoemaker, F.F. (1971) Communication of innovation : A cross cultural approach. New York : The Free Press.
- Rogers, Everett M. Diffusion of Innovation. New York : The Free Press. ,1968.
- Rubin, I., Fry, R., & Plovich, M. (1985). Managing Human Resources in Health organizations. Reston, Va.: Reston Books.
- Sabatier, P.A. and Mazmanian, D.A. (1983). "Policy Implementation." In Stuart S. Nagel ed. Encyclopedia of Policy Studies. New York: Marcell Dekker, Inc.
- Schermerhorn, J. R., Hunt, J.G., & Osborn, R. N. (1982). Managing organizational behavior. John Wiley and Sons.
- Scrivens, E. (1995). Accreditation: protecting the professional or the consumer?. Buckingham: Open University Press, (in press)
- Seltzer, Joseph & Bass, B. M. (1990). Transformational leadership: Beyond initiation and consideration. Journal of Management, 16(4), 693 -703.
- Shaw, C. & Collins, C. (1995). Health service accreditation: report of a pilot programme for community hospitals. British Medicine Journal, 310, 781-784.

- Shaw, C.D. & Brooks, T.E. (1991). Health service accreditation in the UK. Quality Assurance in Health Care, 3, 133-40.
- Smith, P., Kendall, L., & Hulin, C. (1969). The measurement of satisfaction in work and retirement. Chicago: Rand-McNally.
- Varney H.G.(1977).Organization development for managers.Reading, Mass: Addison - Wesley.
- Vroom, V. H. & Deci, E. L. (1972). Management and motivation. United States of America: Universal Lithographers.
- Vroom, V. H. (1964).Work and motivation. New York: John Wiley and Sons Inc.
- Williams, E. (1976). Participative management: concept, theory and implementation. Atlanta : Ga.Georgia State University.
- Williams, W.(1975). "Implementation analysis and assessment". Policy Analysis, 1(3), Summer
- Weiss, C. H. (1972). Evaluation research: method of assessing program effectiveness. Englewood Cliff, New Jersey : Prentice Hall.
- Woodcock, M. & Francis, D.(1994). Team building strategy. Hampshire: Gower.
- Woodcock, M. (1989). Team development Manual.(2nd) Vermont: Gower Publishing Company Limited.
- World Bank (1996). The World Bank Participation Sourcebook. Washington DC. [Online].Available: <http://www.worldbank.org/>. [2005, May 27].
- Yammarino, F.J.(1993).Transforming leadership studies: Bernard Bass' leadership and performance beyond expectations.Leadership Quarterly, 4(3),379-382.



LIST OF EXPERTS WHO REVIEWED THE RESEARCH TOOLS

- 
- The background of the list features a large, faint, circular seal of Mahidol University. The seal is gold and blue, with a central emblem depicting a traditional Thai architectural element (a stupa or chedi) and a lotus flower. The text around the seal is in Thai script.
1. Asst. Prof. Dr. Suraporn Sainsalai School of Human Ecology
Sukhothai Thammathirat Open
University
 2. Dr. Yuwadee Kestsumpun Nursing Department
Siriraj Hospital
Faculty of medicine Siriraj Hospital
Mahidol University
 3. Miss.Sirima Leelawong Bureau of Nursing
Department of Medicine Services

Questionnaire

The success of Hospital Accreditation policy implementation in case Siriraj hospital

I, Kamolnate Chiemkaew, am a M.Sc. student at the Department of Public Health Administration, Faculty of Public Health, Mahidol University. I have received permission to conduct research for my thesis entitled “The success of Hospital Accreditation policy implementation in case Siriraj hospital”. The objective of this thesis study is to examine the organizational development factors affecting to the success of Hospital Accreditation policy implementation in case Siriraj hospital. This questionnaire is divided into four parts as follows:

● Part1 The success of Hospital Accreditation policy implementation questionnaire.

Part 2 The organizational development factors questionnaire.

Part 3 Generalization data.

Please read instruction before answer the questionnaire and will take your time of about 30 minutes.

Please answer the questions truthfully and your opinion for the result is accurately and completely. Your answer are kept confidential and will be presented in a general format and use in research only. Thus, it dose not affect your work. The result will be guideline to hospital administrator for planning, improving, developing policy implementation and the organizational factors, building up goal attainment, job satisfaction of employees and quality of work life of personnel working in Siriraj hospital and kept the quality resources to be useful to the manpower, organization and profession to produce quality service to the customer in the future.

This research complies with the principles of human rights. Participants were informed consent form and the right to withdraw from the study anytime. Thus, the researcher would like to ask you read before sign consent form.

Thank you very much for your participation with this study

Miss. Kamolnate Chiemkaew

Informed Consent Form

Project title: The success of Hospital Accreditation policy implementation in case Siriraj hospital

Project director: Miss.Kamolnate Chiemkaew Faculty of Public Health Administration, Mahidol University

Date of consent (Day/Month/Year).....

Before I signed this Informed Consent Form. I had been clearly informed regarding to the objectives, methodology, institution affiliations of researcher, the anticipated benefit and potential or positive risk that may occur upon my participation in this research project with understanding.

All the questions about the research project were answered to my satisfaction.

Researcher agrees to answer and to explain any question which may arise during my participation in research.

I have the right to abstain from participation or withdraw consent at any time without any reprisal.

Protection of my personal privacy such as personal information is promised by the researcher.

Signature.....Consented Participant
(.....)

Signature Witness
(.....)

Signature Witness
(.....)

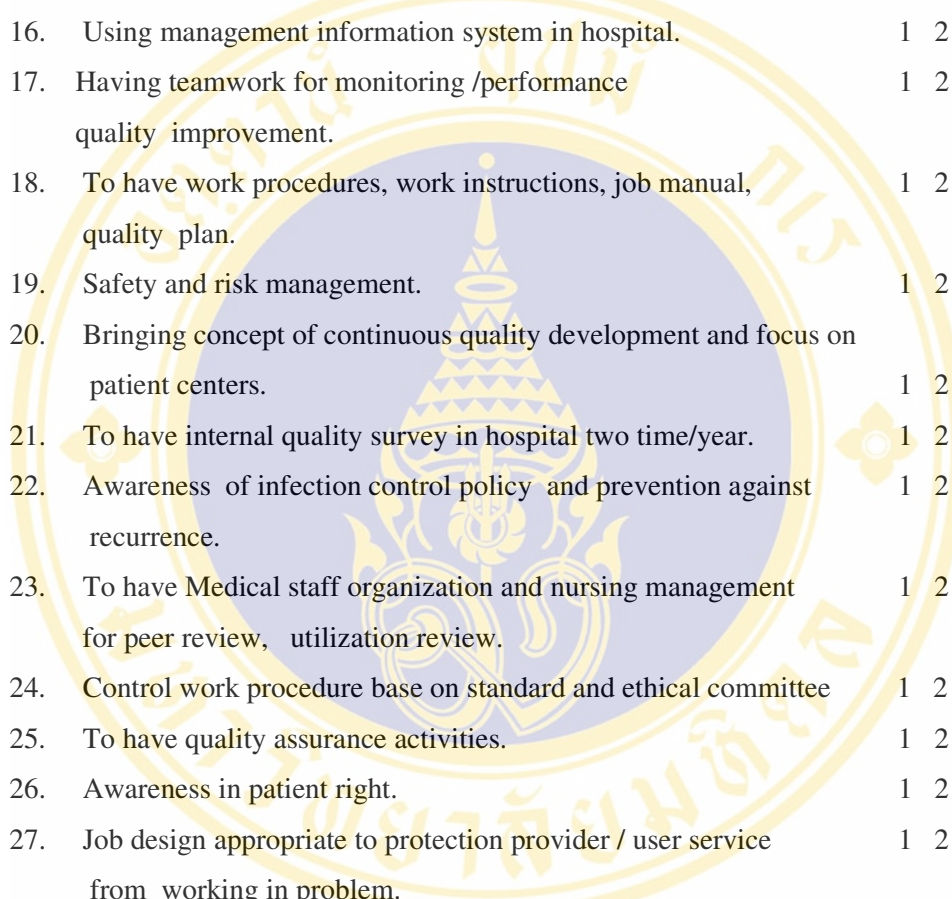
Part 1: The success of Hospital Accreditation policy implementation questionnaire.

Goal attainment Questionnaire

Instructions: This questionnaire provides a description of your reception for implementation. Thirty descriptive statements are listed below. Indicate your extent of agreement with each of the statements below by assigning a number (1 through 5) to each in the right margin.

Key: 1 = Not at all / least agree 2 = quite most agree
3 = quite agree 4 = most agree

1. The hospital management by policy/policy management and announce Hospital Accreditation policy. 1 2 3 4
2. Administrator team of hospital present leadership / supporting / monitoring/ to improve task system and develop core competency. 1 2 3 4
3. To have process and coordination with steering team (Quality council /Patient care team / steering person team). 1 2 3 4
4. Indicator for responsibility quality for all. 1 2 3 4
5. Everyone have participation in planning decision-making and guideline to quality development in hospital. 1 2 3 4
6. Supporting and promoting personnel to Hospital Accreditation implementation policy. 1 2 3 4
7. Announcement for goal, mission, purpose, objective for quality development activities. 1 2 3 4
8. Human resource management for support quality activities. 1 2 3 4
9. Planning for problem and training need for client . 1 2 3 4
10. Human resource development plan and service process management. 1 2 3 4
11. To have facilitating team and facilitator for personnel who working in hospital. 1 2 3 4
12. Efficiency of waste water treatment system. 1 2 3 4
13. Planning for safety procedure.

- 
14. To have medical equipment, guarantee of medical device and maintenance. 1 2 3 4
15. To have medical equipment, preventive maintenance and total productive maintenance for calibration. 1 2 3 4
16. Using management information system in hospital. 1 2 3 4
17. Having teamwork for monitoring /performance quality improvement. 1 2 3 4
18. To have work procedures, work instructions, job manual, quality plan. 1 2 3 4
19. Safety and risk management. 1 2 3 4
20. Bringing concept of continuous quality development and focus on patient centers. 1 2 3 4
21. To have internal quality survey in hospital two time/year. 1 2 3 4
22. Awareness of infection control policy and prevention against recurrence. 1 2 3 4
23. To have Medical staff organization and nursing management for peer review, utilization review. 1 2 3 4
24. Control work procedure base on standard and ethical committee 1 2 3 4
25. To have quality assurance activities. 1 2 3 4
26. Awareness in patient right. 1 2 3 4
27. Job design appropriate to protection provider / user service from working in problem. 1 2 3 4
28. To have cross function team/ multidisciplinary. 1 2 3 4
29. To have unit of history recorder. 1 2 3 4
30. To have unit of admit system and discharge system. 1 2 3 4

Job satisfaction of employees questionnaire

1. Choose the ONE of the following statement which best tells how well you like your job. Place a check mark (/) in front of that statement.

- 1. I hate it.
- 2. I dislike it.
- 3. I don't like it.
- 4. I am indifferent to it.
- 5. I like it.
- 6. I am enthusiastic about it.
- 7. I love it.

2. Check one of the following to show HOW MUCH OF THE TIME you feel satisfied with your job.

- 1. All the time.
- 2. Most of the time.
- 3. A good deal of the time.
- 4. About half of the time.
- 5. Occasionally.
- 6. Seldom.
- 7. Never.

3. Check the ONE of the following which best how you feel about changing your job.

- 1. I would quit this job at once if I could get anything else to do
- 2. I would take almost any other job in which I could earn as much as I am earning now.
- 3. I would like to change both my job and my occupation.
- 4. I would like to exchange my present job for another job.
- 5. I am not eager to change my job, but would do so if could get a better job.
- 6. I cannot think of any job for which I would exchange.
- 7. I would not exchange my job for any other.

4. Check one of the following to show you think you compare with other people.

- 1. No one likes his job better than I like mine.
- 2. I like my job much better than most people like theirs.
- 3. I like my job better than most people like theirs.
- 4. I like my job about as most people like theirs.
- 5. I dislike my job more than most people dislike theirs.
- 6. I dislike my job much more than most people dislike theirs.
- 7. No one dislikes his job more than I dislike mine.

Quality of work life questionnaire

Instructions: This questionnaire provides a description of your reception for quality of work life. Fifteen descriptive statements are listed below. Indicate your extent of agreement with each of the statements below by assigning a number (1 through 5) to each in the right margin.

Key: 1 = Not at all / least agree 2 = quite most agree
 3 = quite agree 4 = most agree

Adequate and fair compensation

- 1. Pay received meet socially determined standards of sufficiency 1 2 3 4
 or the recipient's standard.
- 2. Pay received for certain work bear and appropriate relationship 1 2 3 4
 to pay received for other work.

Safe and health environment

- 3. The physical and mental working environment and the physical 1 2 3 4
 are not conditions unduly hazardous.
- 4. The conditions have not affecting employees' health, comfort, 1 2 3 4
 and convenience when performing their job.

Development of human capacities

5. To what extent is the work simplified, split up, and tightly controlled. 1 2 3 4
6. Develop skill and knowledge and to perform work that is personally meaningful and important. 1 2 3 4

Growth and security

7. Assignments contribute to maintaining and expanding his capabilities, rather than leading to his obsolescence. 1 2 3 4
8. Acquired knowledge and skill can be utilized in future work assignment and the availability of opportunities to advance in organizational or career terms which peers, family members. 1 2 3 4

Social integration.

9. An opportunity to interact with other and have freedom from prejudice. 1 2 3 4
10. The absence of stratification in the organization and the possibility of upward mobility.

Constitutionalism

11. The organization culture respect personal privacy, tolerate dissent, standards of equity in distributing reward, and provide for due process. 1 2 3 4
12. The dignity and respect for the individual, give honest opinions and be treated as an adult. 1 2 3 4

The total life space

13. Balance between work and life away from the job. 1 2 3 4
14. Encompasses schedules, career demands, and travel requirements that take a limited portion of the person's leisure and family time 1 2 3 4

Social relevance

15. The organization as being socially responsible in its products, waste disposal, employment practices, marketing techniques, and other activities. 1 2 3 4

Part 2: The Organizational Development Factor questionnaire

Transformational leadership

Multifactor leadership Questionnaire (MLQ) Form 6s

Instructions: This questionnaire provides a description of your leadership style. Twelve descriptive statements are listed below. Judge how frequently each statement fits you. The word others may mean your co-worker, clients, or group members.

Key: 1 = Not at all / Once in a while 2 = Sometimes
3 = Fairly often 4 = Frequently, if not always

- | | | | | |
|---|---|---|---|---|
| 1. I make others feel good to be around me. | 1 | 2 | 3 | 4 |
| 2. Others have complete faith in me. | 1 | 2 | 3 | 4 |
| 3. Others are proud to be associated with me. | 1 | 2 | 3 | 4 |
| 4. I express with a few simple words what we could and should do. | 1 | 2 | 3 | 4 |
| 5. I provide appealing images about what we can do. | 1 | 2 | 3 | 4 |
| 6. I help others find meaning in their work. | 1 | 2 | 3 | 4 |
| 7. I enable others to think about old problems in new ways. | 1 | 2 | 3 | 4 |
| 8. I provide others with new ways of looking at puzzling things. | 1 | 2 | 3 | 4 |
| 9. I get others to rethink ideas that they had never questioned before. | 1 | 2 | 3 | 4 |
| 10. I help others develop themselves. | 1 | 2 | 3 | 4 |
| 11. I let others know how I think they are doing. | 1 | 2 | 3 | 4 |
| 12. I give personal attention to others who seem rejected. | 1 | 2 | 3 | 4 |

Motivation questionnaire

Instructions: This questionnaire provides a description of your teamwork. Nineteen descriptive statements are listed below. Judge how frequently each statement fits you. The word others may mean your co-worker, clients, or group members.

Key: 1 = Not at all / Once in a while 2 = Sometimes
3 = Fairly often 4 = Frequently, if not always

Achievement

- | | | | | |
|--|---|---|---|---|
| 1. Achievement according to quality improvement activity | 1 | 2 | 3 | 4 |
| 2. The having of a good idea- a solution to a problem about
Hospital Accreditation implementation | 1 | 2 | 3 | 4 |

Recognition

- | | | | | |
|---|---|---|---|---|
| 3. Acceptation and respect among each other | 1 | 2 | 3 | 4 |
| 4. Inadequate work blamed or criticized-no punishment | 1 | 2 | 3 | 4 |

Work itself

- | | | | | |
|--|---|---|---|---|
| 5. Appropriateness in assigning tasks to capable right persons | 1 | 2 | 3 | 4 |
| 6. Balances in responsible work load and numbers of personnel | 1 | 2 | 3 | 4 |

Responsibility

- | | | | | |
|--|---|---|---|---|
| 7. Supervisors offer opportunity in work initiation and creation | 1 | 2 | 3 | 4 |
| 8. Each implementers can set work methods and make problems
solving decision freely | 1 | 2 | 3 | 4 |

Advancement

- | | | | | |
|---|---|---|---|---|
| 9. Implementers have chances for higher education or training to
accrue knowledge in corresponding with the responsibility | 1 | 2 | 3 | 4 |
| 10. Implementers are promoted for advancement | 1 | 2 | 3 | 4 |

Company policy and administration

- | | | | | |
|---|---|---|---|---|
| 11. Your organization have the policy and administration and
implementation. | 1 | 2 | 3 | 4 |
| 12. Working policy in your organization is consistent towards | 1 | 2 | 3 | 4 |

Supervision-technical

- | | | | | |
|--|---|---|---|---|
| 13. Supervisors willingness to delegate responsibility.
and assigned an appropriated job. | 1 | 2 | 3 | 4 |
| 14. Supervisor willing to listen to suggestions and
learned a great deal from supervisor. | 1 | 2 | 3 | 4 |
| 15. Supervisor fair in considering your work | 1 | 2 | 3 | 4 |

Working conditions

- | | | | | |
|--|---|---|---|---|
| 16. Physical conditions of work, the amount of work, or sequence of event
and sufficient equipment. | 1 | 2 | 3 | 4 |
| 17. Adequacy of ventilation, lighting, tools, space, and other such
environmental characteristics would be included here. | 1 | 2 | 3 | 4 |

Interpersonal relation

18. Play a role, necessarily, in situations involving recognition 1 2 3 4
19. Good working and good personal relationship with subordinates. 1 2 3 4

Salary

20. Your current salary is corresponding to your knowledge and capacity. 1 2 3 4

Teamwork Questionnaire

Instructions: This questionnaire provides a description of your teamwork. Nineteen descriptive statements are listed below. Judge how frequently each statement fits you. The word others may mean your co-worker, clients, or group members.

Key: 1 = Not at all / Once in a while 2 = Sometimes
3 = Fairly often 4 = Frequently, if not always

Communication

1. Caution in impact that may occur from self – action, if willing to listen to other' opinion 1 2 3 4
2. Degrees of applying coordination system as means in helping other team members 1 2 3 4

Objective

3. Clarification in realization of work goals and objective 1 2 3 4
4. Working team's participation in planning. 1 2 3 4

Interpersonal conflict

5. Relationships of full honesty and straight forward within working team 1 2 3 4
6. Competition within working team 1 2 3 4

Organization

7. Capability in identifying the problems of working team 1 2 3 4
8. Flexibility and adapting to the situation of working team leaders 1 2 3 4

Control

9. Taking the mistakes as lessons for learning rather than punishment 1 2 3 4
10. Believing that conflicts in working is of common 1 2 3 4

Support

- | | | | | |
|---|---|---|---|---|
| 11. Employing friendship familiarity rather than facts in working | 1 | 2 | 3 | 4 |
| 12. Acceptance of competency differences | 1 | 2 | 3 | 4 |

Role of team members

- | | | | | |
|---|---|---|---|---|
| 13. Clarification in taking role of individual implementers | 1 | 2 | 3 | 4 |
| 14. Degrees in taking old tradition as rules for new problem solving | 1 | 2 | 3 | 4 |
| 15. Empowering the existing status and power for solving problems by following regulation | 1 | 2 | 3 | 4 |

Decision marking

- | | | | | |
|---|---|---|---|---|
| 16. Appropriateness in taking judging time and information for decision | 1 | 2 | 3 | 4 |
| 17. Capability in righteousness and appropriateness in problem solving in corresponding to situation emergency. | 1 | 2 | 3 | 4 |

Results

- | | | | | |
|---|---|---|---|---|
| 18. Care in using the provided available materials beneficially | 1 | 2 | 3 | 4 |
| 19. Trust within members of working team | 1 | 2 | 3 | 4 |

Participation Questionnaire

Instructions: This questionnaire provides a description of your teamwork. Ten descriptive statements are listed below. Judge how frequently each statement fits you. The word others may mean your co-worker, clients, or group members.

Key: 1 = Not at all / Once in a while 2 = Sometimes
 3 = Fairly often 4 = Frequently, if not always

Participation in decision making

- | | | | | |
|--|---|---|---|---|
| 1. Participation in survey and collection problem. | 1 | 2 | 3 | 4 |
| 2. Participation in decision on problem and improvement guideline. | 1 | 2 | 3 | 4 |
| 3. Participation in action planning. | 1 | 2 | 3 | 4 |

Participation in implementation

- | | | | | |
|--|---|---|---|---|
| 4. Participation in planning, indicators, document of HA policy. | 1 | 2 | 3 | 4 |
| 5. Participation in decision relating changes of work means. | 1 | 2 | 3 | 4 |
| 6. Participation in coordinators interaction with other unit. | 1 | 2 | 3 | 4 |

7. Participation in quality improvement activity. 1 2 3 4

Participation in benefits

8. Participation in progression assessment. 1 2 3 4

9. Participation in examination for rewarding. 1 2 3 4

Participation in evaluation

10. Participation in performance evaluation. 1 2 3 4

Commitment & adoption

Commitment Questionnaire

Listed below is a series of statements that represent possible feeling that individuals might have about the company or organization for which they work. With respect to your own feeling about the particular organization for which you are now working, please indicate the degree of your agreement or disagreement with each statement by circling a number from 1 to 4

Key: 1 = Not at all / least agree 2 = quite most agree
3 = quite agree 4 = most agree

1. If had not already put so much of myself into this organization, I might consider working elsewhere. 1 2 3 4
2. I would be very happy to spend the rest of my career with this organization. 1 2 3 4
3. I do not feel a strong sense of belonging to my organization. 1 2 3 4
4. I do not feel “emotionally attached” to this organization. 1 2 3 4
5. This organization has a great deal of personal meaning for me. 1 2 3 4
6. I would not leave my organization right now. because I have a sense of obligation. 1 2 3 4
7. Right now , staying with my organization is a matter of necessity as much as desire. 1 2 3 4
8. I do not feel any obligation to remain my current employer. 1 2 3 4
9. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives. 1 2 3 4

10. I believe that I have too few option to consider leaving this organization. 1 2 3 4
11. I would feel guilty if I left my organization now. 1 2 3 4
12. I really feel as if this organization's problems are my own. 1 2 3 4
13. It would be very hard for me to leave my organization right now, even if I wanted to. 1 2 3 4
14. I do not feel like "part of the family" at my organization. 1 2 3 4
15. Too much in my life would be disrupted if I decided I wanted to leave my organization right now. 1 2 3 4
16. I owe a great deal to my organization. 1 2 3 4
17. This organization deserves my loyalty. 1 2 3 4
18. Even if it were to my advantage, I do not feel it would be right to leave my organization now. 1 2 3 4
- Adoption**
19. Appreciation in ways of descriptions for Hospital accreditation management 1 2 3 4
20. Consent in ways of descriptions for Hospital Accreditation management 1 2 3 4
21. Consent in ways of descriptions for Hospital Accreditation management of hospital 1 2 3 4
22. Consent in Hospital Accreditation policy that should be continuously support 1 2 3 4
23. Consent in polishing Hospital Accreditation management to be regular task of hospital 1 2 3 4

Part 3 Generalization data

Status

☐

Administrator

☐

Staff

THANK YOU FOR SACRIFYING YOUR VALUABLE TIME
TO ANSWER QUESTIONNIRE

Table 16 Reliability of the success of Hospital Accreditation Policy Implementation questionnaire by Cronbach's alpha coefficient (N=30)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Goal Attainment					
GOAL1	123.3333	233.2644	.6389	.	.9606
GOAL2	123.2667	236.2713	.4570 **	.	.9613
GOAL3	123.2000	237.0621	.4312 **	.	.9614
GOAL4	123.6667	233.6092	.5877	.	.9608
GOAL5	124.1000	232.0931	.6718	.	.9604
GOAL6	123.8667	235.2920	.5611 **	.	.9610
GOAL7	123.8667	233.4989	.5947	.	.9608
GOAL8	123.7000	230.9759	.6237	.	.9606
GOAL9	123.9667	231.9644	.6473	.	.9605
GOAL10	123.7667	235.0126	.4882 **	.	.9612
GOAL11	123.8333	235.8678	.3752 **	.	.9618
GOAL12	124.0000	231.5172	.5810	.	.9608
GOAL13	123.9333	228.5471	.6763	.	.9603
GOAL14	123.9000	232.9897	.5854	.	.9608
GOAL15	123.7667	230.4609	.6912	.	.9602
GOAL16	123.6667	232.7126	.5723	.	.9608
GOAL17	123.8667	230.1195	.7220	.	.9601
GOAL18	123.7333	229.6506	.7956	.	.9598
GOAL19	123.9333	232.2023	.5417 **	.	.9610
GOAL20	124.0333	226.5851	.6621	.	.9605
GOAL21	123.7000	228.7000	.7470	.	.9599
GOAL22	123.6333	229.7575	.7264	.	.9601
GOAL23	123.6333	229.6195	.6167	.	.9606
GOAL24	123.7667	229.7023	.6158	.	.9606
GOAL25	124.0333	227.8954	.7459	.	.9599
GOAL26	124.1000	227.8862	.6162	.	.9607
GOAL27	123.8000	229.1310	.7202	.	.9601
GOAL28	123.4667	231.6368	.7344	.	.9602
GOAL29	123.5333	232.2575	.6211	.	.9606
GOAL30	123.6333	229.6885	.7303	.	.9600
GOAL31	123.4667	230.1885	.6631	.	.9604
GOAL32	123.6333	225.6195	.8117	.	.9595
GOAL33	124.1000	223.5414	.7241	.	.9601
GOAL34	123.8000	229.4069	.6475	.	.9605
GOAL35	123.7333	233.8575	.4826 **	.	.9613

Table 16 (Cont.)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
GOAL36	123.6000	232.1103	.6500	.	.9605
GOAL37	123.7667	236.5989	.3121 **	.	.9623
GOAL38	123.9667	234.1023	.3920 **	.	.9620
GOAL39	123.8667	231.2920	.6541	.	.9604
GOAL40	123.7667	235.4954	.4067 **	.	.9617

Reliability Coefficients 30 items

Alpha = .9616 Standardized item alpha = .9624

** Item was deleted

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
------	-------------------------------------	---	--	------------------------------------	-----------------------------

Job satisfaction

SAT1	16.0333	8.1713	.5896	.4611	.4925
SAT2RE	16.9667	7.4126	.5845	.4782	.4796
SAT3	16.3667	7.9644	.4117	.1823	.6178
SAT4RE	17.4333	11.0126	.2063*	.0502	.7186

Reliability Coefficients 4 items

Alpha = .6580 Standardized item alpha = .6536

* Item was improved

Table 16 (Cont.)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Quality of work life					
QWL1	26.4333	12.1161	.4708	.5690	.7806
QWL2	26.2333	14.3920	.2338*	.2162	.8006
QWL3	25.8333	12.2126	.6376	.5891	.7592
QWL4	26.5333	12.3954	.4627	.4830	.7805
QWL5	25.8000	12.0276	.7301	.7751	.7498
QWL6	25.9000	14.2310	.3014	.5809	.7951
QWL7	25.7000	12.4931	.4461	.2836	.7827
QWL8	26.2667	13.3057	.3149	.3203	.7983
QWL9	25.7000	12.0103	.6560	.7926	.7560
QWL10	25.7000	12.9759	.4831	.7315	.7775

Reliability Coefficients 10 items

Alpha = .7965 Standardized item alpha = .7971

* Item was improved

Table 17 Reliability of the Organizational Development Factors questionnaire by Cronbach's alpha coefficient (N=30)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Transformational leadership					
LEAD1	31.1333	20.1885	.5403	.	.9263
LEAD2	31.1667	19.7989	.5916	.	.9246
LEAD3	31.1000	20.2310	.5986	.	.9248
LEAD4	31.2667	18.1333	.7704	.	.9175
LEAD5	31.4000	18.0414	.7056	.	.9210
LEAD6	31.4667	17.4989	.7906	.	.9169
LEAD7	31.2333	19.2195	.7778	.	.9185
LEAD8	31.3000	18.6310	.7222	.	.9196
LEAD9	31.3333	18.2299	.7863	.	.9168
LEAD10	31.1333	19.2230	.6761	.	.9215
LEAD11	31.2000	19.6828	.7066	.	.9213
LEAD12	31.3667	18.1713	.6947	.	.9214

Reliability Coefficients 12 items

Alpha = .9271 Standardized item alpha = .9299

Table 17 (Cont.)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Motivation					
MOTIVA1	55.5667	25.6333	.6906	.	.8072
MOTIVA2	55.7000	26.3552	.3520	.	.8164
MOTIVA3	55.8333	25.1092	.5166	.	.8084
MOTIVA4	55.7000	24.8379	.6060	.	.8047
MOTIVA5	55.6000	26.4552	.2298*	.	.8218
MOTIVA6	55.9333	31.2368	-.4743*	.	.8654
MOTIVA7	55.3000	24.3552	.4507	.	.8111
MOTIVA8	55.2333	25.7023	.3478	.	.8164
MOTIVA9	55.3667	23.2747	.5934	.	.8014
MOTIVA10	55.7667	23.7713	.5447	.	.8049
MOTIVA11	55.6333	24.3782	.6930	.	.8004
MOTIVA12	55.6000	25.3517	.6638	.	.8059
MOTIVA13	55.7333	26.0644	.3879	.	.8148
MOTIVA14	55.7667	26.1161	.2903*	.	.8190
MOTIVA15	55.5667	26.3920	.2661*	.	.8199
MOTIVA16	55.9333	24.3402	.5455	.	.8055
MOTIVA17	55.9333	24.4782	.4675	.	.8099
MOTIVA18	55.5333	25.7057	.5762	.	.8092
MOTIVA19	55.5000	25.2931	.5064	.	.8092
MOTIVA20	56.2000	24.7862	.3693	.	.8167

Reliability Coefficients 20 items

Alpha = .8218 Standardized item alpha = .8510

* Item was improved

Table 17 (Cont.)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Teamwork					
TEAM1	53.2667	63.3057	.3248	.	.3959
TEAM2	53.5667	62.6678	.3440	.	.3897
TEAM3	53.7000	59.8034	.6526	.	.3542
TEAM4	53.6000	60.3172	.5723	.	.3613
TEAM5	53.5333	60.5333	.4815	.	.3658
TEAM6	53.6333	62.7230	.3111	.	.3911
TEAM7	53.4333	61.7713	.3954	.	.3802
TEAM8	53.4667	61.2230	.6785	.	.3702
TEAM9	52.4667	34.7402	.1263*	.	.6266
TEAM10	53.6333	58.6540	.6856	.	.3403
TEAM11	53.5000	59.4310	.6191	.	.3506
TEAM12	52.8000	65.8897	-.3377*	.	.6218
TEAM13	53.5333	61.7057	.3328	.	.3820
TEAM14	53.5333	61.3609	.3950	.	.3765
TEAM15	53.4000	62.5931	.3587	.	.3887
TEAM16	53.5000	63.5000	.2215*	.	.4001
TEAM17	53.5333	61.0851	.4237	.	.3730
TEAM18	53.5333	61.4299	.4244	.	.3762
TEAM19	53.5667	62.2540	.3202	.	.3869

Reliability Coefficients 19 items

Alpha = .4060 Standardized item alpha = .9703

* Item was improved

Table 17 (Cont.)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Participation					
PART1	25.9667	28.3782	.7379	.6306	.9349
PART2	26.1333	26.9471	.7108	.5759	.9371
PART3	26.0000	26.7586	.8320	.8086	.9302
PART4	25.9333	26.1333	.9016	.9247	.9265
PART5	26.0000	25.7931	.8578	.8483	.9289
PART6	25.9667	26.5851	.8763	.8671	.9280
PART7	25.7333	30.6161	.5209	.6524	.9434
PART8	25.7000	29.2517	.6497	.7138	.9387
PART9	25.8667	27.3609	.7730	.8076	.9331
PART10	25.9000	28.5069	.6998	.7560	.9365

Reliability Coefficients 10 items

Alpha = .9402 Standardized item alpha = .9391

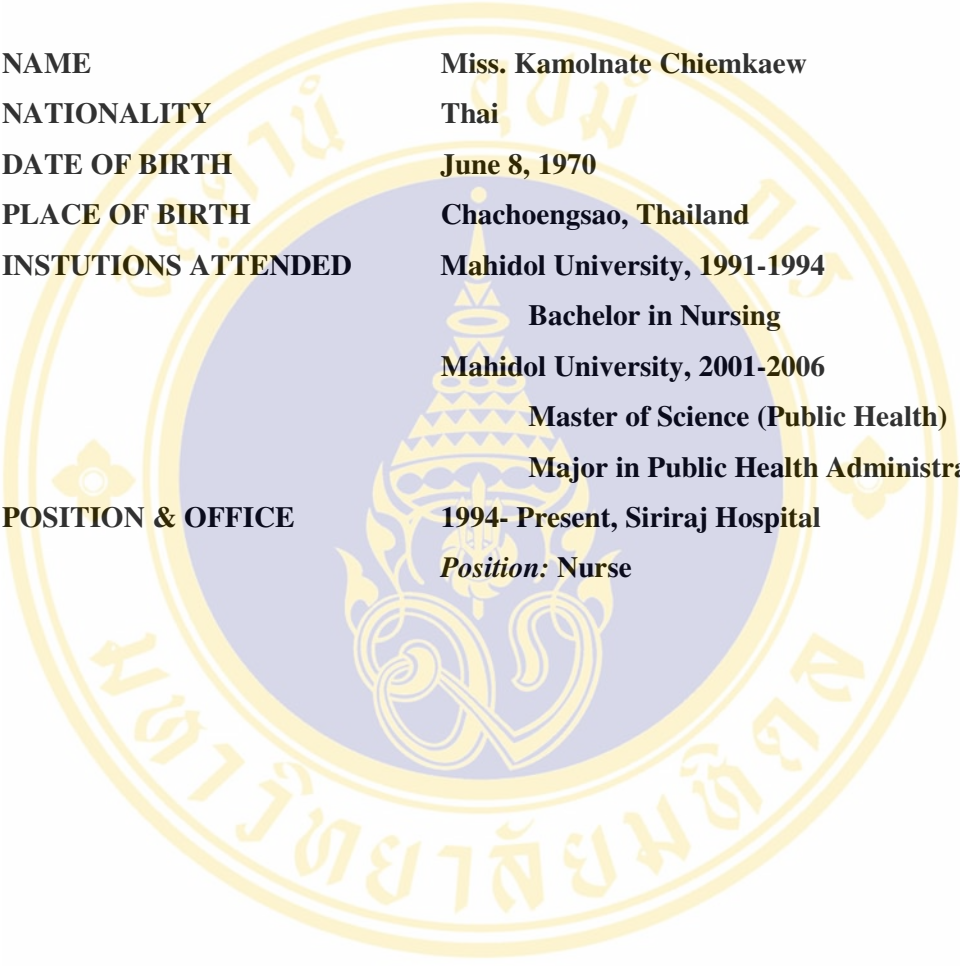
Table 17 (Cont.)

Item	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Alpha if Item Deleted
Commitment and Adoption					
COM1	66.5000	29.9138	.5050	.	.6519
COM2	66.5667	29.8402	.4363	.	.6536
COM3RE	66.2000	30.5793	.3056	.	.6634
COM4RE	66.0333	29.6195	.5334	.	.6488
COM5RE	66.0667	29.0299	.5593	.	.6433
COM6	66.1333	29.2230	.6051	.	.6435
COM7	66.3000	28.8379	.5635	.	.6416
COM8	66.7667	27.8402	.4048	.	.6477
COM9	66.8333	29.3161	.2268*	.	.6717
COM10	67.5000	32.3276	-.0308*	.	.6993
COM11	67.4000	33.6276	-.1569*	.	.7129
COM12	67.7000	34.7690	-.2844*	.	.7175
COM13RE	66.1667	31.1092	.1122*	.	.6818
COM14	67.0333	31.9644	-.0307*	.	.7097
COM15	67.0333	29.5506	.2906	.	.6625
COM16	66.5667	29.7713	.4482	.	.6527
COM17	66.7000	31.0448	.1241*	.	.6803
COM18	66.2333	28.2540	.6375	.	.6341
ADOPT1	66.3667	30.6540	.4117	.	.6599
ADOPT2	66.1333	30.5333	.3073	.	.6632
ADOPT3	66.1333	30.2575	.3104	.	.6621
ADOPT4	66.5333	30.8092	.2549	.	.6671
ADOPT5	66.3000	31.4586	.1758*	.	.6731

Reliability Coefficients 23 items

Alpha = .6779 Standardized item alpha = .7632

* Item was improved

BIOGRAPHY

NAME	Miss. Kamolnate Chiemkaew
NATIONALITY	Thai
DATE OF BIRTH	June 8, 1970
PLACE OF BIRTH	Chachoengsao, Thailand
INSTITUTIONS ATTENDED	Mahidol University, 1991-1994 Bachelor in Nursing Mahidol University, 2001-2006 Master of Science (Public Health) Major in Public Health Administration
POSITION & OFFICE	1994- Present, Siriraj Hospital <i>Position:</i> Nurse