SURVEYOR COMPETENCY MODEL FOR THE THAI HEALTHCARE ACCREDITATION PROGRAM

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ABSTRACT

The study on “Surveyor Competency Models for the Thai Healthcare Accreditation Program” aimed to establish a competency model for the surveyors in the healthcare accreditation program, and to develop guidelines for applying the competency model in a surveyor development system. The researcher conducted this study by mixed research methods. The specifically selected sampling groups were twelve experts who possess tacit knowledge, skills, and experiences in healthcare accreditation. The research methods included in-depth interviews and an actual survey observation, and the data was analyzed by using a content analysis approach prior to concluding surveyor competencies and behavioral definitions, followed by a draft of surveyor competency models, validated with twelve experts and other twenty-four surveyors.

The study results found twenty-six competencies for surveyors: 1) seven core competencies: beliefs; philosophy and ethics; respect; self-assessment report analysis of healthcare organization; interpersonal relationships; teamwork; and adaptability 2) three management competencies: planning and organization; time management; and conflict management , and 3) sixteen functional competencies, which were classified into four sub-groups: necessary knowledge; appreciative inquiry; communication skills; and learning facilitation skills.

Competency models application guidelines development for surveyor development system, involved two significant steps: 1) Competency dictionary development, which composed of definitions and desired behaviors regarding each level of proficiency, which were divided into three levels: surveyor, survey team leader, and senior surveyor 2) Competency models application guidelines development in the surveyor development system, which found suggestions that surveyors need to apply core competencies in the candidate surveyor recruitment and selection stage. At the surveyor training and development stage, functional competencies are necessarily applied, because this stage enhances surveyors' capabilities to perform the surveys. In the surveyor registration stage, it was found that surveyors should apply all twenty-six competencies. Besides the abovementioned results, the study also found that applying competency models in the surveyor development system, required conducting learning activities with the adult learning concept.

This study convinced competency models development, which was derived by experts. Each competency was extracted from tacit knowledge of experts who possess a high level of survey experience in Thai societal contexts. Significantly, these competency models, particularly beliefs and respect concerning people with friendly and humble manners are also reflected in Thai identities. Additionally, this study also found learning facilitation, and appreciative inquiry competency models, which initially and positively empowered. Hence, developed surveyor competency models in this study are sufficient to change or improve Thai healthcare accreditation, and empower surveyors to practically and tangibly apply them in their survey sessions. Surveyors in Thai societal contexts will assertively, be both evaluators and learning developers in order to bring about positive changes for Thai healthcare accreditation.

KEY WORDS: SURVEYOR/ COMPETENCY/ SURVEYOR COMPETENCY/ COMPETENCY MODELS DEVELOPMENT

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SURVEYOR COMPETENCY MODEL FOR THE THAI HEALTHCARE ACCREDITATION PROGRAM

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บทคัดย่อ

การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อ 1) พัฒนาตัวแบบสมรรถนะผู้เยี่ยมสำรวจในระบบการรับรองคุณภาพสถานพยาบาล และ 2) พัฒนาแนวทางการประยุกต์ใช้ตัวแบบสมรรถนะในระบบการพัฒนาผู้เยี่ยมสำรวจ โดยดำเนินการวิจัยแบบผสานวิธี ศึกษาในกลุ่มผู้เชี่ยวชาญด้านกระบวนการรับรองคุณภาพสถานพยาบาลที่มีความรู้ฝังลึกและมีทักษะประสบการณ์เกี่ยวกับการเยี่ยมสำรวจ จำนวน 12 คน ด้วยวิธีการสัมภาษณ์เชิงลึกและการสังเกตการเยี่ยมสำรวจจริง วิเคราะห์ข้อมูลโดยการวิเคราะห์เนื้อหา องค์ประกอบสมรรถนะผู้เยี่ยมสำรวจ ความหมายเชิงพฤติกรรม และร่างตัวแบบสมรรถนะผู้เยี่ยมสำรวจ หลังจากนั้นจึงนำมาตรวจสอบความเที่ยงตรง โดยตรวจสอบจากกลุ่มผู้เชี่ยวชาญ และกลุ่มผู้เยี่ยมสำรวจทั่วไป 24 คน

ผลการศึกษา พบว่า สมรรถนะที่จำเป็นสำหรับผู้เยี่ยมสำรวจมีทั้งหมด 26 สมรรถนะ ประกอบด้วย 7 สมรรถนะหลัก ได้แก่ ความเชื่อ ปรัชญาและจริยธรรม ความเคารพ การพัฒนาตนเอง การมีปฏิสัมพันธ์ การทำงานเป็นทีม และการปรับตัว 3 สมรรถนะเชิงบริหาร ได้แก่ การวางแผนและการจัดการ การบริหารเวลา การบริการความขัดแย้ง และ 16 สมรรถนะเฉพาะงาน ที่สามารถจำแนกออกเป็น 4 กลุ่ม ได้แก่ กลุ่มความรู้ที่จำเป็น กลุ่มทักษะการสืบค้นข้อมูลอย่างเป็นระบบ กลุ่มทักษะการสื่อสาร และกลุ่มทักษะการกระตุ้นการเรียนรู้

สำหรับแนวทางการประยุกต์ใช้ตัวแบบสมรรถนะในระบบการพัฒนาผู้เยี่ยมสำรวจ ดำเนินการ 2 ขั้นตอน คือ 1) จัดทำพจนานุกรรมสมรรถนะผู้เยี่ยมสำรวจ ประกอบด้วย ความหมายและพฤติกรรมที่คาดหวังตามระดับความสามารถ ซึ่งแบ่งออก 3 ระดับ ได้แก่ ระดับผู้เยี่ยมสำรวจ ระดับหัวหน้าทีม และระดับผู้เยี่ยมสำรวจอาวุโส และ 2) จัดทำแนวทางการนำตัวแบบสมรรรถนะมาประยุกต์ใช้ในระบบการพัฒนาผู้เยี่ยมสำรวจ โดยขั้นการสรรหาและคัดเลือกผู้เยี่ยมสำรวจเน้นที่จะนำสมรรถนะหลักมาประยุกต์ใช้ สำหรับขั้นตอนการฝึกอบรมและการพัฒนาเน้นที่สมรรถนะเฉพาะงาน ส่วนในขั้นตอนการขึ้นทะเบียนเป็นผู้เยี่ยมสำรวจพบว่าควรใช้ผลการประเมินสมรรถนะทั้ง 26 สมรรถนะ นอกจากนี้ยังพบว่าการนำตัวแบบสมรรถนะไปประยุกต์ใช้ในระบบพัฒนาผู้เยี่ยมสำรวจ จะต้องจัดกิจกรรมการเรียนรู้ภายใต้หลักคิดการเรียนรู้แบบผู้ใหญ่

การศึกษาครั้งนี้เป็นการสร้างตัวแบบสมรรถนะจากผู้มีความเชี่ยวชาญระดับสูงผ่านประสบการณ์จริงในบริบทสังคมไทยโดยพบว่า สมรรถนะที่สะท้อนเอกลักษณ์ของความเป็นไทยได้แก่ ความเชื่อและความเคารพผู้เกี่ยวข้องที่ส่งผลให้ผู้เยี่ยมสำรวจมีความเป็นกัลยาณมิตร สมรรถนะด้านการกระตุ้นการเรียนรู้ การมุ่งค้นหาสิ่งดีเป็นพลังบวกผู้เยี่ยมสำรวจในบริบทไทย จะเป็นทั้งนักประเมินและนักสร้างการเรียนรู้ที่จะก่อให้เกิดการเปลี่ยนแปลงคุณภาพในสถานพยาบาล

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CHAPTER I
INTRODUCTION

1.1 Background and problem statement

Amid the rapid economic and technological changes during the 1990s, countries around the globe were facing problems with regard to the quality of services and medical practice; insufficient number of personnel; inefficiency of the system; and the prosecution against physicians and medical personnel (Sanguan Nitayarumphong, 1997: 29-25; WHO, 2003). Having encountered such problems, the governments of various countries started to put an effort into pursuing healthcare reform and in establishing a mechanism for systematically assessing the quality by adopting a system of external evaluation (Scrivins, 1998: 1). This was based on a belief that an external evaluation system would serve as a key mechanism for encouraging the healthcare facilities to realize the opportunity to pursue "continuous quality improvement (CQI)", especially the development of healthcare standards to get accreditation and regain their creditability from the public. (Wiebe & Hoskin, 2010)

A healthcare facility is a complex organization. The practice of each health professional serves as a part of the caring system that requires continuity to ensure the utmost level of safety for patients up to the time when they are discharged from the facilities. This fact coupled with a trend of the health system reform that focuses on promoting achievement in terms of ensuring universal access to services, ensuring the delivery of services with a high level of quality that is responsive to the needs of patients and customers, and the involvement of physicians and other health professionals in improving the outcomes of treatment and care (WHO, 1990 cited by Ruiz, 1999: 135) have contributed to the adoption of a healthcare accreditation system now widely implemented. This system focuses on self-assessment among healthcare facilities to improve their work system. The survey, on the other hand, is a visit made to the facilities to confirm the result of their self-assessment, to assess their practices

against the standards established specifically for healthcare facilities, and to give recommendations for their improvement.

At the beginning, during 1990s, the healthcare accreditation was criticized and viewed that it was an inappropriate system for promoting the continuous quality improvement (CQI) given that quality could not promoted successfully through a process of self-review and external evaluation. Also, during that period, people looked at hospital accreditation in a negative way. Most health personnel regarded it as a punishment rather encouragement and promotion for improvement and development. It was difficult to argue or prove that the healthcare accreditation was the best tool for developing the quality of the services. It was not until the beginning of 1991 that ACHS, JCAHO and CCHSA (the leading organizations in the area of accreditation) realized more clearly that the current accreditation standards and processes at that time were out of date, and were not consistent with the organizational development theory (of that time) which focused on Total Quality Management. (Scrivens, 1998: 3)

The concept of Total Quality Management (TQM) or Total Quality (TQ) is a philosophy or management method with 3 factors: 1) the focus on the customer, 2) continuous improvement, and 3) teamwork. And when TQM is compared with Continuous Quality Improvement (CQI), it could be explained that TQM is a strategic concept while CQI is the principle at the tactical and operational level that would contribute to the achievement of the strategy. (Kelly, 2007: 10) However, sometimes it was found that TQM and CQI could be used interchangeably.

According to the above, in 1991, the concept of CQI was adopted in: 1) improving the standards used for granting an accreditation, and for improving the survey process in a way that focused on CQI rather than checking, 2) focusing on taking mistakes as the input for improving the process of care to ensure good expected outcomes, 3) ensuring a patient-centered care system, 4) reviewing the patient care system for the continuous quality improvement (CQI) of related systems, 5) reviewing all statistics with a purpose for improvement, 6) promoting the involvement of the multidisciplinary team, 7) improving the standards used for granting an accreditation in order to gain acceptance from a wide range of practitioners of all professions, and 8) proposing that the government should use the accreditation system to promote quality

rather than using it for monitoring the practice against a minimal standard. (Scrivens, 1998: 3)

After the healthcare accreditation system had been adjusted, it led to a situation that the survey process started to shift its focus to emphasize the establishment of learning, the continuous quality improvement (CQI), and the achievement of quality improvement effort in line with the standard targets. This adjustment coupled with the healthcare reform contributed to the healthcare accreditation system being implemented in a broad range based on the belief that the accreditation would serve as a key mechanism for establishing the standards of the health system and for gaining the creditability from public (Rooney, 1999; Wiebe, 2010). And as a consequence, almost 70 organizations were founded for taking accreditation role worldwide. (www.ISQua.org)

Healthcare accreditation gained acceptance and expanded rapidly; and that made a large number of related parties become concerned about the sustainability of the system. World Health Organization (2003) has proposed that: 1) the entry into accreditation system shall be voluntary, which means that accreditation organizations shall be able to change the concepts and attitudes of the personnel in healthcare facilities making them understand that the survey for granting healthcare accreditation is not an investigation but a participatory learning process, and that the surveys are not used for granting the healthcare accreditation only but the hospitals can use them for learning and reviewing towards an improvement of their work system, 2) effort shall be made to ensure the reliability of the survey process by ensuring the availability of competent surveyors for conducting the survey with an aim to confirm the result of healthcare facilities' self-assessment, and ensure the emphasis on the establishment of participatory learning rather than the investigation or identifying a threat. The surveyors shall be able to take role as a consultant or facilitator so that the team of the facilities being surveyed can point out an issue or an opportunity for improvement, and can tailor their management in consistence with their respective contexts by themselves.

Therefore, the surveyors are very important persons within (and on the part of) the accreditation process given that they represent an accreditation institute in conducting a survey of a healthcare facility. The duration of a survey varies according

to the size and the complexity of a health facility. The survey will focus on interviews with healthcare personnel, and sometimes with patients and their relatives; a review of documents and medical records, and observing the operation of healthcare service as well as other support services. The survey will be conducted covering all work units, except for a large healthcare facility where a randomized survey may be the choice. Survey results will be concluded and presented as a verbal report prior to leaving the facility, and an official report will be compiled and sent to the facility on a later date. The report will comprise the points deserving admiration and the recommendation for areas of improvement. (Shaw, 2000: 169-175) In order to gain the utmost benefit from a survey, all related parties should understand that the survey should not be regarded as a technique but a method for thinking differently and looking at the problems from a different angle. The judgment on survey results will be made together for the benefits of all parties. (Nawarat Phlainoi, 2006: 56-58)

Hence, the surveyors must be competent, possess creditability, and have experience and expertise in clinical and management areas. (Shaw, 2000: 169-175) Surveyors shall be careful about the role of power that keeps working unnoticeably at all times among the members in the survey team and between the survey team and the healthcare facility, because it is very likely for the power-based relationship to cause an effect on the level of participation and decision-making. (Nawarat Phlainoi, 2006: 56-58) Therefore, accreditation organizations should place an importance on surveyor development in order to ensure that the accreditation process would be a learning process.

The study of Presskil & Torres (1999) revealed that in an effort to ensure that the survey process would be a learning process, the surveyor must take role as a facilitator for the learning, must encourage a thorough reflection of ideas through questioning, and most importantly, the surveyors must acknowledge and understand the values, the beliefs, and the knowledge of the members in the organizations being surveyed. Valuing the importance of everybody, and having an ability to get rid of any behaviors that may cause any interference to the learning process during the time of the survey, can help maintain the favorable atmosphere for continuous learning.

Based on the texts outlined above, it is clear that in an effort to make the survey a participatory learning process, the surveyors play a very vital role. Hence,

accreditation organizations should emphasize the importance of the recruitment and the selection of surveyors, as well as the surveyor training and development in a way that they will be capable of or competent in making the survey process a participatory learning process. There was a meeting of experts organized in Cairo in 2002, in which the criteria for recruiting the surveyors were determined as follows: (WHO, 2002) have expertise in the area of healthcare service (physician, nurse, and administrator); have interpersonal relationship skills; have experience in the area of management; possess knowledge of standards (used for accreditation); and have knowledge about the quality assessment method.

Also, based on the study of Shaw (2004), the key content required for surveyor development comprise: 1) standard's interpretation, 2) survey process, 3) interviewing and observation skills, 4) documentation review, 5) training on some specific and important areas such as the prevention and control of infection, and 6) report-writing technique.

According to the suggestions outlined above, it is clear that the concept about competency has been involved and has played important role in the surveyor administration system ranging from recruitment and selection to the surveyor development. Though a review of studies could not find any research conducted directly about the application of competency in the process of surveyor development, accreditation organizations in various countries have specified clearly about the competency that a surveyor needs to have.

Thailand has adopted healthcare accreditation into implementation for about a decade based on the concept that healthcare accreditation is an activity allowing an external organization to enter an organization and learn about its work systems and its effort for quality improvement, and then announce such effort to public. Healthcare accreditation serves as an important stimulating power towards continuous quality improvement (CQI) in a healthcare facility. The survey of a facility would be conducted using peer-based or good-friendship approach, and would be conducted when the self-assessment of a facility against the set criteria has been completed. And the survey would be regarded as a learning process rather than an investigation, which would stimulate the working team towards improvement in a thorough manner (Anuwat Supachutikul, 1999: 5-6). However, in reality, there are a

considerable amount of problems in Thai society about the culture of assessment. People view an assessment as an activity conducted by experts from outside the organization who come into the organization to control, look for mistakes, and identify a responsible person for any imperfection. This has contributed to the development of resistance among people, which contributes further to a situation that people would fail to learn from assessment results (Nawarat Phlainoi, 2006: 53).

Healthcare accreditation is a model of an assessment process that uses assessment results with a judgmental purpose to grant an accreditation. Though attempts had been made to ensure that a survey conducted by the persons from the outside would be carried out using a peer-based (or good-friendship) approach, as healthcare accreditation was very new for Thai society, the procedures of external survey at the initial stage caused a considerable amount of fear and anxiety among persons who did not understand. These people thought that through external survey, people from the outside would come to look for mistakes. They also raised questions about what kind of persons would serve as an external surveyor, whether their qualifications met a standard, and whether the judging criteria were equitable (Anuwat Supachutikul, 1999). In order to ensure the confidence in surveyors, the selection and the development of surveyors were carried out so carefully that such skill training for them would take a long time. This way, it could be assured that they would be capable enough to take role as a surveyor.

A situation analysis conducted by The Healthcare Accreditation Institute (Public Organization) (HAI) showed that problems still persisted regarding the preparation of more surveyors, the capability building for them, and how to maintain adequate number of surveyors to meet the current needs of healthcare facilities (HAI, 2010). A review of this document shows that if the competency of surveyors is defined clearly, it can be adopted as the guide for surveyor development as well as surveyor recruitment and selection. Surveyor training and development can help increase the number of surveyors more efficiently. Thus, to achieve the goal of having surveyors with the competency to make the survey a learning process, there is an urgent need to investigate what essential competencies the surveyors need to have, and how these competencies can be applied in each procedural step of surveyor development.

1.2 Research questions

This study was conducted to answer the following questions:

1.2.1 How would essential competencies for the surveyors in healthcare accreditation within Thai contexts be characterized?

1.2.2 What is the appropriate approach for applying these competencies in surveyor development?

1.3 Research objectives

This study has the following objectives:

1.3.1 To establish a competency model for the surveyors in healthcare accreditation program.

1.3.2 To develop guidelines for applying the competency model in a surveyor development system.

1.4 Research scope

This study is a mixed methods research that aims to explore and create a competency model necessary for surveyors in the healthcare accreditation system and to develop an approach for applying these competencies in surveyor development. The studied units were of individual level. The organization selected for this study was The Healthcare Accreditation Institute (Public Organization) given that it was the only institute currently taking the role of granting healthcare accreditation as prescribed in a Royal Thai Decree. The study samples were the persons with a high level of experience who had gained good acceptance from healthcare facilities and related organizations such that they possessed knowledge and ability in the area of healthcare accreditation, which included: 1) surveyors with a high level of experience and ability at the level of training surveyors, 2) high management officials of the Institute, and 3) representatives from healthcare facilities. The study was divided into 2 phases:

Phase 1: Explore and create a competency model necessary for surveyors in the healthcare accreditation system.

Phase 2: Develop an approach for applying the competency in surveyor development.

1.5 Operational definitions

Surveyor refers to a person who has gone through the training and developed the skills for taking the function as a surveyor appointed by an accreditation body as its representative to survey a healthcare facility, sort out the values and evaluate the performance against a standard, ensure the establishment of learning during the survey, and give recommendations for the work system and continuous improvements in each facility that has applied voluntarily to get surveyed and accredited.

Surveyor competency: The characteristics of a surveyor that reflect his/her knowledge, skills, attributes, beliefs, and habits that would enhance his/her ability in taking the function of a surveyor in line with the philosophy of the Institute, which has been described as “The survey is a learning process”.

Survey: The process in which the surveyor pays a visit to a healthcare facility to confirm the result of its self-assessment. This includes visits to work units, and interviews with healthcare personnel, patients and relatives, as well as the representatives from the community, in order to establish a process of participatory learning, to assess the level of improvement against standard criteria, and give recommendations for continuous improvement.

Healthcare accreditation: The granting of accreditation for a healthcare facility certifying that it has aligned its work system favorably to the provision of quality and safe services, that it has improved its work system continuously, and that it has a system for regular self-check in place. The body making judgment for granting

an accreditation is the Board of the Institute, the consideration of which is based on the comments from subcommittees and the report on survey results prepared by surveyors.

Accreditation: means to certify that a healthcare organization has the requisite operation and quality improvement processes which support good-quality health services and meets the standards stipulated by the Board. Such accreditation is an accreditation of work systems of a healthcare organization, not the assurance of clinical outcomes of individual patients.

Surveyor development: The recruitment and selection process for a potential surveyor; the training and development process for a potential surveyor as the preparation for them to get registered as a surveyor.

Surveyor development guidelines: Assigning the essential competencies for surveyors as a part of the criteria for selecting a potential surveyor to enroll him/her in training and development process; and using such essential competencies in defining the contents and activities of the training, and in defining the criteria for assessing the competencies required for getting registered as a surveyor.

1.6 Research contributions.

1.6.1 A competency model created from tacit knowledge of experts in the area of healthcare accreditation can be applied in assessing the capability of surveyors.

1.6.2 The approach for applying the competency model in surveyor development, ranging from the recruitment and selection, surveyor training and development, and using it as the assessment guide for registering a surveyor.

1.6.3 Study results could serve as preliminary data for future research on surveyors and the survey process for granting healthcare accreditation.

CHAPTER II
LITERATURE REVIEW

For this study, the “Surveyor Competency Model for The Thai Healthcare Accreditation Program”, the investigator studied the concepts, theories and the findings of researches related to this topic and used them as the guide for conducting this research. All of these are presented in 6 parts as follows:

2.1 Quality concept in healthcare
2.2 Healthcare accreditation
2.3 Surveyor in healthcare accreditation process
2.4 Competency and developing competency model
2.5 Application of competency model in surveyor development
2.6 Conceptual framework

2.1 Quality concept in healthcare

In the past, “healthcare quality” was described in a practitioner-oriented manner as “the provision of medical service using modern technologies as well as professional medical doctors and nurses who could perfectly apply their acquired knowledge in their practice”. And the healthcare quality in the perspective of patients or clients was often referred to as the rapidness and convenience that they received. (Anuwat Supachutikul, 1998: 9; Ruiz, 1999: 135)

At present, a healthcare facility is a complex organization. The practice of each health professional serves as a part of the caring system that requires continuity to ensure the utmost level of safety for patients up to the time when they are discharged from the facilities. This complexity is coupled with the trend of the health system reform that focuses on promoting achievement in terms of ensuring universal access to the services, ensuring delivery of high quality services that is responsive to

the needs of patients and customers, and the involvement of physicians and other health professionals in improving the outcomes of treatment and care (WHO, 1990 cited by Ruiz, 1999: 135).

In 2001, healthcare quality was described by 6 quality dimensions, namely: 1) Safety: Patients should receive safe care in a healthcare facility as if they are staying at home, 2) Effectiveness: The delivery of services are carried out following a professional standard and in line with academic knowledge, 3) Efficiency: The delivery of care and service to patients and their families is based on an appropriate basis of expenditure and on the principle of loss reduction, 4) Timeliness: Patients should receive care in a timely manner, 5) Patient-centered Scheme: The caring system is designed using the patients as the center; and by respecting the dignity of patients, and 6) Equitability: The service system is designed in a way that the patients will receive care equally among them. (Ransom, et al., 2008: 3-5)

Due to such a change, the concept of Total Quality Management (TQM) started to play some roles in quality improvement in a way that linked the work management to the provision of appropriate and safe care to patients. The concept of Total Quality Management (TQM) or Total Quality (TQ) is the philosophy or the management method that consists of 3 Principles for Total Quality: 1) Customer Focus, 2) Continuous Improvement, and 3) Teamwork. (Kelly, 2007: 19)

Principle 1: Customer Focus. This refers to the acknowledgement of the needs of the customers and using such needs to inform the design of the work system in order to be responsive to these needs. In applying this concept in providing health services, the management persons must understand the difference between the viewpoints of professional practitioners and those of the customers. In the perspectives of medical practitioners, medical quality is described by the quality of the care provided in each step, such as making a correct diagnosis, and choosing a treatment method that is appropriate for the symptoms of patients. On the other hand, medical quality in the viewpoints of patients or customers refers to the services they receive, such as the attentiveness, communication, etc. Therefore, in using TQM for responding to the needs of customers, the management staff must acknowledge and accept the nature of each group in giving different meanings to the term ‘medical quality’ and apply it for managing appropriately.

Principle 2: Continuous Improvement. The principle of continuous improvement is reflected through the day-to-day operation, and how to define the performance measuring system, such as using quality dimensions and converting them into outcomes in order to lead further to continuous improvement.

Principle 3: Teamwork. This refers to the philosophy and the management methods used to have people work together or do a duty together in a way that these people each play their own roles. An example is medical doctors working together with other health professions as a multidisciplinary team.

When TQM is compared with Continuous Quality Improvement (CQI), it could be explained that TQM is a strategic concept while CQI is the principle at the tactical and operational level that would contribute to the achievement of the strategy (Kelly, 2007: 10). When applying TQM in the organization, it is important for the management staff to understand the difference between 'quality theory' and 'management theory'. That is, quality can start from a very small point. For example, it may start from the statistical data obtained through monitoring and using it to inform a method for improving organizational performance. Management theory, on the other hand, is a science that is multidisciplinary in nature and that aims towards organizational effectiveness. Therefore, understanding the theoretical base of these two theories will not only help in improving the organization but will also help in conducting TQM based on a good understanding and in a manner that follows a clear direction. (Kelly, 2007: 11)

Thailand once tried to use TQM in a tangible way in its health servicing system in 1993 through a pilot research study conducted in 8 healthcare facilities. The TQM principles used at that time were summarized into 4 principles: 1) Awareness of customer requirement. This refers to a quality system that is responsive to the needs of internal and external customers. The responses to such needs will have an impact on the patients who are the end-users of the quality service. 2) Continuous Process Improvement. This emphasizes the way to design a system for preventing problems rather than waiting for the problems to happen and solve later, and emphasizes the increase of worthiness and the elimination of the duplication of activities in each step. 3) Workforce empowerment. For any problems that can be solved at a lower level, the people at that level should be encouraged to solve them first. However, the

management staff must also be informed about these problems, and must take the unsolved problems at the lower level into consideration. 4) Management Excellence. The leaders of the organization must share a similar image and use their leadership and various strategies for initiating a change. (Anuwat Supachutikul, 1998: 91)

The lesson learned from using the TQM concept in practice incorrectly was that as people viewed TQM as a project, they did not develop a real commitment for instilling it in the culture of the organization. And they believed that it could not show any short-term outcomes; did not emphasize patients and customers as the center; could not be linked to the main work plan and the regular management system; did not emphasize the improvement of work system and work process; used the same ideas repeatedly and alternately for gaining improvement or solving the problems; was not be able to initiate real empowerment for the workforce; and could not show the links between each part of the entire process. (Anuwat Supachutikul, 1998: 215-6) At the same time, the lessons learned from quality improvement based on the TQM concept served as an important basis for building up understanding about the concept of 'healthcare accreditation' which was starting to be implemented intangibly in Thailand in 1997, again in the form of a research and development.

2.2 Healthcare accreditation

Healthcare accreditation is an external assessment system designed for assessing the healthcare facilities and granting healthcare accreditation for them. In this study, the investigator would like to introduce 4 important parts of the concept: 1) The definition and development in healthcare accreditation, 2) Components of healthcare accreditation, 3) Reliability of healthcare accreditation, and 4) Healthcare accreditation in Thailand.

2.2.1 Definition and development in healthcare accreditation

2.2.1.1 Definition of Accreditation. In order to clarify the definition of accreditation, the investigator decided to use the definition of external assessment, which is being used in the healthcare accreditation process, as a

supportive explanation. Though all 5 systems of the accreditation share a similar purpose for quality improvement, they were designed differently based on the different objectives of each (Shaw, 2004) as described below.

The International for Standardization (ISO): This is the accreditation system designed for granting an accreditation award in the industrial system. The outstanding characteristic is the inspection of the practice against the standards (such as the production of medicines and medical equipment). Currently, it is applied for use in some systems of the health services, such as in the radiologic services and the system of medical laboratory.

Peer Review: This is the assessment for granting the accreditation for a training program or a servicing clinic. Most of the reviews are conducted together by a group of professional persons or the experts.

The Malcolm Baldrige National Quality Award (MBNQA): This is the assessment system designed for assessing the management in a system of industrial service in the U.S.A. and it was modified to assess the healthcare system in 1999 by adjusting the assessment criteria for clinical outcomes and the satisfaction of patients and staff persons.

Registration and Licensing: This is the assessment for providing a statutory accreditation to ensure that healthcare facilities have delivered their services according to the minimal standards as prescribed by laws, such as the provision of services by a lawful practitioner, the control of radiation, fire prevention, and infection control and prevention.

Accreditation: This is the accreditation program designed for building up the public recognition regarding the fact that a healthcare facility has pursued continuous quality improvement inside its organization. The achievement of the healthcare facility is shown through its practice following the standards set for assessing the organizational management, and through the quality improvement of its patient care services and the work of multidisciplinary team in the healthcare center and its network. An independent assessment by an outside organization emphasizes the improvement and gives an opportunity for the healthcare facilities to enroll in the accreditation program on a voluntary basis. The accreditation process is conducted by an independent organization through an assessment made by the “surveyors” who

have been trained until they are capable of making a survey visit to the healthcare facilities to assess the quality of their practice against the standardized criteria, not the minimal standards. The quality accreditation is the accreditation for the entire organization.

2.2.1.2 Development in healthcare accreditation. Healthcare accreditation originated in the U.S.A. in 1918. The healthcare accreditation at that time was developed as the mechanism for granting accreditation for the healthcare facilities that would serve as the training venues for surgeons. It focused on assessing the performance of multidisciplinary team in providing care to patients. Most of the key contents in the standards used for assessing and accrediting were about the performance of medical doctors. For example, it required that an organization of the medical staff had to be founded; the medical staff had to hold a degree and a license, conduct their practice following the code of ethics, review clinical records and analyze the services provided to patients, record the complete data of every patient; and that the healthcare facilities had to have the space and equipment for providing diagnostic, pathologic, radiologic, and investigative services. It is likely that such standards yielded a considerable impacts on the healthcare facilities of that era. (Anuwat Supachutikul, 1998: 36)

Then in 1951, a healthcare accreditation organization was found through the collaborative efforts among the American College of Surgeons, American Medical Association, American College of Physicians (Internal Medicine), American Healthcare Association, and Canadian Healthcare Association. This organization was named as ‘Joint Commission on Accreditation of Hospitals’. Currently it is called the Joint Commission for Healthcare Organization Accreditation (JCAHO), a non-profitable organization that uses standards as the tool for assessing the healthcare facilities towards an accreditation. This tool has been developed based on the concept that “the structure and process of service delivery are the key factors that influence the outcomes of healthcare services,” and by accepting the hypothesis that “if the structure and process are good; the outcomes should be good” (Anuwat Supachutikul, 1998: 36-37). As the result, the healthcare accreditation during this period focused specifically on the inspection of the practice against the standards.

In 1958, Canada pulled herself out of this consortium and founded an healthcare accreditation organization which was named as Canadian Commission on Hospital Accreditation (CCHA) for assessing and accrediting the healthcare facilities based on the concept that “to sustain the quality improvement, the enrollment in accreditation process must be voluntary”. (http://www.accrediation.ca) The implementation of healthcare accreditation in Canada seriously used the concept of ‘client center’ for promoting CQI in healthcare facilities (Ruize, 1999: 136). Additionally, importance was also placed on the attempt to change the attitudes of people involved, and to change the paradigm of accreditation from inspection to a new one, that is “the assessment and accreditation is a learning process” (Anuwat Supachutikul, 2000). Therefore, it could be said that this was the turning point of the accreditation paradigm. It has changed from the inspection of practice against the standards to a process of learning together.

The accreditation system had not been widely accepted yet. It was not until the period of 1990s when various countries around the globe faced were facing problems with regard to the quality of services and that medical expenditures were increasing but the quality of medical service had not improved accordingly. At this time healthcare reform started to kick off. Several countries started to find a way for solving the problems and for gaining the creditability for healthcare services. They decided that it was necessary to initiate the quality improvement of healthcare services by promoting the adoption of external assessment as the driving mechanism for improving the healthcare facilities. As a result, healthcare or hospital accreditation was widely accepted and was implemented in a concrete way (Shaw, 2004).

Healthcare accreditation is therefore the system that many counties have tried as a way to stimulate healthcare facilities to improve their performance; conduct their practice following the standards; and improve the quality of patient care service together among the members of multidisciplinary teams both in the healthcare facilities and in the networks. The assessment starts from self-assessment while the external assessment serves as an activity for assessing the performance against the standards and for providing recommendation for continuous improvement. The assessment is conducted independently. The external organization would emphasize improvement and give an opportunity for the healthcare facilities to

enroll in the accreditation program on a voluntary basis to be visited by the 'surveyors' who have gone through the training on how to assess the practice against healthcare standards. The resulting quality accreditation is the accreditation for the entire organization (Schwark, 2005: 1; Shaw, 2004: 9).

Not before long after the adoption of HA by a number of countries, the healthcare accreditation was criticized that it was an inappropriate system for promoting continuous quality improvement (CQI) given that the quality could not be promoted successfully through the process of self-review and that of external evaluation. Also, during such period, people looked at the hospital accreditation in a negative way. Most health personnel regarded it as a punishment rather the encouragement and promotion for the improvement and development. It was difficult to argue or prove that the healthcare accreditation was the best tool for improving the quality of the services. It was not until the beginning of 1991 that ACHS, JCAHO and CCHSA (the leading organizations in the area of accreditation) realized more clearly that the current accreditation standards and processes at that time was out of date; and was not consistent with the organizational development theory (of that time) which focused on Total Quality Management (TQM).

According to the above, in 1991, the concept of CQI was adopted towards: 1) improving the standards used for granting an accreditation, and for improving the survey process in a way that focused on CQI rather than inspecting, 2) focusing on taking mistakes as the input for improving the process of care to ensure good expected outcomes, 3) ensuring a patient-centered care system, 4) reviewing the patient care system for the continuous quality improvement (CQI) of related systems, 5) reviewing all statistics with a purpose for improvement, 6) promoting the involvement of the multidisciplinary team, 7) improving the standards used for granting an accreditation in order to gain acceptance from a wide range of practitioners of all professions, and 8) proposing that the government should use the accreditation system to promote the quality rather than using it for monitoring the practice against a minimal standard (Scrivens, 1998: 3).

After the healthcare accreditation system had been adjusted, it led to a situation that the survey process started to shift its focus to emphasize the establishment of learning, the continuous quality improvement (CQI), and the

achievement of quality improvement effort in line with the standard targets. This adjustment coupled with healthcare reform contributed as the supportive power for the healthcare accreditation system to be broadly implemented; based on the belief that the accreditation would serve as a key mechanism for establishing the standards of the health system and for gaining the creditability from the public (Rooney & Ostenburg 1999; Wiebe & Hoskin, 2010). And as a consequence, the number of organizations being founded for taking accreditation role worldwide has expanded significantly, as shown in Table 2.1. (Shaw, 2004)

Table 2.1 Year of beginning national accreditation program

Year first survey	Programs	Total new in year
1951	USA (JCAHO)	1
1958	Canada	1
1974	Australia (ACHS)	1
1979	USA (AAAHC)	1
1986	Taiwan	1
1987	Australia (QIC)	1
1989	New Zealand	1
1990	UK (HAP)	1
1991	UK (HQS), US (NCQA)	2
1994	South Africa	1
1995	Finland, Korea, Indonesia	3
1996	Argentina, Spain	2
1997	Czech Republic, Japan	2
1998	Australia (ADPAL), Brazil, JC International, Poland, Switzerland	5
1999	France, Malaysia, Netherlands, Thailand, Zambia	5
2000	Portugal, UK (CSBS), Philipines	3

Source: Shaw (2004: 11)

According to the above, it could be concluded that healthcare accreditation originated with the assessment of performance against the standards (i.e. the inspection) and on a later date there was a shift in paradigm towards customer focus (patient-center scheme); continuous development and improvement; teamwork;

and importantly, tailoring the survey process in a way that it is favorable for learning together. All of these are consistent with the contemporary accreditation concepts in the fourth era, which comprises 4 key principles (Nawarat Phlainoi, 2006: 56-57) as follows.

1) The principle of participation which refers to the engagement of stakeholders in every step of the accreditation process.

2) The principle of learning which refers to the 'practical or action oriented learning process' that serves as the tool for strengthening the ability of all parties involved. The learning process may consist of several levels: 1) Learning about facts, knowledge, process and techniques, 2) Learning about the skills required for doing a new task, which is transferable to other people or for use in other circumstances, 3) Learning about the adaptation or transcription of the lessons learned from a success or failure; and 4) Learning about the innovation and creative ideas for designing some new projects.

3) The principle of negotiation which means that in the accreditation process, everybody must accept that there is a diverse range of stakeholders. Their needs, worries, and thoughts about the impacts vary from one group to another. Therefore, the accreditation process must be implemented based on the principle of negotiation among the stakeholders themselves by using reason and evidence to support the negotiation as a way to establish their learning and in order that they can reach an agreement with each other without using power in making judgments. This is for the sake of benefit to the public rather than the benefits of some specific individuals or some groups.

4) The principle of flexibility which means that there is not a fixed formula in the accreditation process. Instead, activities can be adjusted according to the conditions of the things that are being developed from both the context and the needs (or requirements).

2.2.2 Components of Healthcare Accreditation comprises the standards used for assessing, the survey process, the surveyor, and the determination for awarding an accreditation (Shaw, 2000: 169-175).

2.2.2.1 HA standards are developed for granting healthcare accreditation. Normally the standards of this kind comprise 3 components: 1) Structural standards that govern the standards of inputs, such as human resource and equipment, 2) Process standards that govern the activities or management processes inside the healthcare facilities, especially the ones that involve the care of patients such as patient assessment, patient education, medication administration, preventive maintenance, staff supervision, and including the development of clinical guidelines through the use of knowledge in the area of evidence-based medicine, and the management of common and high-risk clinical cases, 3) Outcome standards that govern the performance outcomes of the healthcare facilities, both the positive and negative ones, such as patient mortality rate, infection rate, the delivery rate of a healthy infant without complications, and resolution of an infection through the appropriate use of antibiotic therapy. (Rooney & Oostenberg, 1999: 9)

2.2.2.2 Self-assessment is the starting point of the survey process. The organization which seeks the accreditation service will use self-evaluation to determine the level of practice that has reached the standards, with the results of its self-assessment being used as the preliminary data for the surveyors. (Shaw, 2000: 169-175)

2.2.2.3 Site visit. The duration of a site visit varies according to the size and the complexity of a health facility. The site visit will focus on interviews with healthcare personnel, and sometimes with patients and their relatives, a review of documents and medical records, and observing the operation of healthcare service as well as other support services. The site visit will be conducted covering all work units, except for a large healthcare facility where a randomized survey may be the choice. Survey results will be concluded and presented as verbal report prior to leaving the facility, and an official report will be complied and sent to the facility on a later date. The report will comprise the points deserving admiration and the recommendation for an area of improvement (Shaw, 2000: 169-175). However, all related parties should understand that the site visit should not be regarded as a technique, but a method for thinking differently and looking at the problems from a different angle. The judgment on survey results will be made together for the benefits of all parties. (Nawarat Phlainoi, 2006: 56-58)

2.2.2.4 Surveyors are the competent persons who possess creditability and have experience and expertise in clinical and management areas and there should be a systematic process for recruiting and developing them (Shaw, 2000: 169-175). Surveyors shall be careful about the role of power that keeps working unnoticeably at all times among the members in the survey team and between the survey team and the healthcare facility, because it is very likely for the power-based relationship to cause an effect on the level of participation and that of decision-making. (Nawarat Plainoi, 2006: 56-58) Therefore, the surveyors should build up understanding, and develop attitudes and necessary skills in a way that they would be capable of taking functions of a surveyor in ensuring that the accreditation process would be a learning process.

In an effort to ensure that the survey process would be a learning process, the surveyor must take role as a facilitator for the learning, must encourage a thorough reflection of ideas through questioning, and most importantly, the surveyors must acknowledge and understand the values, the beliefs, and the knowledge of the members in the organizations being surveyed. Valuing the importance of everybody, and having an ability to get rid of any behaviors that may cause any interference to the learning process during the time of the survey, can help maintain a favorable atmosphere for continuous learning (Preskill & Torres, 1999).

2.2.3 Reliability of healthcare accreditation

Due to the rapid expansion and the increase in number of the accreditation bodies, there has been a concern regarding sustainability and continuity. The proposed ideas for ensuring the sustainability of the improvements are described below with some substantial details.

2.2.3.1 The entry into the accreditation system shall be voluntary, which means that accreditation organizations shall be able to change the concepts and attitudes of the personnel in healthcare facilities making them understand that the survey for granting healthcare accreditation is not an inspection but a participatory learning process, and that the surveys are not used for granting the healthcare accreditation only but the hospitals can use them for learning and reviewing towards an improvement of their work system. (WHO, 2003)

2.2.3.2 The reliability of the survey process must be ensured. Apart from adjusting the concepts and attitude of personnel in healthcare facilities, another important thing that the accreditation bodies should do in ensuring the reliability of the survey process is to make available competent surveyors who can conduct the survey with an aim to confirm the result of healthcare facilities' self-assessment, and ensure the emphasis on the establishment of participatory learning rather than the inspection or identifying a threat (in other words: non-inspector or non-threatening). Also, emphasis should be made that the surveyors shall be aware at all times that they come to take the role as a consultant or facilitator so that the team of the facilities being surveyed can point out an issue or an opportunity for improvement (WHO, 2003)

2.2.3.3 Ensuring public confidence in accreditation bodies. This refers to a 1995 gathering of experts to found an organization for assessing and accrediting the accreditation organizations (or the accreditors) as a non-profit organization named The International Society for Quality in Health Care (ISQua). The main functions of this organization in developing the accreditation program include the accreditation program for accrediting the standards used for (healthcare) accreditation; the accreditation program for accrediting the training of surveyors; and the accreditation program for accrediting the organizations that take function to accredit healthcare facilities. Besides these functions, ISQua also plays a vital role in organizing forums for country members to exchange knowledge and share their experiences with regard to improvement. For example, ISQua has organized some technical conferences, and developed its website to disseminate knowledge. Currently ISQua has more than 70 country members worldwide (www.ISQua.org).

2.2.4 Healthcare accreditation in Thailand

With other countries around the globe, Thailand too faced problems regarding the quality of the healthcare system. The problems in Thailand included: a lack of the insight of the big picture to inform the direction of the healthcare system; the quality of care service was being determined based on the feelings and the thoughts of professional practitioners rather than the consideration about the needs of patients or customers; the complexity of the work system inside the organizations kept

advancing due to the advancement of medical technology and medical expertise, which led to the lack of coordination (Ong-Arj Viputsiri, Jiruth Sriratanaban, Mayuri Jiravisit, 1997); the problem of insufficient quality of servicing and medical services; and the problem about the high cost of healthcare services, ineffectiveness of the system, and inadequate number of the workforce. At the same time the requirements of people had changed in line with the social changes. They wanted a modern healthcare system. People could not access the services in an equitable manner, and the prosecution against physicians and medical personnel was increasing. (Sanguan Nitayarumphong, 1997: 29-45).

In order to minimize such problems, the Ministry of Public Health adopted the concept of Total Quality Management (TQM) for use in the healthcare system in the form of research and development. There were eight healthcare facilities that volunteered to participate in this program in 1993 (Anuwat Supachutikul, 1998: 51), which was during the same period when the standards for accrediting the healthcare facilities that would provide care for patients under the social security scheme were being developed through the collaborative effort between the Social Security Office and the MOPH, plus a group of experts. And through this joint effort, a healthcare standard was developed on a later date, which emphasized the work process, a patient-centered scheme, and improvement towards excellence. The standard was completed in 1996 and was named as the Hospital and Health Care Standard, Sixtieth Anniversary Celebrations of His Majesty's Accession to the Throne Edition, which was considered as the starting time for the healthcare accreditation system in Thailand (HAI, 2010: 4-6). And this consortium implemented healthcare improvement and accreditation in a tangible way in 1997 in form of the Hospital Accreditation (HA) Program.

The implementation of hospital improvement and accreditation program was well accepted by the public. Therefore, this program was upgraded to become the Institute of Hospital Quality Improvement & Accreditation under the Health Systems Research Institute (HSRI) in 1999. The assessment model and the criteria for justifying the assessment results for awarding a healthcare accreditation certificate were developed. Also, surveyor development was organized so that the surveyors could visit the sites and confirm the self-assessment of the healthcare facilities, in a

way that emphasized the concept of “the process for learning together, not for inspection”. (Anuwat Supachutikul & Jiruth Sriratanaban, 2000)

The basic concept for hospital accreditation in Thailand, which focused on improvement and learning, consisted of: 1) All involved parties helped in ensuring that the accreditation process would become a learning process, with an aim to improve quality and safety that were the bigger and more sustainable goals comparing to the accreditation, 2) The learning would be establish through the self-assessment and self-improvement of the team along with the site visits made from the outside (external assessment). Such external assessment was conducted to confirm the self-assessment of the hospitals and to encourage them to sort out an opportunity for improvement through a broader point of view. The external assessment was a way to explore the preparedness of the hospitals to find out how thorough was the system that they had in place, and 3) The worthiness of external assessment was reflected as the recommendations made for continuous improvement, which would yield a higher level of worthiness in the future for clients. The accreditation award was the encouragement and motivation for good performance and the catalyst for maintaining such good performance continuously.

And on the 10th of June 2009, His Majesty the King graciously bestowed a Royal Decree on the establishment of The Healthcare Accreditation Institute (Public Organization) B.E. 2552 (2009) published in the Royal Gazette on the 20th of June 2009. By virtue of this Royal Decree, the entity of the HSRI involving the activities of hospital improvement and accreditation (which was the Institute of Hospital Quality Improvement &Accreditation) had been transferred to the newly established Healthcare Accreditation Institute (Public Organization), which had an independent management system, had special and specific expertise, had a good streamlining of activities, and had collaborative relationship with all sectors involved.

There are four main components in the accreditation process of Thailand (HAI, 2008: 189-190), which include: 1) The existence of system standards that are favorable for improvement, and for being used together as the agreement or a rule between the accreditation organization and the hospitals, 2) The use of the standards for self-assessment and self-improvement of the hospitals in a way consistent to their contexts and that is directed by appropriate core values, 3) External assessment

conducted in a friendly manner to confirm the results of self-assessment made by the hospitals, to identify blind spots unnoticeable by hospital staff persons, and to promote the establishment of a broader point of view, and 4) The admiration through the provision of a certificate to accredit their success.

The standards used as the mutual criteria for justification in the healthcare improvement and accreditation process were reviewed and improved continuously to ensure that the standards could be used appropriately in the contexts and could be acceptable at an international level. In 2003, there was an improvement of the standards by integrating the concept of National Quality Award (MBNQA) with the concept of Health Promotion. The improved version of the standards was named as "the Hospital and Health Care Standard, Sixtieth Anniversary Celebrations of His Majesty's Accession to the Throne Edition" and was announced for being used officially in 2006. These standards have been accredited by ISQua already.

The survey process is an important step of healthcare accreditation, given that the surveyors will make a site visit to the hospitals. This particular step can help identify the strengths and provide opportunity for improvement for the hospitals. Therefore, the survey process must be conducted by the surveyors who are competent and have been trained and developed through a systematic process. They must be able to take function as a surveyor in a friendly manner and apply the concept of appreciative inquiry effectively in the survey. Currently there are 2 groups of surveyors: full-time and part-time.

2.3 Surveyor in healthcare accreditation process

Based on the literature review, studies on surveyors were minimal. Therefore, the data used in conducting this research came mainly from related studies and from the websites of 4 accreditation organizations namely Accreditation Canada, the Australian Council on Healthcare Standard (ACHS), Malaysian Society for Quality in Health (MSQH) and the Health Care Accreditation Council of Jordan. The first two organizations were the leading agencies in changing the concept of the survey from 'inspection' to 'improvement and learning together' as mentioned earlier. The

last two organizations were founded at about the same time when the organization of Thailand was established and one of them (Malaysia) is also in the Asian region. Presented below are the issues with regards to: 1) Definition, role and responsibility of surveyor, 2) Recruitment and selection process, 3) Surveyor development and registration, and 4) The management of the performance results of the surveyors.

2.3.1 Definition, Role and Responsibility of Surveyor

Most accreditation bodies are independent and non-profit organizations that provide services in organizing a site visit to accredit the quality of the healthcare facilities by surveyors who have been trained and gone through a skill training session until deemed capable of conducting a survey visit in line with the mission of the organization.

For Accreditation Canada, the surveyors are the persons who have been selected and trained to be capable of conducting a survey visit to the healthcare facilities in a friendly manner; to take part in reviewing the performance results of the hospitals as described in their self-assessment report and compare these to the national standards; and to identify the opportunity for performance improvement against the goals. The surveyors dedicate their time, knowledge and professional expertise to help the hospitals see an approach for improvement during the period of the survey visit under the key concept of “Driving quality in health services through accreditation”. Therefore, the role of the surveyor is to pay a site visit to the hospital as a friend who takes part in reviewing the result of self-assessment of the hospitals against the standards. (www.accreditation.ca)

For the Australian Council on Healthcare Standard (ACHS), the surveyors are the practitioners in medical profession who have been well trained up to the level that they can conduct a survey visit to a healthcare facility to assess the performance against the frame of standards (Evaluation and Quality Improvement Program: EQuIP) and against the National Safety and Quality Health Service Standards (NSQHS). The surveyors take the function of evaluator, educator and support the mission of the organization in promoting the establishment of quality and safety. During a survey visit, the surveyors are the ambassadors from ACHS giving consultation for the hospitals to see a way for improvement or for development to prevent problems. The

surveyors must educate themselves to catch up with modern knowledge at all times. Importantly, the surveyors must be able to assess and provide recommendations within the frame of the ACHS standards. (www.achs.org.au)

For the Malaysian Society for Quality in Health (MSQH), the surveyors are the persons who possess some positive attributes. They are recruited and trained specifically in the area of assessing the quality of hospitals against MSQH Standards. The surveyors take the role of ambassador, educator, and an empowering person to empower the team in the hospital; help identify problems and solutions for the team; provide recommendations and a feasible approach for improvement; provide knowledge and instructions to prevent the problems from occurring again by using the up-to-date knowledge both in the area of management and that of clinical practice; advise them to accept the assessment result and improve themselves continuously; and can teach and suggest how the organization can improve itself. Therefore, the surveyors are to take function as an educator, an enabler (or empowering person), and an evaluator at the same time. (www.msqh.com.my)

For the Health Care Accreditation Council of Jordan, the surveyors are the persons who have in-depth knowledge of quality, accreditation, and the health care accreditation standard. The surveyors are valuable persons that serve as an integral part of the accreditation process; given that they always bring experience, knowledge and expertise to exchange with each other while conducting an on-site survey. The surveyors are the persons who are well trained and developed up to a level in which they can use the standards as the assessment criteria for identifying the strengths of the organization and identifying the weaknesses and making recommendations for continuous improvement. The surveyors are not inspectors. The survey visit is conducted in a way that they go into the hospital to learn and assess the level of improvement of the hospital against the standards. (www.hcac.jo)

For the Healthcare Accreditation Institute (Public Organization) in Thailand, the surveyors are persons who have experience in quality improvement and quality management; have gone through training sessions; and have been appointed as a surveyor. They take function as a representative of the Institute in paying a visit to the hospitals in a friendly manner based on the concept that “the survey is the process for learning together” in order to: 1) confirm the results of self-assessment conducted

by the hospitals, 2) encourage them to see the opportunity for improvement in a broader angle and in line with the frame of standards, and 3) collect evidence and data. Therefore, the surveyors only evaluate, educate and give advice. (Institute of Hospital Quality Improvement & Accreditation, 2007).

In summary, the surveyors are the persons who have gone through the training and developed the skills for taking function as a surveyor appointed by an accreditation body as its representative to survey a healthcare facility, sort out the values and evaluate the performance against a standard, ensure the establishment of learning during the survey, and give recommendations for the work system and continuous improvements in each facility that has applied voluntarily to get surveyed and accredited.

2.3.2 Recruitment and Selection Process

Recruitment and selection are continuous processes that cannot be separated from each other. Recruitment is the process of inviting the persons whose qualification and ability are matched to the requirement of the organization to apply for the vacancy in a required position and at the time of need for the organization. Selection, on the other hand, is the process of identifying and accepting the persons whose qualification and ability are most appropriate and perfectly matched to the requirement of the organization (Sukanya Rassametummachot, 2008). Generally, this process starts with an activity to define the essential qualification in 4 aspects or KSAOs: K (knowledge) refers to the basic knowledge required for a specific job; S (skill) refers to the skills and expertise required for the position; A (abilities) refers to the ability of individuals in learning or doing something successfully in order to have a further ability to do specific tasks in their duties; and O (other personal characteristics) refers to other qualifications that may or may not be related to the job (Samrit Yossomsakdi, 2006). The recruitment and selection process for surveyors has 3 aspects: 1) Qualifications of surveyor, 2) Surveyor recruitment and selection, and 3) Surveyor selection process. These are described below.

2.3.2.1 Qualifications of Surveyor. The study of Bohigas, et al conducted in 1998 found that most accreditation bodies had defined the qualifications of the surveyors as follows: 1) Being a practitioner in healthcare professions

(physician, nurse, person with experience in management), 2) Have at least 2-5 years of work experience in the area of management, except in the U.S.A. (JCAHO), which defined that nurses and management staff persons who were not physicians had to have the educational background at the level of master degree or higher, 3) Have knowledge and experience in the area of continuous quality improvement, 4) Have knowledge about healthcare service system of the country, and 5) Have skills in establishing an interaction, and have good interpersonal skills. (Bohigas, et al., 1998). These qualifications are consistent to the ones proposed in the meeting of World Health Organization organized in Cairo during 23-26 September 2002, which include: 1) Have expertise in the area of healthcare service (physician, nurse, and administrator), 2) Have skills in establishing interpersonal relationships, 3) Have management experience, 4) Have knowledge of the standards used for accreditation, and 5) Have knowledge of quality assessment method. (WHO, 2002)

In light of the above, it could be concluded that the key qualifications of surveyor include: 1) Being an experienced practitioner in healthcare professions, such as a physician, nurse, and the administrator of a healthcare facility, 2) Have professional knowledge and experience, 3) Have knowledge and understanding about the standards used for accreditation, and 4) have the required knowledge and skills for taking the function of a surveyor, such as interpersonal skills and quality assessment skills.

2.3.2.2 Surveyor Recruitment and Selection. According to the advice from World Health Organization, the qualifications of surveyor shall be used as the basic criteria for recruiting and selecting the surveyors. This is consistent to the study of Greenfield conducted in 2009 which concluded that, for the surveyor recruitment and selection, they should be selected based on the key qualifications that they have, which include: 1) Being an expert in health professional, such as physician, nurse and a person working in the area of health care, and 2) Have experience in working as a senior manager. This is to assure that the surveyors would be a person who has both explicit and tacit knowledge in the area of health science and has enough experience up to the level that s/he can point out the opportunity for improvement for the team being assessed (Greenfield, Pawsey, Maylor & Braithwatie, 2009). Also, the review of the documents about the road to become a surveyor of accreditation bodies

in various countries shows that all of these organizations have used the qualifications of the surveyors as the basic criteria for selecting a potential surveyor. The details of this in each organization are described below.

Accreditation Canada selects from the following qualifications: 1) Having knowledge of the Canadian Health Care System, 2) Having the understanding of accreditation standards, 3) Having understanding of the accreditation process, 4) Having work experience at the executive level in the healthcare system including both the clinical and management areas, 5) Being in good physical and mental health, and 6) Having computer literacy (www.accrediation.ca).

The Australian Council on Healthcare Standards (ACHS) selects from the following qualifications: 1) Having at least 5 years of professional work experience in a healthcare facility (physician, nurse, or administrator) [the administrator must have at least 10 years of working as a senior manager, the physician should have been an expert in the area of his/her specialty for at least 2 years, 2) Having a strong commitment and understand the philosophy of ACHS, 3) Having managing experience in a healthcare facility that had applied to get accredited for its quality during the past 5 years, and 4) Having human relationship skills (www.achs.org.au).

The Malaysian Society for Quality in Health (MSQH) selects from the following qualifications: 1) Being a medical or nursing practitioner, and an executive manager or a medical engineer with at least 2 years of managerial experience as a executive manager, or with at least 5 years of work experience as a senior manager, 2) Having knowledge about the health service system of the country, 3) Having interpersonal relationship and communication skills, 4) Understanding the concept of quality in healthcare services, and 5) Having an ability in working as a team (www.msqh.com.my).

Health Care Accreditation Council of Jordan has defined the surveyor selection criteria as follows: 1) Being a physician or a nurse with at least 5 years of work experience in a healthcare facility as an executive manager; or a person of any other professions with at least 10 years of experience, 2) Always having up-to-date knowledge, 3) Having good interpersonal and interviewing skills, and 4) Having demonstrated the ability to be an effective teacher. They must have the last

qualification because the surveyors would not take role as an ‘inspector’ but a person who will teach and demonstrate in a way that helps the healthcare facility team understand how they can improve their performance to achieve the goals of the standards. Additionally, the surveyors must be able work in a multidisciplinary team (www.hcac.jo).

In Thailand, the Healthcare Accreditation Institute (Public Organization) has defined the qualifications as: 1) Being a practitioner in health science professions (physician, nurse, and those in any other relevant professions) with at least 3 years of work experience in the areas of management or quality improvement, having good creditability and a well-accepted work history, 2) Having ~~the~~ ability in management such as maintaining good self-discipline, good self-preparedness, good time-management and good problem-solving skills, 3) Having good interpersonal skills such as being able to create good human relationships with any parties concerned, create a good atmosphere in a discussion, promote teamwork, and be sensitive to the feelings of people, 4) Having analytical skills such as knowing how to observe and collect objective evidence, how to synthesize data, how to think critically, and how to summarize the data in an acceptable way, and 5) Having the ability to communicate and give consultation well (www.ha.or.th).

Based on the document review described above, it could be concluded that the key surveyor selection criteria include the commitment to work in line with the philosophy of the organization; having knowledge and experience in a professional practice; having the knowledge and understanding about the standards used for the assessment; the knowledge about quality; knowledge about healthcare system; good interpersonal skills; good communication skills, interviewing skills, critical thinking skills, team-working skills; and teaching skills.

2.3.2.3 Surveyor Selection Process: Generally the surveyor selection process consists of 4 steps as below.

1) Selection from the application form. The persons who want to be a surveyor (or a person proposed by other people to be a surveyor) fill out an application form and submit it to the accreditation organization.

2) Interview. The qualified persons (as detailed in the application form) will be selected and invited to come for an interview in order to assess their appropriateness for taking function as a surveyor.

3) Assessing the behavior and knowledge. Those who have passed the interview will be invited to participate in a basic training program. And during the training sessions, they will be assessed in terms of the competencies required for being a surveyor.

4) Those who have passed the 3rd step will receive on-site training. They will be sent to conduct a real survey at the site together with some experienced surveyors. The number of times of practicing in this fashion depends on the assessment results.

2.3.3 Surveyor Development and Registration. Though the persons have already gone through the recruitment and selection process; but it cannot be assured that they will be able to work effectively. Therefore, it is necessary to make the selected persons to feel confident that they will be able to perform their duties effectively and efficiently as expected (Samrit Yossomsakdi, 2006: 167). Training and development are important approaches for ensuring the preparedness of the individuals to perform their duties successfully as expected by the organization (Sukanya Rassametummachot, 2007: 103). Similarly, this concept is also applied in the surveyor development process. To ensure that the persons who have passed the selection process (i.e. the potential surveyors) will be able to function as a surveyor successfully in line with the philosophy of the institute, there is a need to organize some additional training activities about the skills required for being a surveyor before proposing them to get registered as a surveyor.

2.3.3.1 Surveyor Training and Development. Those who have been selected are recognized as a potential surveyor and they will attend a preparatory program to become ready. With regard to this preparation, Greenfield & Braithwatie (2008) suggests that it should be started with: 1) An Orientation program which shall be considered as an initial training program, given that it organizes activities for the potential surveyors to learn about the accreditation organization, the roles and duties of a surveyor, how to interpret the standards, how to assess the compliance with the

frame of the standards, and learn about surveying techniques, 2) A Survey Practicing Program which may be practicing in a mock survey setting followed by ~~a~~ real practice in an on-site survey, and 3) A diverse range of learning programs to ensured their preparedness, such as learning through teleconference, and self-study assignment. The successful completion of this training will lead to a time-limited certification as a surveyor.

A note from the WHO conference organized in Cairo from 23-26 September 2002 (WHO, 2002) states that the surveyor training and development should cover the following substantial matters: 1) Survey and teamwork, 2) Agenda-time management, 3) Standards and indicators, 4) Communication skills, 5) Handling a difficult situation, 6) Skills in describing the findings both as a detailed narrative report and as a conclusion of important points, and 7) Ethical issues, such as how to maintain confidentiality.

Based on this review of accreditation organizations, the contents of the training have not been clearly stated. Only the steps of the trainings were documented as described below.

Accreditation Canada has defined that the selected persons will be invited to attend an orientation session. This orientation is used as the opportunity to assess and give recommendations about the core competencies as well as the expected roles of a surveyor. After the orientation, the potential surveyors will receive a physical examination. Once they have completely passed all the selection steps, they will have to go through an internship period, the time frame of which is clearly defined. During the internship, the potential surveyors will practice how to conduct a survey by serving as a member of a full-capacity survey team; and they will be assigned with some specific responsibilities to take under the supervision of the survey team. The result of the survey practice training will be summarized and stored in the database for containing the assessment data and the recommendations made at the time of the training, before being decided to register them as a surveyor. (www.accreditation.ca)

Health Care Accreditation Council of Jordan has defined that the persons who have been selected must conduct self-study at home about the standards used in the survey. Then, they have to attend every module of the training

and take part in observing the conduction of a survey, practice how to conduct a survey, and actually conduct a real survey as a trial under the supervision of an experienced surveyor. The amount of surveying practice depends on the comments from the experienced surveyors. The performance results of the surveying practice and the demonstrated ability in writing the survey report and in giving the assessment scores and recommendations to the healthcare facilities against the standards will serve as the input data for the process of getting registered as a surveyor (www.hcac.jo).

In Thailand, surveyor development is implemented based on the concept that "The survey is a learning process," to ensure that every step of the survey can promote learning. However, as the survey for accrediting the quality of healthcare facilities is quite new for Thailand, the personnel in healthcare facilities view an assessment or the survey as an activity conducted by experts from outside the organization who come into the organization to control, look for mistakes and make a specific recommendations, and use the results of the survey for ~~a~~ judgmental purposes. Therefore, they may resist and be concerned about the security and safety of their jobs. This may contribute to a situation that people fail to learn from assessment results (HAI, 2010; Nawarat Phlainoi, 2006: 53). Due to the diversity of the views that different people have, it is very challenging to select and develop the surveyors in a way that they would put their expertise aside and become a facilitator for the learning, and at the same time, take function to assess the performance against the standards.

With regard to the surveyor development process, a 10-day surveyor training course has been developed for them to learn about the quality concept, surveying techniques, how to interpret the standards; and have an opportunity to practice in a real on-site survey. After that, the potential persons will be selected for practicing continuously on the site visits before a consideration will be made for appointing them as a surveyor. In 2004, the concept of 'appreciative inquiry' was introduced and taught in the curriculum; the trainers for the surveyors were appointed; and the surveyor registration system was reviewed. However, this did not make the overall number of surveyors increase much. (Institute of Hospital Quality Improvement & Accreditation, 2007)

With regard to the on-site survey practice training; the selected persons who are ready for developing their competencies further to become a surveyor will receive training in a 3-step program: 1) Take part in the observation (See). This is to accompany the experienced surveyors to observe and learn about the survey process, 2) Conduct a survey on a trial basis (Try). The persons will practice in a real survey under the supervision of experienced surveyors, twice in total, and 3) Practice in conducting a real survey as a surveyor (Act). This is to practice by conducting a survey independently but as a member of the survey team, at least three times in total. After that, a consideration will be made whether to submit their names for appointment as a surveyor. The input to inform the consideration is the result of the competency assessment (Institute of Hospital Quality Improvement & Accreditation, 2007).

2.3.3.2 Surveyor Registration. With regard to the process for granting a certificate to the persons who have gone through the survey practice training, Worthen (1999) has concluded that there are at least four approaches to justify whether the candidates should be certified or appointed as a surveyor: 1) Certification based on formal training, 2) Certification based on experience, 3) Certification based on performance, and 4) Certification based on competencies. In healthcare accreditation system, there has not been a clear study about the concept of justification for appointing a surveyor; however, the practice guidelines for this particular matter in each organization have been defined clearly, such as the Health Care Accreditation Council of Jordan, which has defined them as follows: (www.hcac.jo/Surveyor/BecomeHCACCertifiedSurveyor.aspx).

1) Having gone through the 4 steps of the training and development: 1) Having gone through the training and development programs as provided by the organization; having conducted self-study about the standards used in the survey process and about the criteria for giving an assessment score; and having handed in the homework as assigned, 2) Having observed an actual survey conducted by experienced surveyors, 3) Having conducted at least 2 site visits to help the healthcare facility in preparing its readiness (a mock survey) under the supervision of an experienced surveyor [the number of visits depends on the comment from the

surveyor who supervises, and 4) Having demonstrated the ability in writing the reports, in giving the assessment scores, in reporting the findings; and in making the recommendations for improvement against the standards.

2) Having passed a written test on the standards and the survey process.

3) Having supportive comments from an experienced surveyor who has supervised the candidate.

4) Having been considered by the Board of the Directors of the organization for the appointment.

2.4 Competency and developing competency model

2.4.1 Competency definition

"Competency" was developed in early 1970s by David McClelland, referring to capability and potential. Competency, or desirable behavior, has 2 attributes: 1) individual outstanding features which are noticeable and evaluable, consisting of knowledge obtained from learning or training, and skill obtained from consistent practice resulting in speciality on particular skills, most of which are management skills and technical skills (Arporn puvitayaphan, 2010: 36-37) called by some academicians as "hard skills" (Sukanya Rassametummachot, 2006: 14) and 2) personal attributes which are concepts, characteristics, drive or motivation such as human relations and temperance (Arporn Puvitayaphan, 2010: 36-37) which are difficult to develop since it is something hidden inside the individual. Some academicians called them "soft skills" (Sukanya Rassametummachot, 2006: 14)

The competency which can be effectively applied in the organization must be processed and undergo competency modeling in order to comply with the organization contexts as well as vision, mission, value, work and culture. This section will focus on how to build and develop a competency model and how to apply it in human resource development.

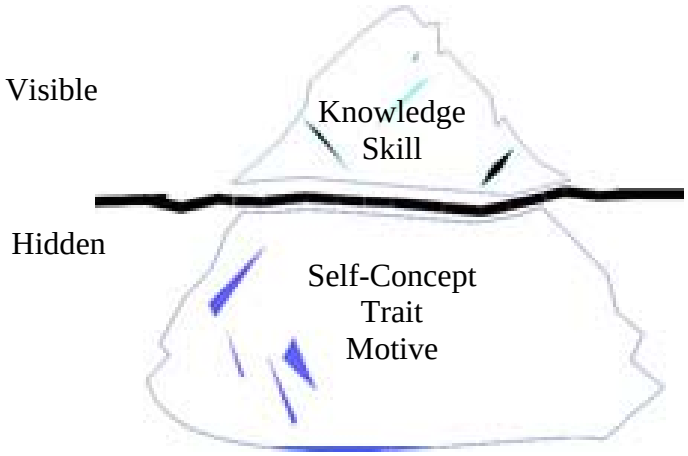

Figure 2.1 Display the meaning of competency

2.4.2 Type of competency

According to the study and review of related documents, there are many types of competency classification, most of which tend towards 3 main types of core competency, managerial competency and technical competency.

Chiraprapha Akaraborworn (2006) classifies competency into 3 types as 1) core competency or good behavior inherited by everyone in the organization representing the organization's culture and value, 2) managerial competency which is necessary for achievement in accordance with the strategic plan and vision of the organization, and 3) technical competency or necessary vocational skills for work achievement which can be different by type of work and can be categorized into core technical competency and specific technical competency. (Chiraprapha Akaraborworn, (2006 : 68).

Arporn Puvitayaphan (2010) classifies competency into 3 types as 1) core competency or primary desirable behavior expected from all employees so as to achieve the organization's vision and mission, most of which assigned by personal attributes. 2) managerial competency or desirable behavior in terms of management assigned by duties, most of which focuses on management skill rather than technical skill, and complies with the organization's characteristic and culture. 3) functional competency or a desirable behavior on specific duties for each work position, most of

which consists of knowledge, technical skill and personal attributes (Arporn Puvitayaphan, 2010: 39-47).

While Sukanya Rassametummachot (2008) classifies competency into 5 types as 1) core competency, which reflects core values necessary for all employees regardless of position, for example, team work and continuing learning, 2) managerial competency which is involved with managerial skills expected from supervisors or executives such as decision making or planning, 3) functional competency concerning knowledge and skills expected from all employees (For example, human-relations competency is a functional competency of the staff in a human resource unit.), 4) technical competency, which is knowledge and skills necessary for a specific position, such as negotiating skills of a salesperson and interviewing skills of recruitment staff, and 5) personal attribute, which shows personal characteristics and strongly affects an individual's attitude and achievement such as honesty, determination for achievement. (Sukanya Rassametummachot, 2008: 29-30)

This study aims to develop necessary competency of full time and part time surveyors which requires specific vocational skills, knowledge, and specific skills in work performance to complete the organization's vision and mission. Since the clear classification of competency will be useful in managing surveyors, the researcher chose the concept of 3 types of competency as core competency, managerial competency and functional competency, as applied from the theory of Arporn Puvitayaphan (Arporn Puvitayaphan. 2010: 39-47) per Table 2.2

Table 2.2 Types of competency of surveyors

Type of competency	Meaning
Core competency	Competency or desirable behavior expected from all surveyors, displaying culture and value in working as a surveyor per the philosophy of organization.
Managerial competency	Competency or desirable behavior in terms of survey management to comply with the aim of each survey as well as the context and culture of the organization or health facility.
Functional competency	Competency or desirable behavior of surveyors to facilitate "mutual learning from the survey" per the philosophy of the organization.

2.4.3 Competency building

There are various ways of building competency model. In 1996, Mansfield concluded 3 ways of building competency as the single-job competency model, the "one-size-fits-all" competency, and multiple-job approach to developing competency model (Mansfields, 1996: 7-18).

2.4.3.1 The single-job competency model was created for a specific position with important stages as 1) specify the work which requires a competency model, most of which are important or part of the main mission of the organization, 2) collect via interview or focus group of experts, customers and executives, survey ideas of those working in the position, which requires competency building and observation of work practice, 3) analyze and summarize the data into 10-20 specific competency models, and 4) specify the meaning and specific behavior which will help the staff in this position work more effectively with better results. The disadvantage of this competency model is that it takes long time to develop and has high cost. However, it is widely used due to its strong point in clearly explaining the desirable behavior of each position. In general, this method is not appropriate for general office work since it takes a long time and requires a high budget.

2.4.3.2 The one-size-fits-all competency is developed to resolve the weak point of the first competency since it is a broad specification for all jobs with the following procedures: 1) Identify the critical job needing developed incumbents. 2) The data collection, which usually includes both focus groups of job holders and/or their managers and interviews with jobholders. The data gathering phase may also include interviews with customers and direct observation of job holders at work. 3) To analyze the data to distill it into a competency model that typically includes 10-20 traits or skills, each with a definition and a list of specific behaviors that describe what effective performers do and how to achieve effective results.

The advantage of this competency model is that it can be reviewed, revised and added to at any time, reducing the cost. However, its disadvantage is that it does not correspond to the virtual need, and might result in limited application in recruiting and selection of personnel.

2.4.3.3 A multiple-job approach to developing competency models is developed from the advantages and disadvantages of the above models, resulting in a group of 20-30 competency models called a competency menu, each of which consists of 5-15 behavioral explanations for the organization to apply with their work position. The executives can also revise the model to comply with the organization's vision and mission. This seems to be a convenient approach which requires little time to develop. However, it might not be appropriate for designating the competency of specific job.

According to previous studies, there is no evidence about direct competency building of surveyors in healthcare accreditation. The researcher has applied a related study called "establishing essential evaluator competency" of King, Stevahn & Minnema. (2001) by 1) collecting ideas and experience from experts (Students in high level of assessment with comprehensive assessment skill), 2) creating a competency draft, 3) verifying the draft with related literature, 4) conducting face validity with the previous group, using multi attribute consensus reaching (MACR), 5) analyzing average data and range of each competency with the high average and low range one as the important and complying competency, 6) discussing the competency with the group to listen to others' ideas, 7) having each member vote for each competency after hearing others' idea from the discussion, and 8) analyzing average data and counterbalancing the score of each competency. (King, Stevahn & Minnema, 2001: 229-247)

In Thailand, the study of Guah Grasaresom (2004) developed the competency of academic external reviewers by 1) specifying competency of external reviewers from competency related document, 2) having experts review and consider the necessity of competency list of external reviewers, 3) analyzing assessment work of external reviewers in order to specify the required competency for external reviewers, and 4) analyzing competency components and competency analysis required for external reviewers via Multi-Attribute Consensus Reaching approach (MACR).

Another study of Wiparat De-Ong (2008) also built a competency model for research management of governmental researchers from analyzing related documents and research studies, having experts on research management review the

competency draft and conduct additional interviews, and revising the competency draft before resubmitting to the experts for counterbalancing, similar to that of Guah Grasaresom (2004).

This study focuses on building the competency model of surveyors of healthcare accreditation as the primary mission of the organization providing accreditation. Since healthcare accreditation has been applied in Thailand for only 1 decade, the assessment and certification is considered new for the Thai society. The researcher, therefore, developed the competency model of surveyors in the Thai context in this study by building the competency model of surveyors from experts which are widely accepted in healthcare accreditation in Thailand, applying the single-job competency model of (Mansfields, 1996: 8) as Figure 2.

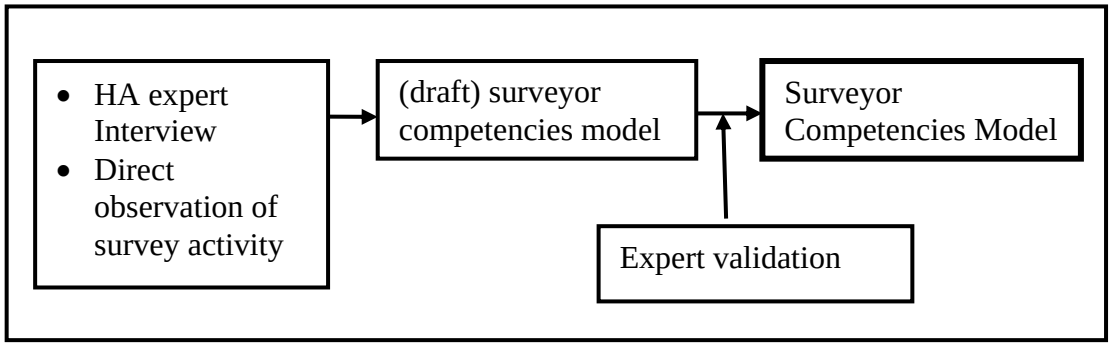

Figure 2.2 Development of competency models

2.5 Application of competency model in surveyor development

According to fundamental theory, “competency” is a personal trait required for work excellency. Generally, it is applied in 3 crucial systems (Sukanya Rassametummachot, 2008: 21).

Competency-based recruitment and selection system uses the concept of competency in recruiting and selection by 1) designating the required competency, 2) designating the competency standards to be applied in selection of application form

per the inclusion criteria, and 3) creating the test and structure interview using designated competencies (Sukanya Rassametummachot, 2008: 40-41).

Competency-based training and development. In the primary stage of competency-based training, the organization should recruit appropriate personnel rather than improving the unqualified ones so as to provide a training program to improve personnel's potential as required by the organization. The training stages are 1) designating required competency to be developed, 2) selecting the most effective personnel development method, for example, self-improvement concept, remote training, work assignment and mentoring system, 3) specifying training program and developing activity in compliance with competency dictionary, 4) training to be a competent speaker, 5) providing a training as scheduled, and 6) evaluating the competency-based training by evaluating the changed behavior in work performance and other outcomes such as complaint etc. (Sukanya Rassametummachot, 2008: 125-136).

A competency-based performance management system evaluates the personnel's competency used in achieving work and develops the competency level expected by the organization. The important stages in applying competency in developing managerial systems of the organization are 1) searching for necessary competency for excellency for current and future work position, 2) creating a mixed managerial system using both outcomes and behaviors in terms of competency, and 3) preparing coaching for performance improvement, using adult learning and self directed change (Sukanya Rassametummachot,2008: 155-157).

This study aims to develop the guidelines in applying competency in improving surveyors system which consists of the 3 stages of recruitment and selection of potential surveyors, training and development of surveyors, and registration of surveyors. And in order to effectively apply the competency, it is important that everyone understands the expected behavior. The competency model should be applied per the 2 following stages.

2.5.1 Creating competency dictionary or a document with a collection of all organization competencies for reference and assigning application [not clear] for organization improvement activities in terms of human resource management. The

dictionary will include the definition or the meaning or assigned competency for mutual understanding among members and proficiency level which is the difficulty of each competency, most of which ranges between 3-5 (Sukanya Rassametummachot, 2551: 30).

Competency ranging is aimed to be used as the criteria for reviewers in providing scores when evaluating the competency of candidates. This could be conducted via various methods such as classifying by hierarchy role, expert mode or global scale (Sukanya Rassametummachot, 2006: 21). Competency ranging is generally ranged as 5 levels per Table 2.3 and 2.4.

Table 2.3 Proficiency level per hierarchy role

Proficiency level	General meaning
Basic level	Display knowledge and comprehension in responsible duty and work in assigned guidelines or in a simple circumstance.
Doing level	Display helping and coaching skills and capable of solving problems and making decisions in responsible work assignments.
Developing level	Able to lead team members, show creative and coaching skills, provide counseling and develop teamwork for the benefit and goal of the team.
Advanced level	Display support, boosting and encouragement for a pleasant working atmosphere and coaching ability to make others display desirable behavior.
Expert level	Emphasize strategy and planning at the organizational level as well as the counseling ability to provide advice on guidelines or work stages and problem solving.

Source: Arporn Puvitayaphan (2005), Arporn Puvitayaphan (2010)

Table2.4 Proficiency level of expert

Proficiency level	General meaning
Basic knowledge	Have a common knowledge or an understanding of basic techniques and concepts.
Novice or Limited experience	Have the level of experience gained in an experimental scenarios or as a trainee on-the-job. And expected to need help when performing this skill.
Intermediate or Practical Application	Able to successfully complete assigned task with help from an expert.
Advanced level	Able to perform the task without assistance, accepted from the organization and could provide advice to others.
Expert level	Known as an expert in the area and able to provide advice, solve problems and offer help to others.

Source : The NIH Proficiency Scale. (Update January 12, 2009) (http://hr.od.nih.gov)

Competency designation of surveyors is not clearly specified. Only the study of Ghere G. (2006: 120) displays the summary of 3 levels of reviewer in Table 2.5

Table2.5 Proficiency level of evaluator

Proficiency level	General meaning
Entry/Novice	Have an awareness, capable of developing knowledge and skills, have limited knowledge and experience, tend to cause conflict from questioning without awareness on some topics.
Proficient/Skilled	Capable of applying the knowledge in reviewing, displaying some experiences, solve urgent problems, be aware and careful in questioning.
Mastery/Expert	Have sufficient knowledge and experience, capable of applying the knowledge performing work effectively, anticipate potential problems with appropriate management, able to coach others.

Source: Ghere G. (2006: 120)

This study produced a competency dictionary for a surveyor who depends on proficiency in performing work and has no administrative involvement in the organization. The researcher designated the competency level of surveyors by proficiency, using the concept of Ghere G. (2006: 120) per Table 2.6

Table 2.6 Proficiency level of surveyor

Proficiency Level	Descriptive details of proficiency levels
Surveyor	Possesses limited survey experiences but can apply knowledge and skills of surveyors to retrieve and collect key points for level of development assessment.
Surveyor team leader	Can apply knowledge and skills of surveyors with expertise, possesses adequate experiences to smoothly conduct surveys, able to solve problems in an overview that may emerge during the survey
Senior surveyor	Can apply knowledge and skills of surveyors, possess high experiences and level of proficiency, able to predict and manage problems prior emergence, able to employ lessons learned from the survey to build learning for survey trainees.

Source: Applied from Ghere G. (2006: 120) , The NIH Proficiency Scale. (Update January 12, 2009) (http://hr.od.nih.gov), Arporn Puvitayaphan (2005: 32-34), Arporn Puvitayaphan (2010: 47)

2.5.2 Applying competency model in surveyor development

A competency-Based Human Resource Management System is generally applied in 3 important systems; competency-based recruitment and selection system, competency-based development system, and competency-based performance system. (Sukanya Rassametummachot, 2007: 27-28). In this study, the researcher applied this approach.

2.5.2.1 Competency-based recruitment and selection will be applied in specifying qualifications of the required surveyor, preparing criteria in application form selection, and conducting a capacity test created for required baseline skills (Sukanya Rassametummachot, 2007: 40). And since most surveyors work only part time on a voluntary basis, the interview is not applied in selection. Once selected, they are called “surveyor in training.”

According to the abovementioned literature review, it can be concluded that the important competency used in surveyor selection are 1) work performance per the organization's philosophy, 2) professional knowledge and experience, 3) understanding of evaluation standards, 4) knowledge concerning quality, 5) knowledge concerning health service systems, 6) good interpersonal relation skills, 7) communication skills, 8) interviewing skills, 9) analyzing skills, 10) teamwork, and 11) coaching skills.

2.5.2.2 Competency based development system will be applied in order to help the surveyor in training to be able to complete the survey per the institute's mission by applying the competency-based development program with regard to adult learning per Malcom Knowles' concept. According to Knowles, adults must know "why he should be learning" and adults need self-directing learning. They need to have strong responsibility in leading and controlling themselves, be eager to learn, ready to set goals and learning plans systematically, be able to choose and apply ~~as~~ a learning strategy and learning outcome either with or without assistance from others (Knowles, Holton III, & Swanson, 2005).

Therefore, competency-based development activity can be applied in various ways. In this study, the researcher applied 4 ways of improving surveyors (Sukanya Rassametummachot, 2007: 44-45) as 1) self-development or specifying specific competency with provided guidelines such as assigned training, 2) self study with various method per one's aptitude such as reading books with related topics of required improvement, 3) mentor working by encouraging surveyors to have self-survey with assistance from surveyor mentor, and 4) face-to-face on the job training until able to learn and complete assigned task. This can be done in 4 stages as follows. 1) Prepare learner by enhancing familiarity in a relaxing atmosphere as well as evaluating baseline knowledge. 2) Teach by explaining and demonstrating step by step. 3) Have the learner practice from what he/she has learned with questioning allowed during work performance. 4) Actual work performance is the last stage once trainer is certain that learner could complete all work stages. Learners will be allowed to practice actual work with assistance system.

Required competency of surveyors for designating training and development was summarized by Shaw (2004) and from the meeting minutes of WHO

conference in Cairo 2002 (WHO, 2002) are 1) understanding of standards' interpretation, 2) training of important specific knowledge, 3) survey process, 4) agenda-time management, 5) handling difficult situations, 6) survey and teamwork, 7) communication skills, 8) interviewing and observation skills, 9) documentation review, 10) report-writing technique and descriptive and summary explanation skills, and 11) ethical aspects such as confidentiality.

2.5.2.3 Surveyor registration can be implemented in different patterns and strategies. In most cases, competency evaluation outcomes during the survey are applied as a baseline in decision making for registration (Worthen, 1999), most of which requires systematic selection. Competency evaluation can be classified into 3 groups as 1) test of performance where tester is assigned to do a particular task such as providing written descriptive answer, 2) behavior observation which is a test on behavioral observation of the tester in some situation such as work performance observation, 3) self-report where tester is required to report about himself/herself on feelings, attitudes, beliefs, or complete a survey.

2.6 Conceptual framework

Based on the literature review described above leads to the construction of conceptual framework as figure 2.3

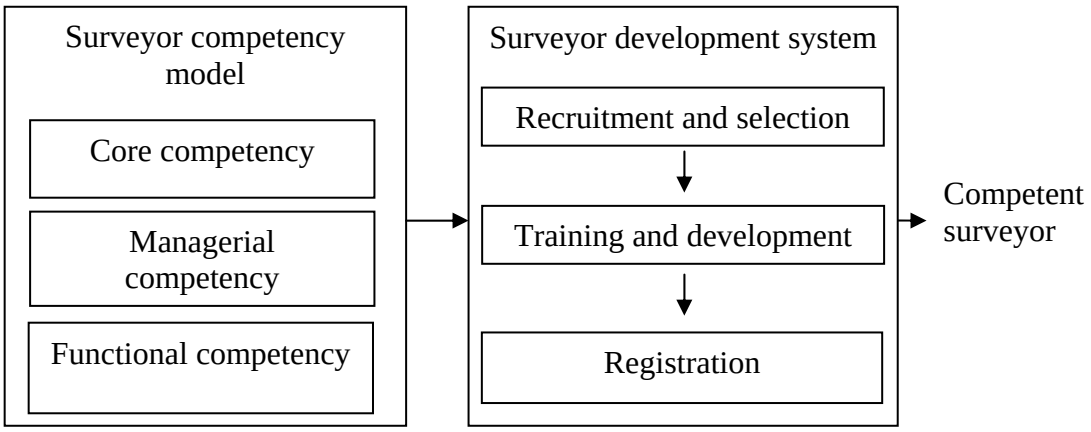

Figure 2.3 Conceptual framework

CHAPTER III
RESEARCH METHODOLOGY

This study applies both qualitative and quantitative approaches in examining the development of surveyors per competency-based healthcare accreditation to achieve two research objectives: 1) to establish a competency model for the surveyors in healthcare accreditation program., and 2) To develop guidelines for applying the competency model in a surveyor development system.

3.1 Developing a surveyor competency model

The surveyor competency model in the Thai healthcare accreditation program is developed and applied to the core mission of the organization. And since Thailand has been using healthcare accreditation for only 1 decade, and it is still considered a new system for the Thai society, the researcher decided to use surveyor competency model building from experts which were accepted in the healthcare accreditation system in Thailand per the development of the single-job competency model of Mansfields. (Mansfields, 1996: 8) The strategies consist of 1) study area, 2) sampling, 3) data collection, 4) data analysis, and 5) validation of the competency model.

3.1.1 Study area

In order to gather sufficient data for developing surveyor competency development (information-rich case) and for the benefit of the study, the researcher decided to study the Healthcare Accreditation Institute (Public Organization) since it involves accreditation of the healthcare facility with surveyors as their representatives following its philosophy that the “survey is a mutual-learning process of how we learn together.” Currently, it is the only organization in Thailand providing evaluation and

healthcare accreditation per the royal decree announced in the government gazette on 22 June 2009.

3.1.2 Sampling

In order to collect sufficient data and for the benefit of this study, the research applies purposeful sampling (Chai Podhisita, 2006: 128-130) per the study objective by studying experts in the survey for healthcare accreditation such as senior surveyors, executives in the Healthcare Accreditation Institute (Public Organization) and hospital QA-QC personnel per Mansfields' concept in building the single-job competency model by collecting data from experts in the particular field and additional comments from executives (Mansfields, 1996: 8). The data was obtained from 12 samples who were asked to join an in-depth interview which required at least 45-60 minutes or until full data was obtained (Suwimol Wongvanich, 2005: 224-225). The followings are samples in this study.

3.1.2.1 Senior surveyors refer to those with great survey knowledge and experience, known as experts who can solve problems and help other surveyors as well as enhance learning and teach other surveyors. Six of them were expected or until full data was obtained.

3.1.2.2 Executives refer to three executives in the Healthcare Accreditation Institute; director and deputy directors per the administration structure. The researcher studied their perspectives and expectations towards necessary competency for surveyors as well as their experience in surveying.

3.2.1.3 Representatives from healthcare facilities: one from a secondary facility, one from a tertiary facility and one from a special healthcare facility. All three participants were specifically selected purposively from healthcare facilities with at least two surveying visits, and from those who were willing to provide data.

3.1.3 Data collection

Data was collected from experts via open-ended questions created by the researcher. The questions and the order of the questions could be verbally changed

when asked, depending on the interview situation. (Chai Podhisita, 2006: 281) There were two data collection phases.

Phase 1: Data collection via an in-depth interview: The researcher used three sets of questionnaires, Interview guideline No.1 for surveyors (11 questions); Interview guideline No.2 for executives (6 questions); and Interview guideline No.3 for healthcare facility representatives (7 questions). The questionnaires include three types of questions as 1) main questions as the main interview topic, 2) questions for probing on unclear or interesting answers, most of which using the phase "please explain more about...", and 3) follow up questions on new topics which were related to the study. The questions were created per interview guidelines of Rubin and Rubin (1995) (Chai Podhisita, 2006: 289-290). Data was also collected from the observation of the survey of senior surveyors in one healthcare facility.

Phase 2: Data collection via questionnaire: The collected data from samplings was considered reliable if most of them conveyed the same idea (Suwimol Wongvanich, 2005: 227). In general, a group discussion was used to find out a final conclusion. However, since this research study had only in-depth interviews for experts, none of them learned the others' ideas. An open-ended 5-rating scale questionnaire was used to collect idea and find out conclusion on participants' opinion (Suwimol Wongvanich, 2005: 225-26). The researcher used the created surveyor competency model to create a questionnaire for the group of executives who had completed the interview. The questionnaire was a 5-rating scale with the following choices:

1) Extremely disagree
2) Disagree
3) Agree
4) Mostly agree
5) Extremely agree

3.1.3 Data analysis

The researcher had two phases of data analysis as follows.

Phase 1: The data from an in-depth interview was transcribed, edited and arranged, using atlas.ti 6.2 to encode the data with the same meaning regardless of

short or long sentences. The result was summarized, interpreted and drafted as a surveyor competency model with entitled name and behavioral meaning from the collected data.

Phase 2: The data from questionnaire was analyzed to conclude the opinion of experts towards competency and collected meaning as well as the level of commitment and compliance of participants. The data was presented by statistical values as median (the median value in the data set) and modality (the highest frequency in the dataset) to display the group's opinion as a summary and interquartile rage (IR). The different value between the 1st quartile and the 3rd quartile (IR= Q3-Q1) of the dataset explained the different levels of opinion.

The criteria for reviewing the level of compliance of opinion or level of commitment: Since the data was collected via 5-rating scale questionnaire, if any statement fit the following criteria it was considered a committed: median value was not less than 3.5; absolute value of the difference between the mode and the median was less than 1.00; and the inter-quartile range value was less than 1.50,(Sakchai Balsiri, 2000: 32, Suwimol Wongvanich, 2005:228) per Table 3.1

Table3.1 Criteria for the level of commitment

Level of opinion	Criteria for committed statement	
Median, the value is not less than 3.5	Absolute value of the difference between the mode and the median is less than 1.00	Interquartile range, the value is less than 1.50

3.1.4 Reliability validation

In order to validate the reliability of the competency model, the researcher applied the competency questionnaire among 24 other surveyors (48.97 % of all surveyors in 2011) and analyzed the data per the procedure in item 3.1.3 Phase 2. The researcher summarized the pattern of development of the competency model for surveyors in the healthcare accreditation system as Figure 3.2

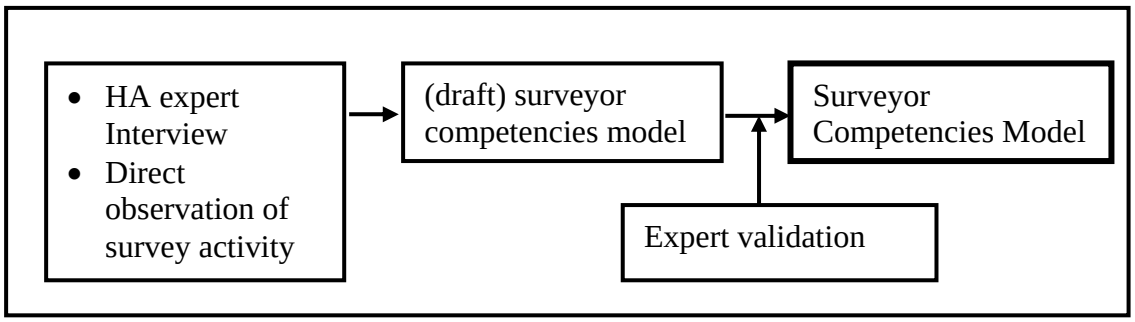

Figure 3.1 Development of surveyor competency models

3.2 Developing guidelines for applying the competency model in a surveyor development system.

The strategies for developing surveyors in the healthcare accreditation system consists of the three stages of recruitment and selection of potential surveyors, training and development, and surveyor registration. In order to answer the 2nd study objective in developing guidelines to apply the competency model in surveyor development, the researcher used the following two steps.

3.2.1 Create competency dictionary: Using the created surveyor competency model per the 1st objective to compile a list of competency name, behavioral definition, and proficiency level as surveyor, surveyor team leader, and senior surveyor, the researcher created a competency dictionary. The dictionary is verified by experts for accuracy.

3.2.2 Create the guideline to applying competency model: The researcher applied the competency model and competency dictionary as a guideline in surveyor development in the three steps of recruitment and selection, training and development, and surveyor registration respectively. The researcher applied competency level 1 (entry/novice) as a baseline in developing the guideline, since level 2 (proficient/skilled) and 3 (mastery/expert) are to be developed on the

continuing basis in order to increase the proficiency of a surveyor. The developed content was sent for validation by the experts accordingly.

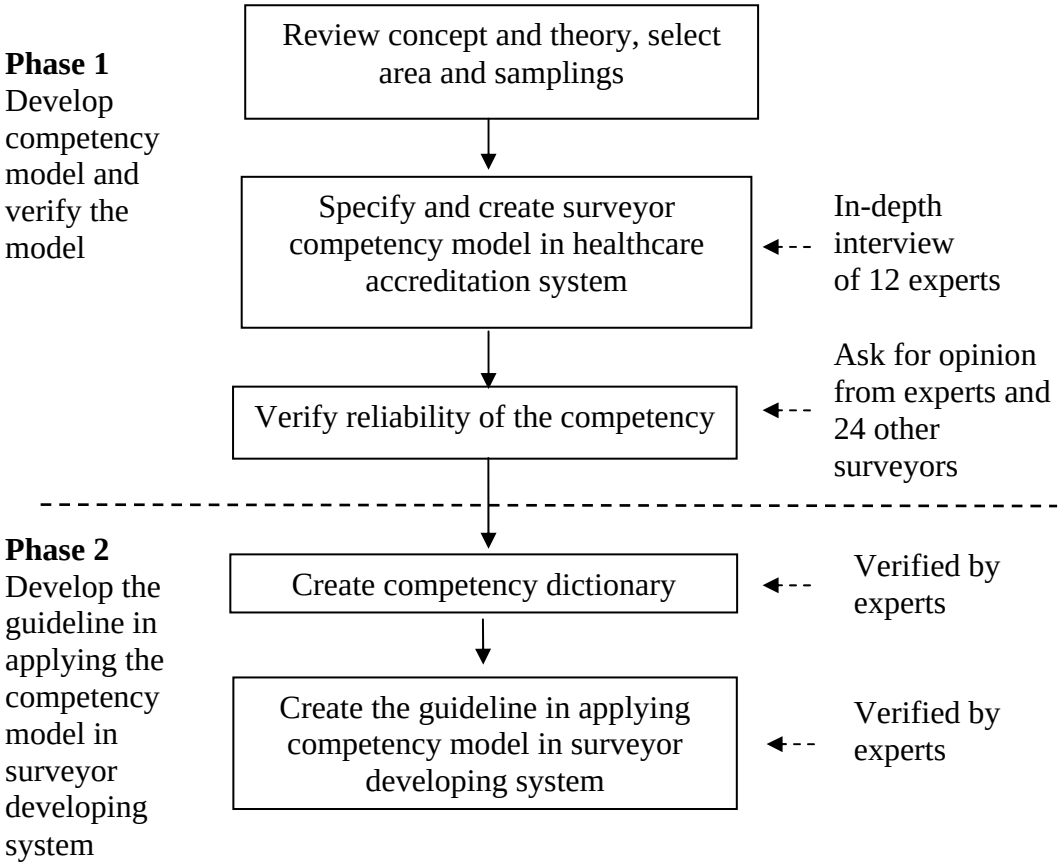

Figure 3.2 Summary of development of competency model and development of guideline to apply the surveyor competency model

CHAPTER IV
RESULTS

The study on “Surveyor Competency Model For The Thai Healthcare Accreditation Program” aimed to establish a competency model for the surveyors in healthcare accreditation system. The study also aimed to develop guidelines for applying the competency model in a surveyor development system. Results of this study which are described in this chapter are categorized into two portions as follows:

4.1 Competency Models Development for Surveyors

4.1.1 General information of the Healthcare Accreditation Institute (Public Organization-HAI) and experts

4.1.2 In-depth interview results analysis

4.1.3 The researcher’s survey participatory observation results

4.1.4 Results of consensus or levels of relevant thoughts of experts

4.1.5 Competency models credibility verification results

4.1.6 Competency models on healthcare accreditation for surveyors

4.2 Develop guidelines for applying the surveyor competency model

4.2.1 Develop a competency dictionary

4.2.2 Develop guidelines for applying the surveyor competency model

4.1 Competency Models Development for Surveyors

4.1.1 General information of the HAI and experts

The researcher summarized generic study results of target area and experts as follows:

4.1.1.1 General information about the Healthcare Accreditation Institute (HAI): The HAI is a governmental organization which was promulgated in accordance with a Royal Decree. It was established on 10 June 2009, is administered through the Institute Administrative Board Committee, and directed by a Director who is also a Board Committee representative. The institute operates with the vision “Thailand has healthcare standards that are reliable healthcare services, of which HAI has roles as a quality culture driver”. Its mission is to enhance, support, and drive quality improvement of healthcare systems through self-evaluation, external survey, accreditation, and knowledge exchanges as leverage mechanisms.” Its scope of work covers working system assessment and healthcare organization accreditation including development of standards of healthcare organizations which can be used as guidelines for quality improvement assessment and healthcare organization accreditation. Currently, it has fifty-five surveyors.

4.1.1.2 General information about experts: Twelve experts were invited and willing to join the in-depth interviews: six senior surveyors, three HAI Board Committee members, and three representatives of healthcare organizations. These experts each possessed more than 10 years experiences on quality development driven forces. These key informants were well-recognized by the society and had expertise on Healthcare Accreditation. The researcher, therefore, confidently felt that data gathered from these experts was reliable and creditable. General information about these experts is shared as below:

1) Senior surveyors: Six senior surveyors included three experts who possessed more than ten years’ experience in healthcare accreditation. Among these experts, there was one professional medical doctor and two professional nurses. These experts were over 55 years old. They possessed knowledge and expertise on both healthcare management and professional services. They were well-known amongst surveyors as highly expert surveyors and good models. They

performed routine roles as survey coaches. The latter group of three experts aged range between 45-50 years old and were composed of one professional management surveyor, and two professional nurses. These experts possessed more than ten years of healthcare accreditation survey experience. In addition, they had been appointed as surveyors for more than seven years with monthly routine relocation obligations in 1-3 locations. They had been well-recognized amongst surveyors as highly expert surveyors that effectively facilitate the participatory survey learning process. They were reliable mentors for survey trainees during their survey training period.

2) The executive management group of HAI in accordance with the HAI's organizational structure on the day of in-depth interviews: Three executive managerial persons were HAI Director; Deputy Director of Evaluation and Standards; and Deputy Director of Development Promotion. These key informants are very important persons in the organization as driving forces to achieve its mission. Their body of knowledge and competencies on development process and national healthcare accreditation were well-recognized. Significantly, they were willing to join the in-depth interviews for this study.

3) Informative data from representatives of healthcare organizations was used as necessary criteria of model development for surveyors. Hence, the researcher used a specific sampling method to select key informants. The researcher selected representatives of healthcare organizations who had expertise and experiences in at least two surveys and were willing to provide information. Three representatives participated in in-depth interviews: the director of a small-scale healthcare organization; a coordinator of governmental healthcare organization accreditation at the tertiary level; and coordinator of specialized healthcare accreditation.

4.1.2 In-depth interview results analysis

In-depth interview data analysis was done by sorting data by content, setting data codes using simple approaches to code any data that had the same meanings in the same set whether each message was short or long. After that, the researcher summarized data and provided definitions of competencies according to the findings. The researcher

separated the competencies of surveyors into the categories of core competencies; management competencies; and functional competencies, detailed as follows:

4.1.2.1 Core competencies

Core competencies are expected behaviors that every surveyor should possess in order to satisfy their colleagues and principles of the institute, and the ability to work in order to achieve institute's vision and mission. The researcher analyzed the competencies from the research findings, comparing these competencies with HAI's core competencies and reviewed theoretical concepts. Seven core competencies were eventually identified for surveyors: beliefs; philosophy and ethics; respect; professional development; interpersonal relationships; teamwork; and adaptability. Details of these core competencies are shared below:

1) Beliefs: According to the in-depth interview results, experts reflected on their views towards work with beliefs in healthcare accreditation. Their views are briefly described below:

(1) The beliefs in good intention and commitment of hospitals: These beliefs enhance friendly survey processes. Surveyors carefully communicate, especially with word expressions, in order to build a harmonious or enabling survey environment. In addition, this helps healthcare organization staff comfortably and happily learn, correctly understand what they learn, and be ready for consecutive improvement. "Creative conversations are based on positive beliefs of surveyors towards hospitals' commitment or good intention." "If we believe that they perform with good intention, we can smoothly conduct our survey unless we are in a trap of fear that does not rely on their commitment. In this later case, our survey is also in a trap of details because we have to go deeper to reassure our understanding. As a result, the survey atmosphere is not friendly."

(2) The beliefs in a holistic approach: Surveyors with these beliefs will perform a survey with more gentle or tender manners towards healthcare organization staff because they understand better about teamwork and a mindset of healthcare organization staff. Their friendly manners enhance a participatory learning process during the survey. "We should have beliefs in a holistic approach. A survey that is conducted with care of the mind and feelings of concerned people, and realize their performances, whenever we confront difficulties in the field,

we understand them with no suspicion but rather trust. If we believe this way, it contributes to learning during our survey process."

(3) The beliefs in Thai Healthcare Accreditation (HA): These beliefs emphasize that the existing healthcare accreditation standards are reliable for patient and staff safety, and people receive better healthcare services. With these beliefs, surveyors will carefully learn and utilize standards for each survey. "I believe that HA will lead us to our ideological thoughts. The healthcare accreditation standards we use are specifically developed for Thai healthcare accreditation contexts…When we conduct a survey, we go with goodwill…My successful survey results are when I experience healthcare organization teams calm and finding opportunities for improvement by themselves."

(4) The beliefs in learning concepts: Surveyors believe in learning concepts, that their survey process transforms the auditing process from strictly following HA standards into a participatory learning process. "If we believe that our survey can stimulate healthcare organization staff' enthusiasm and learning, we do not have to worry whether their performances are good or poor. Instead, we oversee their learning capacity how well they are ready and willing to learn. These would be our key determinations." Many successful surveyors also shared their views. "A survey process and accreditation are at the road-end. The learning process, however, is the interim process between surveyors and healthcare organization staff that increases value for healthcare organizations. Hence, the survey has to be paralleled as a learning process on the way to success and the actual results that eventually demonstrate the progress."

From the abovementioned information and statements, it can be concluded for the beliefs competency that surveyors should have beliefs in good intention or commitment of hospitals. They should also believe in a holistic approach and accreditation following HA standards as well as learning concepts. Noticeably, individual beliefs reflect their behaviors or actions. Surveyors with the beliefs that everyone has good intention will understand and rely on practitioners. In addition, the ways they react to practitioners are also tender, which contributes to a resilient and participatory learning environment. Oppositely, if surveyors are afraid and lack of reliability towards practitioners or healthcare organization staff, they would spend

more time looking for more details. The surveyors therefore should base their approach on accurate beliefs at work.

2) Philosophy and Ethics: According to study results from the in-depth interviews which were incorporated in the philosophy and ethics competency, the researcher collected relevant statements of experts that reflected philosophy and ethics with learning concepts in order to apply this competency in surveys. “We are surveyors. We have to perform in accordance with HA philosophy, not a personal philosophy. In terms of HA philosophy and concept, we base it on a learning philosophy. The learning process, therefore, is the most essential aspect of the survey. In addition, when we say that we emphasize learning, we also have to know accreditation because we have to know whether or not healthcare organization staff’ performances are safe. Accreditation and learning are parallel which means that we do not only build learning for them but also assess their safety.”

“If we directly apply Western concepts and standards to Thai HA contexts, it may be tough or inappropriate. If we use a friendly friendship survey approach in a survey, the survey atmosphere would be changed from auditing in which inspecting whether healthcare organization staff follow standards or not to be a learning atmosphere to know about current situations. Hence, this concept is essential for surveyor development.”

“The concept of survey concentrates on learning. Learning is derived from knowledge exchanges. ‘Learning about positive performances of hospitals for continual improvement’, is the most important phrase.” Statements that reflected ethics of surveyors, especially on confidentiality and non- interference against hospitals were shared by experts. “We have to be careful and not to disturb hospitals. No disturbance does not only mean ‘no’ by words, but also should be in practices. Professors who are originators of a survey process strongly emphasized the significance of this perspective. Another aspect is confidentiality which is necessary. It is an ethic.”

The above statements assisted to find definitions of the philosophy and ethics competency which can be concluded that surveyors have to strictly perform following HAI philosophy which is ‘using learning as a development driven force mechanism’. Hence, surveyors should be capable to transform the

accreditation process into a collective learning process together with safety degree accreditation. In other words, the survey which focuses on a participatory learning process and friendly survey atmosphere enhances continual development of healthcare organization staff and achieves survey goals. In addition, surveyors should not disturb or interfere with hospitals in order to gain self-benefits. The principle of non-interference should not be merely convinced by words but also is tangibly applied into practices. Furthermore, surveyors should also keep hospital information in confidentiality.

3) Respect: According to the study results from the in-depth interviews it was found that ability on learning with equality feelings during the survey process, friendly expressions with beliefs in what healthcare organization staff inform, and respect for all people as crucial, are all counted as required manners of surveyors. “When we were new surveyors, we were very proud. We realized that when we entered healthcare organizations, we felt we are above or have more power than them. After we have been surveyors for longer times, however, we felt better when we placed ourselves at the same level as healthcare organization staff or even lower.” “Don’t think that we are better than healthcare organization staff when we visit their healthcare organizations. Our questions should also reflect our respect towards them.” “The word “Good Friendship” already tells that it is about being friends. We therefore should support each other in a positive direction. We do not need to instruct what hospitals should do because of having a friendship with them. We do not lead them instead we exchange our experiences with them.”

In addition, surveyors should not judge any information till prudently listen to healthcare organization staff’ comments or sharing. Significantly, surveyors should also provide opportunities for surveyor team members and healthcare organization staff to share their different views or comments. Furthermore, surveyors should bear in mind not to force healthcare organization staff to follow their thoughts or inappropriately act in a way that may affect healthcare organization staff losing their faces or feel ashamed. Relevant statements of representatives of healthcare organizations from the in-depth interview process are shared here. “The academic outreach of surveyors towards healthcare organization staff in the inappropriate time and manners as well as lack of basic information about the healthcare organization

staff would cause problems. From my experience, when some medical doctors were aggressively approached by surveyors, they felt really ashamed." A supportive statement of HAI Director was shared. "Learning won't take place if one side feels an invasion or cannot escape. They may feel as losers who have no chance to speak out or no rights to express their comments. In the learning perspective, we have to encourage healthcare organization staff feel at ease to be ready to share us their stories. We are the persons who can make them feel that way."

Surveyors have to be modest and humble. In addition, they should avoid sarcastic words. Instead, they should use encouraging words with respect and honor in order to build supportive atmosphere to let healthcare organization staff see their values and to be ready to further improve their performances. Some relevant statements from the in-depth interviews are shared. "The invasion by words as if scoping healthcare organization staff' space including reactions that show distrust of the information they share should not emerged in the survey process. We have to believe in what they share. Actions showing the untrustworthiness of what they share illustrate that both surveyor and healthcare organization staff do not trust each other."

A representative from a healthcare institute also reflected that surveyors should not make healthcare organization staff feel that they are losing their identity. In addition, surveyors should be modest. "Eventually, healthcare organization staff or practitioners will learn and apply what they learn from the survey process by themselves because they are not forced to do what they do not want to do. A site visit or survey is comparable to a moment that healthcare organization staff open books and see additional information what they should do but have not yet taken action. Significantly, surveyors should not hasten to conclude or judge healthcare organization staff' insufficient thoughts or failures if some tasks are unsuccessful. Surveyors have to understand that if a person is not recognized she may lose her own confidence and identity."

From the abovementioned statements, definitions of the respect competency can be summarized as that surveyors should not rush to conclude or judge practitioners till carefully listening to their comments. In addition, surveyors should also provide opportunities for them to share their comments and exchange their different views. Furthermore, surveyors should not invade or approach them in

inappropriate time or manners, for instance on academic purposes that may make them lose face or confidence. Moreover, surveyors should not have aggressive words or body language, including actions that show unreliability towards them or their healthcare organizations. Surveyors should respect and pay attention to everybody who is in front of them while conducting a survey. In addition, modest, humble, respectful, and friendly conversations without sarcastic words can build reliability between surveyors and healthcare organization staff during the survey. These supportive components also enhance learning and a friendly atmosphere with equality of feeling where practitioners see their values and are ready to further improve their work.

4) Professional Development: Key study results from the in-depth interviews categorized in this "professional development" competency included:

(1) Surveyors transfer new knowledge into practices till they comprehensively understand. "I immensely believe about self-learning. I consider sources of data from prior study in detail and experiment by myself. When we conduct a survey, we receive feedback for further studies. This continually encourages us to sharpen our skills and knowledge. Nevertheless, another vital point is that everything we experiment or do by ourselves, we understand it more thoroughly."

(2) Surveyors learn and develop their knowledge and skills from their survey experiences and reflections of surveyor team members. "I deem that experiences are derived from knowledge that we continually accumulate and sharpen." "During my work in the field as a surveyor, I learned from the team members. When I discussed strategies with them, I felt that I aggressively expressed myself because I considered that healthcare institutes did not efficiently do a strategic planning. Later, I asked one surveyor that joined me for the interview at that time and realized that the atmosphere of the interview session was very stressful. I learned from this experience how to motivate healthcare organization staff, which is essential."

(3) Lessons learned and exchanged: Surveyors exchange lessons learned from the survey with other experienced surveyors on the basis of reliability and trust. "When we exchange experiences with other experienced surveyors, we feel as if we are more qualified and perform better." In addition, "being

a surveyors cannot learned from text books or study guides but from practices and exchanging experiences of what we implement from the field with other surveyors." "When we work together as a team, we have to strongly rely on each other, whatever occurs we have to trust each other so that we can easily exchange and learn together." In addition, surveyors can realize the substance of the survey towards learning and self-development. "A team should be formed with the balance between sophisticated surveyors and young less-experienced surveyors. This does not mean young surveyors lack the body of knowledge or cannot perform well, it means an opportunity for both sides to exchange their learning which is fruitful."

From those statements described under the professional development competency it can be concluded that surveyors have to review lessons learned from their own surveys in order to always develop themselves. They should apply knowledge through experiments in order to always sharpen their thoughts and survey skills. They can learn from other experienced surveyors through observation. They also should learn what tools to be used to meet expectations of each survey including exchanging lessons learned from the field with other highly experienced surveyors on the basis of reliability and trust. They also should have self-study on how to improve their performance from the reflection of healthcare institutes and other surveyors.

5) Interpersonal Relationship**:** The study results from the in-depth interviews indicate the importance of interpersonal relationship competency. Some key characteristics of the interpersonal relationships include being easy-going, friendly, and open-minded. "Surveyors should possess the skills or arts of interpersonal relationship building. This will help them to know more and understand people better. Some people possess knowledge and are smart but after visiting healthcare institutes they become unhappy persons because they cannot build good interpersonal relationship with healthcare organization staff." "Through a surveyor selection process, the selection committee should select persons who are open-minded so that they can listen to other people's comments and have good human relationships with others."

Surveyors who possess interpersonal relationship skills know the art of conversations. In addition, they know how to peacefully talk by keeping

aware of the other party's mind. Furthermore, they know how to adapt and adjust language to be appropriate. "I think we have to be in-between, not too stressful or too playful. We have to be able to analyze situations in front of us. If healthcare organization staff are too stressed, we should make them relax…and our persuasive characteristics also help them approach us." "You have to have the art of talking with mindfulness and empathy. Some people may let us feel they are so talkative with timing. We have to adjust the rhythm of pleasant talking to let them feel to concise in their talks. We should not directly tell them to stop because of time constraints."

Surveyors can also analyze situations in front of them and build a creative atmosphere in order to build trust and recognition not compulsion or enforcement. "Friendly actions build an enabling atmosphere prior to starting to talk; do not start with a stressful atmosphere. We may go hand in hand, touch, or start by talking about other pleasant stories to build friendly relations to let them feel relaxed and accept us. However, how well they accept us depends on them. Surveyors should bear in mind that they should not compel or command them."

Surveyors can talk about sensitive issues. They can build relationship through talking about various issues including sensitive issues. "When we visit healthcare institutes, building relationship is both a scientific method and art. When we talk about relationships and friendships, we also have to talk about other factors rather than quality." Sometimes, surveyors need to have general knowledge to help building friendly atmosphere. "Having general knowledge is a good possession though not it may not be so relevant to what we work but this knowledge helps us to build friendship with others."

"Surveyors can also utilize existing general knowledge to build relationship because sometimes this knowledge may be a hot political issue that other surveyors or healthcare organization staff should be aware of. Significantly, building interpersonal relationship with others depends on an individual's experience. If we know several issues it is good so that we can talk with healthcare organization staff about many issues. I am happy about it."

These statements show that the interpersonal relationship competency that surveyors should possess covers the basic understanding about human beings. They should have friendly characteristics so that people can comfortably and

easily approach them. They should also act in a friendly way with an open mind to listen to other people's comments. In addition, they are persons who possess the art of conversation. They know how not to disturb other people's minds and use appropriate language for each group. They can analyze situations in front of them and are able to build a relaxing atmosphere and trust so that another party relies on them with recognition, not compulsion or force. Surveyors can also talk about sensitive issues and are capable to build interpersonal relationships through generic and various conversations.

6) Teamwork: The results from the in-depth interviews which were coded for teamwork competency are described below:

Surveyors should open their mind to listen and learn about personalities of people that they have to work with. "In terms of working together, people have to open their hearts to listen to what other people say. They then compile and prioritize who will do what and which one before and after. Team leaders, in particular, have to be able to manage this stuff and be able to enhance exchange or learning for each time in order to give value to team members." "When you perform as surveyors, you have to be able to work with other people in order to do this you should learn about those people's nature and how you can work well with them."

Surveyors can grasp key points in the overview by not only focusing on assigned responsibilities. "As a surveyor, I do not classify which one has the function of a team leader, but I think we work as a team. Team leaders may forget something or may not holistically oversee things due to their busy schedule. It is therefore an obligation of team members to remind and share key points with them."

Surveyors can change their views to provide recommendations in various issues during the survey process. "In the evening of the day before we do a survey, we have a preparation meeting. Our goal is to exchange information about our action plan. Some key questions are raised including what issues we will deal with and how? What do we think about the self-assessment report result analysis? In our points of view, what additional issues do we want to help them to develop? And, how do we plan for a survey?"

Surveyors collectively set a survey plan for the next time in the team meeting during the day of the survey. "Our discussion in each day is useful

because it helps us learn about every perspective of organizations through each surveyor. From the meeting, we can give marks and can write a report. We also confidently feel that our survey report sufficiently covers all needed aspects. The discussion management is an important duty of a team leader." "Each time or each day of discussion is very vital and fruitful because when we discuss we will know what we still lack of or have not yet included and how other people reflect. In addition, the discussion is a method of information gathering such as when asking about services, each surveyor then share own part about how well people access to services and what services needed to be improved. If their views are the same, they can come to the conclusion faster. If they have different views, they have to further consider and discuss them."

Surveyors can be facilitators in learning exchange sessions between surveyor team members to have smooth conclusions of survey results. "Surveyors need to work as a team. A team leader has major roles encouraging team members collective work and build learning environment."

The above statements show that teamwork competency of surveyors means to open their hearts to listen to and learn from others. They can grab key points in the overview not specifically for assigned tasks. They can also exchange their views and comments towards different issues that they come across during the survey including collectively setting a survey plan in a meeting or during the day of survey. They can also be leading facilitators for exchange and learning of the team which leads to a smooth conclusion of the survey report results.

7) Adaptability: The study results from the in-depth interviews contained details that reflected the importance of adaptability. The researcher therefore categorized it into the adaptability competency. Adaptability means surveyors have flexibility to listen to comments of concerned people. They also change survey approaches in order to align with emerging situations to facilitate smooth surveys. "When we conducting a survey at healthcare institutes, everything will be changed according to the emerging situation at that time. For example, now the atmosphere is like this, we have to change it. Surveyors have to holistically think about all aspects starting from whether or not healthcare organization staff cannot answer; and in what traps they are stuck. We have to analyze and attempt to create a relaxing atmosphere.

If we put pressure on people, they will be stressed. The more people get stressful the more people feel uncomfortable to participate. Finally, we have to understand that development can be created in a relaxing atmosphere not only a pressure environment. We have to adapt ourselves to align with the emerging situation at that time." At the same time, surveyors also have to be able adapt themselves in order to achieve smooth survey results. "Surveyors should be able to adapt themselves, and possess learning skills. In addition, acceptance of the team and among the members facilitates their adaptability."

From these statements, it can be concluded for the adaptability competency that surveyors should be flexible, carefully listen to other people's comments, and be able to adapt themselves in changing situations in order to smoothen a survey process with effective results. They also can bring what they learn for their adaptability to enhance their work efficiency.

4.1.2.2 Management competency

Management competency means expected competency or behavior in management that is relevant to the organizational culture which the surveyors should possess in order to be able to manage the survey to achieve the survey goals and be in alignment with the visions of the institute. Management competency for surveyors is composed of 1) planning and organization, 2) time management, and 3) conflict management.

1) Planning and organization: Key relevant details from the in-depth interview data collection which were categorized in the planning and organization competency are discussed below.

Surveyors can analyze and survey healthcare institutes by reviewing existing and relevant survey planning documents of healthcare institutes to achieve survey objectives: 1) to stimulate learning for development, and 2) to be able to plan for sufficient data collection to see a holistic picture of the organization. "Planning is important; smart surveyors have to do a survey plan and are able to adapt it into the set direction."

"We assess healthcare institutes before we do surveys in order to identify expectations of healthcare institutes. Several times, we found that they informed us that they wanted to know whether their performance was right or wrong.

We also assess and identify things we want to make them clear for their better understanding." "I think what we should do to achieve the survey goals are firstly to see a holistic picture or overview of the institute. How can I do a data collection plan to see the holistic picture of the organization? How can I gather complete data that covers target areas? Do you remember the area of development?" "In my opinion, a good survey plan to gain complete data is necessary. Secondly, it is our main target which is learning stimulation for surveyor development. The sub-target is accreditation. Hence, the survey plan should have a complete data report that stimulates continual improvement of healthcare institutes."

Surveyors can develop a survey plan by using clinical and system tracers in order to be able to collect key points for additional data collection and additional learning with the team during the survey preparation meetings. In addition, surveyors can smoothly manage the survey. "After we were coordinated by HAI and received documents from the healthcare institutes, we prepared ourselves and planned by listing key points: what we need for learning building; what institutes we have to survey; and which areas healthcare organization staff do well that we have to further collect additional information. After that in the evening of the day before our survey day, we set a team meeting. Mostly, we talked about what things we think health care institutes do well; and what things we have to further build additional learning." In addition, "what system that we were assigned to survey; we then also planned on what healthcare institutes we will survey. However, after we went and met those healthcare institutes such as at wards or patients' rooms, we then revised the plan and classified into two portions which were first by using the clinical tracer approach for patient care by looking from the very beginning of receiving patients process, patient assessment, planning, and referrals. The survey process also considered patient specific care which is included in the main disease tracer approach. The second portion is we followed the system tracer approach, especially main working system."

"If we plan well, our survey is also done well which depends on existing information we receive from the team. However, if we receive insufficient existing information, we have to gather further information when doing a survey. Each discussion or survey preparation meeting day is vital and useful because it helps

surveyors and team members to plan for surveys in the following days." "We have to prepare ourselves well to design the survey. Good preparation covers reading survey forms. If we do not know some points, we have to study and find the answers so that we can exchange with others. In addition, we have to know how to design the survey; and what points we have to include. However, we never prepare questions in advance."

From these statements, it can be concluded within the planning and organization competency that surveyors can assess expectations and needs of healthcare institutes through existing documents. They also prioritize things to do in the plan to be relevant to each time survey's goals. They should also be able to adjust a survey plan during the day in order to collect outstanding results and key points that needed to be exchanged and smoothly manage the survey to follow the set plan.

2) Time management**:** Relevant study results gathered from the in-depth interviews which were categorized in the time management competency also included definitions of time management. Time management means surveyors conduct a survey following a set plan and accomplish it within a time-bound framework. "Time management is important. Some surveyors are really smart but spend a longer time than expected causing a delay of the survey accomplishment. They have to bear in mind about their time a management." "The most difficult practice is surveyors cannot control their survey times. The more we use a positive approach, the more we have to strictly manage our time." Furthermore, some views of representatives from healthcare institutes mentioned were shared. "Surveyors spending more time to explain to have better understanding is a good practice. However, if they unnecessarily spend a longer time it would have a negative aspect indicating as an inability to manage or control the surveyor team's time. I understand that we cannot set a fix time for a survey because it is a continual process of conversation. However, from the healthcare organization staff' points of view, they may wonder why they have to spend time waiting for the survey? why survey teams cannot be on time or maintain standards about time management? This will create a negative view on the inefficiency of time management of surveyors."

From these statements, it can be concluded under the time management competency that surveyors should be capable to manage time so that they

can conduct surveys on time and be able to smoothly control the survey process within the time frame.

3) Conflict management: Key study results gathered from the in-depth interviews under the conflict management competency included:

Surveyors should be capable to assess situations that lead to conflicts. They can change a stressful atmosphere to relaxing circumstances. A key informant from a healthcare institute stated that “some surveyors build a friendly atmosphere very well. Nothing is complicated; only bring some situations to a conversation at a time. In addition, sharing situations should be more fun than stressful. I think this should be one of qualifications of surveyors.” “I think surveyors have to conclude key points well by comparison and not using complicated language, I beg you, because it would cause troubles and conflicts in organizations.”

Manner adjustment of surveyors indicates how they respect another party. “When we noticed and found out that conflicts may emerge, we have to protect the faces of both sides by managing stressful situations to be relaxing or friendly atmosphere.” “We have to immediately adjust our manner if we find conflicts. For instance, I surveyed a medical school and met with a professor who had an unfriendly manner. I told him that if he had something to share, I was willing to listen to him. I then peacefully listened to his sharing without interrupting questions but persuaded him to release his tension, issue by issue. The atmosphere later sounded like sharing views to each other which was a good atmosphere.”

Surveyors can help healthcare institutes find ways for solutions together by using simple language that help them understand what problems they confront. A relevant statement of a representative of healthcare institute was shared. “Surveyors have to understand the organizations they survey. They may encounter problems such as financial issues which may require a lot of money to solve. Their executive director may delay to tackle such problems. However, if surveyors help them to find solutions, eventually, there should be possible solutions.”

From those statements under the conflict management competency, it can be concluded that surveyors have to be capable to change a stressful atmosphere to relaxing or fun atmosphere. Surveyors have to also adapt their manners to respect those concerned parties. They also can help healthcare institutes to

find solutions by using simple language and know what problems organizations are facing.

4.1.2.3 Functional competency

Functional competency means desired competency or behavior for surveyors which is composed of knowledge and skill.

Knowledge: There are five components of necessary knowledge for surveyors: 1) Knowledge of hospital accreditation standards; 2) Knowledge of professional standards; 3) Knowledge of other quality standard systems; 4) Knowledge of healthcare services system; and 5) Knowledge of quality concepts and quality tools;

1) Knowledge of hospital accreditation standards: Surveyors have to understand the purpose of the standards and should not interpret standards by the letter. Many experts reflected that "we should have knowledge with clear understanding about standards so that we can effectively work." "We have to know standards; not only the contents but purposes of standards." "Surveyors have to use standards with art skills. They should not use standards in legal language." "Surveyors should be able to explain concepts, key contents, and linkages of standards in each category." Some other relevant statements of key informants are included. "When we do a survey at each healthcare institute, we should know that what standards are relevant." "We have to know and see linkages during the survey to answer what standards are in front of us." "Surveyors have to know definitions and conceptual framework of standards in each category. If we understand the process, we have confidence about it."

Surveyors are capable to apply standards following the healthcare institutes' contexts and levels of services. They also have to be able to assess levels of development following standards and provide recommendations for development that is relevant to standards. "We should know that this standard has flexibility for 10-bed to 1,000-bed size healthcare institutes. Hence, surveyors have to be able to apply standards to each size of healthcare institute." "Surveyors have to understand key contents of standards. Standards cannot be memorized because the same standards which are utilized in different surveys at different healthcare institutes with different situations cannot be the same."

Furthermore, representatives of healthcare institutes also reflected surveyors' necessary knowledge and understanding about standards. "If

surveyors lack knowledge and understanding about standards, they may fail to provide accurate information."

From these statements, it can be concluded under the "Knowledge of Hospital Accreditation Standards" that surveyors should possess knowledge and understanding about purposes of standards. They should not interpret standards by the letter. They should be capable to explain and apply concepts, key contents, and linkages of standards in each category of the survey. They also should be able to appropriately apply standards in the healthcare institutes' contexts and levels of services. They should also be capable to assess levels of development and provide relevant recommendations for development.

2) Knowledge of professional standards: Knowing and understanding key contents of professional standards that are relevant to healthcare institutes enhance surveyors ability to know working approaches and to utilize findings gathered from the survey to stimulate and exchange ideas at the right spot or direction."Surveyors have to study about key contents of professional standards of concerned organizations in order to gain more information about specific organizations; such as they should know basic information about radiology organizations prior to conduct a survey." "If we do not understand each organization's professional standards, we cannot help them to walk ahead. We should know those standards so that we can help them to see development issues." "Knowing professional standards and how to care for patients in specific issues is essential. When we do a survey, we can enlighten and stimulate healthcare institutes on next steps of thought or set a new issue for the learning exchange if there is a good point. But this does not always mean surveyors have to know every issue deeply."

Moreover, knowledge of professional standards enhances surveyors ability to set examples of good learning during the survey. "Surveyors should know specific organizations' key contents of standards. Each survey should not merely focus on a generic quality process which is insufficient but also be able to build learning and give examples of learning."

Knowledge about laws is also vital for surveyors to study and understand professional standards so that they can provide appropriate advice. "Knowledge about various laws that are relevant to healthcare institutes is important. It

facilitates surveyors not to take unnecessary actions or advice." "Surveyors should study about general laws, regulations, rules, and relevant laws to healthcare institutes so that they can know and understand about them which enhances effective learning exchanges and avoids misunderstanding."

Furthermore, views of executive persons of the institute also paid attention to possession of professional standards. "Surveyors should know specific standards that are important. If they know at a certain level at least it helps them smoothly exchange knowledge with healthcare institutes. It is also useful for the institute." During the in-depth interview session, representatives of healthcare institutes confirmed that possessing professional knowledge and experiences are vital. With this qualification, surveyors are recognized by healthcare institutes. "I think nurses have to possess knowledge and understanding on the standards of the Nursing Council. However, medical doctors besides possessing medical knowledge, they should have other experiences that are recognized amongst medical doctors."

From these statements, it can be concluded within the "knowledge of professional standards" that surveyors have to possess knowledge and understanding on key points of professional standards that are relevant to organizations or working system where they conduct surveys. Surveyors should also have enough professional experiences in order to understand working approaches and assess the operation of surveyed organizations/teams. They also should be able to apply professional knowledge by setting examples of learning, extending thinking further, and setting new issues for exchanges that are useful for healthcare institutes.

3) Knowledge of other quality standard systems: Possessing knowledge and understanding about quality standard systems will help surveyors be capable to analyze organizations where they will conduct surveys. Studying hospitals or healthcare institutes' profiles beforehand can help surveyors get an overview of the organizations as well as helping organizations see linkages between challenges and goals of organizations prior to setting outcome indicators. "I learnt a lot about TQA because TQA helps us see a bigger picture and to know what the competencies and challenges of the organization are." "TQA standards teach us to see the link between challenges and goals which I attempt to use persuade target healthcare institutes to analyze themselves. It is useful for surveyors to efficiently read hospital profiles."

“TQA standards are important for surveyors because if surveyors have knowledge and understanding about the set criteria, this will help healthcare institutes see key contents and linkages to see the big picture of the organizations.”

Understanding other quality standard systems will also help to link development with healthcare accreditation standards. “Many private healthcare institutes conduct JCI. When we do a survey, we are always asked how JCI links with HA standards. If we understand we would know the basic standards of this system. We then can help them.”

Additional views of representatives of healthcare institutes also reflected that healthcare institutes need assistance from surveyors in terms of to learn linkages of key points of various standards. “I met a surveyor who impressively shared with us his knowledge to let us know the linkages of various standards. He smartly pointed out the contents and encouraged us to further broaden our thoughts.”

From these statements, it can be concluded under the knowledge of other quality standard systems that surveyors should possess knowledge and understanding on the basic concepts of other key quality standard systems such as TQA and JCI at a level to see the linkages with HA standards and further extend thoughts for development during the survey. Surveyors should also utilize the outstanding points of standards in the survey process which will enhance ~~on~~ systematic views such as seeing the big picture, which can help healthcare institutes learn the connection between challenges and goals of the organization and the organization analysis for a survey planning.

Noticeably, views towards this competency were mostly reflected by key informants at a managerial level. They wanted surveyors to learn and understand TQA standards and be able to apply lessons learned from the survey. Healthcare institutes may also accept and feel good if surveyors understand many standards.

4) Knowledge of healthcare services system: Knowledge of the healthcare service system is essential, especially knowledge about the structure of the system, policies, and various projects of the Ministry of Public Health and other concerned organizations working on healthcare services. This knowledge encourages surveyors to be able to analyze situations and understand limitations of healthcare

institutes and appropriately apply HA standards in accordance with contexts and capacity of healthcare institutes.“If surveyors know policies of the Ministry of Public Health; and structures of healthcare institutes under the Ministry of Public Health; they can certainly survey most healthcare institutes in Thailand”. “Frankly speaking, if surveyors never work at or know the working system of the Ministry of Public Health but have to precisely analyze the system of the healthcare institutes under this Ministry, I think it is very difficult. In this sense, I think it is acceptable for surveyors who can merely basically analyze the system so that they can communicate with managerial levels of healthcare institutes in broader views.”

“Surveyors have to understand the structure of organizations. If they do not understand but have to advise them it means working beyond their capacity or doing much more than they can do. Many times surveyors are biased by pictures of their own work which cause problems while conducting surveys. Hence, they have to know about all types and categories of healthcare institutes where they will do surveys beforehand.” “Knowing about healthcare service systems helps us to be able to follow the main ideas if later we have to link various policies with our standards.” “We know that understanding healthcare services system is very useful. We will know about their structural categories after talking with them because we came from the Ministry of Defense.”

Additional views of managerial level informants were shared. “If we understand healthcare services systems, we would know that there are still more standards that are relevant to healthcare institutes such as the Department of Disease Control’s standards; Love Bonding standards; and hygiene standards. These will enhance us to further provide advice to healthcare institutes for their healthcare service improvement, awareness, and conflict management.” Another view was shared by a representative of healthcare institute that also reflected the important of this competency. “Surveyors who understand about healthcare services systems and possess managerial experience in public health will understand why we cannot do a survey ourselves, and where our blind spots are. They can also use their experience to help us and they are able to talk with managerial persons.”

From those statements, it can be concluded under the knowledge of healthcare services system competency that surveyors should possess

knowledge and understanding about the structure of healthcare services, policies, and various projects of the Ministry of Public Health and concerned organizations on healthcare services. They should also be able to analyze situations of healthcare institutes and understand limitations of these organizations. They should also appropriately apply HA standards in relation to target healthcare institutes' contexts, limitations, and capacities.

Noticeably, views of representatives of healthcare institutes reflected that knowledge alone is not enough. Surveyors should also have managerial experiences in order to realize their blind spots and development opportunities well.

5) Knowledge of quality concepts and quality tools: Key results of the study from the in-depth interviews which were grouped under the knowledge of quality concepts and quality tools aspect found that continuous quality improvement and quality cycle, or Plan-Do-Study-Act (PDSA), are essential. "Critical knowledge should be a quality processing concept that moves along within the continuous development cycle until reaching the level of excellence. We have to have this body of knowledge." "Understanding contexts helps us to be able to appropriately use quality concepts and quality tools while conducting a survey. Hence, we have to learn and understand contexts of each healthcare organization staff or organization."

In terms of knowledge of quality tools it was found that surveyors have to possess knowledge and understanding about the concept background of quality tools and be able to choose and utilize quality tools during the survey in relevance to current situations and levels of quality development of healthcare institutes. "We should understand about quality concepts and concept background of quality tools. We should also remind ourselves that if we inadequately know we should not use them with healthcare institutes. In other words, we have to comprehensively understand about quality concepts not merely memorize them." "We have to be specialized about quality concepts. We will use them for guidance when we have a conversation with a healthcare institutes during our survey session. In my opinion, quality concepts are vital things that surveyors should know well."

Surveyors should always follow up and learn about quality tools. "Useful skills for specific quality tools applications in HA are trigger tools and clinical tracers. Surveyors should have these skills and knowledge." "Nowadays, new

developing knowledge and tools are clearly originating from self-assessment. I think a clinic tracer is a very good tool for surveyors." "We have to follow up and understand concepts of every developing tool. Significantly, surveyors have to ensure their understanding towards them." "Surveyors should understand quality tools and be able to appropriately use them for each surveyed organization or situation. They also have to consider whether applied tools respond to needs or demands of healthcare institutes." "We also have to understand fundamental concepts of tools so that we can provide them advice and convince them not to run after every tools. This means we have to adequately understand about the tools."

From the abovementioned statements, it can be concluded under the knowledge of quality concepts and quality tools aspect that surveyors should have knowledge and understanding about quality concepts and quality tools. They should always understand the concept background, then follow and learn about concepts and new quality tools. In addition, they can use tools to enhance learning and interactions of people during the survey. They also can provide advice to healthcare institutes in order to use appropriate tools that are relevant to situations, contexts of healthcare institutes, and levels of development. Furthermore, they can compare findings from the survey with quality concepts to reflect results to concerned people for their performance improvement opportunities.

According to the in-depth interview analysis results of experts, it can be concluded that there are five necessary competencies of surveyors. These competencies, surveyors have to know and understand their key contents, background concepts, and be able to apply them during their surveys. They also can provide advice to healthcare institutes in order to encourage them to appropriately extend their thoughts and build collective learning during the survey regarding situations, contexts, and levels of development of healthcare institutes.

Skills: There are eleven categories of necessary skills for surveyors which are composed of: 1) Analytical thinking skills, 2) System thinking skills, 3) Situation analysis skills, 4) Self-assessment report analysis of healthcare institutes, 5) System approach, 6) Communication skills, 7) Report writing skills, 8) Problem addressing skills, 9) Appreciative inquiry skills, 10) Coaching skills, 11) Learning facilitation skills.

1) Analytical thinking skills: Key study results collected from the in-depth interviews under this category included ability to understand and analyze the self-assessment of healthcare institutes data. “Reading SAR (self assessment report) helps us to understand practitioners. We have to try to read distributed information and summarize contents for learning.” In addition, surveyors should be able to analyze data collected from interviews of teams and concerned people prior to summarizing points for learning exchanges. “When I sit and listen to my team sharing, I always analyze and summarize key points to know eventually what would happen and what has to be done.” “Surveyors analyze data through listening to committee members’ presentations as well as what they experience during the survey. We have to bring facts for assessment in order to know the reasons why they cannot do like that, and what they think. We will analyze and comprehensively summarize all.” “A survey means comprehensively summarizing all information in a limited time. In other words, after we read documents in advance sent by healthcare institutes, we can wrap up information at a certain level. After we reach the place, we then comprehensively study sets of document as well as clearly summarize and analyze situations so that we can have clear points for a survey. I am telling you that everything has to be clear within the short time. We have to be precise.” “During our survey, we have to critically analyze results of information from the healthcare institute’s presentation, and build a learning process with them. If we cannot analyze in time would be a problem for new surveyors.”

Ability to analyze and link relevant data in surveys is crucial for surveyors. “There are questions like how we will analyze data, how we link indicators, and how many sets of indicators should be used to be useful for healthcare institutes.”

From these statements, it can be concluded on the analytical thinking skills that surveyors should understand and analyze data from self-assessment reports of healthcare institutes. They also should be able to analyze data from interviewing team members and concerned people as well as studying relevant secondary data from various documents. They should also have ability to analyze and link relevant data of healthcare institutes to conclude contents of survey results. Their

ability on situation analysis is also vital to stimulate learning during the survey session.

2) System thinking skills: These skills are used in various opportunities. Utilizing these skills, surveyors study a connective and systematic changing process that would happen. According to study results collected from the in-depth interviews, experts shared that surveyors should understand about systematic relations and able to see the changing process that may systematically and connectively happen. “System thinking skills are very important. We have to understand components of the system. We also have to know outcomes. We have to understand about inputs, process, and outputs.” “When we talk to healthcare organization staff whom we coordinate with we see the link and convince that it is the same issue. It is about our thinking system that we link to make healthcare institutes understand it.” Ability to see broader pictures is also necessary for surveyors. Surveyors have to see key points of the system and relationships of sub-systems then analyze strengths and weaknesses of a key system and sub-systems together plan to have right points for learning during the survey. “Surveyors have to summarize key points and be able to see big pictures. The summarized key points have to indicate strengths and weaknesses. These three parts have to be relevant so that they can systematically think.” “Surveyors have to help healthcare institutes see key points then gradually persuade them to link to big pictures.” “Whenever surveyors lack system thinking skills their survey results tentatively indicate case by case failures. They also cannot think about causes of a problem, and concerned systems. They also cannot think about the system and thus try to generally advise healthcare institutes case by case.”

There was also a supportive statement shared by a representative of healthcare institutes. “Surveyors have to understand the system of their survey at each organization so that they can tell what key contents are and how they relate to each other. The first and most important factor is to understand about the system.”

From these statements, it can be concluded in the system thinking skills category that surveyors should understand a system to see a process of change that systematically and connectively happens. They can systematically see the

big picture. They analyze key contents of the system and relationships of sub-systems as well as strengths and weaknesses of key and sub-systems with right contents of a plan for learning during the survey.

3) Situational analysis skills**:** According to collected study results from the in-depth interviews, surveyors have to be able to analyze situations of healthcare institutes in order to plan and design a survey plan that is appropriate to situations. They also should appropriately use skills of surveyors. “We will use survey approaches depending on the situation at that time. The survey approach follows the situation that surveyors are confronting. I am saying that if surveyors are tennis players and prefer to hit following every step of skills, they have to practice all styles. While playing tennis, they do not think which styles they will play but the situation at that time tells them to do. Hence, survey approaches are also changed according to situations that surveyors encounter.” “We will design each survey differently. We may survey some organizations by stimulating them to think or coach them. This means that which approach~~es~~ will be used depends on how we analyze situations in front of us and the understand organization.”

Surveyors can listen to and analyze the ways of thinking, and understand emotions and feelings of healthcare organization staff. “Surveyors have to understand what healthcare organization staff attempt to communicate. We have to think more deeply than the words they hear. For instance, the healthcare organization team told us that they already analyzed and attempted to solve problems by using substantial power force methods, but what we encountered was not the same as they reported. At this point, we further queried about persons who helped them analyze and solve the problems. The team kept quiet for a while then asked us how we knew about that. They then informed us about the limitations and problems they faced. Eventually, we pointed out to the managerial persons to see the necessity for them to help the healthcare organization team to solve problems.

Surveyors can analyze situations and the organizational atmosphere. They can analyze relationships between managerial persons and staff, among team members, and between professions.“When we conducted a survey, we analyzed the organizational atmosphere. Definitely, we needed to not only analyze existing data but also their proudness and successes including the atmosphere between

managerial persons and staff, the atmosphere among team members and professions to see the strengths of their relationships."

The abovementioned statements lead to the conclusion for the situation analysis skills category that surveyors should be able to analyze situations of healthcare institutes so that they can conduct a survey with appropriate design and plan for situations, as well as use the skills of surveyors to listen to the ways of thoughts, emotions, and feelings of healthcare organization staff. Surveyors can also analyze situations, organizational atmosphere, relationships between managerial persons and staff, teamwork analysis, and relationships among professions.

4) Self-assessment report analysis skills: Key results from the in-depth interviews under this category included: Surveyors study all relevant documents of healthcare institutes with positive feelings and holistic concepts so that they can summarize conceptual thoughts and working approaches of healthcare organization staff. "If we cannot holistically understand information after we read the self-assessment report analysis papers of healthcare institutes, we may feel tough or lack of empathy towards them. Oppositely, if we holistically understand, we feel as if we can touch healthcare organization staff' mind. Healthcare organization staff revise report papers many times; if we acknowledge this action, we may feel empathy to them. We also may touch how they feel and can perceive their conceptual thoughts." "SAR analysis is a feeling and mind analysis of healthcare institutes including their thoughts and working approaches. We do not read their reports to list their mistakes but read for comprehension." "When we read the SAR, we will sense their feelings, efforts, and actions whether they follow standards or not." "Surveyors shall not read only assigned parts of the SAR. If they read only specific parts that they are responsible for, they cannot see the whole system or the holistic view. This means that surveyors should read the whole document for a wider view."

Surveyors can analyze contexts of organizations. They can also analyze the linkages; needs of clients/patients; strategic planning management; working system design; and performance monitoring of organizations. "Self-assessment of healthcare institutes is one part that gives us hints to know more about them. We have to understand about them as much as we can. Therefore, we have to be able to analyze their contexts so that we can understand them." "Upon reading their

self-assessment reports, I used principles for seeking quality and safety which are relevant to core competencies of organizations. When I read I have to read forward and backward to see pictures of linkages between core competencies of organizations; patients' needs analysis; how we bring results of need analysis to link with strategic management; how to use them to design the working system; how to monitor designed system implementation results; and to see what outcomes they need. These will help us see a clearer connection and we can talk to healthcare organization staff by using their own data not only using standards."

Surveyors can identify strengths and opportunities for improvement in order to set a survey plan. An appropriate and relevant survey approach selection to healthcare institutes' contexts depends on available data of the healthcare organization staff. "We should have proper knowledge to read healthcare institutes' documents. When I read documents of some healthcare institutes, I can immediately draft a report while with others cannot because their answers indicate that they do not know what to write. They therefore fill in with full mixing information. We then have to analyze and gradually extract key contents to be included in our survey plan." "We have to read in order to find methods how to coach them or when we will admire or feedback to them about their writing." "Upon reading a self-assessment analysis, we have to pull issues out then let them know the linkages and encourage them to see how it is. To effectively do this practice, they need close coaching. If asking whether they are stressed or not, they may be anxious and stressful." "After we read the self-assessment report analysis papers and pick up evidence we find both positive and negative aspects to further think about for the approach planning. For example, key points of a report are risks, we have to find out what key risks are. In addition, if they solve problems in their way like this, what would the system be, and what remaining system or what else is to be solved, and where to place this system."

These statements lead to the conclusion of the self-assessment report analysis of healthcare institutes category that surveyors should study all positive and negative results included in self-assessment report analysis of healthcare institutes with a holistic concept. Surveyors should be able to catch feelings, conceptual thinking, and the working approach of the healthcare organization team. They should

analyze contexts of organizations; linkages; healthcare organization staff' needs; strategic management; working system design; and performance monitoring of healthcare institutes. They should also identify strengths and opportunities for improvement in order to set a survey plan and a survey approach selection which is appropriate within the context that can be done by using the data of healthcare institutes as a basis in learning during the survey.

5) System approach skills: Relevant study results from the in-depth interviews under the system approach category reflected that surveyors have to possess knowledge about systems; 3P concept (purpose-process-performance); and tracing principles to be used as a conceptual framework for a survey or site visit. "Everybody in a surveyor team has duties to pick up key points and view in a systems approach." "At the very beginning, I confessed that the linkage between what we found and the system was not clear. Later, a system approach was proposed at the meeting of surveyors, and we understood how to use it in the survey. We have to set key points from what happened to see causes and effects towards our working system. In addition, we used 3P (purpose-process-performance) as a conceptual thought to gain better understanding." "Surveyors are persons with knowledge, experience, and expertise. However, knowledge can change with time. We have to know key points of each survey and know what is to be done further and have to regularly practice thinking systematically. We have to seriously practice on this till we see the link. When we see the link we then can effectively use a system which healthcare institutes can admire. Hence, a system approach is a qualification that every surveyor should possess but leaders should be more specialized."

Surveyors should be able to use key findings from the survey in system tracing and compare with expected results. "We start with standards by asking questions to find out goals of standards and expectations. The expectations here mean key points to be found. After we have key points then we look for information on a working process and indicators that healthcare institutes have used. Consequently, we compare them with expected results. We subsequently consider whether actions are relevant or not, if relevant at what level, then give scores."

Surveyors can bring lists of disease groups to persuade healthcare organization staff to learn and link with patient care system standards

including other relevant standards. They also introduce the trace to other concerned organization and exchange views with leading clinical tracing teams. “When I visited organizations, mostly I asked staff present at wards what diseases they deal and cope with. We talked with medical doctors or nurses. We gradually asked issue by issue, one by one encouraging them to explain about each step of care. We gained information about patient care process standards. Later, we linked to a relevant working system which is a safety system for patients. We subsequently linked to the infectious prevention system, and risk management system prior to considering other organizations on specific cares for patients such as patient operations. After that we took an opportunity to talk with the leading clinical teams.”

Surveyors use key points of standards and follow the practical tracers. Surveyors have to be able to use analyzed results of surveys to conclude points for praise and provide recommendations. “The important point is collection of information we found during the survey for report writing. We have to systematically use data to consider how that system is good, in what level, what needs to be improved, and what the key points are.”

The above statements from the system approach category show that surveyors should use knowledge about systems, 3Ps (purpose-process-performance), and tracing principles as conceptual frameworks for their site visits and team interviews. They should also collect key points from what they found during the survey to conclude causes and effects of situations towards working systems. They then utilize these key points to trace working system and compare with expected results. They also can use information on disease groups development of healthcare institutes and persuade healthcare organization staff learn and link with patient care system standards and other relevant standards. They also use key points of standards to trace practices.

6) Communication skills: Key study results summarized from the in-depth interviews found that communication skills are necessary for surveyors. Key communication skills from the study are described as below.

(1) Observation skills: Surveyors have to be able to observe the reactions of healthcare organization staff. They also observe those people’s performances, working environment, and collect factual data of their work.

They also should use observation skills to assess situations which lead to question adjustments or good manners towards the survey. “At the interview session, we will observe behavior of everybody and we will know what the situation is, even the looks we get, or methods of healthcare organization team members in response to our presence.”

(2) Listening skills: Surveyors have to be able to carefully listen in order to perceive background concepts of spoken words. They also can compile thoughts to set questions and stimulate learning with specific goals. “Listening is very essential. Instead of listening to just know what words they speak out, we have to understand signals or key points they attempt to send to us.” “Listening may sometimes invite stimulating questions but whenever we feel uncomfortable we can change questions or topics.”

(3) Body Language: Body language~~s~~ is crucial because it can clearly communicate sincere feelings. “Sometimes we look and sense through the way people react whether they are happy or angry.” “When I share situations that I experienced, gauges or manners are important. Body language is important. Some persons whom I look at, I can feel of their anger. When I am confronted with angry or heavily disputed persons, I kept quiet.” “We have to use both body language and eye contact, particularly eye contact. In my point of view, eye contact is important because it reflects facts or genuine feelings. Someone may speak nicely but contrasts with facial and eye expressions.”

(4) Verbal communication: Surveyors communicate with relaxing gestures in order to have the same understandings among surveyors and healthcare organization staff during the survey. They understand topics that they are talking about. They use simple language and direct words towards topics which are appropriate to healthcare organization staff in each level. They have speaking techniques and are able to conclude contents to inspire healthcare organization staff for work development. “I think mostly we use verbal communication more than other kinds of communication. I think report writing is not as important as appropriate surveys because when we visit healthcare organization staff we can communicate through verbal communication while reporting writing has limitations in Thai societal contexts in that it does not directly communicate to each other. Hence, information from reports of healthcare institutes is less than what we gain

through talking with them." Views of representatives of healthcare institutes reflected that verbal communication skills of surveyors are important. "Words and languages we use should motivate and create inspiration. Work monitoring or admiration also needs verbal communication skills." "Some surveyors have very good verbal communication skills. They compare quality development with objects close to them or system development process. Their concluding remarks through Thai words are acceptable and comprehended by audiences. Some surveyors, on the one hand, cannot communicate well in Thai." "Clear communication between surveyors and healthcare institutes enhances us to be able to prepare for the survey. Noticeably, we are more relaxed when we have more time to communicate with healthcare organization staff."

7) Report writing skills: Information from the in-depth interviews which was categorized in the of "Report writing skills" category included:

Surveyors should have ability to write a report by analyzing and summarizing key findings from their surveys. "I deem that if we immediately write down whatever we see or collect after the survey, it is good. Similarly, when we visit patients and immediately write down health conditions of patients and plan for the continual treatment."

Surveyors should have the ability to analyze in-depth data in order to know the root of causes which links with key points of standards. This data which includes both praiseworthy points and recommendation points for consecutive development will be written in a report. "After a survey, each surveyor has to present data for discussion, collective reviews, and problem analysis. The shared data is also identified into data of approval, recommendations, or repetitive monitoring for the next day by referring to standards. A this point, team leaders have major roles to properly write reports with sufficient evidence, otherwise reports are useless."

Surveyors should have ability to compile and write a report in simple, easy to understand, and direct communication styles. "Report writing depends on compilation skills to be easily read. Medical doctors and nurses do not practice on long article writing skills. They get used to with writing with key words. When they have to make a sentence, it is difficult for them. There are quite a few experts who can clearly write articles, but many encounter difficulties." "I know some surveyors who are really good at writing a report because they comprehensively listen to all surveyors

during the after action review (AAR) meetings. At the AAR meeting while we are continually talking some surveyors can listen to all surveyors and grasp key points then write a report with beautiful words and very direct to the points. I think report writing skills should be in a sense of careful listening to all people and then summarizing key points for report writing."

Surveyors should be able to write a report in order to be understood by the people concerned, make them ready to learn, and transfer recommendations into practices. "I think a written report should be systematic and enhance learning. Surveyors should pay attention to these concerns." "The first thing that healthcare organization staff want from the report is admiration or appreciation. I said this because it is good to show something there we can do and benefit from what they do and present. When he sees and accepts it. Significantly, writing skills can be developed." "Reports that we write, receivers should be proud of them. After reading, they may want to read again and again. This is a contributing factor for directors of healthcare institutes to keep their face and feel that we recognize what they can do even with obstacles. I want everybody to feel this way."

Surveyors should have the ability to write a survey report and provide recommendations in order to build values and sustainability of healthcare institutes. "Is a note of key performance results in each survey regarded as a survey report? It is a supporting document for a survey report. A survey report and note of performance results are important for sustainability of healthcare institutes because they can feel that they gain values." "In a survey report, the most fruitful aspects are we see what we have to do. We then review a report and list points to communicate with team members or concerned organizations for practices. After that we follow up on the progress of how far they have reached or perform, usually by revising a report, though sometime it is difficult to understand."

These statements can lead to the conclusion of the report writing skills category that surveyors should be able to write a report based on data of the survey and conclusions from the team meetings. Surveyors can deeply analyze root causes of problems that link with key points of standards in order to use praise and recommendations for consecutive development data for report writing. Surveyors can simply use language and directly get to the point when writing a report in order to be

understood, which enhances learning and leads to improved practice. Surveyors also should also be able to write a survey report together with recommendations in order to build values and promote healthcare institute sustainability.

8) Problem addressing skills: Analytical study results collected from the in-depth interviews which were categorized in the problem addressing skills category included:

Surveyors can use both successful and unachievable outcomes of patient care or development outcomes to exchange and find opportunities for collective development. They reflect on what should be done for patients' safety to the team of each healthcare institute. "Our position during the site visit is to help them seek their outcomes and point out what they did well and what needs to be improved so that they learn and perform better." "Surveyors should point out key points, main risks, goals, and indicators which will help the team learn a lot." "Supposedly, if a healthcare organization staff can take note of all our key recommendations, apply them to work, and know linkages, this would be very useful." "From my experience using SAR of a hospital for analysis, I addressed key problems and asked the hospital managerial team what they thought about the issues. All committee members kept quiet then told me that they were excellent because everyone here understood better. The patient care issues later were improved which positively contributed to the controlling system improvement of medical doctors and home-based care doctors."

Surveyors can link various issues found in organizations to identify in a friendly way or address problems holistically. In other words, surveyors try to point out key problems, main risks, goals, and indicators for development results with heartfelt proposals for the healthcare institutes' conformity and practices. Surveyors, additionally, can share results of findings from the survey or various statistics to address problems together. Building understanding is more valuable than to reassure whether they follow standards or not. "The word 'good friendship' means genuine friends. It means, for instance, when you see your friends do something wrong, you have to remind them. Another example, persons who always admire friends whether they do bad things or inappropriate manners, these persons are not genuine friends. When people go to hospitals, hospital staff may sense that there are people who always admire and never criticize them. These people are their friends,

clients, or patients. In case of us, we are surveyors, our obligations are to in a friendly way remind, warn, encourage, and convince them to agree with us about conditions for their performance improvement."

"A healthcare institute committee presented implementing results that contradicted with what we found during our survey. We convinced them by presenting what we found as exchange results without blaming them. We persuaded them to talk and point out more problems. We always asked with persuasive manners without directly telling them what information they did not include." "We found that a clinic leading team was commanded to do things without proper understanding. It is our role to help them to address problems together. We think that we help them understand which is more valuable than if we go and inspect whether they do the right things or not. We then summarize and share what they did for the talks." "We told them what we found during the survey and what information we have. We shared them what we think about the information prior to persuading them to collectively consider what they think about it. All healthcare organization staff then further set the action plan. They shared their feelings with us that in the way we talk to them they can have a sense of friendship." "When we found that they have not yet worked hard enough, I directly told them that we needed to exchange information. I asked them what they think about problems that I found. I was an outsider and wanted to share my views in this way. We then checked whether our views were in the same direction"

From the in-depth interviews, representatives of healthcare institutes emphasized the importance of problem addressing skills for surveyors "I believe that surveyors come to answer our questions. Previously, surveyors visited and provided information. They collectively thought with us and convinced us to see how organizations should be. If asking whether this approach is useful or not, it is useful." Another representative also believed that surveyors are persons who address problems and encourage collective learning for healthcare organization staff. "Please understand hospitals if they do not correctly answer the questions. At this point, surveyors have to help them conclude the points rather than rush to close the interview session. I think in a position of surveyors, we should not forget our fundamental principles that surveyors are people who help healthcare organization staff to address issues and learn together."

These statements can lead to the conclusion under the problem addressing skills category that surveyors can use both successful and unsuccessful outcomes of patient care or development outcomes to collectively exchange for further improvement as well as reflect what healthcare institutes should do to improve safety of patients. Surveyors can also, in a friendly way, distribute findings and statistics they found from the surveys with institutes to encourage them to see problems holistically. Surveyors also identify problems, main risks, goals, indicators, and development results with good wishes or good friendship in order to persuade healthcare organization staff to agree and practice. Significantly, building understanding is more valuable than investigating whether healthcare organization staff practice standards or not.

9) Appreciative inquiry skills: Information gathered from the in-depth interviews which was categorized in the “appreciative inquiry skills” category included:

Surveyors should have the capacity to stimulate healthcare organization staff to collectively find positive results and be able to question themselves about the historical background of data. They also set questions in order to help healthcare organization staff analyze relevant components for wider solutions in the trace process. “I found that one healthcare organization staff can use some tools very well. I then asked him how he knows about this issue. He replied me that he read books and followed a process that he thinks as learning. I slowly asked him further what he analyzed. I also helped him look for relevant components whether he has or not. If he does not have, it is still fine. It seemed to me that I was persuading him to learn. I think appreciative inquiry skills help us propose wider options for solutions.” “We can make them feel good and want to learn with us by stimulating them to identify good things they want to do. We then let them know about self-acceptance. Nevertheless, it does not mean that healthcare organization staff have to only tackle problems by themselves.” “When we conducted a survey we found their positive performance results. We visited them and gained more information from them so that we could bring their values out as much as we could. Duties of surveyors are compared to a mirror reflecting that they start having ~~a~~ beauty and making it more vivid.” “We have to find good spots or good capacities of healthcare organization staff

in order to introduce and encourage them to experience many good systems. These key points are used as facilitating tools for our survey plan or for coaching them. If we do not do like this, they cannot tangibly see pictures. In addition, when they see pictures or examples like these, they gain morale, and though they realize difficulties they finally can do it. We also empower them to let them feel good which later indicates that when we raise their weaknesses or failures, they can accept them."

Surveyors can stimulate the healthcare organization team to review positive performance results they did prior synthesizing and extracting lessons learned of the survey. Surveyors ask positive questions and open opportunities for healthcare organization staff to think about linkages of their working system and key standards. Surveyors also stimulate them to analyze their performance results, bring tangible practical results to learning, and empower them for consecutive improvement. "When we do a survey, we do not go with fear of whether they follow standards or not. Instead, we go with the feeling that today we should have fun conversations. This means that upon talking we carefully listen to them. One approach that I always use is stimulating them to review their good performance results, then help them extract lessons learned of those results, and share with them the link between data they share and working system or standards. When they extract lessons learned, we stimulate them to analyze and let them see that lessons learned have systematical linkages and are not merely lessons learned in organizations. We vividly express our sincere admiration to let them feel that they have performed many things effectively. We also guide them how to walk ahead, and what they need to do more. We then can feel and learn through their sharing that they are happy. Conducting a survey or site visit is a fun approach."

These statements lead to the conclusion of the appreciative inquiry skills category that surveyors can use arts and approaches to set questions to stimulate the healthcare organization team of each healthcare institute to collectively identify their good performance results and sources of energy for working. In addition, surveyors can set questions to promote participation in analyzing relevant components and to see wider options for solutions during the trace step. Furthermore, surveyors can set positive questions and open opportunities to the healthcare organization team to critically think. Moreover, they can stimulate the healthcare organization team to

review and extract lessons learned of their performance results. Surveyors can link what the healthcare organization team shares with the working system or key standards. They also can reflect on tangible practices for learning during the survey and empower healthcare organization staff for continual improvement.

10) Coaching skills: Relevant key results of this study under the coaching skills category which were collected from the in-depth interviews are shared below.

Surveyors can effectively listen to what healthcare organization staff share. They also set questions to stimulate healthcare organization staff to think further and share their performance stories to reach the set goals of each story and encourage each division to summarize their learning and ways of performance improvement. “We stimulate them to think that if they perform this way what the effects would be. We also encourage them seek interventions for their problems. We also consider about persons who will join us in the process. Supposing that, if a patient is their problem, who will help them and what solutions could be identified?” “We stimulate them to further think that how this issue should be tackled, what we have to see, and provide questions to lead them to reach the point. If they do not have skills they know by themselves. Hence, my technique is I listen to what they say then I will ask questions.” “Levels of development of healthcare institutes will make us to set different questions because our goal is to make them see opportunities for their further improvement.”

Surveyors can use coaching techniques that are appropriate with levels of development. They can also recommend and empower the healthcare institute team members to increase self-confidence so that they can perform better. “Our key target is to know healthcare organization staff beforehand so that we can employ appropriate coaching techniques for them. This also builds a friendly environment as we already know their nature. Our manners are also important. Sometimes we admire them but if we do not use appropriate coaching techniques, the outcomes reflect as if we look down them.” “Building understanding about them through their sharing and stimulating them to think, we can use the right level of coaching techniques.”

Surveyors can mainly use core values for persuading the healthcare organization team to talk and encourage them see effects that may occur. They also can get answers and concluding issues for their improvement by themselves. “We have core values in mind. We then persuade them to talk about issues by themselves. Skills of core value application are crucial for surveyors to be further developed. We may already know answers about a situation for some instances during the survey. However, surveyors still have to set questions till they know the answers from healthcare organization staff. They then feel released after healthcare organization staff know what they will perform.” “Each survey we have to make organizations clear about their plan for improvement. Before we leave each site visit, we therefore ask each healthcare institute to conclude key points that they have to further take action or improve.” There was also a reflection from a representative of the healthcare institute: “Upon arrival, a surveyor team should instruct us straight away what they will share and facilitate during the survey sessions. It is an obligation of surveyors to ensure that healthcare organization staff gain more confidence to better perform. HA standards are not difficult for healthcare organization staff. Similar to playing football, they can win if they fully play.”

From these statements, the researcher can summarize the coaching skills category that surveyors can listen and question to stimulate the healthcare organization team to think and share what they collectively have done in order to reach the expected goals, including stimulating each division to summarize their learning and interventions for improvement. In addition, the surveyors can use appropriate coaching skills in relation to levels of development. They can also advise and empower the healthcare organization team to increase their confidence so that they have confidence to perform. Furthermore, surveyors also use core values to persuade healthcare organization staff to talk in order to view effects that may emerge as well as look for answers and conclusions which lead to improvement by the healthcare organization staff team.

11) Learning facilitation skills: Key results of this study collected from the in-depth interviews and categorized under the learning facilitation skills category included:

Surveyors can use findings from the survey such as information about monitoring indicators of the organization, performance results for team development, medical records, or evidence which includes poor health conditions of patients to stimulate learning of healthcare organization staff by focusing on collective thinking and providing them comments on what to be done.“Our survey for learning does not merely explore whether they follow standards or not, we also seek outcomes. If outcomes are good, we start to further question how they do that, and what they will perform. This is the way we build the learning.” “When we visit healthcare organization staff at wards, we assist them on the patient medical records. We encourage them to share with us about patients’ problems, and their interventions to cope with those problems. In addition, we listen to them how and where they record their performance results. We also seek answers of what they need to further act or add.” “We bring information or evidence they found while working and records to discuss with the team. Significantly, our comments towards sharing information and evidence should be definitely precise. For example, we reviewed medical records and found information about poor health conditions of patients and many have to be referred. We asked the healthcare organization team what they think about this information. In another example, we reviewed statistics and medical records and found many sepsis problems. We then asked the healthcare organization team for their reflections. Besides information from records, information of what the healthcare organization team shared is also useful for exchange or discussion.”

Surveyors can use survey results to view the big picture for system improvement such as Continuous Quality Improvement (CQI) by persuading healthcare organization teams to talk and stimulating them to perceive effects or adaptations affect key systems. Surveyors can stimulate healthcare organization teams to extract lessons learned on development and collectively identify deep causes of problems by accepting different ideas towards problems. They also use core values to stimulate healthcare organization staff for learning in connection with their performances. “In my opinion, employing Thai cultural survey approaches in Thailand is already virtuous. This means that we stimulate the teams of healthcare institutes for learning rather than only encourage them try to think about what they should do. We persuade them to extract lessons learned to know what learning they gain after work.

We focus on a thinking approach to persuade them to identify root causes of problems. Their views towards problems may be different from ours. I think it is a learning process." "We used CQI that they develop during our talks in order to see what they eventually gain from doing CQI. We persuaded them to further think what systems are relevant to their work and to identify linkages of problem solving so that they can see impacts and improve systems. I think these two parts can align with each other." "We found that they collected indicators. We did not tell them that indicators should be 100 or 0 but we wanted to see them fruitfully utilize the figures. Hence, we merely make use of these figures to stimulate them for performance improvement. Definitely, value application is what we strongly emphasize."

These statements lead to the conclusion of the learning stimulation skills category that surveyors can use what they found during the survey to stimulate the healthcare organization team. Key findings may include monitoring indicators of the organization; outcomes for team development; medical records; situations, and evidence which includes problematic patient cases. Through the discussions, surveyors emphasize collective thoughts and opinions from healthcare organization staff of what they should do next. Surveyors can also use these findings to build learning in order to perceive the big picture and opportunities for system improvement. Some activities may be done through Continuous Quality Improvement activities (CQI). Surveyors encourage healthcare organization teams to find impacts or key system adjustments. In addition, they stimulate the teams to extract and synthesize lessons learned on development and collectively find deep causes of problems and accept different views towards problems. They also use core values to stimulate a resilient learning environment by linking with performance results.

4.1.3 The researcher's survey participatory observation results: The researcher once joined the survey and observed the survey process in order to collect and analyze information on necessary competencies for surveyors. Key results of the observation included:

4.1.3.1 General information about surveyors: The surveyor team was composed of three clinical surveyors (one doctor and two nurses), one managerial staff, and one survey trainee. All surveyors had been working as surveyors

for more than five years. Their performance was well recognized among surveyors and Healthcare Accreditation Institute (Public Organization-HAI).

4.1.3.2 The survey preparation meetings: During the survey preparation meetings, the surveyors demonstrated their teamwork, analytical thinking, system thinking, and self-assessment analysis of healthcare institutes skills. “The surveyor team collectively analyzed and planned for the survey. Key contents of the survey which would be used for collective learning stimulation by each surveyor were brainstormed and finalized. These key contents included benefits from data usages, systematic view application in work development, and resilient learning atmosphere.”

4.1.3.3 The survey process: The survey started by listening to the healthcare organization team’s presentation which was presented by director of the organization. The director summarized development directions and previous operational results. Consequently, surveyors were divided into small teams to visit sub-divisions of the target organization regarding key working standard systems. Leaders of each working system or responsible committee members of this organization were interviewed in the afternoon.

The researcher categorized a conclusion of observation results into two portions: 1) Healthcare organization: At the initial stage of the survey, the researcher observed that healthcare organization staff had worried faces and did not answer questions well. The survey atmosphere was stressful. Surveyors, therefore, immediately changed their reactions upon their notice of such reactions of the healthcare organization staff in order to release the tension. The surveyors persuaded healthcare organization staff with humor to talk generally then share what they have done so far which created a friendly atmosphere. The healthcare organization staff noticeably felt comfortable, together answered the questions, and shared their work experiences in relation to key working systems. For example, if we survey a wastewater management organization, healthcare organization staff may talk about relevant systems for water treatments. At the final session of the survey, the surveyor team leader reflected that “actually, we do not survey a holistic system. We survey in specific spots because we do not know about them before.” Before leaving the organization, the surveyor team asked the healthcare organization staff to sum up what they had learned today. The surveyor team then added their conclusion by linking with

HA standards as a key conclusion. In the survey process, it was clear that surveyors possessed appreciative inquiry skills and stimulation skills to build learning by using situations or findings from the survey. They addressed problems and encouraged healthcare organization staff to be ready for self-improvement. In addition, the surveyors possessed knowledge and expertise on standards which contributed to the smooth survey. 2) The interview session for the concerned board committee members of the healthcare organization: After, the board committee members presented their performance results, surveyors picked up key points of successful performances that the healthcare organization staff shared for admiration. “I can touch the healthcare organization team’s high intention on…” After that, a surveyor further asked a bit about what the committee presented. During the question-answer session, the researcher found that surveyors occasionally used information from what the healthcare organization staff shared for learning exchanges. At the end of the interview session, surveyors asked about a 1-2 year work plan of what the healthcare organization team would do. Subsequently, they discussed about the plan. The survey atmosphere was in a learning exchange style.

4.1.3.4 The surveyor interim meetings: Usually, these kinds of meeting are organized during the days of the survey and held in both formal and informal styles. The observed meeting was organized after the first day of the survey. It aimed to promote participatory learning and information exchange among responsible surveyors. The survey team leader played facilitated the meeting and summed up key points of each surveyor including the key points for further surveys. All surveyors exchanged a summary of information they found during the survey with constructive comments. Their comments were mostly the same in which made it possible for the team to directly give marks for them. Differing comments, on the other hand, needed to be elaborated and added to the following day of the survey plan because the team could not directly give marks for them. They eventually altogether concluded results of the first day survey and gave marks in accordance with HA standards.

Table 4.1-4.3 illustrates the in-depth interview and observation of the survey analysis results that the researcher used for each competency conclusion with descriptions of expected behaviors.

Table 4.1 Core competencies of surveyors

Competencies	Descriptions of Expected Behaviors
Beliefs	• Believe that HCO staff have good intention to perform • Believe in a holistic approach, understand mindset and feelings of HCO staff • Believe and have trust that the HA process will contribute to better healthcare services to patients and citizen • Believe in concepts of learning, understand and trust practitioners, and possess gentle and friendly manners. A survey is an approach that focuses on participatory learning.
Philosophy and ethics	• Comply with the code of conduct of surveyors. • Be able to make a survey as a learning process and encourage further improvement. • Be able to assess level of safety and standard compliance in friendship manners. • Keep confidentiality of the healthcare organization and do not demand anything from the healthcare organization for self-interest.
Respect	• Give opportunities to express and share different opinions, willing to accept all information, not rush to make judgment. • Avoid aggressive behavior by words or actions, avoid unreliable expression, and avoid technical superiority or making people lose their faces. • Respect and pay attention to everyone present during the survey with modest and humble manners, avoid insulting words, instead try to use words that listeners can feel honor • Be able to build trust, create conducive atmosphere for learning, and support feeling of self-valued.

Table 4.1 Core competencies of surveyors (cont.)

Competencies	Descriptions of Expected Behaviors
Professional development	• Be able to bring new knowledge into practice and able to share that knowledge to the others with thorough understanding • Be able to use peer review process and customer feedback for self-improvement and development • Be able to learn from experienced surveyors through observations, experience exchanges, and consultations
Interpersonal relationship	• Understand human nature, easily accessible, friendly, and open-minded. • Be able to use effective communication, appropriate languages, and build relationship through discussion on various issues. • Be sensitive to the situation, be able to build calming atmosphere and trust.
Teamwork	• Be able to listen and gain understanding of people attributes. • Be able to work as a team in a survey planning process, sharing information, and making conclusion of the survey findings.
Adaptability	• Be sensitive and flexible to the changing situations to conduct a smooth survey. • Be able to use findings and learnings from the survey to improve work efficiency.

Table 4.2 Managerial competencies of surveyors

Competencies	Descriptions of Expected Behaviors
Planning and organization	• Be able to develop a survey plan appropriate to the context and level of development of the HCO, using information from a self-assessment report. • Be able to develop a survey plan that support the survey goals, encourage learning, and get enough evidence for making accreditation decision. The survey plan includes document review, observation, interview, and tracing.

Table 4.2 Managerial competencies of surveyors (cont.)

Competencies	Descriptions of Expected Behaviors
	• Be able to execute the survey according to the plan set smoothly, and revise the plan as necessary.
Time management	• Be able to manage the survey tasks according to the survey schedule and within the timeframe.
Conflict management	• Be sensitive to the tension and potential conflict during the survey, and dissolve the tension or conflict immediately. • Use simple language and respectful manner to avoid conflict.

Table 4.3 Functional competencies of surveyors

Competencies	Descriptions of Expected Behaviors
Knowledge of healthcare accreditation standards	• Understand basic concepts and purpose of standards, interpret standards by meaning and intention, not by word. • Be able to apply accreditation standards according to contexts, limitations, and capability of healthcare organization. • Be able to assess compliance with accreditation standards and provide meaningful recommendations.
Knowledge of professional standards	• Acquire knowledge and understandings on key professional standards related to the visited unit or system, including legal requirements for healthcare organization. • Acquire adequate professional experiences to understand the working nature of the visited unit or system and be able to assess that unit or system. • Be able to apply professional knowledge to encourage learning, stimulate new or extended idea, and set issues for actionable sharing.
Knowledge of other quality standard systems	• Acquire knowledge and understanding of other quality standards to the extent that be able to explain the linkage with accreditation standards and use for further development

Table 4.3 Functional competencies of surveyors (cont.)

Competencies	Descriptions of Expected Behaviors
Knowledge of healthcare services system	• Understand National Health Service structure, policy direction and programs of the Ministry of Public Health and other relevant agencies, be able to links these directions with accreditation standards.
Knowledge of quality concepts and quality tools	• Acquire in-depth understanding and updated knowledge of quality concepts and tools. • Be able to apply quality concepts and tools during the survey, e.g. giving feedback, giving guidance, encourage learning and further improvement
Analytical thinking skills	• Be able to integrate information from various sources, e.g. self-assessment report, document review, site visit and interview, and use appropriate framework or concept for analysis. • Be able to use the result of analysis for learning and feedback.
Systems thinking skills	• Be able to apply systems thinking to explain any situation in a holistic view and the relationship of various components or sub-systems, and use for learning
Situational analysis skills	• Be able to use information from observations, listening, and document review to determine the organization situation, including internal relationship, thinking and feeling of people, and select appropriate approaches of interaction
Self-assessment report analysis	• Be able to identify key context, strengths, opportunities for improvement, and determine level of development from HCO self-assessment report • Be able to use information of the HCO self-assessment report as a basis for survey planning and sharing during the survey, especially the linkages of various components, e.g. strategic challenges, strategic objectives and KPI

Table 4.3 Functional competencies of surveyors (cont.)

Competencies	Descriptions of Expected Behaviors
System approach skills	• Be able to use findings from document review and key points of standards for survey planning, e.g. patient or system tracing, interview questions. • Be able to use system thinking as a framework for site visit and team interview • Be able to use key findings from the survey for learning, demonstrate causal relationship, including linkage with accreditation standards
Communication skills	• Be able to use verbal communication with simple languages, precise, concise, and appropriate with people • Be able to observe personal reaction or body language, practices, and environment, and use to modify questions or approaches • Be able to use verbal and non-verbal communication to express intention of surveyors • Be able to understand way of thought of HCO staff and make inspiration for improvement
Report writing skills	• Be able to write a survey report on commendation and recommendation base on accreditation standards, survey findings, and team consensus. • Be able to write a valid survey report with simple languages, convincing for implementation, and high value for sustainable development
Problem addressing skills	• Be able to link various survey findings to address problems in a holistic view and relevant components, e.g. key risk issues, goals, KPI. • Be able to use survey findings and various statistics, e.g. patient care outcome, CQI results, to indicate opportunities for improvement

Table 4.3 Functional competencies of surveyors (cont.)

Competencies	Descriptions of Expected Behaviors
Appreciative inquiry skills	• Be able to use inquiry skill with HCO staff to appreciate their strength and supporting factors • Be able to use inquiry skill with HCO staff and facilitate finding opportunities for improvement by themselves • Be able to use inquiry skill to empower HCO staff for continuous improvement
Coaching skills	• Be able to use appropriate coaching skill, e.g. listening and questioning skill, according to situations and level of development. • Be able to empower HCO staff to be confident in improving their works.
Learning facilitation skills	• Be able to use survey findings, improvement efforts, and core values to facilitate learning of HCO staff. • Be able to encourage HCO staff to get use of probing and looking from different viewpoint. • Be able to encourage participation in identifying opportunities for improvement and finding out possible solutions.

4.1.4 Results of consensus or levels of relevant thoughts of experts.

After collecting competencies of surveyors through the in-depth interviews with experts, the researcher set a questionnaire form with a five-rating scale to collect comments of experts. Later, the researcher analyzed the results to find levels of agreement.

Results of the consensus of experts indicated that experts mostly agreed with the developed competency models and realized the necessity for surveyors' healthcare accreditation skills development in all perspectives. Key results are discussed below.

Verification of key results with mode, median, and interquartile ranges found that all comments were appearing in the same direction. These were interpreted and illustrated in the absolute value of results between median and mode in each

competency which was mostly less than 1.00; and the value of interquartile ranges which was mostly less than 1.50. Details are illustrated in table 4.4.

Table 4.4 Accreditation experts' consensus results

Competency	Median	Mode	Absolute Value*	IR
Core competency				
Beliefs	5	5	0.00	0.00
Philosophy and ethics	5	5	0.00	0.25
Respect	5	5	0.00	0.00
Professional development	5	5	0.00	0.00
Teamwork	5	5	0.00	0.00
Interpersonal relationship	5	5	0.00	0.00
Adaptability	5	5	0.00	1.00
Management competency				
Planning and Organization	5	5	0.00	0.25
Time Management	4.5	5	0.50	1.00
Conflict Management	5	5	0.00	0.00
Functional competency				
Knowledge of HA standards	5	5	0.00	0.00
Knowledge of professional standards	4	4	0.00	0.63
Knowledge of other quality standard systems	4	3	1.00	1.25
Knowledge of healthcare services system	3.5	3	0.50	1.25
Knowledge of quality concepts and quality tools	5	5	0.00	0.00
Analytical thinking skills	5	5	0.00	0.00
System thinking skills	5	5	0.00	0.00
Situational analysis skills	5	5	0.00	0.00
Self-assessment analysis	5	5	0.00	0.25

Table 4.4 Accreditation experts' consensus results (cont.)

Competency	Median	Mode	Absolute Value*	IR
System approach	5	5	0.00	0.00
Communication skills	5	5	0.00	0.00
Report writing skills	5	5	0.00	0.00
Problem addressing skills	5	5	0.00	0.00
Appreciative inquiry skills	5	5	0.00	1.00
Coaching skills	5	5	0.00	0.25
Learning stimulation skills	5	5	0.00	1.25

Remark: Absolute value* means the absolute value of the difference between mode and median

Note: The consensus of experts on competencies for surveyors showed a diversity regarding knowledge of other quality standards; and knowledge of healthcare services system. Their mode values at 3 were also lower than other competencies. Additionally, their values of interquartile ranges at 1.25 were higher than other competencies but still in the level of agreement.

4.1.5 Competency models credibility verification results

In order to ensure that all necessary competencies for surveyors developed and collected from the in-depth interviews among experts are creditable, the researchers asked 24 (43.63%) out of 55 surveyors of HAI who were outside the core experiment group (excluded from 12 key informants) about their comments. The researcher also joined one survey and collected data through participatory observation. Key results are discussed as follows:

4.1.5.1 These twenty-four surveyors were from diverse professional experiences which included eight professional medical doctors; twelve nurses; and four healthcare service system staff from other professions. Two persons were younger than 40 years old, twelve persons were aged between 41-50, and ten were persons over 50. They were all registered surveyors with 1-5 years (8 persons),

6-10 years (11 persons), and more than 10 years (5 persons) experience. Among them, eight persons were surveyor team leaders while the rest were team members.

4.1.5.2 According to the mode, median and interquartile range values verification results found that comments were in the identical direction as illustrated by the absolute value of different results between median and mode in each competency group, which was mostly less than 1.00 and the interquartile range value was mostly less than 1.50. The details are shown in table 4.5.

Table 4.5 Surveyors' consensus results

Competency	Median	Mode	Absolute Value*	IR
Core competency				
Beliefs	5	5	0.00	0.00
Philosophy and ethics	5	5	0.00	0.25
Respect	5	5	0.00	0.00
Professional development	5	5	0.00	1.00
Teamwork	5	5	0.00	0.00
Interpersonal relationship	5	5	0.00	0.00
Adaptability	5	5	0.00	1.00
Management competency				
Planning and organization	5	5	0.00	1.00
Time management	5	5	0.00	1.00
Conflict management	5	5	0.00	0.00
Functional competency				
Knowledge of HA standards	5	5	0.00	0.00
Knowledge of professional standards	4	4	0.00	1.13
Knowledge of other quality standard systems	4	4	0.00	1.25
Knowledge of healthcare services system	4	4	0.00	1.25
Knowledge of quality concepts and quality tools	5	5	0.00	0.00

Table 4.5 Surveyors' consensus results (cont.)

Competency	Median	Mode	Absolute Value*	IR
Analytical thinking skills	5	5	0.00	0.25
System thinking skills	5	5	0.00	0.63
Situational analysis skills	5	5	0.00	1.00
Self-assessment analysis	5	5	0.00	1.00
System approach	5	5	0.00	1.00
Communication skills	5	5	0.00	0.00
Report writing skills	5	5	0.00	0.00
Problem addressing skills	5	5	0.00	0.00
Appreciative inquiry skills	5	5	0.00	1.00
Coaching skills	5	5	0.00	0.00
Learning stimulation skills	5	5	0.00	0.00

Remark: Absolute value* means the absolute value of the difference between mode and median

Note: The consensus of experts on necessary competencies for surveyors showed the percentage of agreement level for Knowledge of Other Quality Standards and Knowledge of Healthcare Services System competencies was at the level 4 and higher which was lower than other competencies. Their interquartile range value was at 1.25 which was higher than other competencies but still in the 'agree' level.

4.1.6 Competency models on healthcare accreditation for surveyors

Results of the consensus of experts and competency credibility verification were classified into three categories of core competency, management competency, and functional competency. The details are shown as figure 4.1.

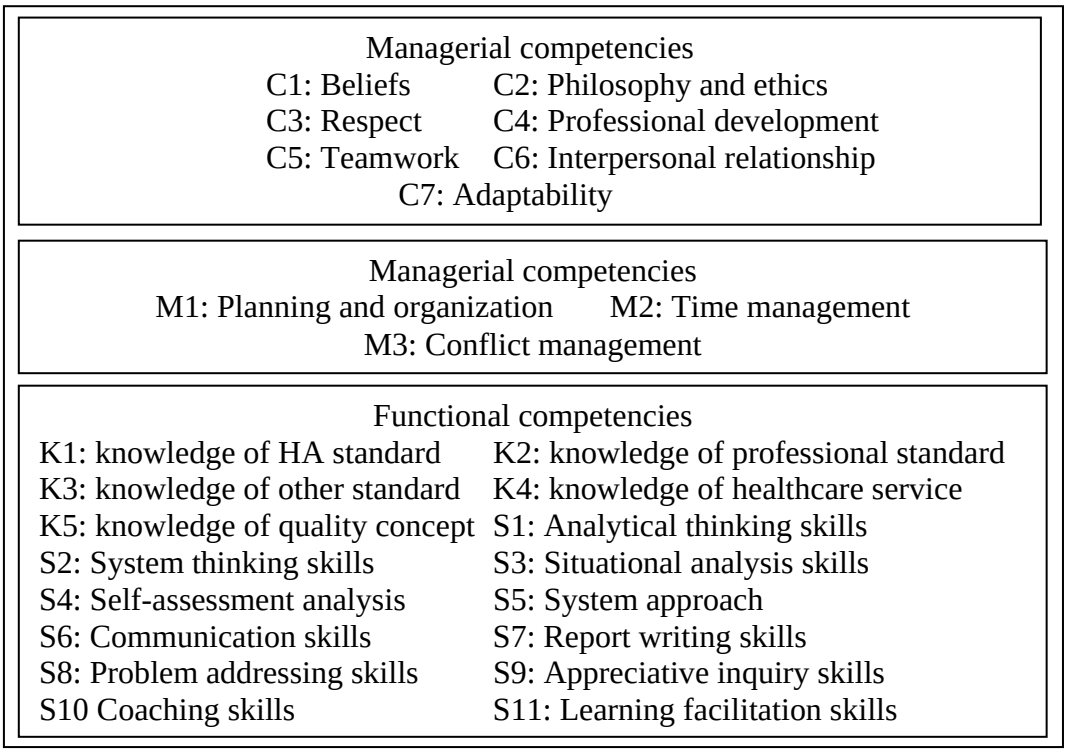

Figure 4.1 Surveyor competency model for the Thai Healthcare Accreditation Program.

4.2 Develop guidelines for applying the surveyor competency model

In order to apply competency models to practices, it is necessary to develop a competency dictionary in order to ensure that concerned people or readers have the same understanding about these competencies' definitions and concepts. At this stage of the study, the researcher therefore proceeded in two steps. The first step was the development of a competency dictionary. The second step was the development of competency models application guidelines for surveyor development.

4.2.1 Develop a competency dictionary

According to the research results on necessary competency for surveyor development, twenty-six necessary competencies were listed and further developed. In order to facilitate learning and competency models utilization of concerned people, the

researcher developed a competency dictionary, beginning with an outline composed of names of competencies, definitions, and descriptive details of each proficiency level. After the dictionary development process, the researcher tested its validity with experts' comments. The details are briefly discussed below.

4.2.1.1 Proficiency levels: The researcher applied and divided survey persons following the proficiency level scales of King (2006) into three categories of surveyor, survey team leader, and senior surveyor as shown in Table 4.6.

Table 4.6 Proficiency level of surveyors

Proficiency level	Descriptive details of proficiency levels
Surveyor	Possesses limited survey experiences but can apply knowledge and skills of surveyors to retrieve and collect key points for level of development assessment
Surveyor team leader	Can apply knowledge and skills of surveyors with expertise, possesses adequate experiences to smoothly conduct surveys, is able to solve problems in the overview that may emerge during the survey
Senior Surveyor	Can apply knowledge and skills of surveyors, possesses high experiences and level of proficiency, is able to predict and manage problems prior emergence, and to employ lessons learned from the survey to build learning for survey trainees

Source: Arporn Puvitayaphan (2005), Arporn Puvitayaphan (2010), Ghere(2006),The NIH Proficiency Scale. (2009) (http://hr.od.nih.gov),

4.2.1.2 Competency Dictionary: Twenty-six necessary competency models were incorporated, defined, and classified into three clusters in the developed dictionary. These three clusters were core competency, management competency, and functional competency.

1) Core competency means expected behaviors that all surveyors should possess in order to demonstrate their ability to perform following HAI's philosophy that "a survey is a learning process." Seven competencies were listed under this cluster. However, the researcher provided only six competencies.

They are 1) philosophy and ethics 2) respect 3) teamwork 4) interpersonal relationship 5) professional development, and 6) adaptability. Details are discussed in table 4.7.

The seventh competency is beliefs. Belief in this study is defined as the belief in the good intention of the staff of healthcare institutes. The belief also includes holistic ways, learning concepts, and HA process. The researcher initially excluded this competency because it is difficult to scale experts' proficiency level. The researcher also realized that surveyors, survey team leaders, and survey coaches should have the same beliefs which influence their behaviors or expressions. For example, surveyors with beliefs in the good intention of healthcare organization staff, of a holistic approach, of the learning concepts utilized, and the HA process will understand and rely on healthcare organization staff' sharing and their performances. Their reactions towards healthcare organization staff would be modest and friendly which enhance a resilient learning process in each survey. Oppositely, if the surveyors lack of those beliefs, they visit healthcare organization staff with fear and lack of trust. In addition, their survey process then becomes an audit process.

Table 4.7 Core competency dictionary

Competency	Descriptions of desired behaviors
Philosophy and ethics	• Comply with the code of conduct of surveyors. • Be able to make a survey as a learning process and encourage further improvement. • Be able to assess level of safety and standard compliance in friendship manners. • Keep confidentiality of the healthcare organization and do not demand anything from the healthcare organization for self-interest.
Levels	
Surveyors	• Can behave well and appropriately following ethics, virtues, and code of conduct of surveyors • Do not interfere or take benefits from healthcare institutes for selfish-purposes • Keep the confidentiality of healthcare institutes

Table 4.7 Core competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can demonstrate proficiency level 1; and are able to conduct a survey to be a learning process for further development, conduct safety level assessment, and evaluate performances that are relevant to target standards with friendly manners in order to keep confidence in healthcare accreditation system and institutes
Senior surveyors	• Can perform at proficiency level 2, and are able to stimulate consciousness to survey trainees so that they can have intention and stick with ethics and philosophies
Respect	• Give opportunities to express and share different opinions, willing to accept all information, not rush to make judgment. • Avoid aggressive behavior by words or actions, avoid unreliable expression, and avoid technical superiority or making people lose their faces. • Respect and pay attention to everyone present during the survey with modest and humble manners, avoid insulting words, instead try to use words that listeners can feel honor • Be able to build trust, create conducive atmosphere for learning, and support feeling of self-valued.
Levels	
Surveyors	• Can build an equality-based learning environment during the survey • Can build reliability during the survey • Do not express aggressive or incursive behaviors including unreliable reactions against healthcare organization staff' information sharing • Respect and pay attention to everybody in front of them during the survey with modest manners; avoid using sarcastic words instead using words that healthcare organization staff can listen to with feelings of honor and respect

Table 4.7 Core competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform the proficiency level 1, and open opportunities for everybody to share comments • Do not hastily reach determination till prudently listening to comments, opening opportunity to all for comments and exchanges of different views • Do not attack healthcare organization staff with academic purposes, which could make them lose faces; do not compel or pressure them to follow what surveyors think or want them to do
Senior surveyors	• Demonstrate proficiency level 2, and are able to build a friendly atmosphere to encourage healthcare organization staff recognize their values and be ready to further improve their performances • Be a good model to survey trainees
Professional development	• Be able to bring new knowledge into practice and able to share that knowledge to the others with thorough understanding. • Be able to use peer review process and customer feedback for self-improvement and development. • Be able to learn from experienced surveyors through observations, experience exchanges, and consultations.
Levels	
Surveyors	• Can learn from experienced surveyors through observations, experience sharing, and consultations • Can use the lessons learned, review process, and feedback from healthcare institutes/team surveyors for self-development
Surveyor team leaders	• Can perform proficiency level 1, and bring new knowledge to experiments with understanding • Can transfer knowledge and thinking methods to concerned people

Table 4.7 Core competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Senior surveyors	• Can perform proficiency level 2, and are able to exchange lessons learned gathered from the survey with experienced surveyors in a trustworthy way • Can facilitation learning to surveyor in order to develop their professions
Interpersonal relationship	• Understand human nature, easily accessible, friendly, and open-minded. • Be able to use effective communication, appropriate languages, and build relationship through discussion on various issues. • Be sensitive to the situation, be able to build calming atmosphere and trust.
Levels	
Surveyors	• Can build and keep good relationships with healthcare institutes and surveyor team members during the surveys • Understand fundamental aspects of human beings, are easy to approach, have friendly manners and are open minded to listen to others • Possess the arts of communication, preserve good feelings of others, and use appropriate language for each healthcare organization group
Surveyor team leaders	• Perform proficiency level 1, are able to assess situations in front of them, and are able to build an enabling atmosphere with persons who have comments against the surveyors' views • Can adapt techniques and language appropriately for surveyor team members or healthcare organization staff • Can communicate on sensitive issues, and can build relationships through conversations with various issues

Table 4.7 Core competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Senior surveyors	• Can perform proficiency level 2, and are able to build trust and acceptance • Can build good relationships with managerial persons in healthcare institutes
Teamwork	• Be able to listen and gain understanding of people attributes. • Be able to work as a team in a survey planning process, sharing information, and making conclusion of the survey findings.
Levels	
Surveyors	• Open mind to listen and learn the characteristics of people whom surveyors work with • Perform assigned functions as a surveyor team member in order to achieve survey objectives • Can summarize key points found during the survey to exchange views with other surveyors • Collectively plan for a future survey during the interim meeting of the survey day
Surveyor team leaders	• Can perform proficiency level 1, and play a role as a facilitating leader in the learning exchange of the surveyor team so that the team can smoothly conclude the results in time
Senior surveyors	• Can perform proficiency level 2, and can be a leader on survey strategic development by linking with contexts of healthcare institutes • Can provide supervision to surveyor team members and survey trainees so that they can efficiently perform their tasks
Adaptability	• Be sensitive and flexible to the changing situations to conduct a smooth survey. • Be able to use findings and learning from the survey to improve work efficiency.

Table 4.7 Core competency dictionary (cont.)

Competency Levels	Descriptions of desired behaviors
Surveyors	• Are flexible and listen to comments of concerned persons • Can adapt themselves to changing situations
Surveyor team leaders	• Can perform proficiency level 1, and are able to adapt themselves in order to conduct surveys smoothly • Can efficiently apply knowledge and skills they gain from the field to their work
Senior surveyors	• Can perform proficiency level 2, and can build an enabling atmosphere for survey trainees • Can adapt themselves to perform as surveyors

2) Management competency means competency or expected behavior to appropriately manage surveys in relation to the healthcare organization organization's cultures. Surveyors are expected to possess the competency in order to achieve survey goals and vision of HAI. The management competency cluster includes three competencies of 1) planning and organization, 2) time management, and 3) conflict management. Details are discussed in table 4.8.

Table 4.8 Managerial competency dictionary

Competency	Descriptions of desired behaviors
Planning and organization	• Be able to develop a survey plan appropriate to the context and level of development of the HCO, using information from a self-assessment report. • Be able to develop a survey plan that support the survey goals, encourage learning, and get enough evidence for making accreditation decision. The survey plan includes document review, observation, interview, and tracing. • Be able to execute the survey according to the plan set smoothly, and revise the plan as necessary.

Table 4.8 Managerial competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Levels	
Surveyors	• Can assess expectations and needs of healthcare institutes from existing documents provided by them, and set a survey plan that is relevant to survey goals • Can plan for the survey by using tracing techniques (disease trace, and system trace)
Surveyor team leaders	• Can perform proficiency level 1, and are able to be a leader on a survey planning session to stimulate learning of surveyors as well as adequately collect data that holistically covers the big picture on levels of development of target organizations • Can sum up key points from the survey team meeting to use for survey planning, and participate in a survey planning adjustment meeting during the day of the survey • Can smoothly manage the survey following the set plan
Senior surveyors	• Can perform proficiency level 2, and can provide advice to surveyor teams and survey trainees on efficient and appropriate techniques including survey planning methods in regard to contexts of organizations and the surveyor teams
Time management	Be able to manage the survey tasks according to the survey schedule and within the timeframe.
Levels	
Surveyors	• Can plan and accomplish a assigned survey within the set time frame • Can assess efficiency of their expected survey time management in comparison with actual outcomes • Learn about and improve time management to be appropriate with the outcomes

Table 4.8 Managerial competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1, and can set expected goals or outcomes of the surveyor team to be appropriate with available time frame • Can appropriately manage the survey time and conclude results to exchange with the team in a timely manner
Senior surveyors	• Can perform proficiency level 2, are able to share comments for survey plan adjustments regarding the set time frame, and are able to provide supervision to other surveyors and survey trainees on techniques and time management at work • Are good models in time management by assigning tasks or writing and submitting reports on time
Conflict management	• Be sensitive to the tension and potential conflict during the survey, and dissolve the tension or conflict immediately. • Use simple language and respectful manner to avoid conflict.
Levels	
Surveyors	• Can assess situations where conflicts may emerge, are able to assess levels of conflicts or problems during the survey caused by the surveyor team members or healthcare institutes, and are able to change a stressful atmosphere to resilient learning atmosphere • Understand problems that healthcare institutes encounter, and are able to help them collectively find solutions using simple language. • Behave with everybody with respectful and honorable manners
Surveyor team leaders	• Can perform proficiency level 1; and are able to analyze causes of conflicts, seek solutions to eliminate conflicts in order to build a friendly atmosphere with simple language and respectful manners • Use their own experiences to motivate people who encounter conflicts to be able to work together

Table 4.8 Managerial Competency dictionary (cont.)

Competency	Descriptions of desired behaviors
Senior surveyors	• Can perform proficiency level 2, are able to predict time of conflicts, and are able to provide consultations to other people on conflict resolution or management methods

3) Functional Competency is defined as expected competency or behaviors at work to achieve the survey goals. It is composed of necessary knowledge and skills as described below:

Knowledge: Five necessary components of knowledge for surveyors include 1) knowledge of hospital accreditation standards 2) knowledge of professional standards 3) knowledge of other quality standard systems 4) knowledge of healthcare services system, and 5) knowledge of quality concepts and quality tools. Details are discussed in Table 4.9.

Table 4.9 Functional competency dictionary: Knowledge of surveyor

Competency	Descriptions of desired behaviors
Knowledge of hospital accreditation standards	• Understand basic concepts and purpose of standards, interpret standards by meaning and intention, not by word. • Be able to apply accreditation standards according to contexts, limitations, and capability of healthcare organization. • Be able to assess compliance with accreditation standards and provide meaningful recommendations.
Levels	
Surveyors	• Can understand concepts, goals, or values of standards. Do not interpret standards by the letter • Can explain and apply concepts/key points and linkages of standards in each category • Can apply standards according to contexts and level of services of each healthcare organization.

Table 4.9 Functional competency dictionary: Knowledge of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1, and are able to provide consultations on the standard interpretation to team members or new surveyors • Can build learning on standards applications for development to healthcare institutes • Can apply standards without conflicts to organizations where complicated standards exist or many standards are accredited
Senior surveyors	• Can perform proficiency level 2, and are able to coach and design a learning process and build understanding about standards to survey trainees and surveyors • Can use standards to build learning for survey trainees and surveyor teams
Knowledge of professional standards	• Acquire knowledge and understandings on key professional standards related to the visited unit or system, including legal requirements for healthcare organization. • Acquire adequate professional experiences to understand the working nature of the visited unit or system and be able to assess that unit or system. • Be able to apply professional knowledge to encourage learning, stimulate new or extended idea, and set issues for actionable sharing.
Levels	
Surveyors	• Possess knowledge and understanding on key issues of relevant professional standards with healthcare organization staff or the working system • Possess adequate professional experience on working approaches and performance assessment of healthcare organization staff/surveyor teams

Table 4.9 Functional competency dictionary: Knowledge of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1, and are able to apply professional knowledge and create examples of good learning to further extend thoughts during the survey
Senior surveyors	• Can perform proficiency level 2, and are able to enlighten healthcare organization staff with set points for useful exchange or learning towards continual improvement among professions
Knowledge of other quality standard systems	• Acquire knowledge and understanding of other quality standards to the extent that be able to explain the linkage with accreditation standards and use for further development
Levels	
Surveyors	• Possess knowledge and understanding on basic concepts of other quality standard systems such as TQA and JCI at a level that can indicate the points to link with HA standards and encourage development during the survey process
Surveyor team leaders	• Can perform proficiency level 1, and can use outstanding standards in the survey process to view the big picture and the link between challenges and goals of organizations
Senior surveyors	• Can perform proficiency level 2, can employ knowledge for learning of survey trainees, and are able to provide supervision to surveyors
Knowledge of healthcare services system	Understand National Health Service structure, policy direction and programs of the Ministry of Public Health and other relevant agencies, be able to links these directions with accreditation standards.

Table 4.9 Functional competency dictionary: Knowledge of surveyor (cont.)

Competency	Descriptions of desired behaviors
Levels	
Surveyors	• Possess knowledge and understanding of healthcare services system structure, policies, and various projects of the Ministry of Public Health and other concerned organizations ~~that~~ working in healthcare service system
Surveyor team leaders	• Can perform proficiency level 1, and are able to analyze situations and provide advice for development that is relevant to the direction of healthcare service system policies, appropriate to the contexts, limitations, and capacity of healthcare institutes
Senior surveyors	• Can perform proficiency level 1, and can apply knowledge on policies and healthcare service to stimulate learning during the survey with careful manners to avoid conflicts
Knowledge of quality concepts and quality tools	• Acquire in-depth understanding and updated knowledge of quality concepts and tools. • Be able to apply quality concepts and tools during the survey, e.g. giving feedback, giving guidance, encourage learning and further improvement
Levels	
Surveyors	• Possess knowledge and understanding of quality concepts, and are able to explain background concepts • Can apply quality concepts and quality tools to stimulate and build learning in order to find opportunities for improvement during the survey which is appropriate with contexts, capacity, limitations, and level of development of healthcare institutes

Table 4.9 Functional competency dictionary: Knowledge of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1, and are able to provide advice and supervision to surveyor team members • Can utilize analyzed data from the survey to reflect healthcare institutes' performances to see opportunities for improvement, stimulate them to see challenges and interventions for improvement at every single chance during the survey, and apply teamwork skills among surveyor team members
Senior surveyors	• Can perform proficiency level 2, and are able to design a learning process in each survey for survey trainees

Skills: Necessary skills for surveyors are classified into eleven skills, namely 1) analytical thinking skills, 2) system thinking skills, 3) situational analysis skills, 4) self-assessment report analysis of healthcare institutes, 5) system approach, 6) communication skills, 7) report writing skills, 8) problem addressing skills, 9) appreciative inquiry skills, 10) coaching skills, and 11) learning stimulation skills. Details of each skill and required proficiency levels are discussed in Table 4.10

Table 4.10 Functional competency dictionary: Skill of surveyor

Competency	Descriptions of desired behaviors
Analytical thinking skills	• Be able to integrate information from various sources, e.g. self-assessment report, document review, site visit and interview, and use appropriate framework or concept for analysis. • Be able to use the result of analysis for learning and feedback.
Levels	
Surveyors	• Can analyze and link relevant data from documents and the survey results to build learning with responsible team members during the team interview • Can analyze situations for learning stimulation during the survey

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1, and are able to analyze data collected from the survey and team interviews to conclude key points in order to propose options for development that are appropriate to each healthcare institute
Senior surveyors	• Can perform proficiency level 2, and are able to design exercises for analytical thinking skills to survey trainees • Can use results of data and predict unexpected emergences of problems or conflicts to promptly plan for actions in order to mitigate chances of those problems/conflicts
System thinking skills	• Be able to apply systems thinking to explain any situation in a holistic view and the relationship of various components or sub-systems, and use for learning
Levels	
Surveyors	• Understand and apply 3P concepts (Purpose-Process-Performance) in the survey • Can use contents from documents and results of each survey to analyze relationships within the working system which leads to the design of tracing methods • Can summarize findings from the surveys, stimulate learning with specific team leaders in order to encourage them to see opportunities for systematic development
Surveyor team leaders	• Can perform proficiency level 1, are able to see the big picture of linkages between routine work/key working systems and mission of organizations, and can build learning for healthcare organization team leaders • Can use systematic perspectives to conclude recommendations for continual improvement with exact points • Can be supervisors for new surveyors
Senior surveyors	• Can perform proficiency level 2, and can use system thinking skills to building learning for survey trainees, surveyor teams, and healthcare organization staff

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Situational analysis skills	• Be able to use information from observations, listening, and document review to determine the organization situation, including internal relationship, thinking and feeling of people, and select appropriate approaches of interaction
Levels	
Surveyors	• Can analyze situations and challenges that healthcare institutes encounter shared through the self-assessment analysis reports and various information sharing during the survey, and are able to adapt survey approaches to have a friendly atmosphere
Surveyor team leaders	• Can perform proficiency level 1; are able to analyze situations in front of them during the survey, especially emotions or feelings of surveyor team members; and are able to appropriately use surveyors' skills in each situation
Senior surveyors	• Can perform proficiency level 2; are able to analyses situations, atmosphere of organization, and relationships of staff in organizations; are able to anticipate unexpected problems that may emerge; and are able to appropriately plan to prevent the emergence of unexpected problems
Self-Assessment report analysis	• Be able to identify key context, strengths, opportunities for improvement, and determine level of development from HCO self-assessment report • Be able to use information of the HCO self-assessment report as a basis for survey planning and sharing during the survey, especially the linkages of various components, e.g. strategic challenges, strategic objectives and KPI

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Levels	
Surveyors	• Can analyze results of self-assessment reports of healthcare organization using holistic views and positive thinking; are able to analyze the linkages of patients' needs and strategic plan; are able to conclude contexts of organizations, strengths and opportunities for improvement in the assigned sections for which they are responsible
Surveyor team leaders	• Can perform proficiency level 1; are able to holistically summarize strengths and opportunities of improvement of healthcare institutes; and are able to analyze the linkages between patients' needs and the strategic plan • Can apply results of the survey to survey approach selections which are appropriate to the contexts
Senior surveyors	• Can perform proficiency level 2, and are able to be supervisors to teach self-assessment report of healthcare institutes analysis techniques to surveyors and survey trainees
System approach skills	• Be able to use findings from document review and key points of standards for survey planning, e.g. patient or system tracing, interview questions. • Be able to use system thinking as a framework for site visit and team interview • Be able to use key findings from the survey for learning, demonstrate causal relationship, including linkage with accreditation standards
Levels	
Surveyors	• Can identify key points of assigned main groups of diseases, and are able to set a tracing plan in order to assess the patient care process • Can identify key points of assigned working system and set a trace plan to assess levels of development

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1, and are able to stimulate healthcare institutes to place a monitoring and surveying system in every step in order to find problem solutions that are appropriate to goals • Can use findings of the survey to build learning for appropriate extensive development
Senior surveyors	• Can perform proficiency level 2, are able to stimulate healthcare institutes to solve complicated problems, and are able to build learning for surveyor teams and survey trainees.
Communication skills	• Be able to use verbal communication with simple languages, precise, concise, and appropriate with people • Be able to observe personal reaction or body language, practices, and environment, and use to modify questions or approaches • Be able to use verbal and non-verbal communication to express intention of surveyors • Be able to understand way of thought of HCO staff and make inspiration for improvement
Levels	
Surveyors	• Can observe reactions, performances, and environment for data collection from facts of work • Can perceive feelings through expressions, and are able to use body language to interpret actual intention of surveyors • Can perceive background concepts that are behind the words through listening, and are able to catch key points in order to set questions to stimulate learning with targets based on quality concepts and standards

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1; are able to communicate with friendly and relaxing manners and clear contents; and use simple language that is appropriate for different levels of healthcare organization staff • Can clearly summarize contents of communicated messages in order to be understood
Senior surveyors	• Can perform proficiency level 2, and are able to use verbal techniques to summarize points to gain understanding and build aspiration for work development • Can transfer communication techniques to surveyors/survey trainees
Report writing skills	• Be able to write a survey report on commendation and recommendation base on accreditation standards, survey findings, and team consensus. • Be able to write a valid survey report with simple languages, convincing for implementation, and high value for sustainable development
Levels	
Surveyors	• Can write a survey results report by using raw data from the survey with assigned standards including approved points and recommendations for continual development. • Can write a report by using simple language with exact points which concerned people accept and are ready to practice
Surveyor team leaders	• Can perform proficiency level 1, and are able to write a summary of survey results with approved points and recommendations according to standards and overview contexts • Can write recommendations for learning with values in order to lead organizations to sustainable development

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Senior surveyors	• Can perform proficiency level 2, and are able to teach and provide advice on report writing to new surveyors and survey trainees
Problem addressing skills	• Be able to link various survey findings to address problems in a holistic view and relevant components, e.g. key risk issues, goals, KPI. • Be able to use survey findings and various statistics, e.g. patient care outcome, CQI results, to indicate opportunities for improvement
Levels	
Surveyors	• Can exchange findings from the survey, various statistical data, key points, and key risks to identify problems and opportunities for development in the area of their responsibilities with friendly manners, focusing on building valuable understanding
Surveyor team leaders	• Can perform proficiency level 1, and are able to address problems and opportunities for development in the overview of the healthcare institutes with friendly manners. • Can use outcomes of overview implementation results of healthcare institutes to reflect things that have to be done for safety to high level managerial leaders.
Senior surveyors	• Can perform proficiency level 2, and are able to be supervisors or survey coaches on problem addressing skills with friendly manners.
Appreciative inquiry skills	• Be able to use inquiry skill with HCO staff to appreciate their strength and supporting factors • Be able to use inquiry skill with HCO staff and facilitate finding opportunities for improvement by themselves • Be able to use inquiry skill to empower HCO staff for continuous improvement

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Levels	
Surveyors	• Can create positive questions and open opportunities for team members to review and extract lessons learned on good performance results and factors that energize them to work • Can use question development to promote participation in component analysis in order to see opportunities for continual improvement
Surveyor team leaders	• Can perform proficiency level 1; can link information healthcare organization staff share with working system/key standards; and can reflect and transform tangible practices to learning during the survey and as well as empower healthcare organization staff/surveyors for continual development
Senior surveyors	• Can perform proficiency level 2, and are able to use AI skills at every opportunity, and coach surveyors/survey trainees to use these skills for the survey
Coaching skills	• Be able to use appropriate coaching skill, e.g. listening and questioning skill, according to situations and level of development. • Be able to empower HCO staff to be confident in improving their works.
Levels	
Surveyors	• Can use listening skills and develop questions to stimulate healthcare organization staff to think and share their implementation results in order to achieve desired targets of each need and see opportunities for improvement by themselves • Can stimulate each division to summarize key points, areas for improvement, and empower the team to gain confidence • Can use appropriate coaching skills with levels of development of healthcare institutes

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Surveyor team leaders	• Can perform proficiency level 1; and are able to use core value as a basis for the team to see effects that may emerge, to provide answers, and concluding points that lead to self-improvement
Senior surveyors	• Can perform proficiency level 2, and are able to be supervisors to teach coaching skills to surveyors, encourage them to seek opportunities for self-improvement, and empower them to gain confidence
Learning facilitation skills	• Be able to use survey findings, improvement efforts, and core values to facilitate learning of HCO staff. • Be able to encourage HCO staff to get use of probing and looking from different viewpoint. • Be able to encourage participation in identifying opportunities for improvement and finding out possible solutions.
Levels	
Surveyors	• Can use findings from the field such as data on monitoring indicators from organizations, outcomes for team development, medical records, situations or evidence they confront while working, which include patients' worsening symptoms, to stimulate participatory learning to see what should be done to resolve the issues
Surveyor team leaders	• Can perform proficiency level 1; can use findings from the survey to build learning in order to see the big picture and provide chances for systematic improvement, such as through CQI; and persuade healthcare organization staff to talk and see impacts or adaptations that affect key systems • Can stimulate the healthcare organization team to extract lessons learned on development, and collectively seek deep problems by accepting different thoughts in viewing problems

Table 4.10 Functional competency dictionary: Skill of surveyor (cont.)

Competency	Descriptions of desired behaviors
Senior surveyors	• Can perform proficiency level 2, and can use core value and performance results to facilitate a resilient learning environment • Can design a survey to stimulate learning of survey trainees during the survey

4.2.2 Develop guidelines for applying the surveyor competency model

In terms of competency models application guidelines development for surveyor development in this study, the researcher applied concepts of human resource management competency. (David, 2004; Sukanya Ratsameedhammachoti, 2007). The development was also based on adult learning methods of Malcom Knowles that adults have to know "why they should learn". Adults want to individually learn or through a self-directing learning approach. In other words, learners have to have high responsibility in leadership and self-control with a desire to learn, know, and promptly and systematically plan for goals and learning plans. They can choose and apply methods of learning and assess learning results with or without assistance from other people (Knowles, Holton III, Swanson, 2005).

The researcher applied a set guidelines of human development on the basis of the adult learning approach to develop the application guidelines for surveyor development with expectations of competency applications (Kanya Ratsameedhammachoti, 2007: 140). The guidelines:

1) Provides necessary competencies for surveyors who need development.

2) Encourages surveyors to be conscious of responsibilities towards success of their own performance results.

3) Duplicates actual situations that surveyors implement.

4) Encourages surveyors to know how to apply learning with work.

According to the research results of objective 1, the researcher developed necessary competencies for surveyors through interviewing experts. There were totally 26 competencies which were derived from the tacit knowledge of experts. The study results also found that some competencies need more times for development in order to gain expertise. However, in this research study, the researcher aimed to address

competency models which are included in practice guidelines for surveyor development. The three stages of application guidelines development identified were recruitment and selection, development, and surveyor registration. Details are discussed in figure 4.2

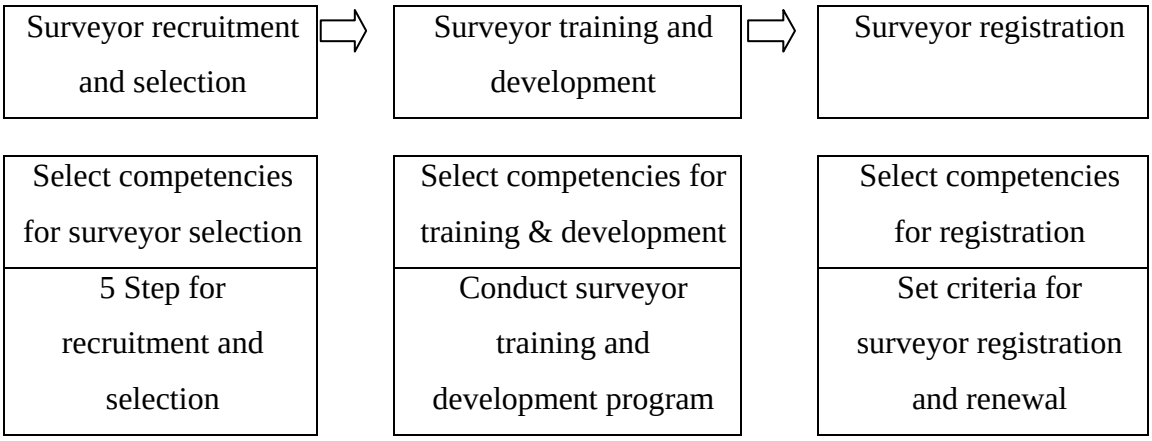

Figure 4.2 The development of guideline to apply the surveyor competency model

4.2.2.1 Guideline for surveyor recruitment and selection:

Objective to recruit and select potential qualified candidates who meet requirements for surveyor development

1) Select competencies for surveyor selection

Competencies to be applied: The competencies applied in this process are 1) 5 core competencies composed of: belief, philosophy and ethic, respect, interpersonal relationship, and teamwork, 2) one managerial competency is time management, and 3) 7 functional competency composed of: knowledge of healthcare accreditation standards, knowledge of professional standards, knowledge of healthcare service, knowledge of quality concepts and quality tools, self-assessment analysis, and communication.

2) Five step for recruitment and selection

Five important steps for recruitment and selection composed of: 1) Set responsibilities and qualifications of surveyors, 2) Set surveyor selection criteria, 3) Set a surveyor selection process, 4) Select competencies to develop assessment tools, 5) Select qualified candidates as surveyors

(1) Set responsibilities and qualifications of surveyors. The researcher set responsibility and qualification of surveyor by using developed competencies, information from the literature review in Chapter 2, and roles of HAI surveyors. Furthermore, the researcher consequently verified the validity of contents through experts.

Surveyors mean persons who possess experience in quality management and development. They are trained and appointed as surveyors to be representatives of their institutes to visit healthcare institutes with friendly manners and the philosophy that “a survey is a participatory learning process”. The learning process includes confirmation of self-assessment results by healthcare organization; stimulation to encourage healthcare organization staff to see opportunities for improvement with broader views according to a standard framework; and various data and evidence collection. These are obligations or responsibilities of surveyors: to survey, and provide knowledge and consultation to healthcare organization staff and/or surveyor team members without auditing healthcare institutes whether they follow standards or not (HAI, 2550).

Responsibilities of surveyors composed of: 1) Conduct a survey and assess levels of development of assigned healthcare institutes, and provide recommendations to these healthcare institutes for improvement. 2) Promote a learning process during the survey in order to encourage better understanding on standards and applications for the utmost benefit. 3) Write a survey report and submit it to the healthcare accreditation sub-committee, and the accreditation consideration executive board committee. 4) Attend relevant training courses conducted by institutes in order to increase knowledge and skills on quality development and healthcare institute accreditation. 5) Provide recommendations and collaboration to institutes on standards development and survey approaches.

Qualifications of surveyors: The researcher set qualifications of surveyors by using information from the in-depth interviews and the literature review. The researcher subsequently summarized necessary qualifications of surveyors as follows: 1) Graduated with a minimum of a bachelor degree in health science with at least 10 years’ experience working at a healthcare institute; or 5 years experience in healthcare institute management; have beliefs in HA standards. 2)

Possess knowledge of healthcare accreditation standards; and knowledge of quality concepts and quality tools. 3) Possess good communication, interpersonal relationship, teamwork, adaptability, and analytical thinking skills.

(2) Set surveyor selection criteria: This step aims to efficiently select potential surveyors for a surveyor development program. Key criteria for the selection are listed as: 1) Have qualifications that meet criteria or requirements. 2) Pass the test on the necessary competency assessment 3) Ready to work and willing to devote time to work as a surveyor at institute according to the said basic agreements. 4) Receive consent from leaders or heads of institutes (in case of a person working in organization)

(3) Set a surveyor selection process: In order to efficiently select potential surveyor candidates regarding the set criteria, the researcher set three steps for the selection, namely, application selection; ability test selection; and necessary competency test selection. Details are described as follows:

- Application selection: Candidates fill in the provided applications. In order to ensure that selected applications are qualified and meet most requirements, criteria for application selection are set which include qualifications and basic necessary competencies.
- Ability test selection: Short-listed potential candidate are assessed through the ability test as follows: 1) Comprehension test on HA standards: Applicants will receive questions to test their knowledge of healthcare accreditation standards. 2) The test includes review the self-assessment analysis (case study) in order to encourage potential candidates to analyze and summarize key points of opportunities for improvement and a survey planning within the set timeline in the provided format.
- Competency test selection: Potential candidates who pass the ability test will be invited to attend the orientation program which will be set as a workshop. Objectives of the workshop are 1) To build knowledge and understanding about the philosophy of institute; 2) To communicate for better understanding on surveyors' ethics; 3) To review knowledge and understanding about contents of HA standards; and 4) To increase the ability of potential candidates to analyze healthcare organization contexts that link with contents

of standards. During the orientation program, these potential applicants will be tested on basic competencies following the competency assessment in order to select successful candidates for the surveyor development program.

(4) Select competencies to develop assessment tools: In order to have the same direction of potential candidate selection, the researcher used competencies to develop Form 1 with two steps of assessment. In the first step, competencies for setting basic qualifications are set as guidelines for the selection of applications. The researcher then used basic competencies to assess and select candidates surveyors, as demonstrated in the Table 4.11.

Table 4.11 Application forms selection assessment

	Qualifications and competencies	Score		
		1	2	3
1	Graduated bachelor degree in health science	1	2	3
2	Possesses at least 10 years work experience at healthcare institutes or at least 5 years experience in healthcare institute management	1	2	3
3	Possesses knowledge of healthcare system	1	2	3
4	Possesses professional knowledge	1	2	3
5	Possesses knowledge and understanding of quality concepts and quality tools	1	2	3
6	Possesses knowledge and understanding of HA standards	1	2	3
7	Possesses good communication skills	1	2	3
8	Possesses good interpersonal relationship skills	1	2	3
9	Believes in and has positive attitude towards accreditation	1	2	3

Score definitions: 1. Does not meet the requirements; 2. Partially meets the requirements; 3. Meets the requirements

(5) Select qualified candidates as surveyors: This step, is the final step of the recruitment and selection stage. This step is sequentially started from 1) application selection results (applicants who gains score “3” in the qualification of the form 1 will be selected first), 2) ability testing results, and 3)

competency assessment. The results of the competency assessment will be based on levels of competencies of surveyors and an average score of 2.0 or higher.

The final selection will be divided into three levels, namely not accepted, possesses potential, and accepted into the surveyor development process (candidates with possess potential, will be accepted to the surveyor development process if accepted candidates decline)**.**

4.2.2.2 Guideline for surveyor training and development.

Objective: To encourage selected candidates, to gain sufficient skills to perform as surveyors, act as ambassadors of the HA institute, and conduct a site visit survey with the main idea “the survey is a collaborative learning process”.

1) Select competencies for training & development

Surveyor Development Guidelines: Assigning the essential competencies for surveyors as a part of the criteria for selecting a potential surveyor to enroll in the training and development process; using such essential competencies in defining the contents and activities of the training; and defining the criteria for assessing the competencies required for getting registered as a surveyor. Competencies to be applied as follow:

(1) Preparation for site visit training: Ten key competencies are applied in this step: The four core competencies are philosophy and ethic, respect, interpersonal relationships, teamwork, one managerial competency is time management, and five functional competencies are knowledge of healthcare accreditation standards, knowledge of healthcare service system, knowledge of quality concepts and tools, self-assessment report analysis, and communication.

(2) On site visit training

- Observation step: Seven key competencies are applied in this step: The three core competencies: interpersonal relationships, teamwork, adaptability; and four functional competencies of knowledge of healthcare accreditation standards, knowledge of quality concepts and tools, self-assessment report analysis, and analytical thinking skills.

- Practice step: Key competencies which are applied for this step include 3 core competencies of interpersonal relationships, teamwork, and adaptability; 2 managerial competencies of planning and

organizing, and time management; 8 functional competencies of knowledge of healthcare accreditation standards, knowledge of healthcare systems, knowledge of quality concepts and quality tools, analytical thinking, self-assessment report analysis, report writing, appreciative inquiry, and coaching.

- Actual Survey Step: Competencies that are used for this step include 3 core competencies of interpersonal relationship, teamwork, and adaptability; 3 managerial competencies of planning and organizing, conflict resolution, and time management; and 12 functional competencies of knowledge of healthcare accreditation standards, knowledge of healthcare systems, knowledge of quality concepts and quality tools, analytical thinking skills, situation analysis skills, system approach skills, self-assessment report analysis skills, report writing skills, problem addressing skills, appreciative inquiry skills, coaching skills, and learning facilitation skills.

2) Conduct surveyor training and development program.

Potential candidates who are selected in stage 1 are called potential surveyors. They will be invited to attend the skills development program in order to be able to perform a friendly visit to healthcare institutes with the philosophy “a survey is a participatory learning process”. The researcher developed competency application guidelines in the step of potential surveyor development which are composed of setting necessary competencies for development; conducting surveyor development activities; and utilizing competencies for development result assessment design. Details of each step a discussed below:

(1) Set competencies for development: The researcher applied 26 competencies to design the surveyor development activities by focusing on each step objective of surveyor training and development.

(2) Conduct surveyor capacity building activities: The researcher applied adult learning guidelines in surveyor development activities as described below:

- Self-development plan development: Potential surveyors who attend the surveyor development program present and analyze their competency test results and develop a self-development plan.

- Learning from experts: Potential surveyors learn through a mentoring system. Most potential surveyors are supervise by senior surveyor. In order to attend the survey training, surveyors should study existing relevant documents so that they can initially analyze organizations and interpret standards for a survey. HAI therefore appoint surveyors who have high experience and expertise as mentors or supervisors to assist survey trainees.

- Learning by doing or on the job training**:** A one by one approach is used by focusing on learning from actual situations, until survey trainees can do a survey. This approach is classified into three steps:

(3) Observation step: This step aims to encourage potential surveyors to experience real situations of the survey so that they can adapt themselves and learn about steps and techniques from experienced surveyors. In addition, potential surveyors will be assigned to observe surveyor teams. At this step, learning will concentrate on lecture and demonstration step by step, later ending with the conclusion of the exchange learning.

(4) Practice step: This step aims to provide opportunities for potential surveyors to experiment in the survey under the close supervision of senior surveyors. During the survey session, senior surveyor supervisors or team leaders encourage potential surveyors to ask questions and assign them to run a learning session. In addition, the potential surveyors are also assigned to analyze survey result reports at least with 2 systems under the responsibilities of 1 clinical tracer, and 1 key working system. Furthermore, the potential surveyors set a survey plan; attend a team survey preparation meeting; conduct a survey according to the set plan; and conclude results of the survey for report writing in the assigned categories.

(5) Actual survey step: This is the final step of survey training after senior surveyor feel confident that potential surveyors can perform well in every step. This step aims to encourage potential surveyors to perform as surveyors under the supervision and assistance of experienced surveyors through learning activities. At this step, potential surveyors are assigned to analyze self-assessment reporting documents as if they are surveyors of the surveyor team. They

have to also set a survey plan; attend a survey preparation meeting; conduct a survey as scheduled; and summarize results of the survey in the assigned parts as well as provide scores of the survey results. After every survey training, potential surveyors and senior surveyor together conduct an after action review (AAR) activity to regularly reflect thoughts and feelings covering all concerns in order to know more about their own thoughts, beliefs, and values which will lead them to better self-development.

(6) Competency evaluation: The researcher used competencies in each development step for the training results assessment design, and an appropriate development plan for each survey trainee. Details are shown in Tables 4.12-4.13.

Table 4.12 Competencies evaluation form for preparation step

Surveyor			Surveyor team leader		Senior surveyor	
0	1	2	3	4	5	6
Interpersonal relationships	1	2	3	4	5	6
Teamwork	1	2	3	4	5	6
Adaptability	1	2	3	4	5	6
Knowledge of healthcare accreditation standards	1	2	3	4	5	6
Knowledge of quality concepts and tools	1	2	3	4	5	6
Analytical thinking	1	2	3	4	5	6
Self-assessment report analysis	1	2	3	4	5	6

Table 4.13 Competencies evaluation form of experiment and practice step

Surveyor	Surveyor team leader	Senior surveyor					
0	1	2	3	4		5	6
Interpersonal relationships				1	2	3	4	5	6
Teamwork				1	2	3	4	5	6
Adaptability				1	2	3	4	5	6
Planning and organizing				1	2	3	4	5	6
Time management				1	2	3	4	5	6
Knowledge of healthcare accreditation standards				1	2	3	4	5	6
Knowledge of healthcare service systems				1	2	3	4	5	6
Knowledge of quality concepts and tools				1	2	3	4	5	6
Analytical thinking				1	2	3	4	5	6
Self-assessment report analysis				1	2	3	4	5	6
Report writing				1	2	3	4	5	6
Appreciative inquiry				1	2	3	4	5	6
Coaching skill				1	2	3	4	5	6

Table4.14 Competencies evaluation form of Actual Survey Step

Surveyor	Surveyor team leader	Senior surveyor					
0	1	2	3	4		5	6
Interpersonal relationships				1	2	3	4	5	6
Teamwork				1	2	3	4	5	6
Adaptability				1	2	3	4	5	6
Planning and organizing				1	2	3	4	5	6
Time management				1	2	3	4	5	6
Knowledge of healthcare accreditation standards				1	2	3	4	5	6
Knowledge of healthcare service systems				1	2	3	4	5	6
Knowledge of quality concepts and tools				1	2	3	4	5	6
Analytical thinking skills				1	2	3	4	5	6
Situation analysis skills				1	2	3	4	5	6
System approach skill				1	2	3	4	5	6
Self-assessment report analysis				1	2	3	4	5	6
Report writing skills				1	2	3	4	5	6
Address problem skills				1	2	3	4	5	6
Appreciative inquiry skills				1	2	3	4	5	6
Coaching skills				1	2	3	4	5	6
Learning facilitation skills				1	2	3	4	5	6

The findings from this study can be concluded on competency models application guidelines in the surveyor development as shown in the figure 4.3

Recruitment and selection process	Orientation Program
C1: Beliefs C2: Philosophy and ethics C3: Respect C5: Interpersonal Relationship C6: teamwork K1: HA standards K2: professional standard K4: healthcare service system K5: quality concept and tools S4: self-assessment analysis S7: communication	C2: Philosophy and ethic C3: Respect C5: Interpersonal Relationship C6: teamwork M2: Time management K1: HA standard K4: healthcare service system K5: quality concept and tools S4: self-assessment analysis S7: communication

Training and Development Program		
Preparation step	practice step	Actual Survey Step
C5: Interpersonal Relationship C6: teamwork C7: Adaptability		
	M1: planning and organizing M2: time management	M1: planning and organizing M2: time management M3: conflict management skills
K1: Knowledge of HA standards K5: Knowledge of quality concepts and tools S4: self-assessment report analysis S1: Analytical thinking skills	K1: Knowledge of HA standards K4: Knowledge of healthcare services system K5: Knowledge of quality concepts and tools S1: Analytical thinking skills S4: Self-assessment report analysis S:8 Report writing skills S10: Appreciative inquiry skills S11: Coaching skills	K1: Knowledge of HA standard K4: Knowledge of healthcare services system K5: Knowledge of quality concepts and tools S1: Analytical thinking skills S3: Situational analysis skills S4: Self-assessment report analysis skill S6: System approach skills S8: Report writing skills S9: Problem addressing skills S10: Appreciative inquiry skills S11: Coaching skills S12: learning facilitation skills

Figure 4.3 Applied competency models in the surveyor development system

4.2.2.3 Guideline for surveyor registration.

Objective: To facilitate a transparent surveyor registration consideration process, welcome new surveyors, and retain creditable surveyors who can perform surveys following the philosophy of the organization.

Surveyor registration refers to the process for granting a certificate to or appoints the persons who have gone through the survey practice training to become a surveyor. The Surveyor selection committee refers to persons appointed by the director of the healthcare accreditation institute and responsible for consideration of the result of the competency assessment following the criteria and supporting comments.

1) Select competencies for registration

Competencies that are used for this step include 3 core competencies of interpersonal relationship, teamwork, and adaptability; 3 managerial competencies of planning and organizing, conflict resolution, and time management; and 12 functional competencies of knowledge of healthcare accreditation standards, knowledge of healthcare systems, knowledge of quality concepts and quality tools, analytical thinking skills, situation analysis skills, system approach skills, self-assessment report analysis skills, report writing skills, problem addressing skills, appreciative inquiry skills, coaching skills, and learning facilitation skills.

2) Set criteria for surveyor registration

To be considered for registration potential surveyors should:

(1) Have gone through the training and development programs as provided by the organization; have been ready to conduct self-study further about the standards used in the survey process and about the criteria for giving an assessment score; and have been ready to hand in the homework as assigned.

(2) Have observed an actual survey conducted by experienced surveyors and conducted at least 2 site visits under the supervision of an experienced surveyor (the number of visits depends on the comments from the supervising surveyors).

(3) Have demonstrated ability in writing the reports, in giving assessment scores, in reporting the findings; and in making the recommendations for improvement against the standards.

(4) Have passed a written test on the standards and the survey process.

(5) Have supportive comments from an experienced surveyor who has supervised the candidate.

(6) Have been considered by the surveyor selection committee.

3) Set criteria for surveyor registration renew

Criteria for surveyor consideration to renew registration include:

(1) Result of healthcare institutes' satisfaction and feedback covering approximately 2 years.

(2) Result of self-assessment of surveyor.

(3) Result of feedback or evaluation of the surveyors on the team.

(4) The attendance in the training and development programs provided by the organization.

Table 4.15 Competencies evaluation form for registration step

Surveyor			Surveyor team leader			Senior surveyor		
0	1	2	3	4		5		6
Interpersonal relationships				1	2	3	4	5	6
Teamwork				1	2	3	4	5	6
Adaptability				1	2	3	4	5	6
Planning and organizing				1	2	3	4	5	6
Time management				1	2	3	4	5	6
Knowledge of healthcare accreditation standards				1	2	3	4	5	6
Knowledge of healthcare service systems				1	2	3	4	5	6
Knowledge of quality concepts and tools				1	2	3	4	5	6
Analytical thinking skills				1	2	3	4	5	6
Situation analysis skills				1	2	3	4	5	6
System approach skill				1	2	3	4	5	6
Self-assessment report analysis				1	2	3	4	5	6
Report writing skills				1	2	3	4	5	6
Address problem skills				1	2	3	4	5	6
Appreciative inquiry skills				1	2	3	4	5	6
Coaching skills				1	2	3	4	5	6
Learning facilitation skills				1	2	3	4	5	6

CHAPTER V
DISCUSSION

In order to provide the discussion of this Chapter which is relevant to the objectives of the "Surveyor Competency Model for the Healthcare Accreditation Program" study, the researcher will examine the study results on competency models development and competency models application guidelines development in the surveyor development system. The study results were previously described in Chapter 4 to be following these objectives of this study: 1) To establish a competency model for surveyors in healthcare accreditation program, and 2) To develop guidelines for applying the competency models in a surveyor development system.

5.1 The development of surveyor competency model

Key findings of the study on the surveyor competency models development were classified under two issues for the discussion, namely the competency models development approach; and surveyor competency models in healthcare accreditation. Details of the discussion are as follows:

5.1.1 Competency models development methods

There are many methods to develop competency models for surveyors in healthcare accreditation in order to increase confidence in competency models practices. One such method involves in-depth interview of experts who possess high experience in surveying and are well-recognized by other surveyors and concerned participants. Others include the observation of surveyors' actual survey sessions; qualitative data analysis to identify the competency of surveyors; experts' data reviews and validation; and other surveyors' collected comments.

Thailand initially operated the HA Program in 1997, at the time when many other countries started to incorporate the CQI and HA processes. The HA Program in Thailand was initiated with the concept of CQI not as being an inspection of the services being provided, but rather as an educational process for continual improvement in quality and patient care. In addition, the HA Program simultaneously began with the implementations of two activities: 1) working with healthcare organizations in the development of healthcare accreditation standards, and 2) the development of the survey process together with the surveyors training program. (The Healthcare Accreditation Institute, 2010: 5-6). In order to seek relevant systems with Thai societal contexts, having chosen to develop competency models through behavioural data collected, interpreting results in in-depth interviews with experts, and carrying out survey observation without prior development, enhanced the researcher's ability to collect genuine tacit knowledge from accreditation experts. The researcher afterward analyzed collected data for surveyor competency models development. These developed competency models therefore are relevant and appropriate to Thai societal contexts.

These methods were used in the single-job competency model of Mansfield (Mansfield, 1996: 8), which also provided suitable competency models development for key missions of HAI. Surveyors are recognized as representatives of HAI who perform healthcare accreditation tasks on behalf of the organization. Their performances are essential for healthcare accreditation because their roles as surveyors make the healthcare accreditation process creditable (Greenfield, 2009: 110-111).

In terms of data collection on competency models development for this study, the researcher collected data from in-depth interviews and observation of surveyors' real survey processes which differed in their approaches and purposes compared with the study of Guah Grasaresom (2004) which developed competency models for educational evaluators, as also the work of Wiparat Dee-ong (2008), which developed the competency models for managerial research purposes of governmental researchers focussing on meta-analysis and literature reviews. After the development of competency models, the researcher validated these competency models with experts whose comments were elicited. This procedure is relevant to the concept of competency models development for evaluators as observed by King (2001), who

collected validated data through the comments of experts who possessed strong evaluation skills. Hence, the researcher is confident that data collection methods for competency models development in this study are appropriate for data analysis and competency models development for surveyors.

In order to gain the independent comments of selected experts for the competency models validation, the researcher converted a draft of competency models development into a questionnaire with five rating scales. The researcher consequently analyzed the results of the comments at the consensus level, and evaluated their relevance (Suwimol Wongvanich, 2005: 227-230). Subsequently, the researcher interviewed twenty-four surveyors of the HAI in order to establish reassurance that the competency models development is credible. As a result, the three main information sources of the study can be identified as follows: 1) The different groups of key informants or triangulated sources of expert surveyors; HAI managerial personnel; and experienced representatives of healthcare institutes. 2) The data collection done through in-depth interviews and observation. 3) The validation of consensus levels or relevance of experts' comments and other surveyors. Thus, concerning the competency models development approach for this time, the researcher was confident that these competency models are certainly applicable to building the capacity of surveyors, managerial persons and the staff of healthcare organizations.

5.1.2 Competency Models of Surveyor in Healthcare Accreditation

Through the integrated approach of competency models development, twenty-six competency models for surveyors in healthcare accreditation were developed. These competency models were classified under the three competency clusters, namely core competency; management competency; and functional competency. So clustered, these were correlated with each other. They are measurable and generally acceptable in that they are developable through skills training. Each competency cluster had different levels of difficulties for development, in accordance with the concepts of McClelland (1973), edited by Scott B. Parry (Sukanya Rassameetummachot, 2006: 14). As the competency models development was derived from comments of experts experienced and well-known for the healthcare accreditation surveys affording their tacit knowledge, the researcher was able to utilize

the in-depth interviews with open-end questions to digest such hidden knowledge as they offered. The findings of the competency models development are discussed in the three clusters as follows:

5.1.2.1. Core competency

According to the literature review in Chapter 2, the researcher defined core competency as "expected competency or required behavior that all surveyors should possess in order to indicate culture and values in their duties in accordance with HAI's philosophy." In addition, seven competency models were included in this core competency cluster. These competency models were beliefs, philosophy and ethics, respect, professional development, teamwork, interpersonal relationship skills, and adaptability. Furthermore, the research compared these competency models with other competency models of international healthcare accreditation institutes such as Accreditation Canada (www.accreditation.ca), and the Australian Council on Healthcare Standards (www.achs.org.au) and found the similar criteria and definitions of philosophy and ethics, teamwork, interpersonal relationship skills, and adaptability. Performing with beliefs and respect for other concerned people are competency models that reflect the endeavours of HAI on survey development in healthcare accreditation. They enhance surveyors' abilities so as to function effectively following the HAI's key principle: "HA is a learning process". These competency models are also newly developed and are discussed in this study.

1) The competency of belief: The study results found that the HA Thailand surveyors practice with the beliefs and trust that healthcare organization staff have of the intention to perform well and make the required efforts to improve their work. The HAI surveyors believe that accreditation standards will reinforce safe patient care processes, and a survey as a learning process. With these beliefs, the surveyors maintain polite and gentle behaviour and are able to create an effective learning environment, as is shown here in a message of support from an in-depth interview expert: "With the belief that everyone has a good intention, we will understand and trust the people we meet. Our behaviour will be gentle, and the surveys will emphasize more resilient learning. If the surveyors do not trust the people, they will try to probe for every detail, and be provided with fewer opportunities for learning. So 'belief' is a key driver for our work". This message conforms with the

concept of Peter M. Senge concerning basic beliefs or mental models of individual influence on and understanding of the environment and his/her behaviours (Senge, 2006: 162-171).

2) The competency of respect**:** The study results found that the HA Thailand surveyors should give opportunities to express and share different opinions, be willing to accept all information, and not rush to make judgments. They should also avoid aggressive behaviour either in words or actions, avoid negative expressions, and not display technical superiority or cause people to lose face. As a supporting message from in-depth interview expert says: “The academic outreach of surveyors towards healthcare organization staff conducted at inappropriate times and forms and failing to provide basic information about the healthcare organization is likely to cause problems. My experience is that when medical doctors were aggressively approached by surveyors, they felt really upset.” Surveyors should respect and be attentive to the needs and expectations of everyone involved during a survey by being modest in demeanour and well mannered, avoiding harsh language, trying instead to speak in a way that listeners would be encouraged by. They should be able to build trust, create an atmosphere conducive to learning, and encourage a feeling of self-value. As a supporting message from an in-depth interview expert explained: “The invasion by words as if to occupy the healthcare organization staffs’ personal space, including reactions showing a failure to trust information provide, should not occur during the survey process. We have to believe in what others share with us. Any actions breaching this code lead to a situation in which surveyor and healthcare organization staff will have no trust in each other.”

One of the key findings of this study is that competency dictates the functions of surveyors in the Thai social context. The working approaches should be based on beliefs and faiths conforming to key concepts of healthcare accreditation; learning concepts; and respect for self-esteem will protect the self-respect of concerned people and also imply a working culture that is based on Thai identity. This also reflects positively on the surveyors in Thai societal contexts who respect Thai mottos, especially the ones emphasising friendliness and tactfulness (HAI, 2553: 5-6). In addition, both competencies will be the personal attributes of surveyors inculcated from birth. They are concealed motivational factors that are

difficult to perceive but with which with serious observation can be identified. In order to develop surveyors to be able to conduct a survey with a resilient learning process following HAI's principle, it is necessary to pay attention to the surveyor recruitment and selection process in order to employ surveyors with the above-mentioned beliefs and respect.

5.1.2.2. Management competency

As shown in the literature review of Chapter 2, the researcher defines management competency as "expected competency or required behaviour on survey management, in order to successfully accomplish the surveys in reaching the expected goals of each survey, and relevant to HAI or healthcare institute's contexts and organization cultures." Three competency models under this competency cluster include planning and organization; time management; and conflict management. These competency models are similar to the competency models of Accreditation Canada (www.accreditation.ca), and the Australian Council on Healthcare Standards (www.achs.org.au).

The next competency to be discussed is conflict management. Where conflict management is concerned, the study found that surveyors can assess situations that lead to conflicts during their surveys; should try to understand problems; and adjust a stressful atmosphere to a more relaxed one immediately. They should also be able to help the healthcare organization staff team to find solutions by using simple language. In addition, they can assess the working atmosphere between members of the surveyor team. They should treat everybody with respect and tact. In Canada, the HA organizations also set competencies with similar definitions called 'issue management' which require the prevention, management and/or resolution of conflicts. Looking for positive and creative solutions in the face of conflicting needs is one of the roles of the survey team leader (www.accreditationcanada.ca).

Upon studying the definitions of these competency models, it was found that the conflict management competency contained important skills for surveyors which enhance their capacity to assess the emerging possibility of conflict during a survey. Surveyors with the skills in this competency model and using simple languages can also assist healthcare organization staff to find their own solutions. The findings in this cluster clearly indicate that conflicts in a survey process within the Thai contexts can

easily emerge due to the healthcare accreditation and evaluation approaches that are new in the Thai situation. Although practically applying this concept may lead to a better participatory learning process, in fact Thai society still has many cultural evaluation problems that are within the purview of evaluation roles or issues that are the concern of external experts. External experts may come and identify mistakes and the persons who commit them, in the process arousing resistance (Nawarat Phlainoi, 2006: 53). Hence, competency on conflict management is crucial for surveyors, who need to act with sophistication in order to effectively solve critical conflicts. This also deserves further development.

5.1.2.3. Functional competency

According to the literature review in Chapter 2, the researcher defined functional competency as "the expected competency or behaviour of surveyors enabling the survey process to be a participatory learning process which follows the HAI's principles." This cluster included the knowledge and skills necessary for surveyors. In addition, sixteen competency models under this cluster were classified into two necessary aspects for surveyors: 1) necessary knowledge, and 2) necessary skills. Details are summarized below.

1) Necessary knowledge: Five competencies were found in this cluster. They were knowledge of hospital accreditation standards; knowledge of professional standards; knowledge of other quality standard systems; knowledge of healthcare services systems; and knowledge of quality concepts and quality tools. The researcher compared these competency models with competencies of other healthcare accreditations, in the process finding that these organizations paid attention to the knowledge of professional standards. This study also found that various kinds of hospital accreditation standards were applied to assess and improve the quality of the healthcare services of healthcare institutes in Thailand. Knowledge of the Healthcare Services System in particular is a vital area that surveyors should also strongly comprehend. Significantly, policies on healthcare service systems are influenced by political dimensions. It is necessary for surveyors to monitor and update themselves about political movements and directions of healthcare service system policy making.

The competency of knowledge is always utilized to set the qualifications of surveyors, as the study of Bohigas, et al. (1998) stated, concluding

that fully-qualified surveyors are persons who: 1) possess professional certificates on healthcare services, 2) have management experience of at least two to five years, 3) have continually improving knowledge and experience 4) are knowledgeable about the national healthcare service system and, 5) possess skills in interpersonal relations leading to good human relationships.

According to the World Health Organization's workshop report in Cairo during 23-26 September 2002, qualifications of surveyors were proposed as follows: 1) expertise in healthcare services, 2) familiarity with interpersonal relationship skills, 3) possession of management experience, 4) knowledge of hospital accreditation standards, and 5) knowledge of quality assessment methods (WHO, 2002).

Knowledge unmentioned here but one of the findings of this research study, is knowledge of other quality standard systems, requiring surveyors to have knowledge and understanding on basic concepts of other quality standard systems, at the level enabling them to point out the linking issues with hospital accreditation standards and further processes arising during the development of survey sessions. Surveyors can bring out the outstanding points of other standards to apply with survey processes, such as viewing the big picture, and linkages between challenges and organization's goals. As Thailand uses various quality standard systems in healthcare quality development, surveyors in healthcare accreditation are expected to be facilitators in converting a survey process into a learning process. Understanding about the purposes of other quality standard systems will help surveyors to smoothly assist healthcare organization staff for their healthcare services improvement.

2) Necessary skills: Eleven competency models were included in this sector. They were classified into three groups: first group was called "systematic inquiry group" which incorporates analytical thinking skills; system thinking skills; situational analysis skills; self-assessment report analysis skills; and the systematic approach. The second classification was called "communication group", including communication skills and report writing skills. These competency models were relevant to most necessary competencies and recommendations of the WHO for surveyors (WHO, 2002). And the third group of classification was called

Learning Facilitation, which included problem-addressing skills, appreciative inquiry skills, coaching skills, and learning facilitation skills. These competencies addressed the ability of surveyors and promoted them to being able to turn a survey process into a learning process. The results of the discussion are outlined in the four points shown below.

(1) The competency of problem addressing skills: The study results found that the HA Thailand surveyors can use successful what were formerly unachievable outcomes of patient care, as well as development outcomes that through exchange provided opportunities for collective development. They reflect on what should be done by the team of each healthcare institute for patients' safety. "Our position during the site visit is to help them seek for their outcomes and point out what they did well and what needs to be improved so that they learn and perform better." In addition, surveyors should link various organisational issues in a positive way to address holistic problems. In other words, surveyors should try to point out key problems, main risks, goals, and indicators for development results with sympathetic proposals aimed to enhance healthcare institutes' conformity and practices. The analytical views shared by representatives of healthcare institutes from the in-depth interviews emphasized the importance for surveyors of problem-addressing skills "Please understand hospitals, if they do not correctly answer the questions. In this matter, surveyors have to help them to clarify and settle points, rather than rush to close the interview session. The researcher thinks that surveyors should not forget the fundamental principle that surveyors are persons who help healthcare organization staff to address issues and learn together." And "I believe that surveyors come to answer our questions. Previously, surveyors visited and provided information. They collectively thought with us and convinced us to see how organizations should be. If asked whether this approach is useful or not, [I would answer] it is useful."

(2) In the competency of appreciative inquiry skills, the experts suggested that surveyors should be able to use positive questions and encourage healthcare organization staff to review and sum up the lessons learned on what they have done well, what are the driving forces, what are opportunities for their improvement, and use success stories for empowerment. These suggestions are important and will be a powerful approach for information-gathering appropriate to

the Thai context and leading to organizational changes as stated by Whitney & Trosten-Bloom. (2010;143-150). “Appreciative interviews are at the top of the list of successful factors for any appreciative process. Appreciative interviews bring out the best in people and organization: they provide opportunities for people to speak and be heard, ignite curiosity and the spirit of learning, and increase organization knowledge and wisdom.”

(3) Coaching skills: The study found that surveyors have to be able to listen and ask questions to stimulate healthcare organization staff to think and share what they have done at work, following the levels of healthcare organizational development, one surveyor stating that “Levels of organizational development encourage us to choose different questions because our target is to empower them to see opportunities for further development”. Apart from this, surveyors have to select appropriate coaching techniques. They should also be able to provide advice and empower healthcare organization staff to gain more confidence to feel that they can work effectively. Surveyors should also be able to use core values to encourage themselves to see opportunities for continual improvement or development which lead to self-improvement, as, “We have core values at heart, so we persuade them to discuss and share. This is a skill that surveyors should possess and which needs development. We already know the answers in such situations but as surveyors we have to pose fresh questions till the healthcare organization staff come level with us. We will then better know their level of understanding about what they think and do.”

(4) Learning facilitation skills. The study found that surveyors have to be able to use the various things they find during the survey to stimulate learning, such as information about the indicator monitoring of organizations; the results of team development; medical records; situations or evidence they encounter while working, like the poor health conditions of patients… emphasizing collective thoughts and comments on these matters so as to suggest what should be done next. In addition, surveyors can use findings from the survey to build learning about the big pictures in order to find opportunities to improve healthcare service systems, through such strategies as CQI activities, persuading healthcare organization staff to recognise and act on significant effects and important system

changes. They can additionally stimulate healthcare organization staff to extract lessons learned and collectively identify the deep causes of problems by accepting and using different perceptions to view problems.

In summary, it can be seen that all twenty-six competency models are necessary for surveyors in healthcare accreditation. Key results of the in-depth interviews and observations which were analyzed by the researcher also found that some competency models have not been used by other healthcare accreditation institutes. This research study found surveyor competency models which offer important findings that illustrate the unique duties of surveyors in healthcare accreditation in Thai societal contexts. They are beliefs, respect, conflict management, problem- addressing, appreciative inquiry, coaching, and learning stimulation. These competency models will be effectively applied if HAI can select qualified surveyors with these qualifications. The researcher also believes that if surveyors are properly and professionally trained in these skills, they will be able to effectively conduct surveys with a genuine and resilient learning process. As a result, healthcare organization staff will be aware of the facts concerning occupational health and safety matters with full understanding of the survey process (HAI, 2010; Nawarat Phlainoi, 2006: 53)

5.2 The development of guidelines to apply the surveyor competency model

Research findings: The surveyor has multiple roles to play in the Healthcare Accreditation Program. The surveyor must be both evaluator and educator, and also support the mission of the Healthcare Accreditation Program to promote quality and safety in healthcare. During the survey, surveyors also play a role as the ambassadors of Healthcare Accreditation Program. The credibility of Healthcare Accreditation Program largely depends on the survey operation and performance of the surveyors. Surveyors also offer consultative advice to help healthcare organization staff identify and overcome existing quality-related difficulties. If needed, they offer informal on-site education to help avoid future problems as well as develop and assist

healthcare organizations to continuously improving their performance. The surveyor development system has to be conducted using competency as a basis. The competency models application guidelines for surveyor development lead to discussion relating to: 1) competency dictionary development and, 2) competency models application guidelines for surveyor development. Detailed discussion is conducted below.

5.2.1 Competency Dictionary Development: In order to promote identical understanding and competency model application of surveyors, the researcher developed a competency dictionary. In this dictionary, the researcher divided surveyors into three levels by applying the proficiency level scale devised by Ghere (2006). These were surveyor, survey team leader, and survey coach. The researcher also identified different surveyor levels based on behavioural definitions which were also classified into three categories. Consequently, the researcher put forward a draft of the dictionary pending expert feedback, so as to ensure a good result. However, the draft developed was commented on by professional and sophisticated surveyors, its contents therefore assured of value by the comments received and the amendments made. Furthermore, professional and skilful surveyors will be able to apply some competency models to improve the model in accordance with their experience in each period of their professional development.

5.2.2 Develop guidelines for applying the surveyor competency model: The researcher applied developed competency models for the three stages of surveyor development.

5.1.2.1 Guideline for surveyor recruitment and selection

The study results indicate that there are eleven competencies suitable to be applied in candidate surveyor recruitment and selection steps, of which five are core competencies, namely: beliefs, philosophy and ethics, respect, teamwork, and interpersonal relationships; and six functional competencies, namely, knowledge of hospital accreditation standards, knowledge of professional standards, knowledge of the healthcare services system, knowledge of quality concepts and quality tools, self-assessment report analysis, and communication skills.

The first five competencies involve the personal attributes which make up the deep motivation expressed behaviourally by friendly surveyors. The other six competencies comprise knowledge and the primary skills required by the performance of the surveyors' duties. As surveyors or evaluators, they should possess key knowledge under the headings, knowledge of hospital accreditation standards; and knowledge of quality concepts and quality tools in order to evaluate levels of development. In the case of surveyors in healthcare accreditation, which is a complicated healthcare service, all parts of the working process and all professions relate to each other in the need to safely provide services to patients and families. Hence, surveyors necessarily possess standard knowledge and healthcare professional backgrounds, and knowledge of relative work in the healthcare service system. Self-assessment report analysis and communication skills are primary skills that lead to further surveyor development.

All eleven competencies are primary qualifications of surveyors, candidate surveyor selection criteria, and development qualification evaluation and competency assessment tools for candidate surveyor selection, prior to entry to surveyor training and the subsequent development steps. The study found that key qualifications of surveyors included, 1) working at healthcare organizations with a professional certificate and at least 10 years' professional work experience, or at least five years' management experience, age 35 years or above being relatively important as Thai society inculcates respect for seniority. Age therefore is crucial for initial acceptance or recognition. (In this part, competencies on knowledge of professional standards, and knowledge of healthcare services system were applied), 2) possessing knowledge and understanding of hospital accreditation standards, and knowledge of quality concepts and quality tools, 3) being able to demonstrate ability to work as a team with positive interpersonal relationships, and possessing self-assessment report analysis and communication skills, and 4) having firm belief in the learning philosophy, being firmly committed to philosophy and ethics, and having respect for the concerned people.

The study results were convergent with the study of Bohigas (1998) except that the set criteria on managerial work experiences that the study the study demands is at least five years, thus ensuring that surveyors have sufficient

management experience. Other relevant competencies or qualifications include possessing knowledge and experience on maintaining improvement; understanding the national healthcare services system; and having good interaction and interpersonal relationship skills (Bohigas. et al., 1998). The study results in this section were also relevant to the World Health Organization (WHO)'s comments that the surveyors are selected by experts in the field (medical, administrative, and nursing) through a transparent process, with competency-based selection criteria. Important applied competencies included interpersonal relationship skills, management experience, knowledge of standards and methodologies, as also on quality assessment methods.

Results of this study in this section were also relevant to the study of Greenfield, which affirmed that potential candidates should be recruited or selected from persons who have expertise in professional health such as medical doctors, nurses, and concerned people working in the healthcare services system. These candidates should also have work experiences at a senior management level or as Senior Manager. They should also possess academic knowledge as well as explicit and tacit knowledge on healthcare services, with adequate experience indicating opportunities for professional development (Greenfield, et al., 2009).

In terms of selection criteria, the research study found that candidate surveyors selected to join the training and development step should have qualifications that meet the requirements, and pass exams on knowledge of healthcare accreditation standards, have knowledge of quality concepts and quality tools, be able to produce a self-assessment report analysis of healthcare organization, and have the approval of their superiors. Candidate surveyors who pass the basic tests will be invited to join the orientation program. In the orientation program, these candidate surveyors' competencies will also be assessed by senior surveyors through observations.

The candidate surveyor selection process of healthcare organizations in other countries offers an example in that ACHS selects the candidate surveyors after achieving set qualifications and passing take-home exams satisfactorily (www.achs.org.au). In the case of healthcare accreditation in Canada, an interview session follows the examination of the primary qualifications as well as a reference check and assessment during orientation (www.accreditation.ca).

5.1.2.2 Guideline for surveyor training and development

Candidate surveyors who meet the selection criteria and commit to the responsibilities of the healthcare accreditation program are invited to attend a surveyor orientation program and participate in a training survey. In order to promote and provide adequate professional skills for successful candidates as new surveyors so as to be able to conduct friendly surveys with in the resilient and participatory learning environment, the researcher utilized the developed competency models to develop surveyor capacity building or development guidelines which include provision of necessary competencies for surveyor development; surveyor development activities; and competency models applicable to development assessment designs. The researcher also applied a self-directed learning of adult approach for surveyor development activity designs by focusing on self-learning, learning from experts, learning by doing, and different focuses of each survey stage preparation.

1) Orientation Program: The results of the study found that the appropriate competency applicable in this step include, 1) four competencies in the core competency: philosophy and ethics, respect, interpersonal relationship, and teamwork, 2) one competency in the managerial competency: time management, and 3) five competencies in the functional competency: knowledge of healthcare accreditation standards, knowledge of healthcare services systems, knowledge of quality concepts and quality tools, self-assessment report analysis, and communication skills.

The orientation program emphasizes understanding about roles, philosophy and ethics of surveyors as well as hospital accreditation standards and various skills training, such as interpersonal relationship skills, teamwork, time management, communication skills, interviewing skills through self-assessment report analysis activity and group study with experiments of survey situations of the surveyor team. These competencies of candidate surveyors who had already attended the preparatory training is also to be assessed by senior surveyors through observations prior enter to the survey training process in the field which is relevant to Canada's healthcare accreditation surveyor development system that uses an orientation mechanism to evaluate and provide feedback about core competencies, and builds understanding prior to entry to the survey training stage (www.accreditation.ca).

2) Surveyor Training Program: This step aims to encourage and emphasize candidate surveyors to learn and develop skills through practicum. The researcher divided the practical training into three sub-steps, namely: The survey observation; the experiment, and survey action. The results of this study found appropriate competencies which can be applied in each step as detailed below.

(1) Preparation step: the results of the study found that the appropriate competencies to be applied in this step are: 1) three competencies in the core competency: interpersonal relationships, teamwork, and adaptability, 2) four competencies in the functional competency: knowledge of hospital accreditation standards; knowledge of quality concepts and quality tools; analytical thinking skills; self-assessment report analysis; and communication skills.

This step emphasized candidate surveyors' ability to adapt themselves to a survey training step. The learning process of this step or activity concentrates on demonstrating and experiencing sharing in each step of surveying. Survey trainees will not be permitted to perform a survey and interview in the healthcare organization but will have to bring outcomes from observation to exchange with the survey trainee teams and senior surveyors. These survey trainees have to apply analytical thinking skills, knowledge of hospital accreditation standards, and knowledge of quality concepts and quality tools. They also have to understand contexts and development of healthcare organizations by using self-assessment report analyses of healthcare organizations. At this step, survey trainees have to demonstrate their acquired competencies in order to achieve pass marks and go to the next step.

(2) Practice step: Three applied competencies, the same as those of the survey observation step which included two competencies under the managerial competency: planning and organization; and time management. In this step, surveyors have to conduct a survey under the supervisions of senior surveyors. Hence, it is necessary for them to show their ability in planning and organization, and time management. In addition, four competencies under the functional competency were applied: knowledge of the healthcare services system, report writing skills, appreciative inquiry skills, and senior surveyor have to be able to facilitate information exchange and learning encourrage. After the survey session, they have to be able to

sum up the results of the survey and write a survey report. At this step, they have to demonstrate ability following set competencies prior to taking the survey training step.

(3) Actual survey step: This is a final sub-step under the survey training stage. This step usually is undertaken when senior surveyors have confidence that a candidate surveyor can run every step of the survey process. Competencies for this step include competencies from the second step plus another competency under the managerial competency: conflict management. This step also comprises four competency models in the functional competency: system approach skills, situation analysis skills, problem addressing skills, and learning facilitation skills. These four additional skills enhance the capacity of healthcare organizations to identify problems from survey findings, and help to identify solutions leading to systematic improvement.

From the findings of this study, it can be conclude that it is necessary to consider objectives or targets of the surveyor training and development step when applying appropriate competencies in the surveyor development system. Noticeably, competency provisions and applications in each step of the surveyor development system are different. In addition, surveyor development activity designs should be relevant to desired competencies. The results of this study indicate that the survey training activities can be conducted as three steps - survey observation, experiment, and survey action. The level of difficulty rises from the easiest to the most difficult, beginning with the survey observation, passing to experiment, and ending with the survey action step. Thus, competency applications in this study find that the ability or competency of surveyors to perform as capable surveyors encompasses a collection of details displayed summarily in figure 5.1

Training and Development Program		
Preparation step	Practice step	Actual Survey Step
C5: Interpersonal Relationship C6: teamwork C7: Adaptability		
	M1: planning and organizing M2: time management	M1: planning and organizing M2: time management M3: conflict management skills
K1: knowledge of ha standards K5: knowledge of quality concepts and tools S4: self-assessment report analysis S1: analytical thinking skills	K1: knowledge of HA standards K4: knowledge of healthcare services system K5: knowledge of quality concepts and tools S1: analytical thinking skills S4: self-assessment report analysis skills S8: report writing skills S10: appreciative inquiry skills S11: coaching skills	K1: knowledge of HA standard K4: knowledge of healthcare services system K5: knowledge of quality concepts and tools S1: analytical thinking skills S3: situational analysis skills S4: self-assessment report analysis skill S6: system approach skills S8: report writing skills S9: problem addressing skills S10: appreciative inquiry skills S11: coaching skills S12: learning facilitation skills

Figure 5.1 Applied competency models in the surveyor development system

Additionally, the study found that there should be senior surveyors or experienced surveyors for every step of survey training sessions to observe survey trainees' behaviour or performances, using a developed competency dictionary to assess required behaviours and provide feedback to survey trainees for their improvement. These senior surveyors are also expected to provide channels for self-

learning to survey trainees in order to further develop necessary competencies and enhance progressive development of each survey training session.

Therefore, it can be seen that at the surveyor training and development stage it is necessary to have various learning activities, including training workshops in the fields. The evaluation results of each survey should be used for enhancing survey trainees' ability to design their own skill development. A mentoring system should also be used to help efficient interpretation of standards and provide appropriate survey training skills. These aspects are relevant to the adult learning concepts of Malcom Knowles and the study of Greenfield (2008), with the conclusion that survey training for candidate surveyors can be conducted through various approaches, such as workshops, site visit training or field training, self-study assignments, and survey training in mock situations. Key contents of survey training and development consist of roles of surveyors, knowledge of healthcare accreditation organizations, accreditation standard interpretation, compliance assessment following the standard framework, and survey techniques.

The study results in this section were relevant to the Canadian accreditation surveyor development approaches, that required selected candidates to attend orientation in order to learn about necessary competencies and the roles of surveyors. After the orientation workshop, these candidate surveyors have to participate in the internship process within an exact timeline. In the internship process, candidate surveyors perform as full team members. They also are assigned to specific tasks under the supervision of experienced survey team members. The performance evaluation prior to registration as surveyors is based on evaluation results and recommendations collected from the internship process. (www.accreditation.ca)

Jordan's Healthcare Accreditation Council allows selected candidates to study about standards at home. However, they have afterward to join the compulsory training workshops of every module. They also have to join the survey observation sessions and try to run their own survey sessions under the supervision of experienced surveyors. Frequency and the number of training sessions depend on the consideration and determination of experienced surveyors. Survey training results, ability on survey result report writing, and scores according to standards including comments or recommendations of the committees will be the criteria for the surveyor registration

process to decide whether survey trainees will be qualified or accredited to be new surveyors. (www.hcac.jo).

5.1.2.3 Guideline for surveyor registration

The study results found that competency application assessment results at every step from recruitment and selection to training and development should be used in this stage, because each step applies different competencies depending on the targets of each step, as earlier mentioned in this study. In addition, the consideration procedures for registration should feature the transparency of the process, to ensure that qualified surveyors are registered and can perform surveys following the philosophy of the organization. This requires that surveyor registration criteria include: 1) Meeting all required qualifications, 2) passing the basic skills examination, 3) gaining satisfactory results at all required survey training steps, as assessed by senior surveyor and experienced surveyors, and 4) obtaining the approval of the surveyor selection committee which aligns with the practical guidelines of healthcare accreditation institutes in other countries, such as Jordan's Healthcare Accreditation Council. The set criteria for survey registration include: 1) Fully participating in required training and development activities, 2) passing the writing test on standards and survey processes, 3) gaining the constructive comments of experienced surveyors who are supervisors and, 4) being appointed by the institute administrative board committee (www.hcac.jo).

These criteria and registration processes are consistent with the study of Worthen (1999), which stated that there are at least four approaches to applying for surveyor or evaluator registration: 1) a formal training-based approach, 2) an experience-based approach, 3) a performance-based approach, and 4) a competency-based approach, in accordance with healthcare accreditation.

CHAPTER VI
CONCLUSION AND RECOMMENDATIONS

The objectives of the study on “Surveyor competency model for the Thai healthcare accreditation program” are, 1) to establish a competency model for surveyors in healthcare accreditation program, and 2) to develop guidelines for applying the competency models in a surveyor development system.

The researcher selected Healthcare Accreditation Institute (Public Organization-HAI) as a research area or location because this institute is thus far the sole healthcare accreditation institute in Thailand. The key sampling group comprised twelve key informants, six senior surveyors who had expertise in survey and are well-recognized among surveyor groups; three high level managerial persons; and three representatives of healthcare organizations.

In the first phase of the study, competency model of surveyors were developed by collecting data from in-depth interviews with six senior surveyors, three managerial persons, and three representatives of healthcare organizations; and an observation survey during the survey session of four senior surveyors in a healthcare organization. The researcher purposively selected sampling groups. The interviewees were willing to provide information. The researcher utilized collected data to draft competency models development of surveyors, prior to using draft competency models to develop a five-rating scale questionnaire used to cross-check comments of these twelve experts and a group of twenty-four surveyors. The researcher after that analyzed data and adjusted competency models as shown in Figure 6.1.

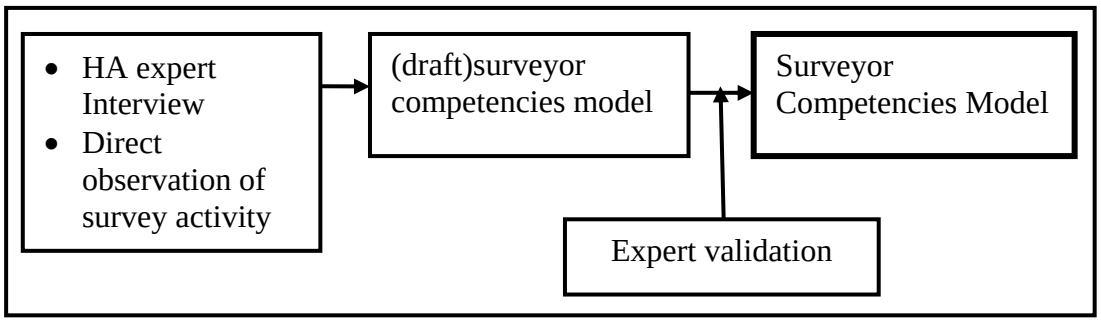

Figure 6.1 Development of competency models

In the second phase of the study, the researcher utilized competency models to develop application guidelines for surveyor development divided into three steps, namely recruitment and selection; training and development; and surveyor registration. These steps were verified for completeness by experts.

6.1 Research results conclusion

The conclusion consists of two parts, namely: 1) Surveyor competency models development, and 2) Competency models application guidelines development for surveyor development system.

6.1.1 The development of surveyor competency model:

The researcher developed twenty-six competency models through the integrated approach. These competency models were sorted into three categories, namely core competency, management competency, and functional competency. Details are described as follows:

6.1.1.1 Core competency is an expected behavior pattern that surveyors should display to demonstrate their organizations' cultures and values, and perform as surveyors, following the healthcare accreditation program philosophy. Seven competency models were included in this cluster. They were beliefs; philosophy and ethics; respect; professional development; interpersonal relationship skills; teamwork; and adaptability.

6.1.1.2 Management competency is an expected behavior pattern surveyors should also possess so as to be able to manage the survey process as planned, in order to reach each survey's goals relevant to Thai's contexts and cultures. Three competencies were included in this cluster, namely: planning and organization; time management; and conflict management.

6.1.1.3 Functional competency is another expected behaviour pattern for surveyors so that they can effectively perform as qualified surveyors to change "the survey process into a participatory learning process" regarding healthcare accreditation program's philosophy. Sixteen competency models were categorized into four clusters, namely knowledge, systematic inquiry, communication, and learning facilitation. Details are described as follows: the five competencies in the knowledge cluster are: knowledge of hospital accreditation standards, knowledge of professional standards, knowledge of other quality standard systems, knowledge of healthcare services systems, and knowledge of quality concepts and tools. The five competencies in the systematic inquiry cluster are, analytical thinking skills, system thinking skills, situational analysis skills, self-assessment report analysis, system approach skills. Two competencies in the communication cluster were communication skills and report writing skills. The four competencies in the learning facilitation cluster included, problem addressing skills, appreciative inquiry skills, coaching skills, and learning facilitation skills.

Competency model validation: The researcher validated competency models in collaboration with twelve experts and twenty-four surveyors through the five-rating scale questionnaire. The validation results from the comments of the expert group were consonant with the development of competency models agreed on, as indicated by the fact that the mean and median absolute value was less than 1.00 in each competency model, with the interquartile range value that was also less than 1.50. The results indicated that surveyors agreed with the developed competency models. In addition, the validation results from the twenty-four surveyors also indicated that they agreed similarly concerning the competency models development.

The research findings following developed surveyor competency models in healthcare accreditation are as shown in the figure 6.2.

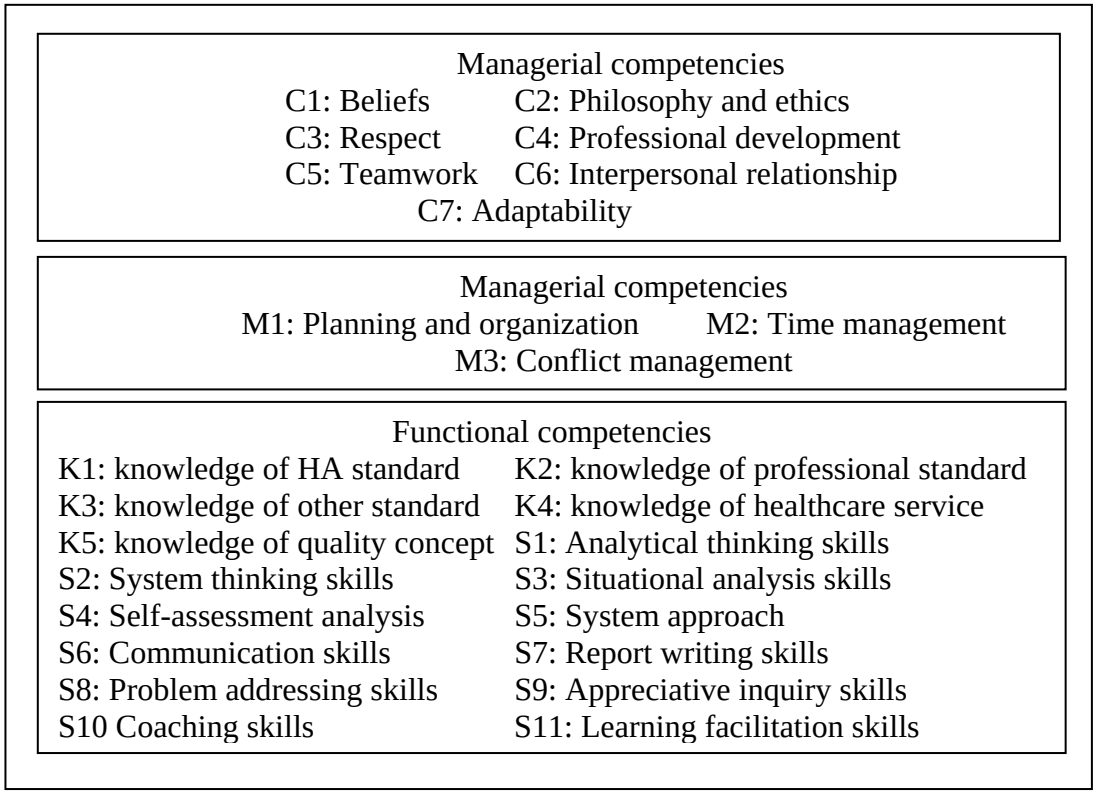

Figure 6.2 Surveyor competency models for the Thai healthcare accreditation

6.1.2 The development of guidelines to apply the surveyor competency model

In order to respond to the second objective of this study, which is to devise competency models application guidelines development for surveyor development, the researcher created two steps - competency dictionary development, and competency model application guidelines development. Details of these steps are summarized as follows:

6.1.2.1 Competency dictionary development: This step aims to create consistent understanding of competency models and utilize them effectively in practice. The researcher identified the name of each competency model, definition of behaviors, and proficiency in accordance with the three levels: : surveyor, survey team leader, and senior surveyor. The contents of the surveyor competency dictionary were validated by experts.

6.1.2.2 Develop guidelines for applying the surveyor competency model**:** The researcher also applied the self-direct learning of adults approach in affiliation with surveyor responsibilities and the qualifications of surveyors - surveyor development activity designs that focus on self-learning; learning from experts; learning by doing; each step preparation with different focuses; and content validation by experts. These steps are described below.

1) A recruitment and selection: The researcher selected competency models to apply in this step. They were five competencies from the core competency: beliefs; philosophy and ethics; respect; interpersonal relationship skills; and teamwork. Six competencies from the functional competency: knowledge of hospital accreditation standards; knowledge of professional standards; knowledge of healthcare services system; knowledge of quality concepts and quality tools; self-assessment report analysis; and communication skills.

Surveyors can apply competencies by setting qualifications of surveyors and selection criteria, and develop guidelines for qualification assessment following provided competencies. Selected candidates will be nominated as candidate surveyors. They will then be invited to attend the training and development program.

2) A training and development: The researcher applied the developed competency models in two steps - preparation for site visit and training or orientation program, and learning by doing, or on-the-job training.

(1) Preparation for site visit training or orientation program: Eleven key competencies were applied in this step. They were: 1) The core competency: philosophy and ethics; respect; teamwork; interpersonal relationship skills; and adaptability. 2) The managerial competency: time management. 3) The functional competency: knowledge of hospital accreditation standards; knowledge on healthcare services system; knowledge of quality concepts and tools; self-assessment report analysis; and communication skills.

Candidate surveyors can apply competencies to set orientation contents and learning activities for preparedness in survey training steps. Key contents cover knowledge and understanding about an organization’s philosophy, communication and understanding on ethics of surveyors, knowledge review and

understanding about hospital accreditation standards, increasing ability to analyze contexts of healthcare organizations, linkages of contents in standards with levels of development of healthcare organizations, competency assessment results of expected behavioral observations following set competencies, and a test on knowledge about standards.

(2) Learning by doing or on-the-job training: This step was divided into three sub-steps - competency models applied as key points for assessment and different development of each sub-step. These sub-steps were:

- Preparation step**:** Totally seven competency models were applied in this sub-step: interpersonal relationship skills, teamwork, adaptability from core competency, knowledge of hospital accreditation standards, knowledge of quality concepts and tools, analytical thinking skills, and self-assessment report analysis from the functional competency cluster.

- Practice step: Thirteen competency models were utilized in this sub-step. In this figure, three competency models in the core competency cluster are included: interpersonal relationship skills, teamwork, and adaptability. planning and organization, and time management in the management competency cluster were also utilized. Additionally, eight competency models in the functional competency cluster were applied. They were knowledge of hospital accreditation standards, knowledge of healthcare services system, knowledge of quality concepts and tools, analytical thinking skills, self-assessment report analysis skills, report writing skills, appreciative inquiry skills, and coaching skills. This step is an initial step for survey trainees about to make a survey.

- Actual survey step: At this sub-step, survey trainees performed as surveyors in the survey team under the close supervisions of senior surveyors. Most applied competency models were the same as in sub-step 2. However, two additional competency models from the management competency cluster (planning and organization, and conflict management); and four competency models from the functional competency clusters were applied in this sub-step (situational analysis skills, system approach skills, problem addressing skills, and learning facilitation skills).

These three implemented survey training activities as mentioned above were designed following the adult learning concept. Hence, candidate surveyors have to develop their own self-development plan. The mentor system provides supervisors for candidate surveyor in order to assist them in standard interpretation, and learning by doing. The level of difficulty depends on the step of the survey training, from easy to the most difficult level, or from the first step to the third step respectively. Candidate surveyors have to demonstrate their ability following provided competency models. At this stage, candidate surveyors' behaviors are be closely assessed by senior surveyors. The assessment results have a bearing on the frequency or number of survey training sessions.

3) A surveyor registration**:** of twenty-six applied competency models. The study found that for registration surveyors have to pass the qualification assessment following the set criteria. They also have to pass the training and development program provided by the organizations and obtain the required satisfactory assessment results.

The findings from this study can be completed with the competency models application guidelines in surveyor development, as shown in figure 6.3.

Recruitment and selection process	Orientation program
C1: beliefs C2: philosophy and ethics C3: respect C5: interpersonal relationship C6: teamwork K1: ha standards K2: professional standard K4: healthcare service system K5: quality concept and tools S4: self-assessment analysis S7: communication	C2: philosophy and ethic C3: respect C5: interpersonal relationship C6: teamwork M2: time management K1: ha standard K4: healthcare service system K5: quality concept and tools S4: self-assessment analysis S7: communication

Training and development program		
Preparation step	practice step	Actual survey step
C5: Interpersonal Relationship C6: teamwork C7: Adaptability		
	M1: planning and organizing M2: time management	M1: planning and organizing M2: time management M3: conflict management skills
K1: knowledge of ha standards K5: knowledge of quality concepts and tools S4: self-assessment report analysis S1: analytical thinking skills	K1: knowledge of ha standards K4: knowledge of healthcare services system K5: knowledge of quality concepts and tools S1: analytical thinking skills S4: self-assessment report analysis S:8 report writing skills S10: appreciative inquiry skills S11: coaching skills	K1: knowledge of ha standard K4: knowledge of healthcare services system K5: knowledge of quality concepts and tools S1: analytical thinking skills S3: situational analysis skills S4: self-assessment report analysis skill S6: system approach skills S8: report writing skills S9: problem addressing skills S10: appreciative inquiry skills S11: coaching skills S12: learning facilitation skills

Figure 6.3 Applied competency models in the surveyor development system

6.2 Recommendations

This study aimed to develop surveyor competency models in healthcare accreditation by collecting data from expert groups, reckoned to be effective because data is derived from surveyors who are specialized and have high experience and expertise with surveys. They are also socially respected. Thus this competency models development of surveyors has been derived from in-depth interviews and behavioral observation during survey sessions conducted by experts. The developed competency models were derived from the tacit knowledge of experts. Required behaviors in each competency were also derived from the displayed skills of experienced experts. Hence, these competency models are appropriate to the duties of surveyors in Thai social contexts and have the potential to bring about beneficial changes in the survey and accreditation learning process. The researcher therefore has recommendations in the application of competency models as outlined below.

1) The Healthcare Accreditation Organization (Public Organization) should apply these developed competency models to surveyors in healthcare accreditation in the candidate surveyor recruitment and selection; surveyor training and development; and surveyor performance results management so that surveyors can appropriately perform survey following the philosophy of the organization and relevant to Thai social contexts.

2) The competency models application guidelines for the surveyor development system found that some competency models are hidden ones which are not immediately apparent, such as beliefs, respect, philosophy and ethics. Applying these competency models in the surveyor development system the organization therefore should develop an approach able to efficiently select the right candidate surveyors whose competencies meet the requirements.

3) This research studied accreditation expert groups by developing competency models from high competency sampling groups, aiming to identify the competencies required for excellent performances. Hence, surveyor competency development needs to operate as ongoing process.

4) Competencies of surveyors in healthcare accreditation which are found in this study and are different from healthcare accreditation organizations in other countries include appreciative inquiry skills; learning facilitation skills; coaching

skills; and assessing personal attributes. Surveyors should apply the developed competency models application guidelines from this study to self-assessment and the development to high performance surveyors.

BIBLIOGRAPHY

Bohigas, L., et al. (1998). A comparative analysis of surveyors from six hospital accreditation programmes and a consideration of the related management issues. International Journal for Quality in Health Care, 10(1), 7-13.

Dubios, D.D. & Rothwell, W.J. (2004). Competency-based human resource management. CA: Davies-Black Publising.

Greenfield, D. & Braithwatie, J.M. (2008). Health sector accreditation research: a systematic review. International journal of health care quality assurance, 20(3), 172-183.

Greenfield D., Pawsey M., Maylor J. & Braithwatie J. (2009). Are accreditation survey reliable?. International Journal of Health Care Assurance, 22(2), 105-116.

Guah Garsaresom. (2004). A development of the certification of the external evaluators base on competency approach for school evaluation. Ph.D. Dissertation in Educational Measurement and Evaluation, Faculty in Education, Chulalongkorn University.

Ghere, G., King, A.J., Stevahn, L. & Minnema, J. (2006). A professional development unit for reflecing on program evaluator competency. American Journal of Evaluation, 27(1), 108-123.

Kelly, D.L. (2007). Applying quality management in healthcare: a system approach. (2nd ed.). USA: The foundation of the America college of healthcare executives.

King, J.A., Stevahn, L., & Minnema, J. (2001). Toward a taxonomy of essential program evaluator competencies. American Journal Of Evaluation, 22(2), 229-247.

Mansfield, R.S. (1996). Building Competency Models: Approach for HR Professional. Human Resource Management, 35(1), 7-18.

Knowles, M.S., Holton III, E.F., & Swanson, R.A. (2005). The adult learning: the definitive classic in adult education and human resource development. (6th ed.), USA: Butterworth-Heinemann.

Preskill, H. & Terres, R.T.(1999). Building capacity for organization learning through evaluation inquiry. Evaluation, 5(1),42-60 [online]. Available http://cc.scu.edu.cn/G2S/eWebEditor/uploadfile/20121216001814630.pdf [2010, May 14]

Ransom, E.R., Joshi, M.S., Nash, D.B. & Ransom, SB. (Eds.). (2008). The healthcare quality book: vision, strategy, and tools. USA: Chicago AUPHA Press.

Rooney, A. L. & Ostenburg P. R. (1999). Licensure, Accreditation, and Certification: Approaches to Health Service Quality. Quality Assurance Project [online]. Available http://pdf.usaid.gov/pdf_docs/PNACF510.pdf [2010, May 10]

Ruiz, U., Simon, J., & Molina, P., (1999). A two-level integrated approach to self-assessment in healthcare organization. International Journal of healthcare quality assessment, 12(4), 153-142.

Sakchai Balsiri.(2000). A comparison of feedback effects in Delphi technique among feedbacks with different statistics. Thesis in Educational Research, Faculty of Education, Chulalongkorn University.

Sanguan, Nittayarampong. (1998). Health system reform in Thailand. Bangkok: Thai Health Care Reform Project.

Schwark T. (2005). Concept for a Hospital Accreditation System In Georgia.Available http://www.abtassociates.com/reports/0858_Concept_Hospital_Accreditation_Georgia_ENG.pdf. [2010, May 20].

Scrivens, E. (1998). Policy issues in accreditation. International Journal for Quality in Health Care, 10(1), 1-5.

Shaw, C. D. (2000). External quality mechanisms for health care: summary of the ExPeRT project on visitatie, accreditation, EFQM and ISO assessment in European Union countries. International Journal for Quality in Health Care, 12(3), 169-175.

Shaw,C.D.,. (2004). Toolkit for accreditation programs. Australia, The International Society for Quality In Health Care. [online]. Available http://www.hciproject.org/sites/default/files/Toolkit_for_Accreditation_Programs_ISQua.pdf [2010, May 15].

Wiebe, V.A. & Hoskins, S. (2010). Accountability, Accreditation, and Quality in Health Care. Qmentum Quarterly., 2(2), 10–13. [online]. Available http://www.accreditation.ca/uploadedFiles/ArticleAccreditationMarch2010.pdf [2011, May 10].

Wipara, De-Ong. (2008). Research administration competencies in the public sector. Ph.D. Dissertation in Population Education, Faculty of Graduate Studies, Mahidol University.

WHO. (2003), Accreditation of hospitals and medical education institutes-challenges and future directors. [online]. Available from http://applications.emro.who.int/docs/em_rc50_tech_disc_1_en.pdf [2009, January 15].

WHO. (2002). Expert group meeting in hospital accreditation. Cairo, Egypt. [online]. Available from http://www.who.int/patientsafety/events/05/cairo/ Hospital Accreditation Final.pdf [2009, January 15].

Worthen (1999). Critical challenge confronting certification of evaluatiors. American Journal of Evaluattion, 20, 533-555.

จิรประภา อัครบวร. (2549) . สร้างคนสร้างผลงาน. กรุงเทพมหานคร: ก.พลพิมพ์.

ชาย โพธิสิตา. (2549). ศาสตร์และศิลป์แห่งการวิจัยเชิงคุณภาพ. (พิมพ์ครั้งที่ 2). กรุงเทพมหานคร: อมรินทร์พริ้นติ้งฯ.

เนาวรัตน์ พลายน้อย (บรรณาธิการ). (2549). การประเมินผลแบบเสริมพลังเพื่อพัฒนากระบวนการเรียนรู้ในสังคมฐานความรู้. กรุงเทพมหานคร: พี.เอ.ลิฟวิ่งจำกัด.

สุกัญญา รัศมีธรรมโชติ. (2549). แนวทางการพัฒนาศักยภาพมนุษย์ด้วย Competency Based Learning (พิมพ์ครั้งที่ 3). กรุงเทพมหานคร: บริษัท ศิริวัฒนา อินเตอร์พริ้นท์ จำกัด (มหาชน).

_____.(2551). การจัดการทรัพยากรมนุษย์ด้วย competency based HRM. กรุงเทพมหานคร. อมรินทร์พริ้นติ้งแอนด์พับลิชชิ่ง จำกัด.

สัมฤทธิ์ ยศสมศักดิ์. (2549). การบริหารทรัพยากรมนุษย์ หลักการและแนวคิด. ห้างหุ้นส่วนจำกัด เอ็ม.ที.เพรส.

สถานบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2550). HA Update 2007. นนทบุรี: บริษัทหนังสือวันดี จำกัด.

สถาบันรับรองคุณภาพสถานพยาบาล(องค์การมหาชน). (2553). เหลียวหน้าแลหลัง 12 ปีของกระบวนการ HA จาก พรพ.สู่ สรพ. นนทบุรี: บริษัทหนังสือวันดี จำกัด.

สุวิมล ว่องวาณิช. (2548). การวิจัยประเมินความต้องการจำเป็น. กรุงเทพมหานคร: จุฬาลงกรณ์มหาวิทยาลัย

องอาจ วิพุธศิริ, จิรุตม์ ศรีรัตนบัลล์, มยุรี จิรวิศิษฎ์. (2540). รายงานการศึกษาวิจัยประเมินผล : โครงการนำร่องการพัฒนาคุณภาพบริการในโรงพยาบาลของรัฐด้วย TQM. กรุงเทพมหานคร. สถาบันวิจัยระบบสาธารณสุข.

อนุวัฒน์ ศุภชุติกุล และคณะ. (2541). ก้าวแรกของ TQM/CQI ในโรงพยาบาล. กรุงเทพมหานคร: ดีไซร์ จำกัด.

อนุวัฒน์ ศุภชุติกุล. (2542). ชื่นชมสรรพสิ่ง, เอกสารประกอบการประชุมของ สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล.

อนุวัฒน์ ศุภชุติกุล, จิรุตม์ ศรีรัตนบัลล์. (2543). คุณภาพของระบบสุขภาพ. กรุงเทพมหานคร: สถาบันวิจัยระบบสาธารณสุข.

อาภรณ์ ภู่วิทยพันธุ์. (2548) . Competency Dictionary. กรุงเทพมหานคร: เอช อาร์ เซ็นเตอร์

_____. (2553). Competency – based Training Road Map (TRM). กรุงเทพมหานคร: เอช อาร์ เซ็นเตอร์.

APPENDICES

APPENDIX A
QUESTION OUTLINES FOR THE IN-DEPTH INTERVIEWS

Part 1: The question outline to interview surveyors

1 What are your important thinking concepts towards healthcare accreditation?

2 In your points of view, what healthcare accreditation should be in Thai societal contexts?

3 The basic thought about healthcare accreditation is to assess healthcare institutes following set standards. However, when surveyors apply this concept into practices in Thai contexts under the important principles which are ‘good friendship, and enhancement of a survey process to be a participatory learning process. What do you think about this concept?

4 According to the basic concept of survey approach for healthcare accreditation in Thailand that “a survey is a participatory learning”, what survey approaches of this concept should be?

5 The healthcare accreditation is a new issue or process in Thailand. In your opinions, what are key contributing factors to sustainably operate this process in Thailand?

6 In this study, there was a concluding message stated “Surveyors are crucial persons to convince creditability of healthcare accreditation. Hence, the development of surveyors to promote surveyors to possess sufficient competencies and effectively perform as surveyors following the HAI’s philosophy is necessary.” What do think about the word “competencies of surveyors”?

7 What do think about the ISQua standards that apply concepts on competencies as guidelines for surveyor development system designs starting from the recruitment and selection, surveyor training and development, and performance results management?

8 If you have to apply developed competency models for surveyor development in order to change “the survey process into a learning process”, what do you think about these following items?

8.1 What core competencies or required behaviors that every surveyor should possess or follow?

8.2 What are necessary knowledge and skills for surveyors to effectively perform as surveyors?

8.3 Other personal attributes mean hidden attributes in each surveyor that influence their behaviors or performances which may support the survey process to be a participatory learning process. What personal attitudes should surveyors possess?

Part 2: The question outline to interview HAI’s managerial persons

1 The basis of thoughts about healthcare accreditation is to assess healthcare institutes following standards. However, when surveyors apply this concept into practices in Thai contexts under the important principles which are ‘good friendship, and make a survey process to be a participatory learning process. What the survey development system should be according to the ISQua standards in which competencies are applied as a basis to design the surveyor development system starting from the recruitment and selection system, surveyor training and development, and performance results management?

2 If you have to apply developed competency models for surveyor development in order to change “the survey process into a learning process”, what do you think about these following items?

2.1 What core competencies or required behaviors that every surveyor should possess or follow?

2.2 What are necessary knowledge and skills for surveyors to effectively perform as surveyors?

2.3 Other personal attributes mean hidden attributes in each surveyor that influence their behaviors or performances which may support the survey process to be a participatory learning process. What personal attitudes should surveyors possess?

Part 3: The question outline to interview representatives of healthcare institutes (managerial level persons of target hospitals)

1 The fundamental concept about healthcare accreditation is to assess healthcare institutes following standards. However, when surveyors apply this concept into practices in Thai contexts under the important principles which are ‘good friendship, and make a survey process to be a participatory learning process. What do you think about this concept?

2 The healthcare accreditation is a new issue in Thailand. In your opinions, what are key contributing factors to sustainably operate this process in Thailand?

3 According to the basic concept of survey approach for healthcare accreditation in Thailand “a survey is a participatory learning”. From your experiences as surveyees, what should be roles of surveyors? What appropriate survey approaches should be?

3.1 You and your staff gain skills and knowledge through the participatory learning atmosphere during survey sessions. In your opinions, what necessary knowledge, skills, and personal attributes should be or surveyors should possess?

3.2 What core competencies or required behaviors that every surveyor should possess or follow

3.3 What are necessary knowledge and skills for surveyors to effectively perform as surveyors?

3.4 Other personal attributes mean hidden attributes in each surveyor that influence their behaviors or performances which may support the survey process to be a participatory learning process. What personal attitudes should surveyors possess?

APPENDIX B
DOCUMENTARY PROOF OF THE COMMITTEE FOR RESEARCH ETHICS (SOCIAL SCIENCES)

COA.No.2011/190.2009

Documentary Proof of The Committee for Research Ethics (Social Sciences)

Title of Project:	Surveyor Development based on Competency Approach in Healthcare Accreditation (Thesis for Ph.D.)
Principal Investigator:	Miss Apakorn Supunya
Name of Institution:	Faculty of Social Sciences and Humanities, Mahidol University
Approval includes:	1) MU-SSIRB Submission form version received date 11 August 2011 2) Participant Information sheet for Surveyor version date 11 August 2011 3) Participant Information sheet for Administrator version date 11 August 2011 4) Participant Information sheet for Agent of Hospital version date 11 August 2011 5) Informed Consent form version date 29 July 2011 6) In-depth Interview Guideline version received date 29 July 2011

The Committee for Research Ethics (Social Sciences) is in full compliance with International Guidelines of Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

Date of Approval: 20 September 2011
Date of Expiration: 19 September 2012

Signature of Chairman:.....
(Emeritus Professor Santhat Sermsri)

Signature of Head of the Institute:.....
(Assoc. Prof. Dr.Wariya Chinwanno)
Dean of Faculty of Social Sciences and Humanities

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