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**THE READINESS OF NURSES IN THE SOMDEJPRAPINKLAO
HOSPITAL FOR DEVELOPMENT TO HOSPITAL
ACCREDITATION**

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อธิปัทนатар

จาก

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

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Economic and social factors and development to improve the work system have a role in national development. Health agencies have to follow suit to satisfy the demands and needs of the public. Development is essential for the maintenance of these agencies during this period of economic slowdown and with a limited budget from the government.

The research aims to study readiness levels of the nurses at Somdejprapinklao Hospital for the development of hospital accreditation. The data was collect during May 2001 from 313 samples by using a questionnaire and the Stratified Random Sampling method was used to select the samples. Quantitative data was analyzed by using SPSS for Windows to get percentage, mean and standard deviation, and the Multiple Regression Analysis was employed to explain factors influencing the readiness. Qualitative data attained from the open-ended questionnaire was synthesized and then analyzed to support statistic results.

It was found that 72% of the nurses are ready for the development at a moderate level. Their knowledge and attitudinal readiness is also at the same level. The two factors influencing the readiness of the nurses are work motivation and present work conditions.

According to the research findings, it is suggested that administrators should put an emphasis on motivation so that nurses would see the value of their work and possess positive attitudes toward the hospital accreditation development. Providing relevant information and creating good work environment would raise their awareness on the value of their work and ready themselves for the development of hospital accreditation.

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สมทรง จันทร์หอม : ความพร้อมของพยาบาลโรงพยาบาลสมเด็จพระปิ่นเกล้าในการพัฒนาโรงพยาบาลเข้าสู่ระบบการรับรองคุณภาพ (THE READINESS OF NURSES IN THE SOMDEJPRAPINKLAO HOSPITAL FOR DEVELOPMENT TO HOSPITAL ACCREDITATION) คณะกรรมการควบคุมวิทยานิพนธ์. ประภาพรรณ อุ่นอบ,ศษ.ด., นฤนันท์ สุริยมณี, Ed.D., พงษ์เทพ จิระโร, ศษ.ม., สุธีรา ฮุนตระกูล, ศค.ม.. 124 หน้า ISBN 974-04-0383-2

เนื่องจากปัจจัยด้านเศรษฐกิจ สังคม และการพัฒนาเพื่อการปรับระบบงาน เข้ามามีบทบาทต่อการพัฒนาประเทศ หน่วยงานด้านสุขภาพก็เช่นกันต้องมีการพัฒนาเพื่อสนองการพัฒนาประเทศ กล่าวคือพัฒนาเพื่อให้การดำเนินงานของตนเองสามารถสนองต่อความต้องการของประชาชน และพัฒนาเพื่อให้หน่วยงานสามารถดำเนินต่อไปได้ในภาวะการปรับตัวทางเศรษฐกิจที่ชะงักงัน และรัฐบาลมีงบประมาณสนับสนุนน้อยลง การศึกษาในครั้งนี้มีวัตถุประสงค์เพื่อศึกษาระดับความพร้อมของพยาบาลโรงพยาบาลสมเด็จพระปิ่นเกล้าที่มีต่อการพัฒนาคุณภาพ โรงพยาบาลเข้าสู่ระบบการรับรองคุณภาพ กลุ่มตัวอย่างที่ใช้ในการศึกษาครั้งนี้ คือพยาบาลโรงพยาบาลสมเด็จพระปิ่นเกล้าจำนวน 313 คน ในเดือนพฤษภาคม 2544 โดยใช้วิธีการสุ่มตัวอย่างแบบแบ่งชั้น (Stratity Random Sampling) ผู้วิจัยเก็บรวบรวมข้อมูลจากกลุ่มตัวอย่างโดยใช้แบบสอบถาม แล้วนำข้อมูลที่ได้มาวิเคราะห์หาค่านี้ข้อมูลเชิงปริมาณวิเคราะห์ด้วยโปรแกรมคอมพิวเตอร์สำเร็จรูป (SPSS FOR WINDOWS) โดยนำเสนอด้วยสถิติพรรณนา ได้แก่ ค่าร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน และใช้การวิเคราะห์แบบพหุคูณถดถอย (Multiple Regression Analysis) เพื่ออธิบายปัจจัยที่มีอิทธิพลต่อความพร้อม ส่วนข้อมูลเชิงคุณภาพที่ได้จากแบบสอบถามปลายเปิดนำมาสังเคราะห์แล้วจึงวิเคราะห์ออกเป็นด้านเพื่อสนับสนุนผลการวิเคราะห์ทางสถิติ

ผลการวิจัยพบว่า พยาบาลของโรงพยาบาลสมเด็จพระปิ่นเกล้าส่วนใหญ่ (ร้อยละ 72) มีความพร้อมในการพัฒนาโรงพยาบาลเข้าสู่ระบบการรับรองคุณภาพอยู่ในระดับปานกลาง โดยมีความพร้อมด้านความรู้และด้านเจตคติอยู่ในระดับปานกลาง จากการวิเคราะห์ปัจจัยที่มีอิทธิพลต่อความพร้อมของพยาบาลโรงพยาบาลสมเด็จพระปิ่นเกล้าที่มีต่อการพัฒนาคุณภาพ โรงพยาบาลเข้าสู่ระบบการรับรองคุณภาพพบว่า แรงจูงใจในการทำงาน และสภาพการทำงานในปัจจุบันมีผลต่อความพร้อมของพยาบาลในการพัฒนาโรงพยาบาลเข้าสู่ระบบการรับรองคุณภาพ

จากการศึกษาครั้งนี้ผู้วิจัยมีข้อเสนอแนะว่าผู้บริหารควรให้ความสำคัญในเรื่องของการเสริมแรงจูงใจให้พยาบาลมีความรักในงานของตน และควรจัดให้มีการฝึกอบรมเพื่อสร้างเจตคติที่ดีต่อการพัฒนา การให้ข้อมูลข่าวสารที่มีประโยชน์ และการสร้างบรรยากาศที่ดีในการทำงานจะส่งผลให้พยาบาลเกิดการตระหนักเห็นคุณค่าในงานที่ทำและพร้อมที่พัฒนางานของตนเองเพื่อเข้าสู่ระบบการรับรองคุณภาพ

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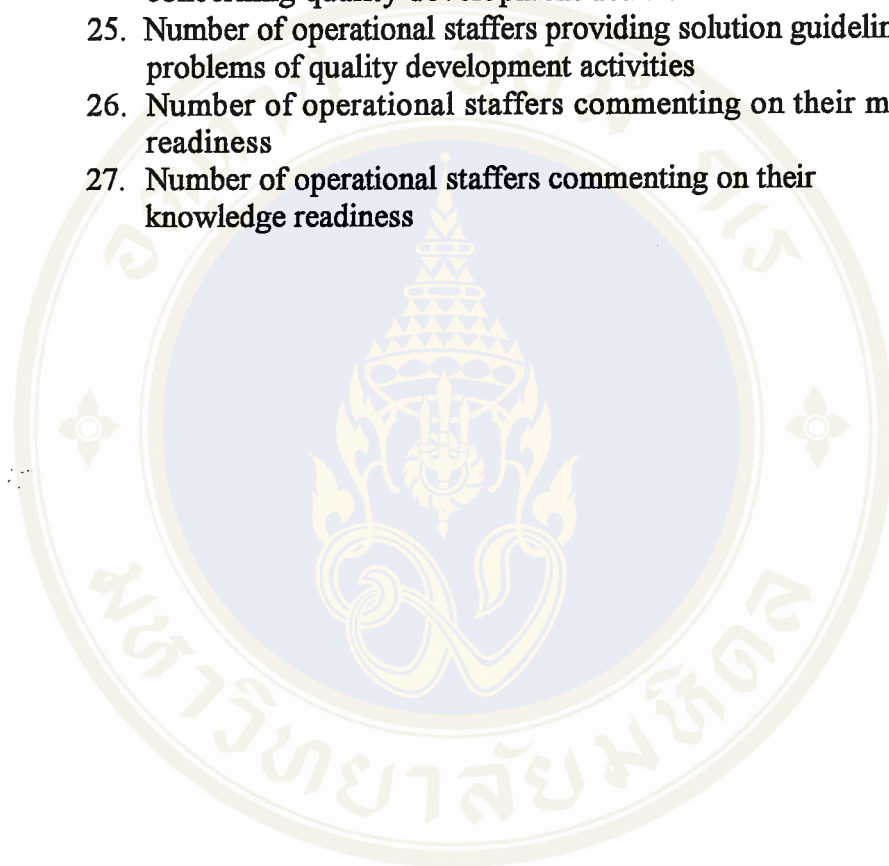
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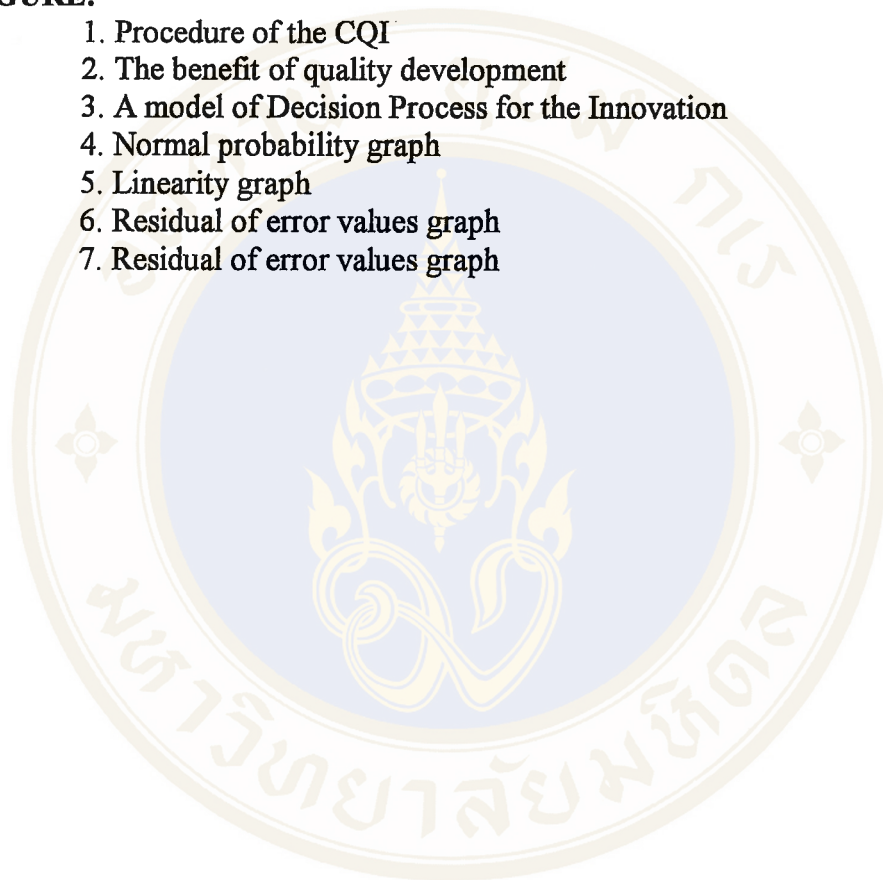
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CHAPTER I

INTRODUCTION

1.1 Background and significance of the problems

In the middle of 1997, the government had declared the float of the Thai currency due to the economic recession forcing.

The government to try to shore up the worsening situation by borrowing the loan from the International Monetary Fund and the Asian Development Bank (ADB), in order to stabilize the financial crisis. There is an agreement that Thailand must follow their rules and regulations and shows the ability to pay back the debts (Prapont Pasukyu, 1998: 12). One of the ways to improve the economic condition is to restructure the government agency units and to privatize state enterprises in order to increase competitiveness.

One of the agreements between the Thai government and IMF is to improve the management of public hospitals by decentralization (Public Health System Institution, 1999: 10). People have made some complaints about the service of public hospitals in terms of unequal service treatment behaviors of staff, irresponsibility of staff, slowly processing and unethical behaviors. Some other service problems are a lack of communication between patients and medical personnel, overcrowding, and slow service. In addition, the social security system has determined the quality of the hospital.

In order to improve the quality of the hospital, people are the most important factor since they have determined the direction of development, received benefits and other impacts from development (The 8th Public Health Plan, 1997-2001). In the 8th

National Economic Plan, the focus is on the development of human resources, which Pra Dhamma Pitaka defines human-oriented development in his book, "Sustainable Development", that covers three aspects as follows:

- 1) Of all development, the development of man is of utmost importance. Man must first and foremost be developed before other kinds of development could be successfully developed, i.e., economic, agricultural and industrial.
- 2) In human development, a holistic approach must be applied so that wholesomeness in man will exist as he will be a core of the development and head to the right directions.
- 3) True development ultimately leads to true happiness in man.

People is the action factor with intelligence. Therefore people must be equipped with responsibility, patience, health, believed and motivation for development (Pra Dhamma Pitaka, 1996, 222-224).

Man manage an administer to achieve the goals. Administrators must develop human potentials in order to work successfully. (Panut Hunnakhin, 1983: 4) . This will increase the willingness of employees to work and readiness of personnel can predict the success of any operations. When the motive is reinforced in people, personal satisfaction and high - quality performance in the organization can be expected. This readiness of employees can be a factor to predict whether the management of an organization is a success according to the goals of organization. If personnel understand, are knowledgeable, cooperative and physically and mentally ready, an operation can be successful.

The Somdejpracinklao Hospital under the supervision of Thai Royal Navy is one of the organizations that have tried to develop themselves for hospital accreditation since 1999 and expects to complete the process by 2002. The hospital has implemented the 5 S's principle and followed the procedure of hospital development by the accreditation unit. The hospital has launched the project by

establishing its vision, strategic plans for every department and everyone is required to participate.

The employees at the Somdejprapinklao Hospital consist of medical doctors, professional nurses, technical nurses, financial staff, general affairs staff, radiologists, pathologist, permanent employees and part-time employees. Medical services are aimed at soldiers and their families, government officials and the general public. The institute also conducts medical training and research.

At the present time, there is a shortage of medical personnel while demands for medical services are increasing, particularly during and after the economic meltdown. The government has tried to downsize all bureaucratic agencies due to limited budget. Consequently, present staffers have to work even harder. Tensions and other health problems are rising. These may lessen the quality and efficiency of the services. Many feel that the development of hospital accreditation would mean more work to do rather than improve the services.

TABLE 1: Number of naval nurses completing education, resignation and transfer

Rank		Year					Total
		1994	1995	1996	1997	1998	
Male general	Complete Education	81	77	83	81	75	397
	Quit and Resignation & transfer	50	81	76	55	34	308
Female general	Complete Education	22	20	50	50	50	192
	Quit and Resignation & transfer	7	3	12	7	11	33
Female lieutenant	Complete Education	60	60	60	60	60	300
	Quit and Resignation & transfer	11	6	10	8	3	38

(Source : Workforce Unit, Headquarters, Medical Navy Department, 2000 (mns.))

The development of the Somdejprapinklao Hospital does not only depend on technology and administrators but also participation of everyone in order to achieve. Therefore, it is necessary to have everyone ready with their mind, social, knowledge, decision-making, problem-solving, attitude, motivation, environment, economic environment, and social experience for hospital development. The hospital accreditation is a new concept for everyone.

They need to be educated what it is and how to prepare themselves. When we look at the number of employees at the hospital, it shows that 62.68% of total employees are nurses. Nurses are seen as the mechanism to develop and achieve hospital accreditation.

The senior administrators have determined to pursue the development and support every activity and decentralize the service. In addition the subordinates will do everything to serve the hospital policy. The hospital has known how the work of nurses is organized, the structures provided within which nurses must function, and the resulting meanings that nurses attached to their work are important. Nurses must perceive their work worthwhile. They are accountable for the outcomes of effects, and determine his work is satisfactory. In addition, it is to make the hospital as a learning organization, being excellent and sustainable development. Therefore, the research would like to study the readiness of nurses to develop the Somdejprapinklao Hospital. The nurses is one of the mechanisms to develop the hospital accreditation. Nurse is a factor that impacts the readiness of nurses for the hospital development.

1.2 Objectives

1.2.1 To study the readiness of nurses at the Somdejprapinklao Hospital for the hospital accreditation.

1.2.2 To study factors influencing the readiness of the nurses for the development of hospital accreditation.

1.3 Research Problem

1.3.1 What are the levels of readiness of nurses at the Somdejprapinklao Hospital for the development of hospital accreditation?

1.3.2 Do the following factors influencing the readiness of the nurses for the development of hospital accreditation:

1.3.2.1 Personal Factors

- education, ranking, unit leadership, income, and remaining work years.

1.3.2.2 Working Environment

- training, receiving information, participation in the activity, present work condition, present work security

1.3.2.3 Socio-psychological factors

- Work motivation , attitude toward work

1.4 Hypothesis

1.4.1 Nurses at Somdejprapinklao Hospital are ready for the development of hospital accreditation.

1.4.2 Personal factors have impacts on the readiness of the nurses for the development of hospital accreditation.

1.4.2.1 Remaining work years influence the readiness of the nurses.

1.4.2.2 Education levels influence the readiness of the nurses.

1.4.2.3 Ranks influence the readiness of the nurses.

1.4.2.4 Unit leadership influences the readiness of the nurses.

1.4.2.5 Incomes influence the readiness of the nurses.

1.4.3 Work environment factors influence the readiness of the nurses for the development of hospital accreditation.

1.4.3.1 Training on hospital accreditation influences the readiness of the nurses.

1.4.3.2 Information getting influences the readiness of the nurses.

1.4.3.3 Participation in development activities influences the readiness of the nurses.

1.4.3.4 Present work conditions influences the readiness of the nurses.

1.4.3.5 Present job security influences the readiness of the nurses.

1.4.4 Socio-psychological factors influences the readiness of the nurses for the development of hospital accreditation.

1.4.4.1 Work motivation influences the readiness of the nurses.

1.4.4.2 Attitudes toward work influence the readiness of the nurses.

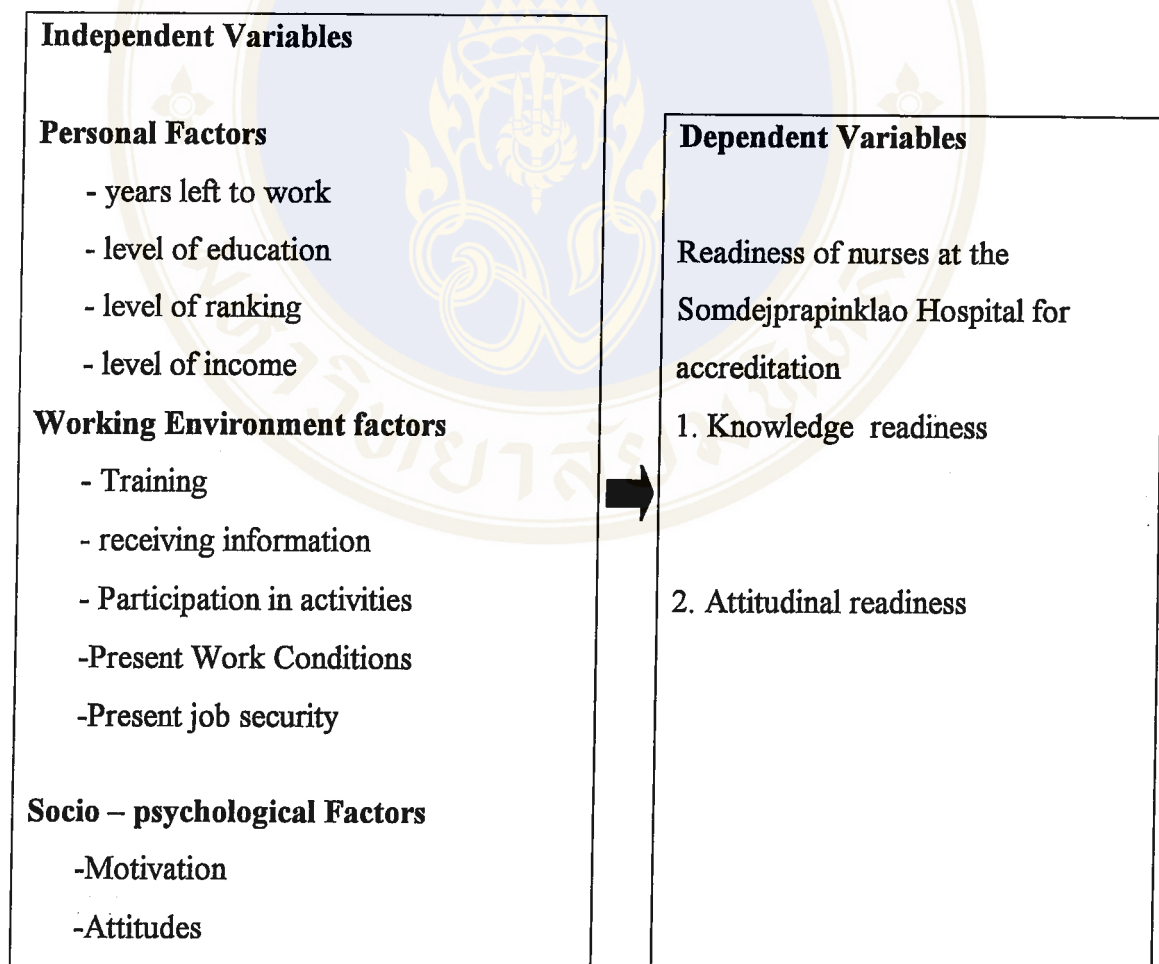
1.5 Scope of the study

1.5.1 The research is to study the readiness of nurses at the Somdejprapinklao Hospital and impacts for the readiness of nurses for the development of hospital accreditation. There are total of 1498 employees at the hospital. There are 939 nurses 62.68% who act both naval nurses and public health officers.

1.5.2 The theory of Downing and Thackray(1971: 14-66) has divided the readiness in to 4 areas : 1) Physical factors 2) Intellectual factors 3) Environment factors 4) Emotion, motivation, and Personality factors. However, this study will focus on knowledge and attitude. Since hospital accreditation is new concept to everyone at the hospital, it is imperative to prepare employees to learn, and know about the hospital development for accreditation.

1.6 Conceptual Framework of Research

The theory of Downing and Thackray (1971: 14-66) with the other related research has provided some factors that impacted the readiness, such as, age, gender, level of education, and knowledge. Some other factors, such as, years left to work, level of ranks and unit leadership have not been studied yet. Therefore the independent variables after studying the theory as a conceptual framework are years left to work level of education, unit leadership, head of department, income, work environment, such as, training, information getting and participation in activities,



1.7 Expected outcomes

1.7.1 To know the readiness of nurses for the development of hospital accreditation.

1.7.2 To know factors influencing the readiness of the nurses

1.7.3 TO gain some guidelines for the improvement and development of personnel for the issue.

1.8 Definition

1.8.1 Readiness to develop the hospital is defined as satisfaction of nurses to develop the Somdejprapinklao Hospital for accreditation with the positive physical attitudinal, intellectual, environmental, social and personal well-being. This study will implement the theory of Downing and Thackray (1971: 14-66) as a conceptual framework.

1) Knowledge is defined as understanding stemming from education, training, field trips, and text books on hospital accreditation in the following topics:

- The necessity of the hospital accreditation development
- The meaning of the hospital accreditation development
- The process of the hospital accreditation development
- Activities the hospital accreditation development
- Service standards, patient rights law, Nursing Act, Nursing technology, and team work

2) Attitude is defined as readiness of employees toward work. The study will measure the employee's attitude in the following items: feeling, belief, difficulty and opinion to develop the quality of hospital.

1.8.2 Nurse is defined as male and female staff in nursing professional at the Somdejprapinklao Hospital.

1.8.3 Years left to work is defined as a number of age of employees at present subtracted by 60.

1.8.4 Level of education is defined as the highest education which is divided into 3 groups: lower than bachelor degree, a bachelor degree, and higher than bachelor degree.

1.8.5 Level of ranking is defined as a division of responsibility according to their capacity. The research is divided into two levels: general and lieutenant.

1.8.6 Unit leadership is defined as the head of the unit

1.8.7 Income is defined as average monthly salary after deducting expenses

1.8.8 Training is defined as the number of training attendance for the development of hospital accreditation for development.

1.8.9 Participation in development activities is defined as a person who participate in any hospital activity for hospital accreditation. The participation includes team leader, participate in development activity, attend meeting and seminar, perform through the quality process. It is measured in ratios: low, medium, and high.

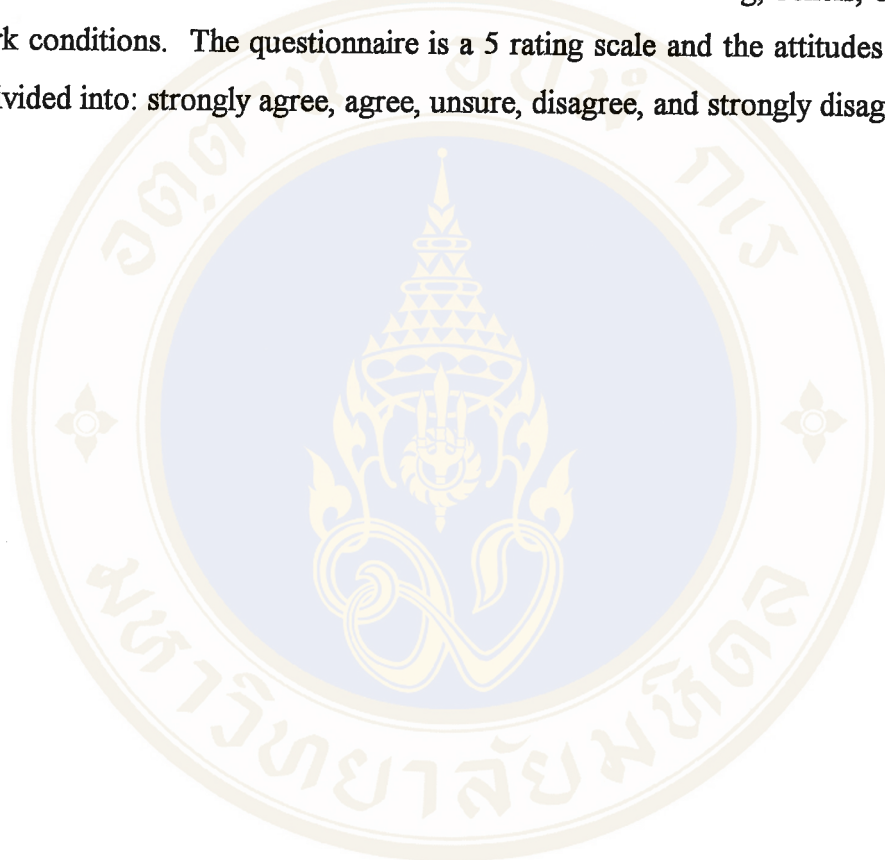
1.8.10 Information getting is defined as receiving any information about the development of hospital accreditation. It refers to attending meetings and seminars, communicating through media in and outside hospital. The questionnaire will be divided into two categories: Receiving information and non-receiving information.

1.8.11 Current Working Condition is defined as responsibility of work load. The questionnaire can be a rating with five scale and divided level of working condition into 3 categories: heavy work load, medium work load, and low work load.

1.8.12 Present job security is defined as feeling for work security currently including salary, welfare benefit, work itself, and work security. The questionnaire is divided into a five rating scale. The levels of job security are high, medium, and low.

1.8.13 Motivation is defined as factors that are related to work. The person enjoy working. The motivation factors are work achievement, work advancement, salary, compensation and benefit, and recognition. The questionnaire is a five rating scale and divide the motivation into three levels: high, medium, and low.

1.8.14 Attitudes toward work are defined as feeling, beliefs, opinions about work conditions. The questionnaire is a 5 rating scale and the attitudes toward work is divided into: strongly agree, agree, unsure, disagree, and strongly disagree.



CHAPTER II

LITERATURE REVIEW

A Study of the Readiness of Nurses in the Somdejprapinklao Hospital for development to hospital accreditation is examined the theories, relate research and concepts. The Chapter 2 will be divided into the following sections:

- 2.1 Somdejprapinklao Hospital and Naval Nurses.
- 2.2 Conceptual framework of development and hospital accreditation.
- 2.3 Definition, concept, theory of the readiness.
- 2.4 Independence variables to the relate research.
- 2.5 Directly related research.

2.1 The Somdejprapinklao Hospital and Naval Nurses

2.1.1 The Somdejprapinklao Hospital

The Somdejprapinklao Hospital is under the supervision of Ministry of Defense directly report to Naval Medical Department, Bangkok. There are many public and private hospital around the area. Many new and modern equipments are utilized at the hospital, such as, a laser canter with CT Scan, a Hyperbolic-Oxygen room for the treatment of patients suffering from ailments due to water and air operations and other maladies requiring pressure-adjustment room, e.g., diabetics and serious infections. There are many medical doctors specializing in gall-stone operation and other surgeries (Navy Medical department, 1990: 1). Some other responsibilities include taking care of patients who are soldiers, defense Officers, employees, and the public. Furthermore, the hospital provides some training and medical research. The hospital is divided into the following departments:

- Office of the Directorate in charge of administration affairs, and security.
- Department of surgery in charge of general surgery, plastic surgery, and surgeries on nervous systems and urinary tract.
- Department of Medical in charge of medical check-ups, registration of in-and-out-patients and keeping records.
- Department of Obstetric Gynecology in charge of obstetric and gynecology affairs.
- Department of Optics in charge of treating eye diseases
- Department of Otolaryngology responsible for ear, nasal and throat diseases
- Department of Tegiatics in charge of treating child diseases en patients.
- Department of dentistry in charge of treating tooth, gum and oral cavity diseases.
- Department of Pathology in charge of laboratory works.
- Department of radiology in charge of diagnosis, radiation treatment and physical therapy.
- Department of Nursing in charge of nursing, welfare of patients and nurses, nurse student practicum and training organization.
- Department of Pharmaceutical affairs in charge of drug dispensary and stock.
- Emergency Room in charge of emergency cases, accidents and over-time treatment.

Number of staffs

Medical Doctor	114	persons
Dentist	19	persons
Pharmacist	7	persons
Medical Technician	2	persons

Nurses

General	581	persons
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Lieutenant	358	persons
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Others

General	12	persons
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Lieutenant	58	persons
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Government Officers	-	
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Permanent staff	347	persons
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Number of bed for service	750	persons
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(Source: the Somdejprapinklao Hospital, September 2000.)

In order to develop the Hospital accreditation, there was seminar on “Guideline to develop the hospital accreditation” for representatives from each unit to attend at Srinakari Dam, Kanchanaburi Province on April 22-23, 1999. There were other seminars including “Meeting of some-government hospital ‘and’. Meeting of hospital development.” In addition, the hospital began to develop under the concept of 5 S and encourage to have team meetings. The hospital had surveyed the need of service through the patients. Then, quality committee was appointed to assess the hospital standards.

The strategy of the Somdejprapinklao Hospital in 2000-2002 is as follows:

- 1) Coordinate and support the quality development - The purpose is for every unit to have continuous quality development with the patient-centered orientation.
- 2) Plan of Clinic Service Development. The purpose is to look after standardized patients and be professional.
- 3) Plan of General Service Development. The purpose is to have good image for customers with their right and satisfaction.
- 4) Plan of Manpower Development. The purpose is to have efficient Manpower who work happily.
- 5) Plan of Human Resource development. The purpose is to have sufficient resource to maintain efficiency.

6) Plan of Administration Development. The purpose is to develop efficient administration.

2.1.2 Naval Nursing

The Royal Naval Army has produced the naval nurses to support operation of the Royal Naval Army. It has been established since 1896. In 1968, The school of nurses, environmental health, and obstetrics were established by the Ministry of Defense. Educational Department in the Thai Royal Naval Department is presently the Royal Naval Nursing College (Naval Medical Newsletter, 1996: 3). At the present time, the naval nurses originally come from the Thai Royal Naval Army, only a few nurses had been transferred from others. The background of nurses are diversified, such as, marital status, gender, educational background, position, unit, age, experience, and income. At the present time, the naval nurses, directly and indirectly report to the Thai Royal Naval Army (Naval Medical Department, 1990: 5).

2.1.3 Role and Responsibility of Royal Thai Naval Nurses.

The role of the naval nurses is generally different from other nurses. They temporarily work at the boarder and at the Royal Navy Unit. According to Naval Nurse and Obstetrics. Act in 1997, the role of nurse is to care for person, family, and community in the following topics:

- 1) Teaching, guiding and consulting about health issues.
- 2) Managing the environment for treatment, and disease control.
- 3) Determining to care for the disease and providing immunity.
- 4) Assisting the medical doctor.

2.2 Concept of Hospital Development and Accreditation

2.2.1 Organizational Development (OD)

In many scholarly literatures about organizational development, there has been considerable amount of definition on organization development. The following paragraphs are some meanings:

Warren Bennis (1969, cited in Sunanta Lausanut, 1998:50) defined organizational development as the responding to change and as the strategies to change beliefs, attitude, value, and organizational structure. The purpose is to adapt the organization for new environment, management, marketing, and internal operation.

Richard Beckhard (1969, cited in Sunanta Lausanut, 1998: 50) defined the organizational development as a planning for organizational system change. This technique should be launched at the senior administrator to operating staff. This will work effectively and efficiently for organizational growth.

Poul R. Lawrence and J.W. Lorck (1999, cited in Sunanta Lausanut, 1998: 51) defined organizational development as a search to find a new way to change organization to betterment.

Warren Burke and Warren H. Schmidt (1971, cited in Sunanta Lausanut, 1998: 50) defined organizational development as a process to increase organizational productivity with the technique and knowledge in behavior science. It is a belief that it can establish a planning of change in the organization. In addition, it focused on the individual development to meet the goals of organization.

Wender Franck and Sisis Bell, Jr. (1975, cited in Sunanta Lausanut, 1998: 50) defined the organizational development as a long attempt approach to solve problem and increase productivity they also mentioned that it needed to identify cultured organizational, including formal and informal teamwork. It required a committing, theory, action research, behavior science and concept to implement.

Michael McGill (1977, cited in sunanta Lausanut, 1998: 51) defined organizational development as a planning process to develop the organization's capability in order to work efficiently. It can measure theory effectiveness and efficiency, and organizational growth.

Steve Black and Newton Margulies (1989: 16) recommended some components for organizational development as follows,

- 1) A planning for a change as a system
- 2) Cover every system in the organization
- 3) Design activities for organizational change for short and long term.
- 4) Change in process rather than content
- 5) Solve the problems
- 6) Develop the relationship of individual and society

Luthatns (1995: 565) summarized that organizational development refers to shoring problems effectively and ability to adapt to the future. At individual level, it allowed each employee to participate so that individual's goals would be in line with the organization's goals.

Manee Wangvaree (1976: 14) had summarized the organizational development as follows:

- 1) A concept for a changing plan.
- 2) Every system is part of organization.
- 3) Involve the application of behavioral science knowledge for a process or organizational system
- 4) Balance every system effectively and efficient. In addition, it adapts to organization and a change of external environment.

Arun Rattum (1981: 210) defined the organizational development as a response to the organizational change. It is a tool learn about belief, attitude, value, and structure.

Many academicians have revealed a variety of definitions of organizational development in a science laity and different aspects. However, they have agreed that

organizational development is a need to change and in improving organizational effectiveness. It mainly invokes the application of behavioral science and knowledge and techniques. It also includes the ability of the organization to develop individual and team efficiency. Therefore, the organizational development covers individual, team, and organization under the condition of changes in the components.

Within the concepts of the organizational development, it consists of the development of Somdejprapinklao Hospital for Hospital accreditation. The Hospital will develop staff to a better organization, to serve society better, to adapt themselves for the changing economy and environment. The development of the hospital includes individual, team, and organization. The most important to develop the organization is nurses in the hospital. They must be ready in terms of knowledge and attitude for the hospital accreditation process.

2.2.2 Hospital Development and Accreditation

2.2.2.1 Concepts of hospital accreditation

Accreditation process has been launched since 1919 in the United State and Canada. In the previous time, the Surgeon Colleges had determined the five minimum standards. They were to: establish the medical Service Unit, hold on medical diploma and Medical license, have regularly meeting at least once a month for review, correctly records patients' details, and have adequate hospital facilities and equipment to service pathology, radiation and medical devices.

In 1951, the Joint Commission of Accreditation on Hospitals and Organization (JCAHO) was founded. It was participated by many organizations such as Internal Medicine College, Nursing Hospital Association, and Medical Association in the United States and Canada. The Commission was responsible for accrediting the hospitals. In 1954, the Canadian hospital had separated and established as the Canadian Commission on Hospital Accreditation (CCHA). The Commission was a non-profit organization and responsible for assessing the quality of hospital's based on American standard. In 1958, the Commission had their own hospital criteria and determined their job to "voluntary

support and stimulate to adequately service at the hospital and health to meet the facilities accreditation”.

In 1998, the CCHA was changed to the Canadian Council on Health Facilities Accreditation since there were a variety of health facilities.

In 1992, the hospital accepted the concept of continuous quality improvement for assessment. Under the concept, the service was patient-centered. This created a new standard service in 1995.

In 1995, there were some revolution of hospital services in Canada. For example, there was a joint of hospital groups and established hospital members to provide the service local, focusing on continuous caring community, and accreditation process. This situation had moved from institutional - based care to the community - based care. The new name of the Association was the Canadian Council on Health Services Accreditation (CCHSA) (Anuwat Soupchutikun, 1996)

Many educators defined the hospital accreditation concept as follows:

Anuwat Soupchutikun (1996 : 4) stated that the hospital accreditation was a process to evaluate service system of the hospital according to the national standards. It is a voluntary system with self - evaluation hospital improvement, and peer review from other institutions. It was the best mechanism to assess hospital service.

The Public Health System Institution defined the hospital accreditation as a a mechanism to improve from external evaluators.

2.2.2 Value for the hospital Accreditation

With its rapid growing population for hospital service, dramatic economic and social change, the hospital has realized that its main job is the responsibility for community health (CCHSA, 1996, cited in Anutwat Soupachutakun, 1996: 198). The most value of hospital accreditation is the content process and beneficial uses. The following paragraphs have explained more:

1) Value on the Content

- It is a positive concept to improve and support the hospital facilities for the excellence. The assessment would look at how much effect the hospital facilities improve their service, whether their service meet patient's needs and expectation according to the standard, and whether the assessment assist to support the facilities to be excellent.

- It is an application to good service and activities. The service standard is a result of discussion and further the continuous quality improvement. It also encourages utilizing resource effectively to implement to quality standard. It doesn't mean to add more work and increase using resource. However, it is seen as a way to promote the quality principles and practice in the same direction and to motivate the quality organization.

2) Value in the process

- The institution sees the important of assessment for working improvement including before assessment and during assessment from the external team. The self-evaluation is a foundation for the accreditation. It means that the nurse team must work together in order to review their outcomes and try to improve for a better one.

- The review team refers to the external peer review coming to visit and audit the hospital. It is a participating - learning process rather than the examination. The value of the external peer review will occur when everyone understands the quality assurance aspect, and is willing to adapt team works.

3) Value in utilizing the quality practices

It increases the confidence of people that the hospital facilities system meets the standards, provides excellent service and receives continuous quality improvement.

2.2.2.3 Concept of Quality Development of hospital facilities

There is variety of quality criteria to manage the hospital's services. Many organizations have different models to maintain the quality. However, these organizations have one thing in common, that is, they encourage and stimulate every hospital to have quality facilities. The following paragraphs show some responsibilities:

1) Public Sector - the public sector is responsible for security and safety in the society. There is a set of minimum standard to measure the organizational structure. This measurement is an occupational license. It is a non-voluntary participation. It means that hospitals don't receive the license if they don't meet the minimum standard.

2) The Professional association - the Professional must meet the minimum standards with moral practices in order to obtain the license. The Medical Staff Organization is responsible for the performance of medical doctors. If anymore doesn't monitor their professional work, his/her license is not extended. If there is a problem, it will report to the Medical Staff Organization at the province level.

3) Council on Health Service Accreditation (CCHSA). The council is responsible for taking care of the patients with high quality service. The council will certify the hospital since they have quality system and voluntary. Many hospital would like to join the system. Any hospital will receive has budget. In addition the community around there would think that there is a problem at the hospital.

The service quality aspect has been concerned in many related organizations. For example, Social Security Bursar has determined a set of standard to measure the hospital facilities' quality. Medical Council and Nursing Council have determined an operational standards in the hospital facilities. The Medical Licensing Division has defined minimum criteria for hospital structure and manpower. Many organizations have their own directive for quality assurance. Therefore, there is no national standards in maintaining the quality. However, Public Health Research Institution, National Public Health Foundation, Consumer Protection Institution Ministry of Public Health and Ministry of University Affairs with the support of CCHSA have established a project to improve the hospital service with a process of hospital accreditation. It is to adapt the standard and evaluation at the hospital for two years starting January 1997-December 1998. Before the project is launched, the steering committee had drafted throughout the country, discussed with the experts in deferent fields.

The hospital accreditation will process through the support and stimulate

Any hospital wanting through the stage must meet the minimum standards according to the rule and regulation of the Ministry. The investment at the previous time will go to people and system. The investment will be less and less for the lay sun because the hospital can reduce risks. This will make customers feel confident on the hospital service and community accept the service.

The hospital accreditation (Heidemanss, 1995 cited in Anuwat Soupachutikun, 1996: 200), defined the quality service as follows:

- 1) Competence - knowledge and skill of nurses are appropriate or not.
- 2) Acceptability - Nurses can respond to the patients expectation and their family or not.
- 3) Effectiveness - Can the service increase quality of life?
- 4) Appropriateness - Can the hospital provide appropriate service?
- 5) Efficiency – Are resources used efficiently?
- 6) Accessibility – Are hospital facilities accessible?
- 7) Safety – Are patients provided with safety measures?

2.2.2.4 Quality Improvement Concept

The continuous quality improvement (CQI) is seen as a foundation for assessment and accreditation through CCHSA. The definition of (CQI) is “the philosophy and administration management which is determined by the top managers, and professional.” Everyone participates to improve quality procedure and takes care of patients efficiently with the statistical method, procedure in order to reduce waste, duplication, and unnecessary complexity. Its purpose is to serve the needs and expectations of patients, professionals, suppliers, and communities (Heidemans, 1995) . Because they don't want anyone to misunderstand, however, they would rather use quality improvement which is a moderate way. The principles are:

- 1) Concept of Client - The concept focuses on the activities of the patients and customers as a center point. The hospital must know what the customer wants, expectation, how to service the customer satisfactorily.

2) Process and outcomes - It emphasized on the process and working system in order to achieve the outcomes.

3) Team work - The team must work together to serve the customers needs with the support of resource, responsibility, and necessary training. In addition, it needs to encourage the participation from everyone to evaluate their work.

4) Leadership - The leadership role must support and provide any required facilities for the team work so that they can work effectively.

5) The Continuous Quality Improvement (CQI) - It refers to a better service. (Thomas, 1995 cited in Anuwat Soupachutikun, 1995: 201).

The above paragraph have shown that the quality assurance and the continuous quality improvement must go hand in hand. The assessment is to review and provide the confidence for customers about high quality service and meet customers' expectation. The CWI refers to the review of a variety of professional fields for a better service. In sum, the concept of quality assessment is to put system in place and continuous improvement, assess to be confidential for standards and provide quality of service. The CQI will emphasize on measurement, and analysis for development.

The quality assurance is the mechanism to develop the hospital service. There are three steps to do so: 1) Develop the quality 2) Assess the quality and 3) Accredited the quality.

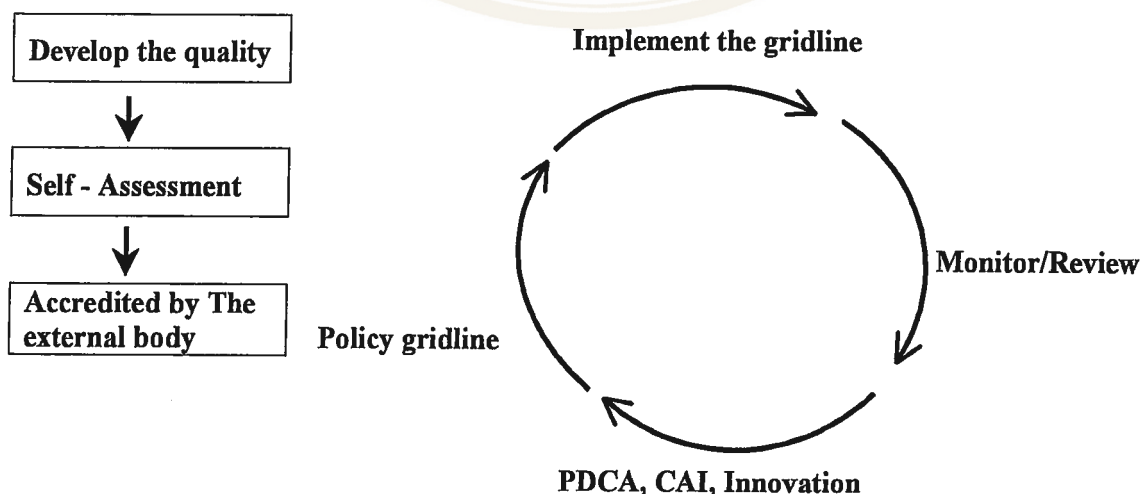


Figure 1: Procedure of the CQI

The CQI will be beneficial for the patients, staff and hospital.

The benefit for patients – reduction of risk, better service, security and safety.

The benefit for staff – reduction of risk, friendly environment, better coordination, being self - learning.

The benefit for hospital - being learning organization, adept to change, continuous improvement for excellent and sustainable development.

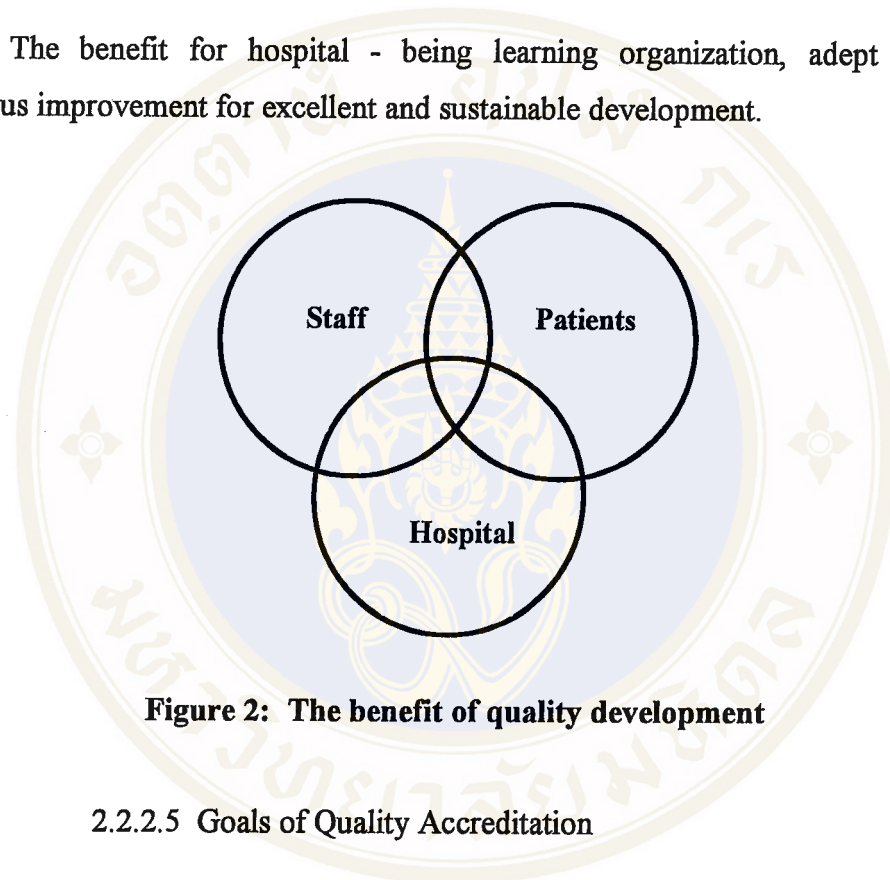


Figure 2: The benefit of quality development

2.2.2.5 Goals of Quality Accreditation

The goals of quality accreditation are to:

- 1) motivate the hospital to improve the quality.
- 2) establish social accountability. Both public and private hospitals must provide confidence to customers to use their services by allowing the external assessment
- 3) provide information for the customer's decision.
- 4) create a learning society by having senior administrators as consultants or evaluators.

2.2.2.6 The standards for hospital development and accreditation:

- The standards of hospital is to put the quality system in place as a whole. It will assess the system rather than assess individual's work.
- The standard of resources, such as, staff, equipment and facilities, whether to utilize them efficiently.

2.2.2.7 Quality Improvement

Quality Improvement refers to the management system according to the hospital standard. It focuses on the willingness to work, work as a team, and meet the patients' expectation and includes risk management as well as quality improvement.

The Risk management refers to the risk opportunity, risk assessment, risk measurement or risk reduction.

Quality assurance is a planing system to maintain the standard and have outcomes as expected. It consists of standard measurement, outcome, improvement for better.

The continuous quality improvement is the use of scientific process and creative thinking to improve jobs in order to meet customer's requirement and for excellence.

2.2.2.8 Procedures for Quality Activities

1) Finding opportunity for Development

- a) The beginning of quality development is to consider what quality needs to improve, who should do it, and how to follow up the quality work.
- b) Shared Goal - Since everyone has participated in the quality development, everyone must know what they should do, what activities should perform, shared goals and objectives.
- c) Within the same organizational culture, everyone must accept the quality development and be able to control himself without fear. Everyone must agree to work on it, no negotiation.

- d) Review strength by brainstorming to the following issues:
- Quality Development Activities/Research that completed.
 - Impact of quality development activities/outcome of Research.
 - Goals of quality development activities.
 - What is the pride of teamwork?
 - What is the strength for success?
 - Is this work related to others?
 - Each team member is satisfied for quality development.

e) Search for problem / Development opportunity

Problem and Development opportunity is the same, but it looks at different side of the coins. Quality Development is problem solving. The problem can occur if the customers have higher expectation.

f) Selected Problem / Development opportunity.

After the problem has been selected by individual or participants, the team must be responsible to solve.

g) Determine rule and Team's responsibility.

- determine the procedure of the Project. It refers to the project / change that has occurred including the work of system a process.
- Authority for resource and change in job
- Length of operation indicates the date to finish and presents it to the leaders.

- Team responsibility

The team will consider what to change. If the development project relates to other units, it needs to ask a representation from other units to work with.

- Team Development

Team development can develop quality activities after determining the role.

2) Define the system

a) Analyze the problem. Within the analyzing the problem, it includes the relationships of people, place, time and others with the possibility for explanation.

b) Adapt problem / development opportunity as a process. Process refers to the continuous procedures and make outcome effectively and meet objectives.

Problem solving or development refers to improvement of procedure for development.

c) Analyze the relationship of ownership and customer. All must understand how the process relates to external body as a macro system. Things needed to understand are:

- What is the process to be developed? What is the sub - process?
- Who are the customers? What are their expectations?
- What are the goals?
- What are the factors? Who will delivery? How do we expect from those factors?
- What are the feedbacks?

d) Draw a flow chart, the process begins by allowing employee to tell their work step by step. In some cases, team members must observe in the field and interview.

3) Assess current situation.

a) Determine the indicator

There are 4 types of indicators.

- Input indicator
- Process indicator
- Outcome indicator
- impact indicator

Determine the indicator

To determine the indicator, it needs to look at problem, goals and objectives of process, analyze customer's need, analyze procedure, and compare occupational standards

b) **Operational Definition Record.**

Operational Definition Record is to determine exactly what and how to measure.

c) **Design the record.**

You must design record from easily to fill up and connect the data in the right place. The design record can be a check list for individual record and flow chart.

d) **Planning and testing data record**

e) **Correct the data**

f) **Create graphs**

g) **analyze the result of graph**

h) **response to data information**

4) Analyze Causes

a) **Review the problem**

Analyzing the problem to find out what problem comes from, how it relates to any employees, or place, place or other.

b) **brainstorming and manage system thinking.** To analyze causes, it needs to examine every detail and allows everyone to participate for brainstorming and manage system thinking including:

- brainstorming
- manage types of causes
- analyze cause and effect

This procedure requires to arrange thoughts in order to find out cause and effect. This step will permit us to understand the sequence of the problems.

c) **Seek the root causes**

To seek the root causes, it is to search for the original problem in order to solve them once and for all. The operational staff should be asked to participate at this stage because they know the real problems.

d) Ranking the causes of the problems

The causes of problems could come from different problems. We need to analyze and rank the easiest to the most difficult problems.

5) Analyze the alternatives

a) Review the goals of quality improvement.

At this stage, the team member will meet and review the goals of organization and analyze the information.

b) Determine the alternatives.

If there are many alternatives for the competition, the team may need some select what is best without bias.

c) Analyze regulation

It needs every team member to participate. Even though there are some limitation, the team needs to balance the limitations and alternations.

d) Brainstorming for alternatives

To achieve the quality improvement, it depends on creative thinking that members are independent to think.

To select a way to improve the procedure, the following steps should be taken :
(a) reduce uncertain matters, (b) reduce the gap of procedure, (e) adjust the procedure effectively.

- Choice for solving problem

To solve problem, it is necessary to look at the root of problem and have the creative thinking. To stimulate the creative thinking, we must limit (a) traditional selection way, (b) challenge the questions, (c) think of something unrelated.

e) Evaluate the alternative

There are four alternatives. Each has its own way. It consists of a little change, following the traditional way, possibility of changing system, and vigorous change.

f) Rank the essential alternatives

Some alternatives can support each other. Some alternatives can be implemented right away. The team is able to determine ones who will be responsible for the alternative way.

g) Analyze the support

If the team intends to improve the system without the understanding from team member, it may not get the support and some people may resist to change.

6) Try out Improvement Alternatives

a) Test Alternative for Planning. The purpose is to test alternatives in order to learn how to change appropriately. Steps for planning are as follows:

- Create awareness for leadership
- Revisions and Analysis
- Plan to test alternatives
- Plan to correct data

b) Launch the test

c) record the result of the test

7) Study the results

a) Analyze the data from the test. There are two ways to measure change:

(1) Wait until it stabilizes

(2) Measure regularly

- Analyze
- Analyze quality indicator
- Summary

After measurement of quality indicators, the team should do the following:

- The team learns how to achieve change
- Find the regulation that can be implemented to prevent risk
- Find someone who will follow up the improvement
- Find the right data to put in the record

b) Analyze Non-numeric

To analyze non-numeric, we should consider the following:

- impact to others related to change
- strengths and weakness of team work
- support from top managers

c) Prepare a summary as a written document

After testing quality improvement, it need to be documented so that other people can learn from the experiment.

8) Standardized Improvement

a) Determine standards for new system

The team must discuss and dialogue through observation and implement during the testing stage. Try to implement through a manual to see what works best.

There are two kinds of standard manuals. They are system procedure and work instruction.

b) Determine to implement new standard.

c) Process new standard and follow ups.

9) Plan Continuous Improvement

a) Plan Continuous Improvement

b) Draft a complete report project

c) Follow the leader. The sustainable development can occurs with the support of the senior administrators and the patient care team. These two teams must work together and coordinate for the activity development.

Rule of leader to development quality.

1) Know the details

3) Decision Making

2) Critic / recommendation

4) Consult the decision-maker

2.2.2.9 Quality Assessment

Quality Assessment is to assess the hospital for accreditation. The assessment include self-assessment, visiting, observation, review concept, document, action and outcome to help solve problem and continuous improvement.

2.2.2.10 Evaluation by the external body consists of three stages:

1) Presurvey for the hospital readiness 2) accreditation survey, 3) follow-ups after accreditation.

1) Accreditation survey is to accept that the hospital implement the hospital standard. The hospital must be well prepared and confident.

2) Accreditation survey is to accept that the hospital implement the hospital standards according to operation manual, expert's recommendation, and suggestions. The external body will evaluate the hospital through self-assessment form.

To assess the hospital activities, the hospital must accomplish:

- Does the system design appropriately?
- Do people act according to the procedure?
- Is the procedure evaluated? What is the result?
- Is the hospital continuously being improved?

After the accreditation survey, there are two types of recommendations:

1) Suggestion after accredited the hospital in order to follow up what need to improve.

2) Suggestion for the hospital to be excellence.

2.2.2.11 Assessment after accredited hospital. After accreditation, there are three things to do:

a) Surveillance survey is the assessment in the middle of accreditation of the problem occurs.

b) Unscheduled survey is the assessment the regent care about patient safety.

c) Verification survey is to open and external service, change owner a executive when the change occurs. The hospital must let the assessor team know in 30 days and repeatedly assessment in order to confirm the accreditation in 9 months.

The hospital accreditation is to show that the hospital management has a good system, high quality, and safety and continuous and continuous quality improvement.

The communities of the hospital accreditation consist of expert body and specialists. The communities will consider hospital the information. There are two types of accreditation

- The hospital is granted the accreditation for two years if the hospital meets the curtain for accreditation.

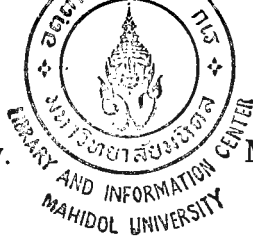
- The hospital is denied for the accreditation if the hospital does not meet the appropriate criteria.

2.2.2.12 Some sources hospital for quality development.

1) Sena Hospital, Sena District, Ayuttaya Province. Sena hospital is a size of 160 patient beds. There strengthen are to have a strong team work, every team member participate in management, decentralization, support manager development.

The initial thing that Sena Hospital did is to develop people to participate is learning process. Employees change their attitude, enjoy working, friendly service. There are seminar, training, and workshop brainstorming for employees. The hospital has lops and motto, vision entaine good human relationship, working happily, enjoy team work, Analyze, strategic planning, action planning. The organizational structure restructure. The varieties line operation focussing helping each other, emphasize on occupational standards, human resource management, develop people to do a better job. The hospital line operation emphasize on service team work, aggressive team work, supporting service, develop human resource. It will make people enjoy working and provide better service.

2) Kai Prajuksilpakom Hospital, Mueng District, Udontani Province. The hospital is under supervision of Royal Thai Army. It is a size of 200 beds. There strengthens are to have strangely leadership team, intend to cooperate for change, refers structure and organizational culture for continuous quality improvement, and have team work among professionals. The following paragraphs are some changes:



- The organization changes its structure to focus on patient-center.
- Establish the Quality Development committee, the coordination of quality development committee, and the Quality development team at the unit level, activity level and support activity level and patient level. It will make the continuous standards in the same direction. The coordination of quality development committee is the center unit to plan follow-up, correct and analyze the data including organizing quality activities and report the result of quality development to the Quality Development Committee.
- Determine goals, objectives, vision of the hospital, decentralization to every unit.
- Sending employees such as medical doctor dentist, pharmacist, and nurses to train at Public Health Research Institute.
- Leader understand important of quality. They encourage the coordination between seminar administrators and professionals at all level. Leaders conduct meetings and provide suggestions for quality development.
- Make a commitment for quality development
- Encourage employees participate in bottom - up management, and teamwork.
- Develop employees' capacity in every occupation
- Follow- up the quality development assessment by internal surveyor and external surveyor.
- Self-evaluation in every unit.

Problems regarding quality development:

- 1) Many employees misunderstood the concept of quality development.
- 2) Some committee members misunderstood their role and responsibility for quality development.
- 3) There are many complexity paper works.
- 4) There are too often meetings which affect the routine work. It creates too much work for employees.
- 5) There is a conflicts management about quality development.

Even though there is a conflicts management and misunderstood, leader and seminar administrator have tried to work in out continuously.

3) Bumrungrat Hospital. It is a private hospital with 554 beds. Their strengths are to have a strong team management, nursing administration, medical doctor team, mention quality assurance system for environment, building, equipment and other facilities. It tooks 27 months for preparation by training every employees including medical doctor, dentist. They prepared many documents such as poling, procedure manual, working.

Components of Quality Commitments are to:

- 1) Commitments of seminar administrator to maintain quality.
- 2) Commitments of care teams including middle management, medical doctor team, coordinator of quality control, other staff who are responsible for quality system are necessary. They ready to coordinate, participate, work together for continuous quality improvement.
- 3) Seminar administrator and care teams must work together. There is sometimes resist to change from employees. The team must explain to make them understand why we do it and how we do it.
- 4) The hospital encouraged medical doctor team to know and work out the quality system.
- 5) Commitments to follow the procedure. The group that directly service patients must practice and follow the procedure of quality system. Them , other group would follow.

The above paragraphs have show some success cares of hospital for quality development. The main component to make hospital to success in quality are:

- 1) People participate in learning process, change people's attitude enjoy working in the hospital, with people.
- 2) Have a strong leadership team
- 3) Management with decentralization, coordination top-down and bottom-up management
- 4) Motivate people to work with quality with record.

2.3 Concept of Readiness Theory

2.3.1 Definition of Readiness

Skinner (1965, cited in Krisana Thongsongwang 1997:15), defined the readiness as the root of people who can work successfully or unsuccessfully depending on readiness or non-readiness. People with readiness usually work successfully and satisfactorily while people with non-readiness work forcefully.

Mckcchine (1966, cited in Krisana Thongsongwang, 1997:15), defined the readiness as person with active working and intend to do the job.

Thatcher (1970, cited in Krisana Thongsongwang 1997:16), defined the readiness as the condition of readiness to work satisfactorily and actively.

Good (1973:472), defined the readiness as the ability, and willingness to: participate in activities. It comes from maturity, experience, and emotion.

Cronback (1974) defined the readiness as a condition of learner showing through language, observation, previous experience, maturity, intelligence.

Knowles (1976:45-47) had summed up the readiness as way to encourage adult learners to succeed within two components. They are readiness of time and economy. For example, adult learners are interested in studying subject or not and can afford to. If people are ready for both, it means that the adult learners are willing to study.

Suwanee Rodbumrune (1991:45) defined the readiness as a condition of activity that can be worked out success fully.

Krisada Thongsongwang (1997:17), had summed up the readiness as the qualification of people who are ready to work or do activities with the readiness of body interest, motivation, experience, and training.

Punrup Vijakun (1998:10), defined the readiness as the completely preparation are for activities efficiently.

Anchalee Mulada (1998:28), had summed up that the readiness is employee's readiness to participate in activities efficiently.

Somkrit Yutitoom (1998: 43) had summed up that the readiness is the condition or capacity of people willing to do activities efficiently. The readiness can forecast any activity either successful.

Bunjap Junjarun (1999: 17) defined the readiness as condition or characteristics of people who are ready to do activity with interest.

In the research paper, the readiness refers to a condition of hospital nurses with willingness, interest and inquisitive mind to develop the Somdejrapinklao Hospital for hospital accreditation.

2.3.2 Readiness Theory

There are many theorists who studied about the Readiness theory. Henry Cray Lindgred (Lindgred 1962: 274) defined the readiness theory, as readiness to study in school in many subjects such as students must study geometry before they study algebra or students should study the middle-age history after studying the beginning history. Some psychologists had stated that the readiness is the complex experience which includes attitude, ethic, responsibility, ability and mind set. Their components are very essential for learner to learn the new thing. Rousseau (Rousseau, cited in Narepong Chaiwai 1997: 16) had stated that education must be well-prepared for children. He had stated in the book called "Emile" that the nature will teach leaders and train them. From his recommendation, any person who works with children must realize to the readiness of children's learning. The students should be ready before teaching so that it will easier for them to learn and have positive attitude toward learning and school. Thorndike(Thorndike, 1913, cited in Narepong Chaiwoi, 1997: 17) had stated in "the book called the original Natural of Man" about the low of readiness in the following:

- 1) Readiness unit must come from satisfaction
- 2) Readiness unit must not create any problems
- 3) If the readiness unit is forced to take action, the implementation will effect will negatively affect satisfaction.

Thorndike had stated that the readiness preparation is the readiness of unit to coordinate.

2.3.3 Components of Readiness

Dowing and Thackray (1971: 14-16) categorized the readiness into 4 areas.

- 1) Physical factors consists of the readiness of body
- 2) Intellectual Factors consist of the readiness of intellectual, ability of perception, ability to think reasonably.
- 3) Environmental Factors consist of experience in the society.
- 4) Emotion, Motivation and Personality Factors consist of emotional stability and needs to learn.

Gange (1970: 407) had the additional components of the readiness, that is, interest, motivation and development.

Panee J. Jenji (198: 34) defined readiness into 3 categories. They are:

- 1) Maturity
- 2) Training and Preparation
- 3) Interest and Motivation

Narunpoon Janwong (1997: 25) defined readiness into 4 categories. They are:

- 1) Physical body such as development of organization
- 2) Intellectual body such as perception
- 3) Emotion and society such as satisfaction to learning
- 4) Psychology and Environment such as experience about learning / activity.

Concepts, Readiness Theories and Quality concepts can apply to the readiness of Nurses in the Somdejprapinklo Hospital for development to hospital accreditation as follows:

1) Readiness for hospital development is defined as the nurses willing to develop the Somdejprapinklao hospital for accreditation. It can occur with the perfection of body, intellectual, knowledge, environment, and social experience. In this research paper, the researcher will apply theories of Downing and Thackray (1971: 14-66) as a conceptual framework for hospital accreditation. It consists of:

1.1) Physical Factors is defined as body, mind and society. This factor will not be implemented in the research because there is a selection process for nursing recruitment. In addition, nurses who are selected should have a healthy body and will be checked up every month in order to have physical readiness.

1.2) Intellectual factor is defined as an ability of intellectual to utilize knowledge received from training, meeting, site visit research, and reading through related documents. This study will be looking for:

- 1.2.1) necessity to develop the hospital for accreditation.
- 1.2.2) definition of development of hospital accreditation.
- 1.2.3) process to develop hospital for accreditation.
- 1.2.4) activities for development of hospital accreditation.
- 1.2.5) service standards, patient rights, nursing Act, nursing technology, team work.

1.3) Emotion factor is defined as emotional readiness of employees to work. This study measures the attitude to develop the hospital accreditation. They are to measure easy-difficult approach to develop the hospital accreditation, utilize the benefit from hospital accreditation.

1.4) Environment factor is defined as environment of work and social experience. This study doesn't apply this factor since employees are in the same environment.

This research will investigate 2 types of readiness, that is, knowledge and intellectual.

2.3.3.1 Definition of knowledge

Good (1973: 325) defined the knowledge as fact, rule, and information that people know and collect from experience.

Smith (1977: 531 cited in Krisana Thongsongwong 1997: 18) defined the knowledge as trips related to fact, rule, structure that come from study, research, observation, experience. It needs time and understanding.

Prapapan Suwon (1989: 16) had stated that the knowledge is original behavior that learner can remember, recall, see, and hear. It refers to fact, rule and definition.

To sum up the definition of knowledge, it refers to human behavior to show that they are able to know, understand, think, recall facts, theory, structure, and method. In the research, it refers to procedures to develop activities for accreditation.

Bloom's Taxonomy

Bloom and his associates (1971) analyzed levels of cognitive domain into six levels. They are:

1) Knowledge refers to the ability to recall information from memory, knowledge of specific facts, definitions, symbols, formulae, conversations, and steps in a process. It can be:

1.1) Specific knowledge

1.1.1) Knowledge of definition

1.1.2) Knowledge of facts such as time, situation, people, and place.

1.2) Knowledge of specific steps in a process.

1.2.1) knowledge of planing

1.2.2) knowledge of trend and ranging

1.2.3) knowledge of defining and types of things

1.2.4) knowledge of rule

1.2.5) knowledge of procedure

1.3) Knowledge of concept and structure

1.3.1) know of rules and using rules to describe, predict define things that are observed.

1.3.2) Knowledge of theory and structure.

2) Comprehension refers to ability to translate, rephrase, and summarize.

2.1) Rephrase refers to extended information clearly

3) Application is the ability to use knowledge and understanding in a novel situation to solve problems.

3.1) Analyze the components

3.2) Analyze relationship of the components

3.3) Analyze the correction of the components

4) Analysis is to breaking a whole into its elements. It is learn how the elements work, analysis of relationships, organizational principles, multiple causation.

4.1) Communicate for leader to understand

4.2) Planing

4.3) Development the relationships of component

5) Synthesis refers to putting together elements and parts to form a new whole.

5.1) Determine internal situation criteria

5.2) Determine component criteria

Evaluation refers to making judgements in a field using internal evidence or external standards.

6) Knowledge Measurement

There is a variety of measurement to measure knowledge. A popular tool is test in different types which can be divided as follows: (Boontum Kitpridebourisut, 1988: 21-25)

1) Test in Psychology can be divided into 3 types.

1.1) Achievement test is to measures knowledge and understanding the cognitive domain.

1.2) Aptitude test is to measure the brain to see how much they know and what their talents are.

2) Two types of question – answer

2.1) Essay test is a composition answer

2.2) Short answer and multiple choice test is to ask question and write short answer

3) Three types of tests

3.1) Performance test refers to functional performance such as acting, typing, technical

3.2) Paper – pencil test refer to writing test either pen or pencil

3.3) Oral test refers to spoken test instead of writing, such as, interview.

4) Time test is divided into 2 types

4.1) Speed test containing a lot of questions to answer in a limited time.

4.2) Power test is to test without time limitation.

5) Psychology test is divided into 2 types

5.1) Criterion-Reference test is a test to measure objectives of learning

5.2) Noun-Reference test is a comparative test between two groups.

In this study the researcher use the achievement test and question – answer test with three choices. To measure regarding to Benjamin Bloom and his associates, the six cognitive levels are knowledge, comprehension, application, analysis, synthesis and evaluation.

2.3.3.2 Definition and Concept of Attitude

Good (1973: 37) defined the attitude as a direction of readiness in one way or another. It refers to support or against individual or things with feeling and emotion.

Thustone (1967: 77 refers to Krisade Thongsongwong 1997:25) defined the attitude as the sum of human feeling, opinion, afraid of, verbal such as opinion is a symbol of attitude.

Emert (1971: 823 refers to Krisade Thongsongwong 1977:25) defined the attitude as the readiness for making decision in order to response to objective, concepts, or situation.

To sum up, the attitude has defined as feeling, beliefs, and opinion of people to something with support or against that can be measured. Therefore, the attitude in the research is defined as the attitude to develop for hospital accreditation with feeling, beliefs, opinion, favorable or unfavorable feeling, utilization, essential issue and accept to develop for hospital accreditation.

Components of attitude

Some educate have believed that there are two types of attitude. They are cognitive component and effective component. The other group believed that there is one more type of attitude which is Psychomotor Component. The three types of attitude are:

- 1) The cognitive component has dealt with perception of stimulus conditions. It includes knowledge of attitude to assess and sum up in opinion which is good or bad, agree or disagree.
- 2) The affective component consists of feeling, emotion that person is stimulated. It can be positive or negative feeling, favorable or unfavorable, satisfy a dissatisfy.
- 3) the behavioral component consists of human behavior or action with accept or unaccept.

Attitude Measurement

Utai Hirato (1976: 81-82) had stated that there are three categorized to measure the attitude.

- 1) Direction refers to agree or disagree, like or dislike to environment condition, or goal of attitude.
- 2) Degree refers to level of satisfaction or dissatisfaction for change.
- 3) Intensity refers to favorable or unfavorable feeling according to social value.

Techniques to measure attitudes are to:

- 1) Observe human behavior. It is difficult to do and hard to make a conclusion.
- 2) Complete questionnaire or interview. This technique is very popular.
- 3) Translate statements. It is a comprehensive measurement which is good for small group. The interviews have no limitation time for answer.

Lihert (refers to Edward 1957: 151) It is a popular technique to measure attitude. It is based on the principle that every person should display some degree of approval for every statement about the attitude object. Accordingly, items are provided with five steps, e.g. strongly approve, approve, undecided, disapprove, and strongly disapprove. Ideally, all statements are related in the same way to the object, and are chosen or each criteria as whether all five points are presented, the degree of skewness and whether bimodality exists. In addition, since the items are to be treated as components of a general attitude, they are correlated with the total score and those that produce the highest correlation are retained. The sum of the responses expresses the general attitude.

There are two types of statement for scores. They are positive statement or negative statements.

The Positive statement can be scored as:

Choice	Points
Strongly agree	5
Agree	4
Undecided	3
Disagree	2
Strongly disagree	1

The negative statement can be scored as:

Choice	Points
Strongly agree	1
Agree	2
Undecided	3
Disagree	4
Strongly disagree	5

Care (refers to Krisade Thongsongwong 1997: 28) had pointed out that the benefit of Lihert's scale provide more contents which widely cover and easy to establish. If two people have the same score, one way agree and the other disagree in different questions at different levels. After sum of the responses. Can have the same score which means both people have the same attitude.

Therefore, This research will utilize the Lihert's scale in the rating scale from 1 to 5. The items are provided with five steps strongly agree, agree, undecide, disagree, and strongly disagree.

2.4 Concept and Related Research on Independent Variables

2.4.1 Related Theory

Theory of innovation is defined as:

2.4.1.1 Adoption Process of the innovation

Adoption Process the innovation is defined as a process to accept or unaccept the innovation. It has occurred in the human brain at different stage from awareness stage to decision making stage either accept or deny the innovation.

The Rural Social Science Committee had provide a concept of a process to accept the innovation into 5 stages (Rogers and Shoemaker, 1971: 100 – 107) as follows:

1) Awareness Stage is the first stage for acceptance as deny to learn the innovation. It usually is an informal learning which can continue to further the knowledge. It can cause to create new things.

2) Interest Stage is a stage of interest and search for more information. The person intend to think more than the first stage. With the new information, person's value, personality, norm and social experience can redefine the information.

3) Evaluation Stage is a stage that the person has considered to implement the new innovation for the present situation and future with advantage and disadvantage. If there are more advantage, the person will try to utilize with the reinforcement in order to show that is corrected for example, recommendation from friends, reinforce from the media. In addition, this stage includes the behavior of likeliness or dislikeliness for the innovation.

4) Trial Stage is a stage that the person has implemented the innovation a little by a little in order to see if it works. At this stage, the person will try to find out more and specific information what how to use the innovation. The result at this stage has influenced to make decision either accept a deny.

5) Adoption Stage is the completed stage after the experiment of the innovation because the result work.

The following paragraphs showed some criticisms on the process of innovation of the Rural Social Science Committee that is too easy. Some criticisms are: (Rogers and Shoemaker, 1971: 101)

1) The model has showed that the acceptance of the innovation is ended at the stage of agreement.

In fact, there is a deny to accept the innovation. Therefore, the word "adoption Process may not fit here.

2) The five stages can occur in arrangement as indicated. Some steps may not need, such as, the fourth stage. The third stage can occur at any time from the beginning until the end

3) Adoption process can continue beyond the acceptance and extend the information for supporting or confirm the decision or change from accept to concept the innovation.

Rogers and Shoemaker (1971: 103-114) has defined a process of adaptation about the innovation into 4 steps. They are:

1) Knowledge is the first stage for person to know, learn, search, and understand. It can be divided into 3 categories:

- 1.1) Awareness knowledge
- 1.2) How to knowledge
- 1.3) Principle knowledge

2) Persuasion is a stage that person develop their attitude to agree or disagree on the innovation. The activity of the first stage is to think and the next stage is about emotion and feeling. People create the attitude to agree or disagree.

The attitude of the innovation is divided into two types. They are:

- 2.1) Attitude to the innovation
- 2.2) General attitude to change

The attitude is very important. The first attitude is agree or disagree to the advantage of the innovation. If the attitude is to accept, it is influenced to the innovation at present and future. If the person failed or has bad experience from the innovation, that person will have a negative view to distribute the innovation.

3) Decision is a stage that person has some activities for selection to the decision making either accept or deny. The selection is in the process of decision making such as need to select what you are interested at the knowledge stage, need to search for more information at the persuasion stage. However, it is different at the decision stage because there is two ways for selection that is either accepts or deny. The decision making related to experiment before use. Most people will accept the innovation after the experiment. Therefore, the experiment is part of decision making to reduce the risk.

4) Confirmation is a stage of decision-making either accept or deny which is not the last stage to decide for innovation. Since the innovation has been accepted, it still needs to find out more about the innovation to support the decision at this stage.

There are two types of unacceptance of the innovation.

1) It is to deny the previous decision in order to accept a better innovation. This means that the new innovation will replace the old one when the society changes.

2) It is to deny the decision since the innovation is unsatisfactory. The unsatisfaction can occur when it is unfitted to the user, disadvantage to comparative study.

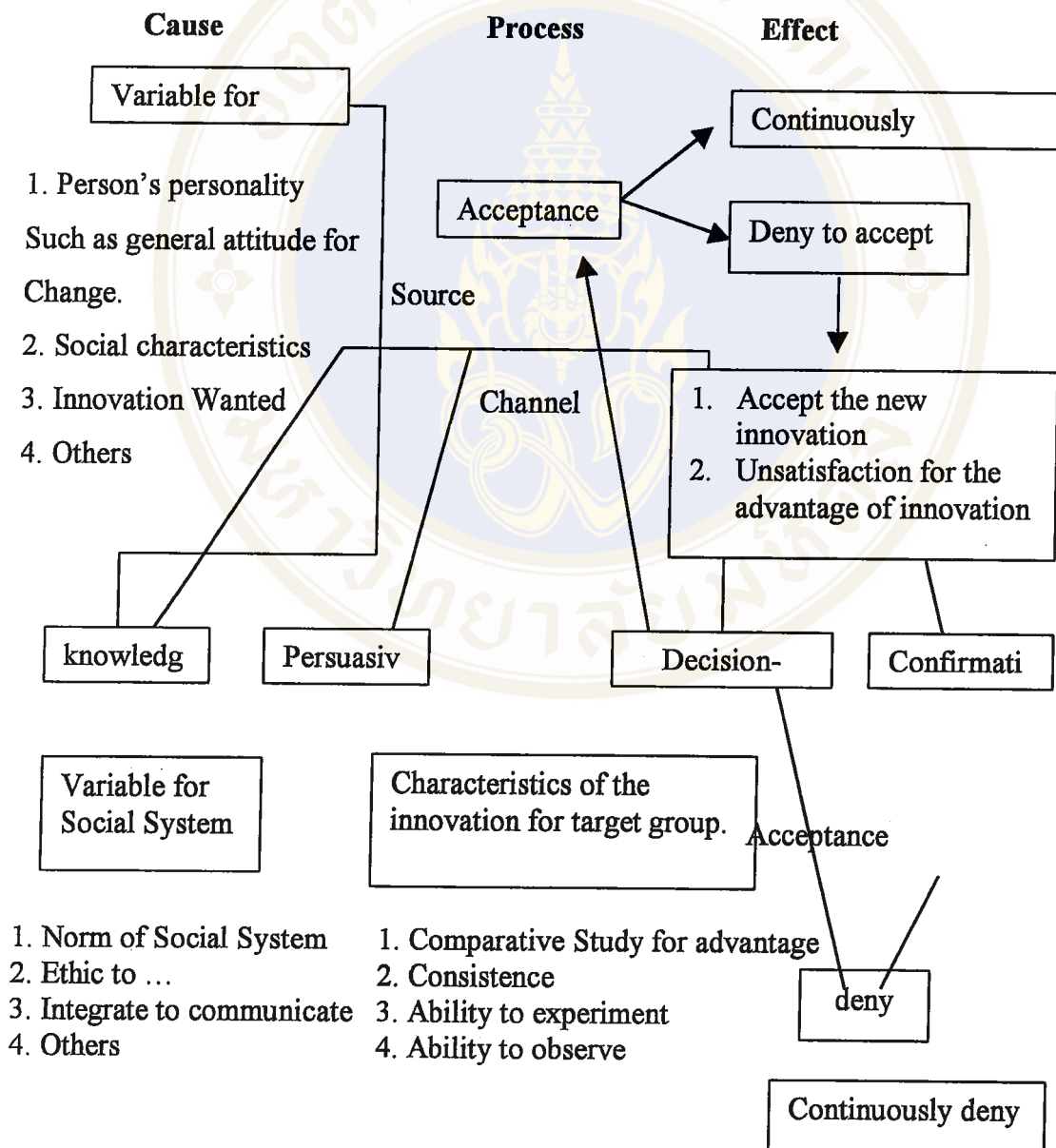


Figure 3: A model of Decision Process for the Innovation

The model consists of three parts. The first part is the situation that occurs before process and result. The variables are personality of people, Social characteristic, and a levels of feeling to need the innovation. There variables are influenced to decision-making for person's innovation. Social norm can be either motivate or against to decide about person's innovation. Other variables are tolerance of deviancy integrated communication, and others which are influenced to a process of decision-making for innovation. Source and Communication channel are to transfer the stimulus to person at the process of decision stage. It is an international channel, not related to local. People at the persuasive stage is to develop the attitude to like or dislike which the innovation can be accepted, brought to implement, continuously utilize, a deny at the later stage.

Factors related to the acceptance of the Innovation

Rogers and Shoemaker (1971: 185-191) had stated four characteristics to accept the process of the innovation.

1) Factors related to the receiver variable consist of personality characteristic including confirmation, belief in original society, positive attitude to change, ability to learn, reasons and positive attitude to learn.

2) factors related to the social system variables consist of social structure. Each member in the society is in different status which some are in higher position and be able to order the lower status to achieve objectives and increase production. The social structure can be either formal or informal sector. However, social structure are influenced to human behavior in the society.

Factors related to social system are influenced to human behavior including social system norms, tolerance of deviancy, communication integration.

3) Perceived characteristics of Innovations are considered into 5 categories:

3.1) Relative advantage is that perceived person for the innovations feels that is better than the old one.

3.2) Compatibility is that the perceived person for the innovation agree to compatible.

3.3) Complexity is defined as the perceived person for the innovation is head to understand and implement.

3.4) Trial ability is defined as ability to experiment the innovation and factor acceptance rather than the one doesn't experiment.

3.5) Observe ability is defined as the result of the innovations can be sum by member of social system.

4) Communication Channel is defined as the ... for the perceived person for innovation. There are two types: mass channel and individual channel. The mass channel is efficiently to promote knowledge of the innovation while the individual channel is more productive to change attitude.

There are 3 types to quality slowly accept the innovations (Rogers and Shoemaker, 1971: 185-191)

1) If the society consisted of highly educated people, stable economy, sustainable society, it is easier to accept the innovation.

2) Personality Characteristics is defined as the person who is modern and belief in new innovation.

3) Communication behavior is defined as the person who likes to participate, being part of society, traveling after, contact to others, opening himself/herself, and communicate. This kind of person will quickly accept the innovation.

Characteristics of a perceived person for the innovations

Rogers had divided the perceived person into 5 categories.

1) Innovations is defined as younger age, highly social status, clearly communicate to sources, interact with leader.

2) Early adapter is defined as highly economic and social status, contact to the charge leaders in local, lead to thinking in their own community.

3) Early majority is defined as higher social and economic status than general people, interact to the charge leader and leader to accept change before others.

4) Late majority is defined as lower social and economic status, communicate with friends, take less advantage from the media and provide less opinion.

5) Laggards is to believe in tradition culture and value, lower in economy and social status, elderly person, less interact to others, and less leadership.

Rogers and Shoemaker (1971: 185-189) defined the innovation according to social-economic status, personality, communication behavior as follows:

- 1) Highly educated
- 2) Highly ability to educate
- 3) More productivity
- 4) Communicate to both in and outside community
- 5) Interact to more officers
- 6) Highly relationship to communicate channel

From the concept of the perceived innovation consistent to the readiness of nurses to develop the hospital accreditation. In order to develop nurses to be ready for the hospital accreditation. The variables are education, economic status, communication, participation in the society. These variables related to independent variables for the research are education, income, training, received information, participation in activities, and work status.

The Maslow Theory

The Maslow Theory is to identify human needs. This approach provides a random and undifferentiated list, and a significant effect is required condense it into guidelines for behavior. Abraham Maslow proposed a Theory of human motivation that integrates the common-sense approach with human needs. Human needs arrange themselves in hierarchies of prepotency.

- 1) When a need is fairly well satisfied, the next prepotent need images, and tends to dominate the individual's conscious life.
- 2) When a need is unsatisfied, there will be motivation to meet that satisfaction.
- 3) Human needs arrange themselves in hierarchies of prepotency. That is to say, the appearance of one need usually begins from basic needs to higher.

The following paragraphs will describe each of the five Maslow levels.

1) **Physiological Need** – is the lowest level. It is a basic need for survival. For example, people need food, water, appropriate temperature.

2) **Safety Need** – When the physiological needs begin to dominate man's behavior. There are called safety needs. They are needs for protection against danger, threat, deprivation. The fact needs emphasis that since every industrial employee is in a dependent relationship, safety needs may assess considerable importance. Arbitrary management actions, behavior which arouses uncertainty with respect to continued employment or which reflects favoritism or discrimination, unpredictable administration of policy-there can be powerful motivators of the safety needs in the employment relationship.

3) **Social Needs** – When man's physiological needs are satisfied and he is no longer fearful about his physical welfare, his social needs become important motivators of his behavior-needs for belonging, for association, for acceptance by his fellows, for giving and receiving friendship and love.

4) **Esteem Need** – Above the social needs – in the sense that they do not become motivators until lower levels are reasonably satisfied – are the needs of greatest significance to management and to man himself. Esteem Needs are those needs that relate to one's self-esteem-needs for self-confidence, for independence, for achievement, for competence, for knowledge. Those needs that relate to one's reputation-needs for status, for recognition, for appreciation, for the deserved respect of one's fellows.

5) **Self- Actualization Needs**. There are the needs for healing one's own potentialities, for continued self-development, for being – creative in the broadest some of that term. It is clear that the conditions of modern life give only limited opportunity for there relatively weak needs to obtain expression. The deprivation most people experience with respect to other lower-level needs diverts their energies into the struggle to satisfy those needs, and the needs for self-fulfillment remain dormant.

Motivation – Hygiene Theory

Herzberg and his associates had begun a research with a dept interview study of over 200 engineers and accountants representing Pittsburgh industry. These interviews

probed sequences of events in the work life of the respondents to determine the factors that were involved in their feeling exceptionally happy and conversely exceptionally unhappy with their jobs. The result had showed that there were two factors showing the understanding of the behavior of people on Jobs. They were Motivation factors and maintenance factors.

Motivation factors refers to ones who satisfy with their jobs and work more effectively. They consist of:

- 1) Achievement means ones who can find any solutions and be able to prevent troubles.
- 2) Recognition means ones who are recognized by others for instance the head of department, colleagues, or anyone in the organization.
- 3) Work Itself is associated with the condition of work and are intrinsic in nature. Examples are creative thinking, recognition.
- 4) Responsibility refer to ones who are happy with work and willing to do their jobs. They are responsible and can be trusted.
- 5) Advancement refers to ones who have promoted and opportunity to advance their knowledge and receive some training.

Maintenance Factors- People are motivated by maintenance factors. If the maintenance factors are neglected or dissatisfactory, one's performance on the job decreases to a level below the acceptable. There factors are:

- 1) Salary is one of factors that identify as contributing to satisfaction.
- 2) Possibility of growth refers to promotion.
- 3) Interpersonal relations refer to the interpersonal relation with superior, subordinates, and peers.
- 4) Status refers to the recognition in the organization.
- 5) Company policy and administration should be more effective in order for employees to understand how the organization perform.
- 6) Working Condition is a physical working condition such as light, sound, working hour, office equipment that can make employees work effectively.

7) Personal life is the feeling of employees whether is good or bad about their job. For example, employees are transferred. To a new place that is far from their family. This situation can cause unhappiness for employees.

8) Security means ones who would like to hold a secured job.

9) Supervision-technical refers to ability of superior to look after their subordinates.

Herzberg had mentioned motivators as the satisfaction to the maintenance factors regarding to the working operation. The theory is critiqued that Herzberg just studied only satisfaction and dissatisfaction without studying work performance.

In sum, the motivation-Hygiene factors of Herzbergs has presented essential variables to show employee's behavior in the working place. If employees are happy about their jobs, they are motivated to work effectively. Therefore, this research paper will take this model to analyze the hospital accreditation.

2.4.2 Related Research

The study of documentation and research papers can sum up factors influenced on the readiness to develop quality of hospital as follows:

1) Age

Age is one of the factors that can make differ in thought and action regarding experience and learning (Anchalee Muradam, 1998: 30) Duongdent Panyanawit had stated that person will reason to do or not to do depended on social learning and thought. Human action can change anytime regardless of age. It means that younger or elder person is able to accept, make decision, or think differently. It consistent to Naruepong Chaiwong (1997: 189) had stated that older age person with more experience and knowledge can quickly learn new things and be maturity. It can cause that person to view the world optimistic. The result of a study of the readiness to manage local factories: A case study of Community Committee amphor Pon Nan Province had showed the result that age factor had impacted to the readiness to manage the local f...t at 0.05 as well as

the result of Semsuk Songka (1993: 116). He found that the readiness to consult for prevention from AIDS related to age of teacher. Anuwant Kunkanoi (1995: 84) found that the readiness to know about AIDS related to age of public health offences. It rejects the findings of Vanta Numsonben (1994: 93) who found that the different of age show no difference in the readiness to prevent crime. Sujin Wongdame (1992:81) found that age didn't related to the readiness to prevent AIDS.

From the above concept, the researcher believed that age has impacted to readiness the assumption is that age of nurses has impacted to the readiness of employees to develop quality hospital.

In the research, it will be a study of number of years that nurses have left to work at the hospital in order to develop hospital.

2) Education level

Education level is another factor that impacted to the readiness of nurses at the Somdejprapinklao Hospital People with higher educate will have more access to learn and know information. In addition, education factor can change attitude, have responsibility and be able to develops him/herself such as knowledge, value, attitude becoming part of social members, perceive and understand change. People with higher education, read a lot will be easier to accept change rather than people with less education (refers to Narupong Changwong, 1997:87). Education is defined as a tool to increase human capacity which result in confidential, success, ability to work. Prasert Kumprakum (1996:94) had found that education had impacted to the readiness of motorcycle drivers to follow the traffic rule that is to put or safety hat. It consisted to Somsuk Songka (1993:117) who founded that education had impacted to the readiness of teacher to consult about AIDS. Somsuk Kunsarawut (1991:92) had stated that head of household with different level of education has the readiness to preserve water differently. It resisted to Suwannee Rodbumrun (1991:113) who found that there was no relationship between level of education and readiness of action to prevent AIDS by public health nurses. Vanta Numsonbon (1994:91) found that the different level of education has no impacted to the readiness to prevent the crime by policeman.

Since the success at Somdejprapinklao Hospital are educated in different level of education, lower, have similar work, the researcher think that level of education has impacted to the readiness because nursing is professional.

From the above concept, the researcher believed that level of education has impacted to the readiness. The assumption is that level of education of nurses have impacted to the readiness of employees to develops the hospital.

3) Income

Income is one of factor that had impacted to the readiness of nurses at the Somdejprapinklao Hospital. Income factor is one of the indicator to economic status of person. The person with highly income has more ability to access information and participated in the activities.

Porntip Rumkomon (1989:76) found that economic status has negative relations to the job, management, academic service and everything of the municipality and preventive of local hospital in the northeastern care. It consisted to the research of Prasert Kumprekorn (1995: 76-77) had found that monthly income has impacted to the readiness of motorcycle driven with traffic rule to use safety hat. Narunpong Chaiwong (1997:191) had studied “the readiness to manage the local forest: A case study of Community Committee Amphor Porn Nan province”. He founded that monthly income has impacted to the readiness of local forest management at 0.01. It resisted to the study of Sujint Wongdama (1992:81) who found that monthly income had no relationship to the readiness to prevent AIDS. A study of Wongta Numsomboon (1994:100) had showed that the different of libing level is not different to the readiness to prevent crime from the policeman. Suwannee Rongbumrung (1991: 115) had founded that monthly income has no relationship to the readiness to prevent AIDS at Public Health officer at Tumbon.

From this concept, the researcher has an assumption that income of nurses has impacted to the readiness of nurses at the Somdejprapinklao Hospital for quality development.

4) Training

Training is another factor that impacted to the readiness of nurses since the training is an activity to increase productivity created change in the attitude. Somsuk Sonka (1993:a) had founded that the readiness of counseling teacher and nursing teacher with the knowledge of AIDS depended on the training experience. It inconsistent to Watanee Manpayak (1998: abstract) who stated that training, seminar, and meeting about AIDS are not factors related to the readiness of public health volunteer about AIDS.

From the concept and research, the researcher has an assumption that training for nurses in impacted to the readiness of nurses at the Somdejprapinklao Hospital for quality development.

5) Receiving Information

Receiving information is essential activity since people is social animal. It is necessary to interact for exchange idea, people's need, exchange experience, and make a decision. Roger and Shoemaker (1997:18) had stated that the media has an important role to increase knowledge, awareness, and interesting into a new matter, and change in people's attitude. Watikrat Bonpum (1992:63 refers to Narunpong Chaiwong) had founded that a sampling groups who know the danger of voice had accepted to use the prevention tool rather than the groups did know the danger of voice at the lever of 0.05. Suwanee Rodbumrun (1991: 130) found that receiving information about AIDS was related to assess the readiness to work to prevent AIDS.

From the concept and research, the researcher has assumption that receiving the information has impacted to readiness of nurses to develop the quality of Somdejprapinklao Hospital.

6) Participation in activity development

Participation in activity development is essential to the readiness, especially senior administrator initial participation for planning (Havrlock : 1976: 10-17) refers to Anchalee Ienvitisuk, 1997: 62). Participation at all levels to manage quality is defined as staff react to the innovations which is the fourth stage of perceived innovation (Roger and

Shoemaker 1971: 100-101 refers to Boonsarin Titri 1999: 86). A study of factors influenced to receive management information system network for external patients by staff in the general hospital and facility hospital under the supervision of Permanent secretary Office in Ministry of Public Health had showed that participation related to acceptance of management information system for networking. It consist to Kawi Supanun (1992:67 refers to Krisane Thongsongwong) had studied the awareness of police cadet about environment problem. He found that a group of police cadet who had participated in environment problem had a better understanding than the group which didn't' participate at the level of 0.001. Kunthima Inherebut (1995:102) had studied "Attitude of People to cultural preservation at local level in the Municipality of Phetchaburi province. He founded that a groups who had participated to preserve cultural environment activity has a better understanding than the group who didn't.

From concept and research, the researcher has assumption that participation of employee has impacted to the readiness of employees to develop the Somdejprapinklao Hospital.

7) Present working condition is defined as present responsibility including quality of work, difficult and complexity of work, frequency of work local.

From the concept and theory of Maslow, the researcher has an assumption that present working condition has impacted to the readiness of employees to develop the hospital.

8) Working condition proceed to quality accreditation system is defined as perception, expectation of quality of work, difficulty and complexity of work, and other work local.

From the theory of expectation, the researcher has assumption that working condition proceed to quality accreditation has impacted to the readiness of employees to develop the quality of hospital.

9) Security Work is defined as a feeling confidential to security job.

From the Maslow theory, the researcher has assumption that security job has impacted to the readiness of employees to develops the hospital.

10) Security job proceeding to quality accreditation system is defined as a feeling to security job proceeding to quality accreditation system.

From the Heizberg's theory, the researcher has assumption that security job proceeding to quality accreditation system has impacted to the readiness of employee to develops the quality of hospital.

11) Motivation to present work. Annurat Hirato (1989) has studied "Leadership Model to motivate and satisfaction of instructors in the Vocation Education Department. She founded that responsibility and type of work can motivate instructors to work. Motivation at middle level included succession, advance work, and acceptance. Highly motivation is a relationship in the organization.

From the motivation theory, the researcher has assumption that motivation has impacted to the readiness of employees to develops the quality of hospital.

12) Motivation proceeding to hospital accreditation system refers to perception and expectation in return whether the nurses participate in the hospital accreditation such as salary, benefit, advance job, recognition.

From the conceptual framework, the researcher has assumption that motivation proceeding to hospital accreditation has impacted to the readiness of employees to develops the quality of hospital.

2.5 Related Research

Boonsarit Titri (1999: D) has studied the factors related to accept quality assurance of nursing staff in the sampling hospital implemented a process of quality

accreditation in the central part. The result showed that highly agree to accept quality assurance is up to 86.6% while knowledge and attitude levels about quality assurance is highly at 87.0% and 73.6%, including the positive relationships to accept nursing quality assurance. The factors related to the quality assurance are education, income, position, knowledge, attitude, social factor, participation, receiving information about quality assurance.

Kasem Ditaatan (1996 refers to Bunjup Chaijarun 1999: 47) had studied a process management of head of hospital facilities in Nakhon Srithammarat. The purpose was to assess behavior of management of head of hospital facilities in 10 factors. They were intellectual, emotion, leadership, planning for action, budgeting, capability to work, succession, relationship to subordinate, public relation, a ability. He found that the average was 3.67 which means it was fine. The factors that impacted management were to background, education, a number of villagers to be responsible, training.

Anchalee Mulade (1998: D) had studied the readiness for the public health planning of head of planning department and staff who is responsible for planning. The research found that the head of planning department is ready in the middle range while staff is ready lower. An analysis of the relationship between population, education, operation with the readiness for public health planning has shown that age and a number of working years of staff for planning is related to the readiness to plan at $p\text{-value} = 0.011$ and 0.049 respectively. An analysis the different of readiness for public health planning between staff and problems found that a lack of knowledge and a lack of supporting planning and evaluation.

Chotchawan Chitchai (2000: abstract) had studied "A satisfaction of male nurse during working: A case study of male nurses at the Somdejprapinklao Hospital". The purpose is to study a level of satisfaction to work and factor selection to create the satisfaction by the male nurses. The result had showed that male nurses are mostly 25-35 years old with experience more than 10 years. They are single, associated degree, average income at 10,665.18 Baht. They don't have extra income and initially didn't intend to work as nurse, however, they are satisfied with the job. The factors of working

experience, marital status, income, value of nursing professional has impacted to work satisfaction. The hierarchy factors included income, benefits, and advancement in professional are satisfied.

Pongteep Jiraro (1998: abstract) had studied the motivation of navy nurse at work. The results are:

- 1) Motivation to work as navy nurses in different in gender, ranking, level of education in any field significantly at level of 0.05.
- 2) The research showed that marital status, ranking, educational degree in the region is insignificantly different at level of 0.05. The position will motivation to work is significantly at level of 0.05. The nurses at the patient hospital with lower motivation to work than head of the building at level of 0.05. The nurses at the patient hospital with lower motivation to work than offer nurses at lower of 0.05.
- 3) Motivation to work is the positive value of the correlation of age and experience at significantly at 0.01 ($r = .13$, $r = .14$ respectively) and the negative value of correlation of income at significantly at 0.05 ($r = .12$)

Thornthide Disayathoon (1998: abstract) has studied the factors influenced to motivated navy officers to work. The research had showed that the officers had sense of belonging, enjoying working here, enjoy well-known institution, the institution take care of everyone.

Suwannee Rod bunrun (2000: abstract) had studied the readiness and factors related to readiness to work for prevention of AIDS by public health officers ตำบล : A case study of Ratjaburi. There are 189 officers at Sub-district Health Offices by consideration of readiness of knowledge, role and responsibility, attitude to role, decision-making, and assess his/her readiness. The result showed that the knowledge of public health officers at Tumbon level is mostly good, however, unreadiness for a number of staff and budget. There is a readiness of medical equipment and unreadiness in the media. The readiness of role and responsibility is highly. As a whole, public health officers at Tumbon level

mostly ready to work to promote the prevention of AIDS at highly level which is differently from assess yourself at 40.2% with unsure.

Sujin Wongdana (2001:a-b) had studied the readiness of operation to prevent AIDS in the central hospital of the Corrections Department. The result showed that nurses are highly ready in the area of knowledge, attitude, decision making. Factors related to the readiness are knowledge of AIDS, working factors. Factors related to readiness are marital status, knowledge of AIDS, related factors and readiness of attitude.

Sunya Mimnot (1993 : abstract) had studies the readiness of nurses in the public hospital in Bangkok in taking care of AIDS patients. The result showed that :

1) Nurses have readiness. The result showed that in the area of attitude, value, and the readiness of hospital is high.

2) A number of nurses had readiness in the attitude. They are cause of AIDS patients, feeling to take care of AIDS patients, prevention of AIDS, feeling to participate to take care of AIDS patients, value of AIDS patients, acceptance AIDS patients, and feeling to professional ethics.

3) A number of nurses had readiness in value to take care of AIDS. The value of readiness is to nursing AIDS patients, value of AIDS patients, and taking care of AIDS patient with professional ethic.

4) The hospital had readiness to support nurses to take care of AIDS patients highly. It includes the hospital's policy, working efficiently, knowledge, compensation, good technique to take care of AIDS patients. The hospital had readiness media in the equipment.

Siriwan Vajirawong (1993: a-b) had studied the factors impacted the readiness to work and prevent high blood pressure of public health officer at Tumbon level Suphanburi province. Mostly officers were ready to work to prevent the high blood pressure. Factor related to readiness for working to prevent the high blood pressure aware education, receive information about the high blood pressure.

Anuwat Kunkanoi (1995: abstract) had studied the readiness of public health officers who work at Public Health Offices at Tambon level and community hospital in Phitsanulok province about counseling AIDS. The research had studied the readiness of knowledge, attitude, counseling behavior. The result showed that factors related to the readiness of officers are age and working experience.

Natyane Kamuksuthongrat (1997: abstract) had studied the readiness of public officers in consumer protection, Medical Science Department. The result showed that attend training, reading journals and academic documentation, knowledge to do research, attitude to do research, experience to do research, know funding place, library, equipment, policy, hierarchy authority, participation are related to the readiness to research. Age and education are not related to the readiness of doing research.

Wattanee Manpayok (1998: abstract) had studied the readiness of public health volunteers to consult AIDS in the community. The research showed that factors related to the readiness of public health volunteers to provide counseling about AIDS in the community are gender, knowledge of AIDS, support from the public health offices, belief in risk of people in the community, and belief in counseling about AIDs in the community.

**TABLE 2: Concepts, theories and relevant research used in this study**

Dependent/Independent variables	Concepts/Theories
1. Knowledge readiness	Readiness Theory (Dowing & Thackrays, 1971:14-16)
2. Attitudinal readiness	Readiness Theory (Dowing & Thackrays, 1971:14-16)
3. Age	Research studies of Anchalee Mulada, Somsak Songka and Anongnart Dongdanoi
4. Education	Cognitive Theory (Bloom, 1971:271)
5. Ranking	Maslow's Hierarchical Needs Theory
6. Unit leadership	Maslow's Hierarchical Needs Theory
7. Incomes	Motivation Theory (Herzberg, 1959)
8. Training	Innovation Acceptance Theory (Rogers & Shoemaker, 1971: 191) Research studies of Prasopsuk Dee-in, Anchana Wongpatdee, Somsak Songka and Wattana Maenpayak
9. Information getting	Innovation Acceptance Theory (Rogers & Schoemaker, 1971:191)
10. Participation in development activities	Innovation Acceptance Theory (Rogers & Schoemaker, 1971:191)
11. Present work conditions	Maslow's Hierarchical Needs Theory
12. Present job security	Maslow's Hierarchical Needs Theory
13. Present work motivation	Motivation Theory (Herzberg, 1959)
14. Attitudes toward work	Motivation Theory (Herzberg, 1959) and Maslow's Hierarchical Needs Theory

CHAPTER III

METHODOLOGY

The research on the readiness of the nurses at Somdejprapinklao Hospital for the development of hospital accreditation aims to study the readiness of nurses for hospital accreditation development and to study factors influencing the readiness of nurses, which include personal factors, work environment factors, and socio-psychological factors.

3.1 Population and Sample group

3.1.1 Population is composed of 939 nurses at the Somdejprapinklao Hospital

3.1.2 The sample group is 281 nurses at the Somdejprapinklao Hospital. The size of the sample group is derived from a formula proposed by Taro Yameane (cited in Buntam Kitpridasui, 1984: 63) for the calculation of population ratio at level of reliability of 95%. The formula is as follows:

$$n = N (1 + N (e^2))$$

Then n = sampling size

N = population size

e = acceptable error

For the purpose of reliability, 313 samples are selected.

3.2 Random Sampling

The stratified Random Sampling method is employed to select the sample group from 13 departments.

3.2.1 In each department, the head of each department is selected, having the total number of the heads for 35 samples.

3.2.2 For sample nurses, the Simple Random Sampling approach is employed and PPS is used to determine the sample size. Details of the samples are shown in Table 3:

TABLE 3: Number of department heads and operational staffers at Somdejprapinklao Hospital , 2000.

Number	Department	A total number of nursing in 2000	A sampling nurses (persons)
1	Headquaters	2	1
2	Medical dept.	66	20
3	Surgical dept	140	42
4	Obstretric dept.	60	19
5	Optical dept.	15	4
6	Ear, throat and nasal dept.	12	4
7	Pediatric dept.	70	21
8	Dental dept.	25	7
9	Pathology dept.	40	12
10	Radiation dept.	35	10
11	Nursing dept.	408	122
12	Pharmaceutical dept.	34	10
13	Emergency room	29	9
Total		939	281

3.3 Research instrument

The research instrument is a questionnaire based on concepts, theories and related research studies. The questionnaire is divided into 5 sections:

Part 1 Personal information factors:

Part 2 Work environment factors:

Part 3 Socio-psychological factors:

Part 4 Knowledge readiness

Part 5 Attitudinal readiness

Part 1: Personal information factors include:

- 1) age as a continuous variable and measured in ratio
- 2) education as a non-continuous variable, measured in a nominal scale and divided into 3 groups: lower than undergraduate, graduate, and graduate studies.
- 3) Ranking as a non-continuous variable and measured in a nominal scale. It is an artificial dichotomy variable and divided into 2 groups: general and lieutenant.
- 4) Department head as a non-continuous variable, measured in a nominal scale and also an artificial dichotomy variable.
- 5) Income as a continuous variable, measured in ratio. It is a total income before deducting expenses (baht).

Part 2: Work environment factors consisting of the following information:

- 1) Information on training. It is a continuous variable measured in ratio, which refers to the number of times attending training sessions on hospital accreditation both in and outside the workplace during the previous year.
- 2) Information on information getting. It is a non-continuous variable measured in a nominal scale. Respondents assess the information getting on the issue from various sources and the scores are as follows:

Yes	=	1 point
No	=	0 point

The information mentioned above is not integrated into this research study but used as a means to improve information distribution.

In the continuous variables, the interpretation of the scores is in the forms of mean (\bar{X}), \pm , and standard deviation as a criterion to classify sample groups.

- 3) Information on participation in the development activities. It is a continuous variable and measured in interval. There are 5 rating scales to indicate the frequency rates of participation as follows:

1	=	none
2	=	least
3	=	little
4	=	many
5	=	most

The interpretation of the scores is based on the mean of 24.2 and standard deviation of 6.8 as follows:

- ≥31 points refers to a high level of participation
- 18-30 points refers to a moderate level of participation
- ≥ 17 points refers to a low level of participation

4) Information on present work conditions. It is a structural variable which include work load, light/heaviness, difficulty and complication of work and frequencies of out-of-unit operations. This part consists of 20 question items and a 5 rating scale is employed with the following interpretation:

Levels	Positive statements (points)	Negative statements (points)
Most	5	1
Many	4	2
Medium	3	3
Little	2	4
Least	1	5

The mean of the total scores is 62.2 and standard deviation is 7.1 which can be categorized as follows:

- ≥ 70 points refers to a high level of work load
- 55-69 points refers to a moderate level of work load
- ≥ 55 points refers to a low level of work load

5) Information on present job security. It is a structural variable which includes salary, welfare, and professional stability. This part consists of 9 question items and a 5-rating scale is used to interpret the scores:

Levels	Positive statements (points)	Negative statements (points)
Most	5	1
Many	4	2
Medium	3	3
Little	2	4
Least	1	5

The mean of the total scores is 26.1 and standard deviation is 4.9, which can be categorized as follows:

- ≥ 31 points refers to a high level of job security
- 21-30 points refers to a moderate level of job security
- ≥ 20 points refers to a low level of job security

Part 3: Socio-psychological factors consisting of the following information:

1) Information on present work motivation. It is a structural variable which include work achievement, work progress, respect and acceptance, and non-monetary benefits. The section is composed of 12 question items and a 5- rating scale is used to interpret the scores as follows:

Levels	Positive statements (points)	Negative statements (points)
Most	5	1
Many	4	2
Medium	3	3
Little	2	4
Least	1	5

The mean of the total scores is 37.1 and standard deviation is 6.1, which can be categorized as follows:

- ≥ 44 points refers to a high level of motivation
- 33-43 points refers to a moderate level of motivation
- ≥ 32 points refers to a low level of motivation

2) Information on attitudes toward work. It is composed of information on perception, beliefs, comments, ease, difficulty, usefulness, significance and acceptance of their work. The part consists of 14 question items and a 5-rating scale is employed to interpret the scores as follows:

Levels	Positive statements (points)	Negative statements (points)
Most	5	1
Many	4	2
Medium	3	3
Little	2	4
Least	1	5

The mean of the total scores is 46.0 and standard deviation is 6.7, which can be categorized as follows:

≥ 53 points	refers to a high level of attitudes
40-52 points	refers to a moderate level of attitudes
≥ 39 points	refers to a low level of attitudes

Part 4: Knowledge readiness

This type of readiness is divided into 2 levels : ready and not ready. Readiness includes knowledge about concept, objectives, components, implementation patterns and benefits of hospital accreditation. A 3-rating scale is employed to interpret the scores as follows:

Correct answer	= 1 point
Wrong answer	= 0 point
Uncertain	= 0 point

The mean of the total scores is 15.5 and standard deviation is 2.1, which can be categorized as follows:

≥ 14 points	refers to a high level of knowledge
10-13 points	refers to a moderate level of knowledge
≥ 9 points	refers to a low level of knowledge

Part 5: Attitudinal readiness

Attitudes toward development of hospital accreditation are measured in the forms of perception, beliefs, comments, ease, difficulty, benefits, significance and acceptance of the development. There are two level of readiness : ready and not ready. The question consists of three multiple alternatives: yes, no and uncertain, and the interpretation is as follows:

Answer	Positive statement	Negative statement
Yes	1	0
No	0	1
Uncertain		0

The mean of the total scores is 15.5 and standard deviation is 3.3, which can be categorized as follows:

- ≥ 19 points refers to a high level of attitudes
- 12-18 points refers to a moderate level of attitudes
- ≥ 11 points refers to a low level of attitudes

3.3.1 Research instrument establishment

Library research, consultancy and interviews with personalities involved in the development of organization and hospital accreditation are carried out in order to get indicators necessary for question composition.

A measurement of variables under investigation is established and readiness assessment among the nurses is implemented.

3.3.2 Instrument examination

In order to achieve the objectives, the instrument is tested for its content and construction validity by specialists on development and hospital accreditation. Then it is taken back for improvement and tried out with 30 nurses at Sirikit Hospital. After

that a reliability test is conducted by the Kronbach-Alpha approach (Suchart Prasitrathasin, 1994: 143-144) and the formula is as follows:

$$\alpha = N/(N-1) [1 - \Sigma \sigma^2(Y_1) / \sigma^2_x]$$

When α = Reliability coefficient

N = Number of questions

σ^2_x = Total error of the questions

$\Sigma \sigma^2(Y_1)$ = Total results of error of each question item

The values of reliability are as follows:

Attitudes	= 0.835
Knowledge	= 0.67
Participation in development activities	= 0.883
Present work conditions	= 0.781
Job security	= 0.567
Work motivation	= 0.806
Attitudes toward work	= 0.791

After that the questionnaire is launched in the actual situation.

3.4 Data Analysis

The Statistical Package for the Social Science (SPSS) is used to analyze the data as follows:

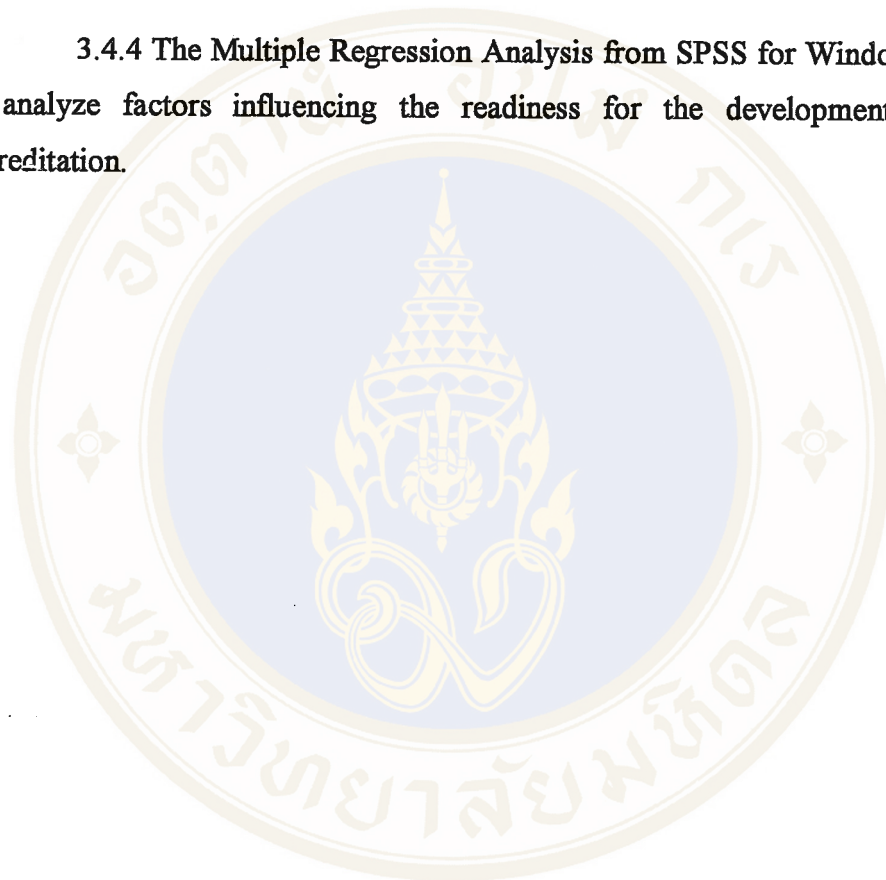
3.4.1 General Information, e.g. remaining work years, education, department leadership and incomes, is analyzed to get percentage, mean (X) and standard deviation (S.D.).

3.4.2 Information on present work conditions including conditions after the endorsement of accreditation, present job security, job security after the endorsement

of accreditation, present work motivation and work motivation after the endorsement of accreditation is analyzed to get percentage, mean and standard deviation.

3.4.3 Information on readiness of personnel for the development of hospital accreditation is analyzed for mean and standard deviation.

3.4.4 The Multiple Regression Analysis from SPSS for Windows is utilized to analyze factors influencing the readiness for the development of hospital accreditation.



CHAPTER IV

RESEARCH FINDINGS

In the study on readiness for accreditation of nurses at Prapinklao Hospital utilizes a questionnaire as the instrument with 313 population sampler. The findings are presented in the following format:

- 4.1 General characteristics of the population including personal information, work environment and socio-psychological aspects.
- 4.2 Levels of readiness for the hospital accreditation.
- 4.3 Factors influencing the readiness for the hospital accreditation.
- 4.4 Opinions of nurses concerning problems, solution guidelines and self-assessment for the readiness of the hospital accreditation.

4.1 General characteristics of the population

The general characteristics of the population include personal, work environment and socio-psychological factors. Statistical analysis is employed to analyze these factors so as to get their percentage, mean (\bar{X}) and standard deviation. The findings are elaborated as follows:

4.1.1 Personal factors

It is revealed that the average age of the population is 31 years ($\bar{X} = 30.85$ S.D. = 7.66) with the minimal age of 22 and the maximal age of 57. The average remaining work years are 24 ($\bar{X} = 23.69$ S.D. = 10.56), 60.40% are bachelor graduates, 54.60% are in the general rank whereas 88.80% are nurses in the operation rank. Their average monthly income is 10,630 Baht ($\bar{X} = 10629.55$

S.D. = 6412.11) with the minimal salary of 5,000 and the maximal salary of 65,000. Details are shown in Table 4:

TABLE 4: Number and percentage of nurses according to personal characteristics

Personal Characteristics	No.	Percentage
Age		
Under 30	163	52.1
30 - 45	135	43.1
Over 45	15	4.8
	$X = 30.85$ S.D. = 7.66	Min. = 22 Max. = 57
Remaining work years		
Less than 13 years	62	19.8
13 – 26 years	101	32.3
More than 26 years	150	47.9
	$X = 23.69$ S.D. = 10.56	Min. = 1 Max. = 38
Education		
Lower than undergraduate	106	33.9
undergraduate	189	60.4
Graduate studies	18	5.8
Rank		
general	171	54.6
lieutenant	142	45.4
Position		
Department head	22	7.0
Deputy department head	13	4.2
Operational	278	88.8
Income		
Less than 8,500	140	44.3
8,500 – 15,000	135	43.1
More than 15,000	38	12.1
	$X = 1029.55$ S.D. = 6412.11	Min. = 5,000 Max. = 65,000

4.1.2 Work environment factors

In terms of training on development and accreditation of hospital, it is found that 51.40% have attended the training session and 98.40% have been informed of the activity.

In terms of participation on development activities, 62% do it at a moderated level, 19.50% do it at a low level and 18.50% do it at a high level.

In terms of work condition, it is revealed that work specifications are in line with their competence. 66.80% find that the work condition is good, 16.30% find their work to be light and 10.90% find their work heavy.

In terms of job stability, it is discovered that 72.90% find it at a moderate level, 15.30% find it at a high level and 11.80% find it at a low level. Details are deliberated in Table 6:

TABLE 5: Number and percentage of nurses according to work environment

Work environment factors	No.	Percentage
Training		
Yes	161	51.4
No	152	48.6
Information getting		
Yes	308	98.4
No	5	1.6
Participation in hospital development activities		
High (scores 31 or over)	58	18.5
Moderate (scores between 18 – 30)	194	62.0
Low (scores 17 and less)	61	19.8

$$X = 24.24 \quad S.D. = 6.80$$

TABLE 5: Number and percentage of nurses according to work environment

Work environment factors	No.	Percentage
Work condition		
Heavy (scores 70 or over)	51	16.3
Moderate (scores between 55 – 69)	228	72.8
Light (scores 17 and less)	34	10.9
$X = 62.61$ S.D. = 7.12		
Job stability		
Heavy (scores 31 or over)	48	15.3
Moderate (scores between 21 – 30)	228	72.9
Light (scores less than 21)	37	11.8
$X = 26.06$ S.D. = 4.89		

4.1.3 Socio-psychological factors

It is revealed that 66.50% of nurses find their motivation to be moderate, 16.50% find it to be high and 16.60% find it to be low. Their attitudes toward their work are positively moderate at 69.30%, 16.30% are at a high level and 14.40% are at a low level. Details are elaborated in Table 7:

TABLE 6: Number and percentage of the population according to socio-psychological factors

Socio-psychological	No.	Percentage
Work motivation levels		
High (scores 44 or over)	53	16.9
Moderate (scores between 33 – 43)	208	66.5
Low (scores 32 and less)	52	16.6
$X = 37.66$ S.D. = 6.80		

Attitudes toward work

High (scores 53 or over) 51 16.3

TABLE 6: Number and percentage of the population according to socio-psychological factors

Socio-psychological	No.	Percentage
Moderate (scores between 40 – 52)	217	69.3
Low (scores 39 and lower)	45	14.4
$X = 45.96$ S.D. = 6.69		

4.2 Readiness of Prapinklao Hospital for the development of accreditation

From the analysis of knowledge readiness, it is revealed that 64.50% of the population are ready at a moderate level, 18.60% at a high level and 16.90% at a low level.

In terms of attitudinal readiness for the accreditation, it is found that 65.50% are ready at a moderate level, 17.60% are at a low level and 16.90% are at a high level.

When the two kinds of readiness are combined and analyzed as a developmental readiness for the accreditation, it is discovered that 72.20% are ready at a moderate level, 15% are at a low level and 12.80% are at a high level. Details are shown in Table 8:

TABLE 7: Number and percentage of the population according to developmental readiness of hospital accreditation

Readiness levels	No.	Percentage
Knowledge		
High (scores 14 or over)	58	18.5
Moderate (scores between 10 – 13)	202	64.6
Low (scores 9 and less)	16.9	
$X = 11.54$ S.D. = 2.13		
Attitudinal		
High (scores 19 or over)	53	16.9
Moderate (scores between 12 – 18)	205	65.5
Low (scores less than 12)	55	17.6
$X = 15.47$ S.D. = 3.33		
Knowledge and attitudinal		
High (scores 31 or over)	40	12.8
Moderate (scores between 22–30)	226	72.2
Low (scores less than 22)	47	15.0
$X = 27.01$ S.D. = 5.46		

4.3 Factors influencing nurses' readiness for the hospital accreditation

In order to understand analysis results better, it is necessary to create symbols and their meanings used with the variables as well as their statistic values, as shown in Table 9:

TABLE 8: Variables, symbols and scales for analysis

Variables	Symbols	Scales
Remaining work years	AGE	Ratio scale
Education	EDU	Nominal scale with the following values 1 = undergraduate and higher 0 = lower than undergraduate
Rank	RANK	Nominal scale with the following values 1 = general 0 = lieutenant
Position	POS	Nominal scale with the following values 1 = head and deputy head 0 = operational
Training	TRA	Nominal scale with the following values 1 = yes 0 = no
Income	PAY	Ratio scale
Participation	PAR	Interval scale
Work condition	WOR	Interval scale
Job security	SCR	Interval scale
Work motivation	MW	Interval scale
Work attitude	AW	Interval scale
Readiness	READ	Interval scale

Statistic values used for the analysis are:

- b means regression coefficient value in a raw score form
- Beta means regression coefficient value of variables in a standard score form indicating the influence of each independent variable over dependent ones
- R (Multiple R) means multiple correlation value indicating the relationship among all independent variables and dependent ones
- R^2 or R square means the value indicating proportion of dependent variable deviation capable of being explained by independent variables
- S.E. (Standard Error) means the values of standard error in prediction
- r means correlation coefficient value

The Stepwise Multiple Regression Analysis is employed to analyze the influence of independent variables on the readiness of Prapinklao Hospital for accreditation. The steps of analysis are as follows:

- 1) A test on the relationship of independent variables is carried out to see whether it is in line with the preliminary thesis of the multiple regression analysis. If a pair of the independent variables has a relationship with correlation coefficient value higher than 0.75, multicollinearity problems will arise (Sirichai Phongwichai, 1992: 366-367). One way to solve the problem is to eliminate the highly related pair or create a new variable out of the two (Suchart Prasitrathasin, 1994:76). Using the Pearson's product moment correlation coefficient to test the variables under this investigation, those with correlation coefficient value over 0.75 pose a multicollinearity problem with attitude and motivation variables. Therefore, the attitude variable is eliminated since motivation variable takes place prior to attitude variable in the process of accepting or rejecting innovation as proposed by Rogers and Shumacker. It is

shown in Table 10 that work motivation is more related to the readiness of nurses for hospital accreditation than attitudes.

2) Examine error values to see that they are evenly distributed by plotting a normal probability graph. It is found that the distribution is normal.

3) Examine linearity by finding the relationship between error values of dependent variables and the value of each independent variable and plot them into a graph. The relationship and distribution are shown in the appendix.

4) Examine the residual of error values to see that it is evenly distributed by plotting into a graph. It is found that the error values are distributed around zero, which indicates that they are stable as shown in the appendix.

5) Analyze the relationship between independent and dependent variables by employing the Stepwise Multiple Regression Analysis.

TABLE 9: Relationship matrix among variables under investigation

Variable	AGE	EDU	RANK	POS	TRA	INC	PAR	WOR	SCR	MW	AW	READ
AGE	1.000	-.104	-.124	-.328	-.192	-.074	-.102	-.044*	-.085	-.017	-.0128*	.005
EDU		1.000	-.568	-.190	-.048*	-.092	.032*	.007*	-.029*	-.017*	-.128	-.083
RANK			1.000	.330	.090	.012*	.067	.139	.057	.129	.138	.114
POS				1.000	.223	.172	.268	.182	.195	.238	.260	.173
TRA					1.000	.015*	.252	.168	.099	.158	.181	.106
INC						1.000	.078	.087	.157	.107	.116	.069
PAR							1.000	.430	.285	.380	.428	.223
WOR								1.000	.507	.550	.585	.289
SCR									1.000	.552	.626	.152
MW										1.000	.746	.316
AW											1.000	.290
READ												1.000

* statistically significant at 0.05

In analyzing the variables influencing the readiness of the nurses, the Stepwise Multiple Regression Analysis is employed to analyze three factors: personal factors including age, education, rank, position and incomes; work

environment factors including training, participation in developmental activities, present worked conditions and job security; and socio-psychological factors including work motivation. It is revealed that, of the ten independent variables, two variables are statistically significant at 0.05, namely, work motivation ($b = .161$) and present work conditions ($b = .102$). The two variables can explain the changes of dependent variables at 11.90% ($R^2 = .119$) as shown in Table 11:

TABLE 10: Multiple Regression Analysis results of two factors related to the readiness of nurses for hospital accreditation

Predictors	Regression coefficient		T	P
	b	Beta		
Work motivation	.161	.224	3.512	.001
Present work condition	.102	.166	2.596	.010
Constant	14.594		6.971	
F = 20.880	N = 3.13	$R^2 = .119$	S.E. =	Sig F = .000
			4.1117	

Factors not influencing dependent variables are remaining work years, education, rank, relationship, incomes, training, participation in developmental activities and job security.

4.4 Problems and solution guidelines and self-assessment for the readiness of the hospital accreditation development

From the 313 sets of open-ended questionnaire, it can be classified into 2 categories: 35 sets from department heads with 7 sets having no comments on the opinion section; and 278 sets from operational with 139 sets having no answers, as shown in Table 12:

TABLE 11: Number of respondents of the open-ended questionnaire

Position	No. of respondents (%)	No. of answered sets (%)	No. of unanswered sets (%)
Department Head	35 (11.2%)	28 (8.95%)	7 (2.23%)
Operational	278 (88.8%)	139 (44.41%)	139 (44.41%)
Total	313 (100%)	167 (53.5%)	146 (46.64%)

The open-ended questionnaire requires information on problems and barriers in carrying out developmental activities of hospital quality for the accreditation. Respondents can express their ideas freely and the targets are department heads and operational staff.

4.4.1 Department heads

From the opinions of department heads, the problems can be categorized as follows:

4.4.1.1 The problems of operational staff are lack of knowledge and understanding about quality development, lack of cooperations on carrying out quality development. Details are shown in Table 13:

TABLE 12: Number of department heads commenting about activities

Problems about operational staff	Number
Lack of understanding about quality development activities	18
Fear of changes and hang on conventional notion	4
Lack of work enthusiasm and against work load increase	3
Insufficiency of personnel	6
:Lack of cooperation in carrying out quality development activities	6
Insufficiency of information distribution on the issue	2

4.4.1.2 Solution guidelines for the problems of the operational staff are organization of training, seminars or lectures, participation in developmental activities, provision of motivation and moral support, punishment, raising positive job awareness and acceptance of changes in quality development of the hospital. Details are shown in Table 14:

TABLE 13: Number of department heads giving solutions to the problems of operational staff

Solutions to the problems of operational staff	Number
Organization of training, seminars, lectures on quality development	17
Provision of motivation and moral support as well as punishment	7
Participation in quality development activities	1
Positive job awareness raising and acceptance of changes	6
Building harmony among colleagues	1
Increase the number of staff with suitable competence	4

4.4.1.3 Problems of administrators are lack of serious support for the quality development and differences of opinions concerning the issue, as shown in Table 15:

TABLE 14: Number of department heads commenting on problems of administrators

problems of administrators	Number
Conflicts on quality development trends	2
Disagreement of quality development activities	2

4.4.1.4 Solutions for the problems of administrators are they should pay serious attention to the activities, be good leaders and models, try to solve problems of operational staff and regard all personnel at equal importance. Detail are shown in table 16:

TABLE 15: Number of department heads giving solutions to the problems of administrators

Solution guidelines	Number
Be good role models	2
Pay serious attention to quality development activities and problems	2
Give equal importance to everyone	2

4.4.1.5 Problems of the implementation of the quality development activities are that time allowance is too short, additional burdens are raised, the activities are discontinuous with unclear directions and public relations is not concerted organized. Details are shown in Table 17:

TABLE 16: Number of department heads commenting on problems of quality development implementation

Problems of quality development implementation	Number
Overlapping work and unclear roles	1
Under-publicity	2
Unclear and discontinuous planning	3
Inaccurate assessment due to differences in education and ranks	2
Unscreened activities before implementation	1
Radical changes with incongruity in time and activities	4
Practicality not in line with what is stated	1
Limitation of budget and facilities	1

4.4.1.6 Solutions of the implementation problems are that appropriate time should be set and awareness on cooperations about quality development should be raised. Other details are shown in Table 18:

TABLE 17: Number of department heads giving solution to the problems of quality development implementation

Solution guidelines	Number
Reorganize work system to eliminate overlapping work	1
Distribute work to other departments	1
Modify activities before implementation	1
Integrate the issues in the college curriculum	1
Allocate suitable time for departments and implement gradually	2
Provide consultants for assistance and problem solving	1
Organized meeting periodically to clarify policies	1
Amend outdated bureaucratic regulations	1

4.4.1.7 In self-assessment for the readiness for the development of hospital accreditation, department heads assess their readiness in the following terms:

1) Mental readiness. It is revealed that department heads are ready to cooperate to their fullest capability, be good role models and transfer opinions between operational staff and administrators, as shown in Table 19:

TABLE 18: Number of department heads commenting on their mental readiness

Mental readiness	Number
Ready to carry out activities to their utmost capability	21
Willing to cultivate the importance and understanding of the activities in operational staff	3
Ready to be good role models and leader	2

2) Knowledge readiness. It is found that they are ready the seek concerning new knowledge and transfer it to other personnel, as shown in Table 20:

TABLE 19: Number of department heads commenting on their knowledge readiness

Knowledge readiness	Number
Seeking new knowledge and bring it into practice	5
Transferring new knowledge to others	3

4.4.2 Operational staff

From the opinions of operational staff, the problems can be categorized as follows:

4.4.2.1 On their own problems, it is found that they are lack of better understanding about and positive attitudes toward quality development, understaffing, more work load and lack of cooperation in carrying out the activities, as shown in Table 21:

TABLE 20: Number of operational staff commenting on their own problems

Problems	Number
Understaffing and work shift problems	31
Lack of understanding, knowledge about and positive attitudes toward quality development	76
Regarding as more work load	18
Lack of cooperations for the implementation	11
Lack of enthusiasm and understanding their role	2
Lack of motivation	6
Lack of teamwork ability and harmony	2
Fear of changes	2
Not ready to implement due to personal needs to get extra incomes	2

4.4.2.2 Solution guidelines of the problems are that a seminar should be organized to emphasize the significance of the development, motivation, moral support as well as punishment should be provided and awareness to love their profession and institute should also be raised, as shown in Table 22:

TABLE 21: Number of operational staff commenting on solutions to solve their problems

Solutions to the problems	Number
Organization of seminars to see the significance of the development	48
Promotion of activity participation	10
Provision of sufficient staff	9
Open wider opportunity for education	5
Motivation, morale support and punishment	16
Awareness raising on the love of profession/institute	15

4.4.2.3 Operational staffers see that problem-solving visions of administrators are not wide enough. Other comments are shown in Table 23:

TABLE 22: Number of operational staffers commenting on solutions of administrators' problems

Problems concerning administrators	Number
Narrow problem-solving vision	9
Ignorance of staffers' opinions	2
Lack of serious support	2
Administrators not concerned about the practicality	2
Development implementation is known only among them	2
Patronage system is a hindrance to the development	2

4.4.2.4 The solutions of the problems concerning administrators are that they should have a wider vision, be leaders in the development implementation, provide morale support and allocate enough budget for the activities. Details are shown in Table 24:

TABLE 23: Number of operational staffers providing problem-solving solutions an administrators

Solution guidelines	Number
They should be a part of problem-solving mechanism	2
Progressive vision, leadership and providing morale supports	6
Clear developmental policies	2
Sufficient budget for the implementation	5
Setting up an agency in charge of the development	2
Equality and justice to inferiors and a role change from governors to practitioners	2

4.4.2.5 Problems on quality development activities are lack of publicity, budget, modern facilities and ununiformed work systems of different agencies, as shown in Table 25:

TABLE 24: Number of operational staffers commenting on problems concerning quality development activities

Problems on quality development activities	Number
Limitation on information publicity	11
Inability to implement up to the standard	3
Insufficient modern facilities	8
Hindrance from bureaucratic, rank and professional structures	4
Complicated procedures	3
Lack of coordination on the implementation	4
Huge organization, difficult to supervise and implement	2
Short notices to carry out and discontinuous implementation	6
Changes of regulations, standard and policies	2
Lack of budget to improve work	9
Different work systems of each agency	7

4.4.2.6 Solution guidelines for the problems of quality development activities are publicity should be continuous, time should be suitable and all agencies should be seriously cooperative, as shown in Table 26:

TABLE 25: Number of operational staffers providing solution guidelines to problems of quality development activities

Solution guidelines	Number
Uniformed implementation standard for all agencies	5
Assessment, supervision and follow-up from experts	6
Appropriate time span for the implementation	7
Establishment of standard regulations and implementation processes	4
Simplification of procedures and documents	5
Continuous publicity	14
Elimination of complicated agencies	3
Serious cooperations from agencies involved	7
Positive image building on the quality development	2
Separation of development work from routine work	2
Periodic assessment to prevent and solve problems	4

4.4.2.7 In self-assessment for the readiness for the development of hospital accreditation, operational staffers assess their readiness in the following terms:

1) Mental readiness. It is found that they are ready to participate in the activities provided such activities do not obstruct their routine work. They are also ready to satisfy customers if administrators are ready to perform, as shown in Table 27:

TABLE 26: Number of operational staffers commenting on their mental readiness

Mental readiness	Number
Able to participate in activities provided that they do not obstruct their routine work	50
Willing to satisfy service users	2
Willing do if administrators are ready	5

2) Knowledge readiness. It is discovered that they are ready to seek new knowledge and understanding, attempting to study written implementation manuals and quality development, as shown in Table 28:

TABLE 27: Number of operational staffers commenting on their knowledge readiness

Knowledge readiness	Number
Readiness to seek new knowledge and understanding on the issue	30
Attempting to understand manuals and quality development	3

In this part, 5 respondents stated that they were not ready for administration work and disagreed with the development of quality accreditation whereas 2 were uncertain.

CHAPTER V

DISCUSSION

In study on the readiness of nurses of Prapinklao Hospital for the development of hospital accreditation classifies the discussions on the research findings into 4 categories:

- 5.1 General information of the population
- 5.2 Levels of readiness of the nurses for the hospital accreditation
- 5.3 Factors influencing readiness of nurses for the hospital accreditation
- 5.4 Factors not influencing readiness of nurses for the hospital accreditation

5.1 General information of the population

5.1.1 Personal factors

It is discovered that their average remaining work years is 24, their average age is only 31 years old and most of them are bachelor degree holders. Higher education means that they are able to seek and accept new knowledge easily. It also contributes to changes on attitudes and certain activities since education is a social process which develops personal qualifications. Studies find that education contributes to individual's potentials affecting confidence, success and attempt on work, and enables individuals to have different behaviors (Naritpong Chaiwong, 1997:57). High education among the nurses is a good personal factor for the development of hospital accreditation.



5.1.2 Work environment factors

5.1.2.1 Training

It is revealed that about half of the nurses had undergone training courses on hospital accreditation between 1999-2001. This indicates that the hospital has organized activities which help increase knowledge on the issue so that attitudes toward the changes may be positive. However, the training is still needed as another half of the nurses is not formally prepared for the new system.

5.1.2.2 Information getting

It is discovered that 98.40% of the population have been informed of the new systems from various agencies. The information would have certain impacts on their knowledge and attitudes. From this investigation, it is found that their knowledge and attitudinal readiness is at a moderate level and more of them want additional information on hospital accreditation and other related issues. This indicates that information distribution is still defective or insufficient to enable them to have thorough knowledge and understanding.

5.1.2.3 Participation in quality development activities

It is found that over half of the nurses have participated in hospital development activities. However, 34.50% have not or have participated at a low level. This reflects their opinions on that the development issues are known in certain groups of administrators and operational staffers. Therefore, cooperations among all levels are not even, resulting in the slow progress of the development.

5.1.3 Socio-psychological factors

5.1.3.1 Work motivation

It is revealed that work motivation of the nurses is at a moderate level. They are proud of and see the usefulness of their work. Motivation directly affects the readiness for the development of hospital accreditation and can become problematic to the readiness in development other work.

5.1.3.2 Attitudes toward work

It is discovered that the attitudes of the nurses toward their work are at a moderate level and they accept the significance and value of their work moderately. On the question whether they sometimes feel bored or frustrated with their work, it is found that the score is at a high level ($X = 2.67$ and $S.D. = 0.02$). This reflects the opinions that personnel are not so enthusiastic in their work and cooperative in hospital development activities due to fear of changes.

5.1.3.3 Present work conditions

It is found that work conditions are good, work is moderately heavy and appropriate to knowledge and competence. From the data analysis, it is revealed that scores of the following question items are high: assignment outside his/her unit ($X = 3.89$ and $S.D. = 0.85$), complicated work obstructing life style and family ($X = 3.48$ and $S.D. = 0.98$), and repeated and boring work ($X = 3.35$ and $S.D. = 0.94$). The finding reflects that the work is hard, disrupts family life and boring. It is also found that present work conditions affect the readiness of nurses for the development of hospital accreditation.

5.1.3.4 Job security

It is found that job security of the nurses is at a moderate level. On

same level is also for their attitudes toward changes, beliefs, importance and benefits of the development.

The finding does not confirm the 4.1 hypothesis stating that the readiness of the nurses is at a low level. This is due to their high education which enables them to have access to information concerning the issue. The information prepares and motivates them for the development and changes their knowledge and attitudes. In addition, the nurses have also taken part in other development activities and been encouraged from administrators to prepare and ready themselves for the changes due to the accreditation.

5.3 Factors influencing the readiness of nurses for the development of hospital accreditation

Employing the Stepwise Multiple Regression Analyses to analyze the factors, it is revealed that there are two factors that are statistically significant at 0.05, as follows:

5.3.1 Work environment factor

It is found that present work conditions positively influence the readiness of the nurses for the development of hospital accreditation. When their work load is right, not too complicated and they are able to solve problems, their attitudes toward changes will be positive. The finding hypothesis No. 4.3.4. When they are satisfied with their work conditions, they are ready to develop the work for the better.

5.3.2 Socio-psychological factor

It is discovered that motivation positively influences the readiness of the nurses for the hospital accreditation, which confirms hypothesis No. 4.4.1 and corresponds to the motivation theory proposed by Herzberg et.al. (1959: 105). It is found that 83.40% of the nurses have a moderate to high level of motivation.

5.4 Factors not influencing the readiness of the nurses for the hospital accreditation

It is revealed that the factors not influencing the readiness of nurses are as follows:

5.4.1 Personal factors

It is revealed that remaining work years do not influence readiness of the nurses since they are still young with little experience and work according to what is told. Most of the time when they attend development sessions, it is out of duty, not the willingness for better changes of the organization.

Education does not influence readiness of the nurses because the perception of hospital accreditation is a new issue and everyone has to learn and study it from the beginning. Furthermore, ranks of the nurses also does not have any influence on their readiness since they all have to work together no matter what ranks they are in so that hospital accreditation can be achieved. In addition, positions of the nurses do not make any differences on the perception of hospital accreditation. To achieve the goal, both department heads and operational staffers need to be cooperative and organization culture of the navy of carrying out the order of superiors does not in any way influence their readiness. Finally, personal incomes also does not have any influence over the readiness for hospital accreditation of nurse since most of the time they are required to work overtime and the overtime pay is usually higher than their salaries. The development is an inevitable issue that everyone has to be involved no matter what their economic status is.

5.4.2 Work environment factors

Work environmental factors that do not influence the readiness of nurses for the development of hospital accreditation are training, participation in the development activities and present job security. It is revealed that only about half of the population have undergone the training sessions on hospital accreditation and the

perception of the issue between the two group is not significantly different. Training is a short-term preparation and less likely to have any strong impacts on behavioral and attitudinal changes. Participation in the development activities is mostly based on regulations, not on voluntariness. Present circumstances have forced these nurses to take part in the developmental process. Participants do not have an opportunity to set guidelines or policies on how the activities should be carried out. In terms of job security, the hospital is run by the government so the security is quite stable in terms of financial returns, salary and other welfare benefits. As a consequence, any changes from the development of hospital accreditation rarely have any negative effects on the security of their jobs.

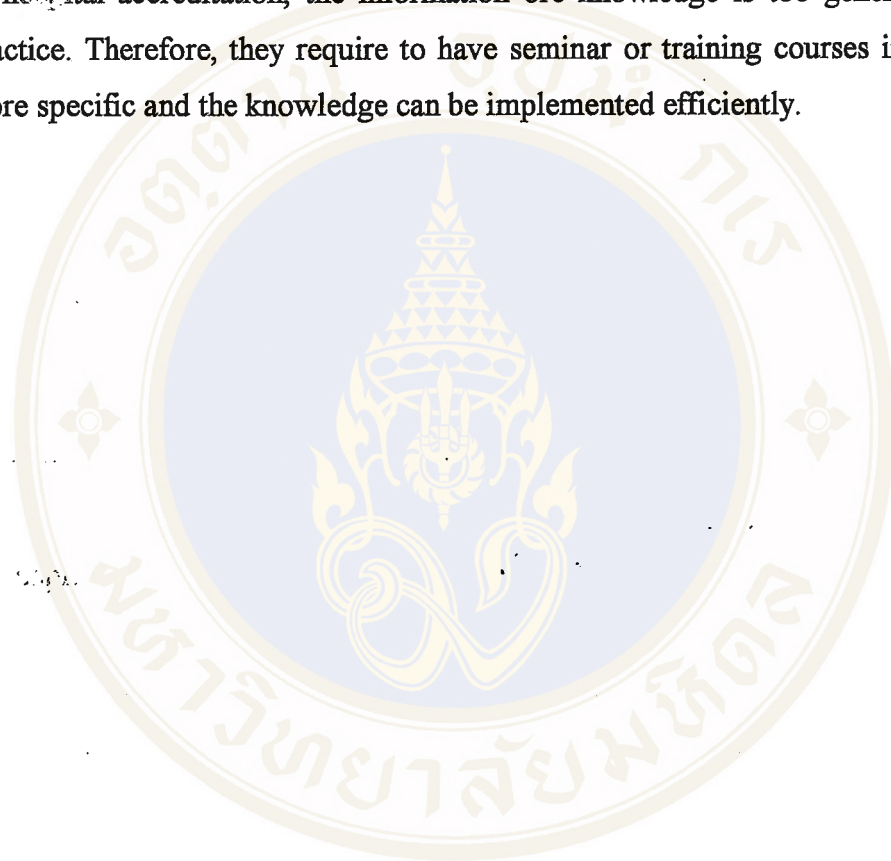
5.5 Problems and solution guidelines on the implementation and self-assessment for the readiness on the development of hospital accreditation

The problems of similar nature between department heads and operational staffers include lack of understanding, enthusiasm and cooperations on the development processes, understaffing, budget limitation and discontinuous development activities. Department heads perceive that staffers do not realize the significance and necessity of the development and, among the heads, the perception of accreditation is dissimilar and divisive. As for operational staffers, they regard the development as another added burden to their hard routine work. They also cite their unheard voice among administrators, their insincerity toward the development and limited facilities.

To solve these problems, it is imperative to conduct seminars, offer motivation, improve publicity and provide consultant teams for development activities.

In terms of self-assessment for the readiness of hospital accreditation, it is revealed that they are all ready if administrators are committed to it and attempt to

seek new knowledge and impart it to others. Most of the respondents still require more information concerning the issue. It is probably that the information is not specific to their needs or is non-interactive or impractical. It is discovered that the mean of knowledge readiness is 11.5 and standard deviation is 2.1, which is at a moderate to low level. This indicates that although they are aware of the development of hospital accreditation, the information or knowledge is too general to put into practice. Therefore, they require to have seminar or training courses in order to get more specific and the knowledge can be implemented efficiently.



CHAPTER VI

CONCLUSION AND SUGGESTIONS

Providing good medicare services to the public is crucial as this is a government policy. Slow and inefficient services do more harm than good to the patient. Consequently, the development of hospital accreditation is another measure to guarantee satisfactory and efficient services. This study aims to find out the readiness of the nurses at Prapinklao Hospital for the development of hospital accreditation and to study factors influencing such readiness as well as opinions, problems and solution guidelines on the implementation of the development.

6.1 Population and sample group

The population of this study are composed of 939 nurses at Prapinklao Hospital and the sample group consist of 313 nurses from the hospital. A stratified random sampling is utilized to select the sample group.

6.2 Research instrument

A questionnaire is used as the research instrument containing information of three topics, namely, personal factors, work environment factors and socio-psychological factors. The questionnaire is divided into five parts: personal information, work environment, socio-psychological factors, knowledge readiness and attitudinal respectively. Reliability value of each factor is as follows: 0.834 for attitudes, 0.637 for knowledge, 0.883 for participation, 0.780 for work conditions, 0.566 for job security, 0.806 for motivation, and 0.791 for attitudes toward work.

6.3 Data analysis

There are two types of data, quantitative and qualitative. SPSS for windows and Stepwise Multiple Regression Analysis are used to analyze quantitative data.

6.4 Conclusion of the research findings

6.4.1 Personal factors

It is found that the average age of the sample group is 31 years old, with the minimal age of 22 years and the maximal age of 57 years. Most of them, 60.40%, are bachelor degree holders, 54.60% are generals and 88.80% are operational nurses. The average monthly income is 10,630 baht, with minimal salary of 5,000 baht and the maximal salary of 65,000 baht.

6.4.2 Work environment factors

It is discovered that 51.40% have undergone training sessions on hospital accreditation and 98.40% have received the information concerning the issue. It is also found that participation in development activity is at a moderate level (61.90%) and the same level is applied to job security (72.80%) and the equivalence of job and academic/professional competence (66.80%).

6.4.3 Socio-psychological factors

It is revealed that 66.50% of the nurses find their work motivation at a moderate level and the same level is also applied to their attitudes toward work (69.30%).

6.5 Readiness of the nurses for the development of hospital accreditation

In terms of knowledge readiness, it is found that 64.50% are ready at a moderate level, 18.50% are at a high level and 16.90% are at a low level. In terms of attitudinal readiness, 65.50% are ready at a moderate level, 17.60% are at a low level and 16.90% are at a high level.

When the two types of readiness are combined, it is revealed that 72.20% are ready for the development at a moderate level, 15.00% are at a low level and 12.80% are at a high level consecutively.

6.6 Factors influencing the readiness of the nurses for the development of hospital accreditation

Using the Stepwise Multiple Regression Analysis to analyze the factors, it is discovered that two factors which are statistically significant at 0.05 are work motivation and present work conditions. The two factors are positively related to the readiness and present work conditions can explain the change of a dependent variable, the readiness, at an accuracy rate of 11.90%. The finding also confirms a hypothesis stating that the two factors are positively influencing the readiness of the nurses for the development of hospital accreditation.

6.7 Problems on the implementation of the development of hospital accreditation at Prapinklao Hospital

The nurses do not fully comprehend the accreditation development, are afraid of changes and not enthusiastic in working. Administrators have different perceptions on the issues. In addition, regular work load is already a big burden and, in turn, a barrier for such a development. Medical personnel are not so cooperative and don not get sufficient information to realize the importance of

such a commitment. In order to solve the problems, workshops should be organized and everyone is taking part in the development processes. Administrators should be role models and seriously commit to the scheme. A clear policy should be established and consultant teams provides.

Department heads are willing and ready to cooperated in the activities provided that their participation does not obstruct current responsibilities. When realization and knowledge is in the same channel, efficient work can be carried out so that it will be beneficiary to all patients.

The implementation problems according to operational staffers can be summarized as follows:

The nurses require more information concerning the issues. Other problems are understaffing, negative attitudes toward the development, unenthusiasm, sporadic implementation, lack of consultants, cooperations from all sides, conflict of policy and practice, and short time span to carry out efficient implementation.

To solve the problems, operational staffers should be adequately supplied and more workshops and seminars should be organized so that their perception concerning the issue would be correct and unanimous. Administrators should listen to their suggestions and they should be encouraged to further their studies as a part of personnel development programs.

6.8 Suggestions from this study

According to the research findings, the suggestions can be grouped into 2 categories as follows:

6.8.1 Suggestions on the development of hospital accreditation

6.8.1.1 Medical personnel should be trained and fully equipped with relevant information concerning hospital accreditation. A field trip to accredited hospital should be organized so that they would feel the needs to develop their own. Training sessions would enable them to understand the processes, strengths and weaknesses of hospital accreditation so that they possess positive attitudes and carry out development activities in the same manners.

6.8.1.2 Information concerning the issue should be fully and evenly provided. Information distribution should ideally be a two-way communication so that opinions can be expressed and heard by all, and positive attitudinal changes may take place. Providing information should be a continuous process and workshops should occasionally be organized to assess the effectiveness of the influence of information.

6.8.1.3 Organizations should provide suitable work conditions where work is not too heavy or complicated. Operational staffs are able to express their opinions or suggestions to solve problems so that they would be willing and ready for further development. These would also make them ready to work efficiently and effectively for the organizations.

6.8.1.4 It is found that work motivation is positively related to the readiness of nurses. Motivation can be attained by indicating strength and benefits of the hospital accreditation and the significance to maintain quality standard of services. Such motivation may be in the forms of job promotion, higher pay and reputation of the hospital.

6.8.1.5 Emphasis on the importance and determination to upgrade the hospital should be stressed among medical personnel. These aspects can occur only when clear policies are established and regular assessment is carried out to activate their enthusiasm in quality development of the workplace.

6.8.2 Suggestion for this study

It is found that there is a defect in the research instrument employed for this study. Certain sections of the questionnaire are not clearly communicated. In addition, reliability of the instrument is not relatively good. Furthermore, there was a time restriction on the data collection, therefore the application of the findings should be seriously considered before being implemented.

6.9 Suggestions for further studies

6.9.1 Other similar study projects should focus on other medical personnel, for instance, doctors and other medical staffers as it is suggested from the open-ended questionnaire that these groups are not so cooperative in carrying out implementation of the hospital accreditation. Such a cooperation is crucial to the success or failure of the accreditation processes.

6.9.2 A comparative study with other hospital being under the process of accreditation should be conducted as different groups of population under various work circumstances may yield remarkable findings that are beneficial to the process and better quality services to the patients.

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ปริญญาวิทยาศาสตรมหาบัณฑิต สาขาบริหารงานสาธารณสุข บัณฑิตวิทยาลัย
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ในงานบริการผู้ป่วยนอกของเจ้าหน้าที่ปฏิบัติการในโรงพยาบาลทั่วไปและโรงพยาบาลศูนย์
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APPENDIX

QUESTIONNAIRE

Readiness of the nurses at Somdejprapinklao Hospital to the development of hospital accreditation

Directions: Please make a ✓ in () or fill in the space provided

Part 1: Personal Factors

1. At present, your age is _____ years
 - () You think you will work for another _____ years (early retirement)
 - () Work until retirement age, for _____ years
2. Your education
 - () Lower than bachelor
 - () Bachelor
 - () Higher than bachelor
3. Your rank is
 - () General () Lieutenant
4. Your job position is
 - () Unit head () Deputy unit head () Operational staffers
5. Your monthly salary is _____ baht
Your monthly expenditure is _____ baht

Part 2: Work environment factors

1. During the past 1-2 years, have you attended any training sessions on the development of hospital accreditation?
 - () No.
 - () Yes _____ times
 1. _____ year _____
 2. _____ year _____
 3. _____ year _____

2. Have you ever received information about the development of hospital accreditation?

No

Yes

meeting at work place

seminar

exhibition

others (please specify)

2.1 The information is mainly about (more than 1 item)

knowledge about hospital development

approaches about the development of hospital accreditation

information about the issue at other hospital

general information on development

necessity about hospital development

news on social security

2.2 Do you want any additional information?

No.

Yes, about _____

3. Participation in the hospital development activities

How would you rate the levels of your participation in the following activities?

No.	Statements	Most	Much	Little	Least	More
1.	Defining objectives, mission, vision and operations					
2.	Planning operation activities					
3.	Attending meetings on the implementation of the development for hospital accreditation					
4.	Participating in the decision making process on changes of work patterns in the preparation for the accreditation					
5.	Participating in improving operational steps for the accreditation					

No.	Statements	Most	Much	Little	Least	More
6.	Being a board member for the hospital development					
7.	Participating in the assessment of the progress of the project					
8.	Participating in defining work standard for the development of hospital accreditation					
9.	Carry out the activities set by the hospital board					

4. Present work conditions

What levels would you rate about your work condition?

No.	Statements	Most	Much	Little	Least	More
1.	My work is heavy and hard					
2.	My work is complicated requiring special knowledge and skills					
3.	I am often assigned to work outside my unit					
4.	I am free to control, change and organize my work system					
5.	I am able to comprehend and solve my work-related problems alone					
6.	When problem arise, no one is responsible					
7.	A clear boundary between administrators and operational staffers in terms of problem-solving					
8.	My department head understand my problems and needs					
9.	I am involved in solving problems with other agencies					
10.	I am encouraged to restructure my work system to meet others' needs					
11.	Everyone in my section trusts one another					
12.	I consult my colleagues in solving problems					
13.	I get cooperation from others in restructuring my work system					

No.	Statements	Most	Much	Little	Least	More
14.	I am allowed to express suggestions to solve problems					
15.	My comments are taken into account					
16.	We solve problems by teamwork					
17.	I have to do my work outside official hours					
18.	My work is so complicated that it obstructs my family life					
19.	My work is boring					
20.	I am assigned a lot of work and sometimes I have to work for others					

5. Present job security

How secure is your job?

No.	Statements	Most	Much	Little	Least	More
1.	I am promoted to higher position					
2.	I am vulnerable to be transferred					
3.	I am not worried about official trips to other regions					
4.	I work happily without fear of being blamed					
5.	I have sufficient incomes					
6.	Pay rise is just for me					
7.	I have to find extra jobs to support my family					
8.	I am taken care of welfare, e.g. accommodation, food, shifts and rest on duty					
9.	I am vulnerable to be sued, blamed or complained form doing my work					

Part 3: Socio-psychological factors

1. Work motivation

How would you rate the following statement?

No.	Statements	Most	Much	Little	Least	More
1.	I am proud of my work					
2.	I can work with others well					
3.	I have opportunities to be promoted					
4.	Pay rise for me is just					
5.	When problems arise, I will be helped					
6.	I am encouraged to develop my professional knowledge					
7.	I think that my institute is reputable					
8.	I am attracted to work here					
9.	My achievement encourages me to further develop my work					
10.	Work achievement brings me fame					
11.	I am provided with suitable welfare					
12.	When I or my family members are sick, we are well taken care of					

2. Attitudes toward work

How would you rate the following statement?

No.	Statements	Most	Much	Little	Least	More
1.	I am satisfied with my work					
2.	My supervisor is friendly					
3.	I can consult with my supervisor					
4.	Returns from work are worth my dedication					
5.	I am assigned to work in line with my competence					
6.	My decision to work here is right					
7.	I am ready for a job change if returns are more attractive					
8.	I am ready to work for the progress of my institute					
9.	I am confident to tell others that the services at my hospital are good					
10.	I am regarded as a valuable asset and can transfer to a more suitable place					

No.	Statements	Most	Much	Little	Least	More
11.	My dedication to my job is not appreciated by my supervisor					
12.	My current work provides me with new knowledge and experience					
13.	I sometimes feel bored and frustrated with my work					
14.	I can work well without advice from my colleagues or supervisor					

Part 4: Knowledge readiness

Do you regard the following statement as true or no?

No.	Statements	Most	Much	Little	Least	More
1.	Hospital quality development is a voluntary issue					
2.	The ultimate goal of the development is quality service					
3.	Assessment is a foundation of accreditation. External audit is just a catalyst					
4.	Continuous Quality Improvement is a concept of quality service maintenance					
5.	The target of quality development is the patients					
6.	Quality development is a problem-solving and needs satisfaction of patients					
7.	Hospital accreditation focuses more on individuals than on work environment or work procedures					
8.	When problems arise, the head is in full charge for best efficiency					
9.	Application of new concepts is risky for the operations of quality maintenance					
10.	Quality assurance starts from system layout/writing manuals/defining standard/measurement and follow-ups					

No.	Statements	Most	Much	Little	Least	More
11.	Quality assurance is the operation according to expectations regardless of better work as it is not in the regulations					
12.	The development for hospital accreditation sets a goal for long-term and sustainable quality					
13.	Hospital standard assessment is individual-focused rather than work system-focused					
14.	Issues for development can be based on the present work conditions					
15.	In order to understand the problems, the relationship between the problems and individuals, place and time must be considered					
16.	All units should use the same operation manuals					
17.	Prior to external audit, progress should be examined by team of experts first					
18.	After being accredited, it is imperative to conduct regular assessment					

Part 5: Attitudinal readiness

What is your opinion on the following issue?

No.	Statements	Yes	No	Unsure
1.	The development of HA guarantees service users high quality service			
2.	Development activities are time-consuming and disrupt routine work			
3.	The development of HA enables nurses to have better knowledge and ability according to global changes			
4.	The development of HA is not necessary for present-day health services			
5.	Development activities are useful and should be implemented regularly			

No.	Statements	Yes	No	Unsure
6.	It is a complicated matter to be involved in defining mission, vision and service standard in my hospital			
7.	The development of HA is complicated			
8.	It is good to have a job assessment to ensure correct operations			
9.	The development of HA indicated responsibility to provide services			
10.	The development of HA enables users to be confident and accept the service quality			
11.	It is not possible for my hospital to achieve accreditation			
12.	I am fed up with the development activities			
13.	Development activities add more burden to me			
14.	I agree that both private and state hospital should implement the accreditation to have better service quality			
15.	Quality development activities generate better service quality			
16.	I am satisfied with the activities			
17.	The concept of quality development enables the nurses to work more efficiently			
18.	You and your colleagues agree that it is good to implement the quality development activities			
19.	I am pleased and willing to participate in the activities regularly			

1. In your opinion, what are the problems of the implementation for the development of hospital accreditation?

1. _____
2. _____
3. _____

2. What are the solution guidelines to solve those problems?

1. _____
2. _____
3. _____

3. What types of readiness do you possess for the development of hospital accreditation?

1. _____
2. _____
3. _____

Thank you for your kind cooperation

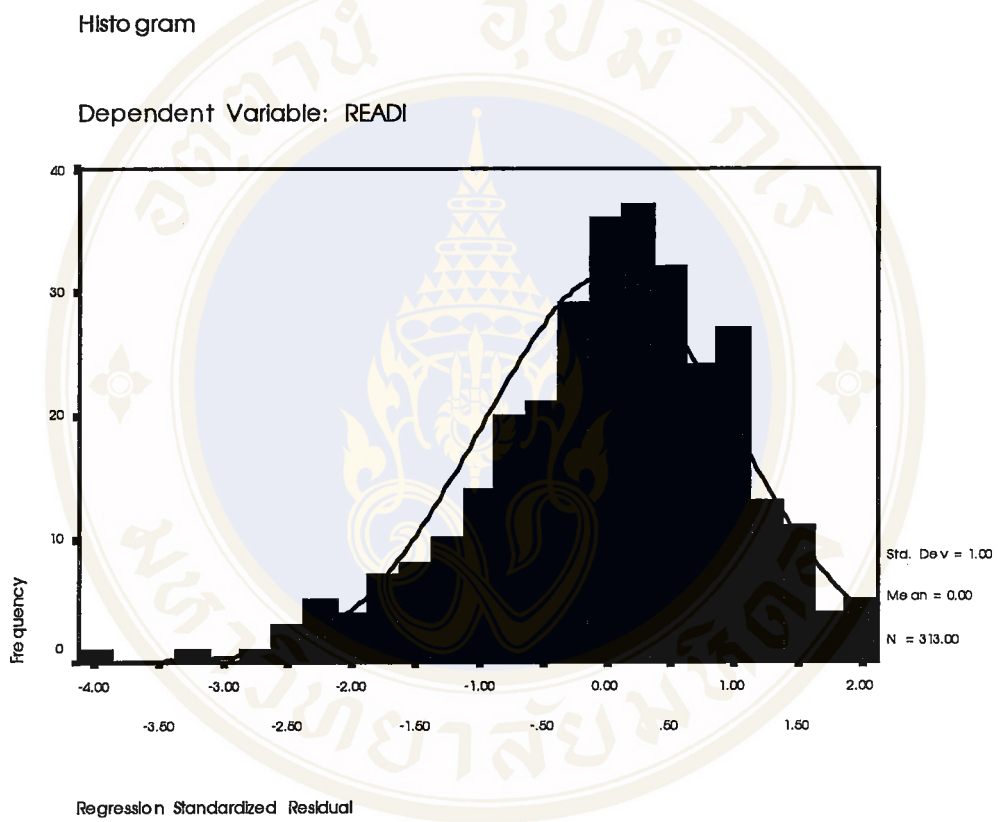


Figure 4: Normal probability graph

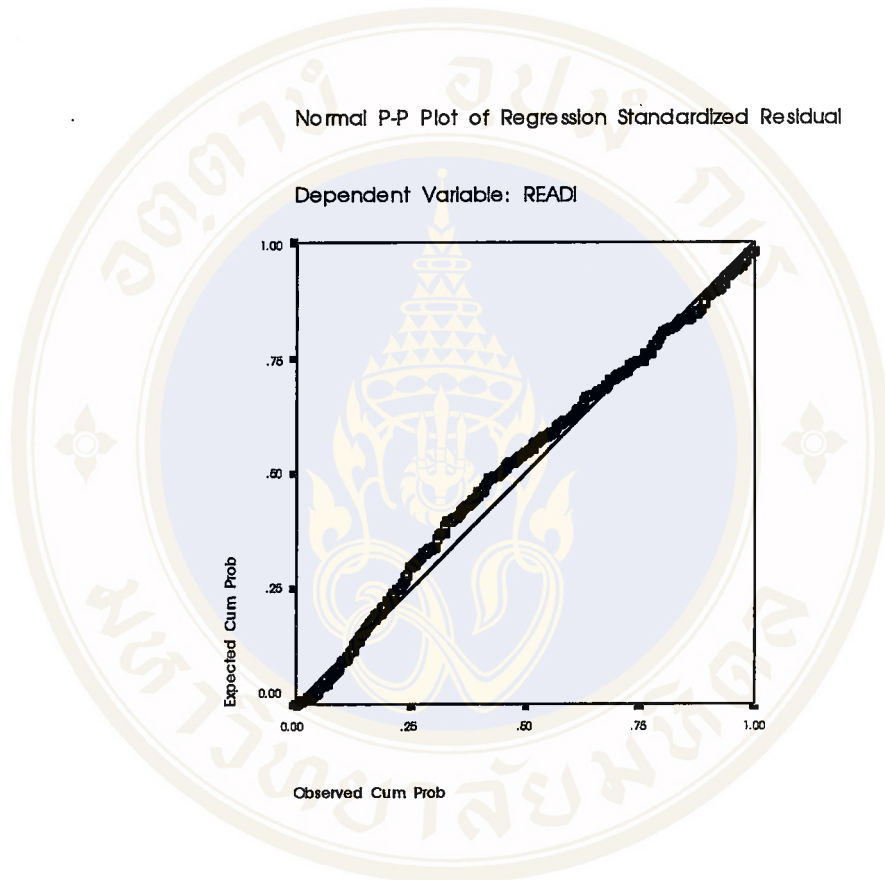


Figure 5: Linearity graph

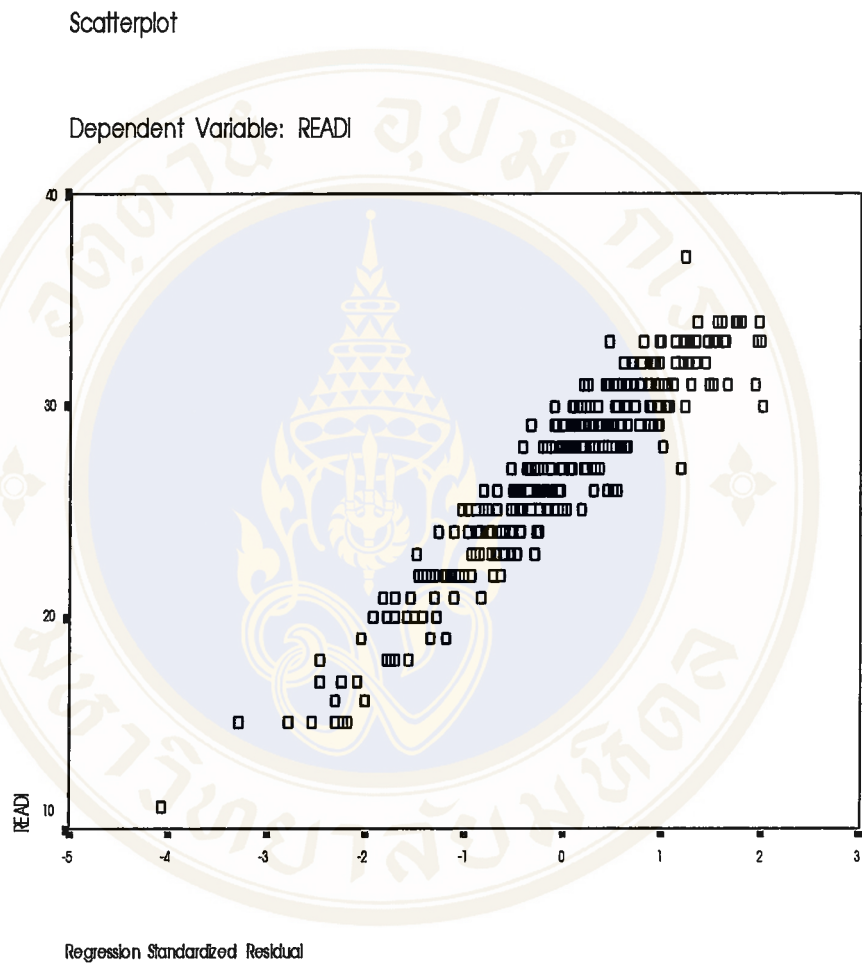


Figure 6: Residual of error values graph

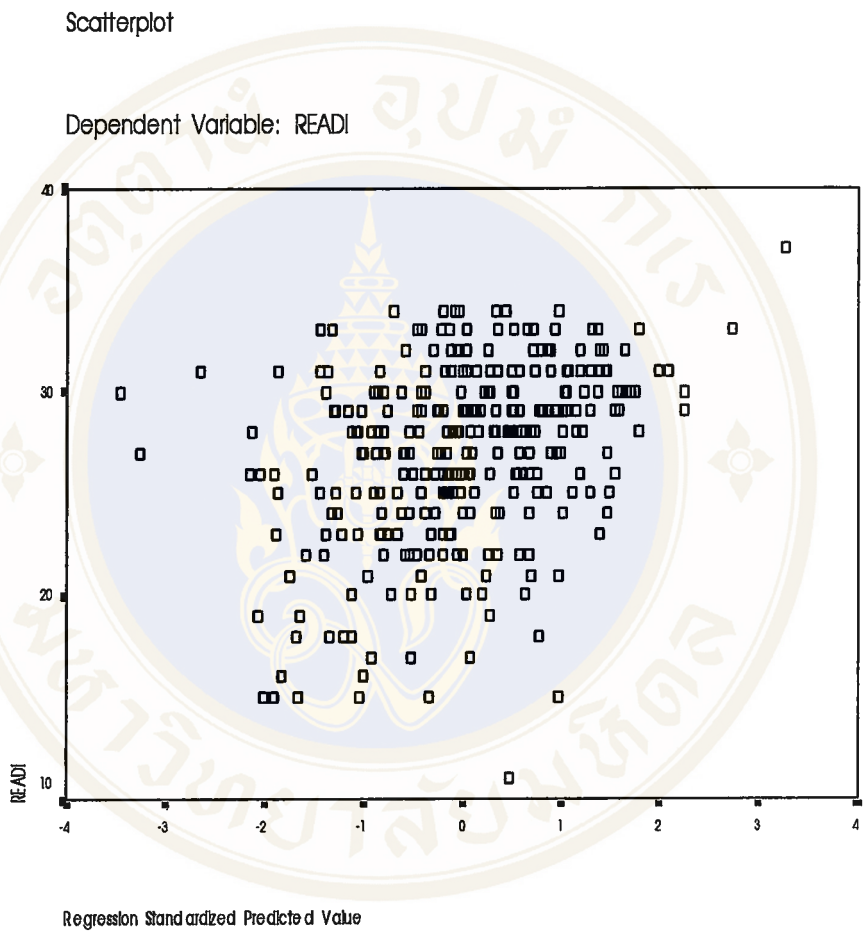


Figure 7: Residual of error values graph

BIOGRAPHY



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