HUMAN RESOURCE MANAGEMENT COMPETENCY OF HEAD OF PHARMACY
DEPARTMENT IN MINISTRY OF PUBLIC HEALTH OF THAILAND

By
Luerat   Anuratpanich

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree
DOCTOR OF PHARMACY
Program of Social and Administrative Pharmacy
Graduate School
SILPAKORN UNIVERSITY
2011

สมรรถนะทางด้านการจัดการทรัพยากรมนุษย์ ของหัวหน้ากลุ่มงานเภสัชกรรมโรงพยาบาลในสังกัด
กระทรวงสาธารณสุข

โดย
นายลือรัตน์ อนุรัตน์พานิช

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาเภสัชศาสตรดุษฎีบัณฑิต
สาขาวิชาเภสัชศาสตร์สังคมและการบริหาร
บัณฑิตวิทยาลัย
มหาวิทยาลัยศิลปากร
ปีการศึกษา 2554

The Graduate School, Silpakorn University has approved and accredited the Thesis title of "Human Resource Management Competency of Head of Pharmacy Department in Ministry of Public Health of Thailand" by Luerat Anuratpanich as a partial fulfillment of the requirements for the degree of Doctor of Philosophy, Program of Social and Administrative Pharmacy.

....
(Assistant Professor Panjai Tantatsanawong, Ph.D.)

Dean of Graduate School

30../..May...../..2012

The Thesis Advisor

     1. Asst. Prof. Pagamas Maitreemit, Ph.D.
     2. Yuwadee Kestsumpun, Ph.D.

The Thesis Examination Committee

.... Chairman
(Yaowalak Amrumpai, Ph.D.)
2../..May...../..2012

.... Member
(Asst. Prof.Somjate Wiyakarn, Ph.D.)
2../..May...../..2012

.... Member
(Asst. Prof.Pagamas Maitreemit, Ph.D.)
2../..May...../..12

.... Member
(Yuwadee Kestsumpun, Ph.D.)
2../..May...../..2012.

.... Member
(Nattiya Kapol, Ph.D.)
2../..May...../..2012

50354801: สาขาวิชาเภสัชศาสตร์สังคมและการบริหาร

คำสำคัญ: สมรรถนะ, การจัดการทรัพยากรมนุษย์, ภาวะผู้นำของเภสัชกร, การประเมินแบบ 360 องศา

ลือรัตน์ อนุรัตน์พานิช: สมรรถนะทางด้านการจัดการทรัพยากรมนุษย์ของหัวหน้ากลุ่มงานเภสัชกรรม โรงพยาบาลในสังกัดกระทรวงสาธารณสุข อาจารย์ที่ปรึกษาวิทยานิพนธ์ : ผศ.ดร.ผกามาศ ไมตรีมิตร, ดร.ยุวดี เกตสัมพันธ์ 87 หน้า

บุคลากรเป็นองค์ประกอบที่สำคัญในทุกองค์กร เช่นเดียวกับกลุ่มงานเภสัชกรรมที่บุคลากรมีส่วนช่วยใน การบรรลุเป้าหมายของกลุ่มงานเภสัชกรรม บุคลากรจึงต้องการหัวหน้ากลุ่มงานเภสัชกรรมที่มีความสามารถในการบริหาร ทรัพยากรมนุษย์ ดังนั้น สมรรถนะด้านการจัดการทรัพยากรมนุษย์จึงมีความจำเป็น วัตถุประสงค์ของงานวิจัยนี้คือ การ ค้นหาองค์ประกอบของสมรรถนะด้านการจัดการทรัพยากรมนุษย์, การสร้างตัวแบบสมรรถนะ, การประเมินระดับของ สมรรถนะของหัวหน้ากลุ่มงานเภสัชกรรมในปัจจุบัน และการทดสอบความสัมพันธ์ระหว่างสมรรถนะด้านการจัดการ ทรัพยากรมนุษย์กับความพึงพอใจของเภสัชกรผู้ใต้บังคับบัญชา กระบวนการวิจัยประกอบด้วย 2 ส่วน 1) การสร้างตัว แบบสมรรถนะ 2) การประเมินสมรรถนะและการทดสอบความสัมพันธ์

งานวิจัยเริ่มจากการเก็บข้อมูล โดยใช้แบบสอบถามทางไปรษณีย์เพื่อค้นหาองค์ประกอบที่จำเป็นในการ สร้างสมรรถนะฯ และนำข้อมูลมาสร้างปัจจัยที่เกี่ยวข้องไว้ด้วยกันโดย Factor Analysis จากการสังเคราะห์องค์ประกอบ ของสมรรถนะ ผู้วิจัยพบตัวแบบสมรรถนะที่ต่างกันเล็กน้อยในระดับโรงพยาบาลใหญ่ (โรงพยาบาลศูนย์และโรงพยาบาล ทั่วไป) และโรงพยาบาลขนาดเล็ก การประชุมโฟกัสกรุ๊ปโดยผู้เชี่ยวชาญด้านทรัพยากรมนุษย์จัดขึ้นเพื่อสรุปตัวแบบ สมรรถนะและคำแนะนำในการทำวิจัยขั้นต่อไป โดยสรุป ตัวแบบสมรรถนะด้านการจัดการทรัพยากรมนุษย์ของหัวหน้า กลุ่มงานเภสัชกรรมประกอบด้วย 1) สมรรถนะด้านการบริหารผลงานและพัฒนาทรัพยากรมนุษย์ 2) สมรรถนะด้าน การจัดการค่าจ้างและผลประโยชน์ 3) สมรรถนะด้านการวางแผนกำลังพล และ 4) สมรรถนะด้านการสื่อสารเพื่อความ เข้าใจ ขวัญกำลังใจ และ การทำงานเป็นทีม

งานวิจัยส่วนที่ 2 คือ การนำสมรรถนะที่ได้ไปประเมินระดับสมรรถนะที่เป็นปัจจุบันโดยใช้การประเมิน แบบ 360 องศา โดยมีโรงพยาบาลเป้าหมาย คือ โรงพยาบาลที่ผ่านการรับรองตามมาตรฐาน HA จำนวน 274 โรง การเก็บ รวบรวมข้อมูลในขั้นตอนนี้ใช้การส่งแบบประเมินทางไปรษณีย์ไปยังผู้ประเมินรอบตัวหัวหน้ากลุ่มงานเภสัชกรรม จึงทำ ให้งานวิจัยนี้มีโรงพยาบาลที่มีข้อมูลที่สมบูรณ์ครบทุกผู้ประเมินคิดเป็นร้อยละ 34.67 ผลการประเมินสมรรถนะของ หัวหน้ากลุ่มงานเภสัชกรรมในปัจจุบันอยู่ในระดับดี นอกจากนี้ ในส่วนที่ 2 ของงานวิจัยยังมีการสำรวจระดับความพึง พอใจของเภสัชกรผู้ใต้บังคับบัญชาต่อสมรรถนะของหัวหน้ากลุ่มงานเภสัชกรรม โดยเภสัชกรผู้ใต้บังคับบัญชาจะได้รับ แบบประเมินความพึงพอใจแนบไปกับแบบประเมินสมรรถนะด้วย เมื่อนำระดับสมรรถนะด้านการจัดการทรัพยากรมนุษย์ ไปหาความสัมพันธ์กับความพึงพอใจของเภสัชกรผู้ใต้บังคับบัญชาพบค่าสัมประสิทธิ์สหสัมพันธ์อยู่ที่ 0.641 (p <0.05)

โดยสรุป งานวิจัยนี้เป็นหลักฐานสำคัญในการสนับสนุนการประเมินภาวะผู้นำโดยเฉพาะด้านการจัดการ คนว่ามีส่วนสัมพันธ์กับความพึงพอใจของบุคลากรในกลุ่มงานทั้งเภสัชกรและบุคลากรอื่นๆในกลุ่มงานให้มีความพึงพอใจ ต่อสมรรถนะด้านการบริหารจัดการคนของหัวหน้ากลุ่มงาน

สาขาวิชาเภสัชศาสตร์สังคมและการบริหาร บัณฑิตวิทยาลัย มหาวิทยาลัยศิลปากร ปีการศึกษา 2554

ลายมือชื่อนักศึกษา ....

ลายมือชื่ออาจารย์ที่ปรึกษาวิทยานิพนธ์ 1................................... 2...................................

50354801 : MAJOR : SOCIAL AND ADMINISTRATIVE PHARMACY

KEY WORD : COMPETENCY, HUMAN RESOURCE MANAGEMENT, PHARMACY LEADER, 360-DEGREE EVALUATION

LUERAT ANURATPANICH: HUMAN RESOURCE MANAGEMENT COMPETENCY OF HEAD OF PHARMACY DEPARTMENT IN MINISTRY OF PUBLIC HEALTH OF THAILAND. THESIS ADVISORS : ASST.PROF. PAGAMAS MAITREEMIT, Ph.D., YUWADEE KESTSUMPUN Ph.D. 87 pp.

Human Resource or staff is crucial component in every organization. In the hospital pharmacy, the human resource in pharmacy department is important component to department achievement. The people in department need people competent pharmacy department head therefore Human Resource Management Competency for pharmacy department is necessary. The objectives of this study are to explore for the HRM competency needed by pharmacy department head under ministry of public health, to construct the HRM competency model, to assess the current competency level of department head and to test the correlation for competency level and pharmacist's satisfaction level. Process of study is divided into 2 parts, HRM competency model construction and Competency assessment-test for correlation with the pharmacist's satisfaction. Mail survey, focus group and 360-degree competency assessment were used as a data collecting method of this study. The collecting data starting with mail survey to explore the necessary competency components. After conducting the survey for exploration of importance of HRM tasks which has performed by pharmacy department head and factor analysis has been conducted. As a result, the researcher finds the 2 slightly different competency models in the regional-provincial hospital group and community hospital group. Then the consensus group meeting has been held to determine the best suitable competency model for Thailand hospital pharmacy environment. The newly construct HRM competency model for pharmacy department head is consist of: 1.Performance Management and Human Resource and Development competency 2.Compensation and benefit management competency 3. Workforce Management competency 4. Communication to enhance understanding, morale and team work competency.

Subsequently the competency assessment has been conduct by using 360- degree survey for the people around pharmacy department head such as hospital director, nurse head, pharmacist-direct report, personnel department head and pharmacy department head, self rating. Total response rate of this survey is 56.72% but the usable unit of measurement is only 95 hospitals from the total population, 274 HA accredited hospitals. Because it is difficult to get the response from all raters, hence the response rate is 34.67%. The current HRM competency of pharmacy department head by competency domain 1, 2, 3. and 4 are 2.77, 2.60, 2.73 and 2.94 from the maximum level, 4.00. This means that the HRM competency of the respondents is high competent which means the department heads have broad knowledge of Human Resource Management, moderate- proficient application and can implement the HRM activities without coaching. Another survey in this part of study is pharmacy satisfaction survey which has simultaneously sent to the direct report pharmacist in addition to HRM competency assessment. And the correlation between HRM competency level of pharmacy department head and direct report pharmacist is positive with Pearson's correlation coefficient at 0.641 ($P<0.01$). It means the competency level has positive relation with satisfaction level. Consequently, this can imply that once the competency level of pharmacy leader is increased then the pharmacist satisfaction will increased and vise versa.

In conclusion, the finding from this study is the evidence to support pharmacy leadership assessment and development for satisfying the employees in the department, pharmacist in all levels and non pharmacist staff. As a result the HR in the department will satisfied with people oriented pharmacy department head.

Program of Social and Administrative Pharmacy Graduate School,Silpakorn University Academic Year 2011

Student's signature ....

Thesis Advisors' signature 1. .... 2. ....

ACKNOWLEDGMENTS

CONTENTS

LIST OF TABLES

Chapter 1
Introduction

I. Background and significance of study

Human Resource or staffs or workforces is one of the most important economic capitals in every industry beside money, machinery and land. Even the advanced technology still be maneuvered by human resource. As suggested by Noknoi (2009:54):

The organization which be able to acquire, develop and retain the human resources who are knowledgeable, competent and posses the organization required qualification, this organization has opportunities and potential to perform effectively and efficient.

The workers who are motivated and inspired by the leaders who are capable of people management or human resource focus, would be effective and efficient to their responsibility ultimately can deliver the best for their customers.

In Thailand, the government by the National Economic and Social Development Board, NESDB, has announced the 10th National Development plan which laid stress on the importance of the human resource. It focused on improving and promoting good health, education and quality of Thai citizen. Accordingly it really pushed high expectation and high workload to the public sector especially the government healthcare sector through Healthcare reform. Nitaya (2010: 33) The people in the hospital system confronted with so many changes to transform the hospital to be more effective, efficient, and customer centric. Consequently , Kitti (2005) suggested that high turnover of pharmacists in the government hospitals due to the opportunities in the other fields, insufficient compensation, and high workload. Similar to the report from personnel department of ministry of public health disclosed the 10-year-accumulate number (between 2000-2010) of resigning pharmacists is 861. (Ministry of Public Health: 2011)

Pharmacy department is one of the most important units in the hospital. It plays crucial roles in procurement, storage, dispensing medicines and providing other value added services like counseling to the patients. Pharmacy department head is also the important team member in the hospital. They are responsible for all achievement of the department's goal and objectives but their role is only leading the department officially and ensuring for the excellent outcomes. The component that makes those objectives and goals come true is the people in the department, (pharmacists, and the rest of the team.) If those people are secured, motivated and satisfied, not only the

1

output of the department is great to their patients but also the turnover rate of them is also low.

The human resource in the hospital as same as other organizations need the good care for the HR department and their supervisor as mentioned by Srisopachit (1999: 19):

> Human Resource management exists to put human energy to productive use, essential for both profit-seeking and nonprofit-seeking organizations. Two forms of human resource management relationships include the relationship between a manager and his or her subordinates and the relationship between a manager and the human resource management department

Unfortunately in the government hospital like ministry of public health, head of personnel department is responsible mainly for administration tasks so the Human Resource Management tasks and Human Resource Management activities i.e. training, development, performance management, career management, and so on, mostly are responsible and performed by the head of each department.

The relationship of the supervisors in term of managing the human resource is also important to make the subordinate satisfied but the challenge is the HRM calibre of the supervisors. The Hospital Pharmacy Association of Thailand has established the Pharmacy department head's competency. Leadership competency is in the professional standard item 1 mentioned that the pharmacy department head must have competent staff in a proper amount for department requirement. This implies that the pharmacy department head should have people management skill in term of HR planning, hiring and developing their staff to meet that standard. With these competencies, the pharmacy department manager will be able to manage people properly and will impact on the level of staff satisfaction.

Staff satisfaction or employee satisfaction is a fundamental component for employee commitment. High Employee commitment lead employees to stay with organization longer, reduce the employee turnover rate, reduce cost of hiring to replace while increase productivity of the organization. Rawee (2001) stated that

> "the larger the organization are, the greater the number of employee and presumably the greater turnover and cost. Therefore, anything that can be done to understand and reduce employee turn-over will help organization more effective."

Turnover is the critical issue in the organization. It is the symptom of poorly people management. The impact of employee's turn-over is the additional workload to the still remained staff, time lost to replace, working inconsistency, morale reduction and so on.

It can be concluded that the employee satisfaction which is fundamental factor to employee commitment, is really a crucial component for organizational effectiveness and comes partially from the level of employee's satisfaction which results from the competency of the supervisor especially human resource management competency to manage the appropriateness of pay, training, hiring to replace, and so on.

II. Statement of the problems

The turnover rate of the pharmacist in the government hospital is the crisis for maintaining service level and quality of pharmaceutical care. Personnel division, office of permanent secretary, Ministry of Public Health (2011) states that the averaged number of pharmacists' turnover from 2000-2010 is 86 persons annually. In addition to turnover rate, consider the transferring from one hospital to another hospital in the government sector, Kornkaew et.al (1997) suggested that 59.8% of their sample have transferred the job. The staff's job transfer was one of the people management issue in the hospital which had an impact to the level of service.

One of the reasons for the people who left the organization mostly came from the relationship between supervisors and subordinates (Kornkaew: 1997). This study also advised the 5 main reasons for the pharmacist who have transferred to other hospital;

1. Working in remote area from their home

2. Family's necessities

3. Need for further study

4. Need for more compensation

5. Other hospital's persuasion.

At the same time the study showed the 5 main reasons for still stay pharmacists which was:

1. Relationship with supervisor

2. Family's necessity to live in the working area

3. Sufficient compensation package

4. Freedom to make decisions

5. Relationship with co-workers.

Considering all these reason both pushing-out reasons and pulling-in, or retaining reasons, we observed that many of them were the responsibility of the supervisors (the pharmacy department head.)

Therefore, the people or human resource (HR) management is necessary for the pharmacy department head to manage their people in this

situation. Because of high workload and high stress resulting from the healthcare reform and public sector reform, the workforce need a quality of HR management in term of training-development, rewarding, communicating, career advancement, and so on. All of the mentioned HR management activities come from the HR competent supervisors. Unarguably most of pharmacy department head are competent in the professional aspects but Human Resource Management, HRM, competency or people management competency of them is a need for development currently. If we have both professional competent and HRM competent pharmacy department head, it would be great for the pharmacists in their department, the pharmacy department as a whole picture and finally the pharmacy service level for the patients. As mentioned by Wannee (2008: 22) that when the job satisfaction and engagement level was increased, the people effectiveness was increased consequently. The pharmacy satisfaction is fundamental piece for work effectiveness and retention to the hospital.

At the same time when the assessment for the pharmacy department is assessed the competency gaps will be indentified and the development will be made to close the apparent gaps thus we can have the high HR competent pharmacy department as a result. HRM competency would be one of the selection criteria for succession planning and a development road map for the pharmacy department heads' successors to ensure that the successors are at the same level of competency with their ancestors to make their subordinates are satisfied, secured, motivated and inspired to deliver the best pharmacy care to the patients properly and professionally.

III. Purposes of the study

1. To explore and develop Human Resource Management competency for pharmacy department head and determine the proficiency level of the competency model.

2. To Develop the scale to measure the HRM competency of the current pharmacy department head under the ministry of public health

3. To test the relationship between HRM competency of pharmacy department head and subordinate pharmacist's satisfaction.

IV. Scope of the study

1. The first phase of the study focuses on the pharmacy department in the hospital under the ministry of public health of Thailand only excluding the hospital under other ministry because the difference in environment and processes

      2. The last phase of the study focuses on the hospital under all division of ministry of public health which have been accredited and got HR certification by Hospital Accreditation Institute.

V. Conceptual framework of the study

Age of department Head

Type of Hospital

No. of Year in Department Head Position

Postgraduate Education

Background/Function prior to position

Scope, scale and complexity of department

Human Resource Management Competency of pharmacy department head

1. Performance Management and Human Resource Development
2. Compensation and Benefits Management
3. Workforce Management
4. Communication for understanding, morale and team work enhancement

Pharmacist's satisfaction toward HRM competency of the department head

Figure 1: Conceptual Framework

VI. Research Questions

1. What is the components of human resource management, HRM, competency for pharmacy department head under ministry of public health

2. What is the current HRM competency level of pharmacy department head in the target hospital?

3. What is the target HRM competency for developing the incumbent pharmacy department head and the successors?

4. What is the relationship between the level of HRM competency of the pharmacy department head and subordinate pharmacist's satisfaction level toward HRM competency of department head?

VII. Contribution

The researcher strongly believes that the HRM competency will be helpful for leadership development in hospital pharmacy field in addition to existing competency recommended by Association of Hospital Pharmacy. When the competency model is implemented and deployed into the pharmacy department in every hospital, it will impact on the level of satisfaction which the beginning points of high pharmacy's service level to the patients. Because the satisfied employees are tend to stay longer than the unsatisfied employees. The low turnover rate bring about the low replacement cost and training-development cost and keep the department consistent in term of knowledge, process, team's morale and team work. The low turnover organization is ready to serve the patient with high service level and high quality of care. When the patients, the human resources of the country, receive the high quality of pharmaceutical care they will be healthy and promptly recover to be effective growth economic producer of the country. Finally it means that we are doing the thing to strengthen the growth, the wealth of the nation and ultimately the well being of Thai citizen as mentioned in the National Economic Development Master Plan.

VIII. Limitation of the study

This study relies on the pharmacy competency model, pharmacy leadership development concepts and pharmacy management concepts that exist before 2007 only.

IX. Definition of term

Competency domain is the category under the competency model
Competency unit is the category under competency domain

360-degree survey is multi rating assessment by the people around the ratee.

Line Manager is the managerial level staff in the organization excluding Human Resource Management staff.

H.A. is the abbreviation of Hospital Accreditation.

HR. is the abbreviation of Human Resource.

HRM. is the abbreviation of Human Resource Management.

HRD. is the abbreviation of Human Resource Development.

Rater is the person who evaluate the HRM competency of the pharmacy department Head.

Ratee is the pharmacy department head whom was evaluated the HRM competency

Chapter 2
Literature Review

The purpose of this chapter is to review the relevant literature and discussion about the concepts, theories, and approaches in finding and creating the Human Resource management competency of Pharmacy Department Head. Empirical studies of related subjects will be also explored. To achieve mentioned objective, this chapter compose of Human Resource Management (HRM.), Roles of Pharmacy Department Head in Human Resource Management, Competency, and finally Employee Satisfaction and Motivation for organization's performance.

I. Human Resource Management

Human Resource is one of the most important assets of the organization and it has important roles in achieving organization's goals. To understand the human resource management, this section will review the definition of Human Resource, Human Resource Management history, the key process in Human Resource Management, Why Human Resource is so important, and the key drivers for human resource focus in Thailand.

1. Definition of Human Resource Management

Siriyupa suggested that "Strategic human resource management is thus defines as: the pattern of planned human resource deployments and activities intended to enable an organization to achieve its goals." (2010: 23)

Snell and Bohlander define the definition of human resource management as the process of managing human talent to achieve an organization's objectives (2007: 4)

As all the above definition of human resource management, the summary of the definition of human resource management is the systematic process to strengthen the human resource's competency and make them live with the organization longer while perform the best of their competency to achieve the organization's goals.

2. Human Resource Management's history in Thailand

Human Resource Management have been taught in the faculty of political science in Chulalongkorn University since 1948 A.D. (Supphachai, 2005: 10)

Siriyupa (2010: 23-28) reflected the human resource management era in Thailand as:

Human resource management was not regarded as a national agenda until the 6th national Plan (1987-1991). Thus, it is not surprising to claim that only twenty-two years ago, did the term Human Resource Management enter the Thai management vocabulary. HRM, as an academic field, has been receiving increasing interest and recognition from students, so much so, that HRM programs have been offered by more universities in Thailand and around the world since the 1990's. Since 2002, the Office of Civil Service Committee (OCSC) has put continuous effort into modernizing human resource management for government agencies. Modern concepts and tools, such as KPIs, competency management and talent management have been adopted by OCSC to set up new HRM standards in the government sector.

3. Key Process in Human Resource Management

Supphachai Yaowaprabhas, renowned HRM scholar from Chulalongkorn University explained the human resource management functions or processes in government sector consist of (2005: 27):

1. Human Resource Planning
2. Human Resource Acquisition, transferring, and promotion
3. Human Resource Development
4. Human Resource Utilization
5. Performance Management
6. Employee Termination

Siriyupa argued about human resource management functions or processes are composed of (2010: 26):

1. Recruitment and selection
2. Training and development
3. Performance appraisal
4. Reward and compensation
5. Labor relations and carecr development

While Snell and Bohlander proposed HRM function contained (2007: 138):

1. Recruitment
2. Selection
3. Training and development
4. Performance appraisal
5. Compensation

Somchat mentioned about major HRM function in his study was as (2003: 50):

1. Recruitment and selection
2. Performance appraisal
3. Training and development

Rassameethammachote (2007) explained the major functions of HRM as:

1. Manpower planning and job analysis
2. Recruitment and selection
3. Training and development
4. Succession planning and career development
5. Performance appraisal
6. Compensation management

In addition, after reviewing relevant guideline and literature (The Association of Hospital Pharmacy (Thailand), Hospital Accreditation Institute: 2006, Pharmaceutical Society of Australia: 2003, and Kvancz: 2006), the summary has been made to conclude HRM activities which necessary for pharmacy department head as shown in the table 1.

Table 1: Summary of relevant HRM activities for pharmacy department head

Standard	HR planning	Selection &Hiring	Training &Developing	Compensation Management	Performance management	Communication	Other
Suppachai*	X	X	X	-	X	-	termination
Siriyupha*	-	X	X	X	X	X	
Snell*	-	X	X	X	X	-	-
Somchart*	-	X	X	-	X	-	-
Prangchada*	X	X	X	X	X	-	-
Rassameetha machoti*	X	X	X	X	X	X	Succession &career
Hospital Assoc. Thai**	X	X	X	-	X	X	Orientation
Kvancz**	-	X	X	X (retention)	X	-	
NAPRA**							
Australia**	X	X	X	-	X	X	-
HA***	X	X	X	X	X	X	

*HR literature, ** Pharmaceutical Standard, *** Hospital Guideline

Although there are so many functions in HRM but some of functions in some sources should be categorized by using the commonality and linkage between functions. In this study HRM functions was divided to 6 group of HRM functions (Competency domains) which are implemented by the pharmacy department head as follows:

1. Human resource planning
2. Recruitment, selection, hiring, and transferring
3. Training and development
4. Performance appraisal
5. Compensation and benefits management
6. Communication in the organization

The rationale for using 6 main HRM functions (Domains) was the pharmacy department heads' familiarity of these functions. All of them have been used in routinely operation and people management in the department. Therefore, it made the department head comfortable to express their idea with ease while responding the survey Questionnaire. For domain 6, communication in the organization, the researcher relied on the strategic management and communication for morale enhancing and team working. Firstly it is similar to detail in Hospital Pharmacy professional standard 1, Leadership and practice management, which is in recommendation item 2, pharmacy mission. It describes that pharmacy department head has to determine the mission and communication to all of the people in department. For the latter, communication to enhance morale and team work is necessary to have in this circumstance to make the department member understanding and cooperating.

Considering the table 1, the outline of HRM competency domain is in agreement with many sources of literatures and guideline. It consists of 18 tasks that pharmacy department head should implement and use in his/her people management as shown:

1. HR planning for short term and long term
2. HR and other resource request when shortage or increase the service level
3. Selection and hiring the right candidate
4. Staff transferring both in and out
5. Compensation consideration for new hire
6. Career development for staff
7. Individual development planning for staff (IDP)
8. Training and development offering according to IDP
9. Succession planning
10. Annual performance management
11. Staff development according to performance appraisal result
12. Performance agreement with staff
13. Job description for all staff
14. Compensation management
15. Compensation adjusting
16. Department goals communication to staff
17. Policy and procedure communication
18. Morale and teamwork enhancement

4. Human Resource's importance, the recent literature

Human resource or talent is a key driver for corporate performance as mention by Michaels, Hanfield-Jone, and Axelrod that "…talent is now a critical driver of corporate performance and that a company's ability to attract, develop, and retain talent will be major advantage far into the future"(2001: 2)

Human Resource enables the organization to sustain its competitive advantage. (Noinok,2010: 55)

Edward E. Lawler III strongly supports the importance of the human resource as

> "In this new era, people need to be respected and treated as precious human capital, more essential to an organization's effectiveness than its financial capital. People can now be the primary source of company's competitive advantage in most business".

(2003: 3) He also state that " organization must excel in organizing, treating people right is not an option; it is a necessity." (2003: 3)

Siriyupa confirms that "Top management began to realize that the most important resource to manage other resources to yield the best performance is human resource." (2010: 11)

Supphachai mentions the importance of people in the organization as "human in the organization is more important that the resource but it is the "asset" or the "capital" to organization". (2005: 9) He also reinforces that if we can manage this asset properly the human resource can perform better that the organization's expectation hence it can drive the organization's development or advancement. Supphachai also strongly suggests that:

> … with Information and communication technology advancement which bring about the absolutely revolution in all transactions in both government and private sector and revolution in the way of living of both people and organizations comparing to last 20-30 years. In this situation the critical success factor in this era is merely people in the organization, the human resource. (2005: 9)

But human resource management in public sector is highly complicated and link to other dimension in public management such as financial management, budget management, academic service, and specific techniques management in the unit. Therefore the key person who makes the public organization succeed is absolutely the human resource department or personnel department . If the leader can manage effectively in order to have good, skilful, courageous, cheerful, strong and citizen-focused human resource, all of government's mission and goals would be accomplished. (Supphachai, 2005: 15)

Today the competition is borderless, it means the private hospital do not only compete with the other private hospital meanwhile the competition cross from the private to private border to private-government hospital too. As we can observe the incremental number of hospital which has the evening

service like the private hospital while some of private hospital provide some service to compete with government hospitals. (Rassameethamachoti, 2007: 13). So the competent human resource is necessary for the survival and achievement of hospital because human resource is the key component to produce and deliver the unique service to the customer therefore the customer will pay back with staying loyal with the hospital. So the hospital has to pay attention to invest in their human resource.

In conclusion, there is highly important to focus the human resource in the organization because they bring about the achievement and success of the organization. Therefore, the leaders have to pay attention to their most vital resource.

5. Key Drivers for Human Resource Focus in Thailand

Recently in Thailand, we pay more attention to human resource by focusing on development and management to make the people in the organization satisfied. Not only because of people-centric behaviors by the management but also other drivers from the external bodies.

In the 10th National Economic and Social development plan by The National Economic and Social Development (NESDB), it focuses not only social capital, economic capital, natural-environmental capital, but also human capital. As mentioned in the plan that human capital is the center of development by using sufficient economy philosophy. (2007: 47)

Hospital Accreditation Institute (2006: 42-43) puts employee engagement and satisfaction into the hospital accreditation standard in chapter I5 (Human Resource Focus) to ensure the employees will be treated very well and have a good care therefore they can help the hospital achieve the goals especially patient's care goal.

In conclusion, in this era we can use the term philanthropic era which means the time that the human resource is perceived as the most important asset. We provide our people with love and care more than previous era at the same time there is a war for talented people outside the organization to drain our talented resource from our organization. So with those drivers we have to pay more attention to make our human resource more than happy and satisfied within the organization and help us delivered the best of service and care to our customers.

II. The Roles of a line manager in Human Resource Management

Leadership is one of important components for organization's success. Managers and directors in the leadership team mostly focus on the achievement of the organization's objective such as finance and customers in addition people as known as Human Resource is currently one of their focus. Michaels et al. pinpoints the mindset of the leader in organization is critical to retain the best performer, the talented employee. (Michaels et al. 2001: X)

Michaels et al. also lay the stress on role of Line managers that "leaders up and down the line in these companies believe building their talent pool is a hugh part of their job....to have better talent, you must have every leader in the company committed to that (talent management) goal. HR (manager) can't do the job alone."(2001: 11)....the common element in 3 big corporate success stories (Spielberg, G.E. and Pepsi Co.) was talent management-how well these successful leaders had recruited, developed, and retained talented people.(2001: 20)

Snell and Bohlander also make the statement in their book on Role of the line manager as follows (2007: 39):

As much as we might say about the role of HR department, the the final analysis managing people depends on effective supervisors and line managers. As one executive at Merck put it, "Human resources are far too important to be left to the personnel department." Althrough HR managers have the responsibility for coordinating programs and policies pertaining to people-related issues, managers and employees themselves are ultimately responsible for performing these functions.

To reinforce the importance of human resource and HRM., Somchat stated that:

...strategic human resource management is a strategic imperative for a growing number of organizations and it is important for human resource professionals and line managers to clearly understand the relationship and critical link between human resource management and corporate strategy (2003: 38) ... at the same time, senior management teams should also look at the strategic management of human resource function itself. (: 46)

Panyasiri (2008: 53) advised "...satisfaction with supervision had a stronger relationship to organizational commitment"

It is undoubted that the role of supervisor and manager in the organization is crucial for organization accomplishment. One of the supervisor and manager's role is taking care of the people under their supervision and how satisfied or happy they are. At this moment, one of the HRM initiative spread over Thailand is the trend of happy workplace. Happy workers are productive, low absenteeism, and commit to stay with the organization longer.(Chaiseth,n.d.: 89-91)

Noinok(2010: 168) recommend the role of line manager in performance management as described;

Performance management is a role and duty of every leader in the organization to responsible and participate with assistance of human resource department to make the alignment of individual goal and organization goals.

Chaiset (n.d: 89-91) also reinforces in his article that supervisor is the root caused problem of the reason why the employees are de-motivated. He

also mention 5 factors (from the supervisors) that results in employees'. de-motivation as follows:

1. Wrong Employee selection
2. Unclear goals
3. Poor reward system
4. Poor performance appraisal system
5. Manager's inability to communicate, manage and visualize the vision

Chaiset explains the 2 type of leaders, the task oriented and the people oriented. He strongly confirms that the leader should be well balancing the 2 type for the good outcomes.

Similar to Zilz et.al (2004: 2562-74) advises " a leader needs pharmacy specific knowledge and skill for ensuring consistency and credibility within and outside the department, recruiting and retaining the right team member…"

In conclusion, not only task specific or professional oriented competency which the department head currently are competent but also the human resource management, people-oriented, competency is also crucial.

III. Competency

Competency come to our attention for many decades and it contribute to human resource management and development for organization's success for a long time. To make more understanding about this term and knowing the benefits of competency as follows;

1. Definition

Spencer and Spencer defined the competency was an underlying characteristics of an individual that was casually related to criterion-referenced effective and/or superior performance in a job or situation (1993: 9)

There was the study defined the competency is attribute of necessary skills, knowledge, and attitudes to work effectively in each situation or task. (Prangchada, 2002: 14)

Pharmaceutical society of Australia defines that:

Competency can be described as skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge (gained through study at bachelor's degree level at least university) and experience (gained through subsequent practice) which together are considered sufficient to enable the individual to practice as a pharmacist.

In conclusion, competency means the overall characteristics of an individual such as knowledge, skills, ability and attitude required for incumbent to perform effectively in the scope of responsibility in the present

2. The benefits and application of competency

Competencies are not only used to control and maintain the quality of practicing skills, but also used as criteria to admit someone into a job. (Dobbert,1975: 560-566)

Prangchada (2002: 20-22) summarize benefits of competency in 2 ways:

1. Benefits to employees; enable employees to link the hierarchy of learning to work and how to transfer skills in working, enhance skills that be required by the labor market, knowing the level of their knowledge, skills and ability and so on.

2. Benefits to the organization; enabling the organization to close the existing competency gap with relevant training, being able to put the right competency to the right task properly, improving the ability to hire the new employees, and etc.

Spencer& Spencer describe how to develop a competency model from Behavioral Event Interview (BEI), survey, panel, expert system, and observation data (1993: 135)

Grussing proposed six methods for competency identification as follows (1987: 411-419):

1. Panel-generate competencies. This method is the first step for competency identification. Since this step obtains only the pooled judgment of experts, it is insufficient for competency development

2. Validation by practitioner survey. Practitioners are surveyed to validate the competencies identified by panel of experts. Data on the frequency and importance of competency statements to respondents provide the validity.

3. Validation by job analysis. There are two forms of job analysis. The first is asking supervisors to describe practitioners' tasks and responsibilities. The second is on-site observation of practice behaviors.

4. Task analysis. This method involves a hierarchy of behaviors. For each competency, the behaviors are developed and sequenced based on the content of the hierarchy.

5. Use of critical incident techniques. This method involves asking practitioners to write brief incidents about critical events in their own settings. A retranslation technique may be used to classify behaviors.

6. Delphi technique. This is used t validate future competencies. Respondent panelists are asked to review and modify descriptors and come to consensus about ideal future competencies.

There are so many applications of the competency in the workplace. Competency can be used in training, strategic planning, performance management, succession planning, career development, human resource

information system, recruitment, job design and enterprise bargaining. (Prangchada 2002: 23-24)

Spencer& Spencer also advise how competency is applied in the workplace in his books as follows (1993: 237-342);

1. Selection
2. Performance Management
3. Succession planning
4. Development and career path
5. Pay
6. Integrated human resource management information system (HRIS)
7. Societal applications
8. Competency-based human resource management in the future

Additionally competency is applied thoroughly human resource process as follows (Supphachai, 2005: 50-51):

1. Recruitment and selection
2. Training and development plan
3. Career plan and succession plan
4. Performance appraisal
5. compensation

Office of Civil Service Commission (2005) states the benefits of competency for human resource management are being a tool for hiring the competent staff, developing them and making use of them through performance management by using competency as key performance indicators to ensure the good performance.

With all of reviewed information, It concludes the benefits of competency as the tools used as the development and management of the human resource to unleash their potential for both individual and organization generally from hiring to retiring from the organization.

3. Type of competency

Suppachai suggests 2 types of competency that is core competency which is the important competencies which all employees in the organization must have and functional competency is the competencies which each unit in the organization must have to reassure the performance of the unit in addition to core competency.(2005: 49)

Rassameethammachoti (2007: 29-30) propose 5 types of competency as follows:

1. **Core competency:** the competencies reflect the organizational core values which are required for all employees to have for example team working, continuous learning, and customer focus.

2. **Managerial competency:** the competency relate to the managerial skills for the management level in the organization. This competency is required for the people which subordinate i.e. supervisor,

manager and director to have and demonstrate such as decision making, business planning, performance management for rewarding and recognizing the subordinates, and coaching.

3. **Functional competency:** this competency relates to the knowledge and skills of some job family or department. It mean that the people in same job family must possess the same functional competency for example, people oriented behaviors must be one of the HR department's functional competency.

4. **Job or Technical competency:** the competency relates to each specific position for example negotiation skills must be the technical competency of the sales representatives while interviewing skills must be the HR professionals who is responsible for recruitment and hiring.

5. **Personal attributes:** they are the hidden competency in each person which highly impact on the outcome of the task or job i.e. honesty, achievement oriented, and tolerance to the stress and hard working.

IV. Employee Satisfaction

1. Job satisfaction definition.

Job Satisfaction means a positive emotional state resulting from appraisal of one's total job situation.(Panyasiri,2008: 8)

Rawee (2001: 12) advise the definition of Job satisfaction as an attitude reflect the extent to which an employee express a positive feeling toward a job.

Danai(2002: 32) quoted that " job satisfaction is a result of employees' perception of how well their job provided those things that are viewed as important"

Danai(: 33) also summarize the definition of the job satisfaction as a collection of individual perception and feeling about various aspect of characteristics of a job situation.

There are five aspects of job satisfaction measured using the Job Descriptive Index (JDI).They included satisfaction with work, satisfaction with pay, satisfaction with promotional opportunity, satisfaction with supervision, and satisfaction with coworkers. (Pavee 2003: 7)

In this study, only the satisfaction to supervision has been focus to investigate the correlation with the HRM competency level.

2. Impact of employee satisfaction.

To address what is the impact of the employee's job satisfaction, the researcher do the review literature and ideas from the expert to reinforce the important of the satisfaction and make it as a trigger for the manager in the organization aware of this.

Rawee (2001: 7) mentioned the positive relationship between job satisfaction and retention rate, percentage of the employee who stay with the company over total amount of the employees-if the retention is high, it means the number of turnover is low.

Chaiset (2010: 89-90) refer to Colleen Barret, the executive of the South West Airline, the famous cost fare airline in The United State of America, that the airline prioritize the top 3 most important stakeholder, the employee, the customer, and finally the investor sequentially. This executive spent more than 85% of her time with her employees and deliver actively service to her employees. When the employees are satisfied and happy, they surely deliver the same or better service to their customers eventually. It mean this organization start the customer loyalty process with the most valuable asset in their organization, the human resource-the employees.

As mention by Michaels et al (2001: X) that "attrition increase performance suffer"

Lawler III (2003: 52) advises the impact of dissatisfaction will impact on absenteeism and turnover which influence on time and cost of replacement finally will impact to customer satisfaction.

In conclusion employee's job satisfaction is a foundation of the employee's commitment which results in longer retention, low absenteeism, high productivity ultimately high quality of work will be produced by those satisfied employee. It mean that the organization will achieve its goals and mission, its customer will also satisfied and be happy whenever they visit or contact with every touch points of the organization.

V. Recent competency standard for pharmacy department head and the competency assessment

1. Competency standard and assessment

As the researcher reviews for leadership development scale and human resource management scale for pharmacy department head, unfortunately there is not available in Thailand and the region. Therefore, the standard guideline for pharmacy department head and competency of pharmacy leader have been reviewed instead.

Office of Civil Service Commission has introduced executive core competency for hiring and selecting the senior executive in Civil Service as follows (Supphachai 2005: 55):

1. People Management

    a. Adaptability and flexibility

    b. Communication

    c. Collaborativeness

2. Management Expertise

    a. Managing change

    b. Customer service orientation

    c. Strategic planning

3. Achievement focus management

    a. Accountability

    b. Achieving results

    c. Managing resources

4. Professional Management

    a. Decision making

    b. Strategic thinking

    c. Leadership

Hospital Pharmacy association of Thailand has announced the hospital pharmacy professional standards as follows;

1. Leadership and practice management

2. Drug information and education

3. Optimizing medication therapy

4. Medication distribution and control

5. Facilities, equipment and information resources

6. Research

The association also recommends key responsibilities as;

1. Determine the department's goal both long term and short term which related to patients' needs, hospital's needs, related healthcare development trends and pharmacy professional development trend.

2. Prepare the plan to achieve the above goals

3. Control, monitor and manage as plan

4. Evaluation the result of actions

5. Revise the plan as needed

In order to make all of these responsibilities accomplished, pharmacy department head must have number of personnel who are competent and have

good quality. The recommendation has been suggested to be effective leader and good practice management as follows:

1. Pharmacy department head must be registered pharmacist and has knowledge, skills, initiatives, and hospital pharmacy experience. Further education in management is required.

2. Pharmacy department head should determine the pharmacy department's mission and must communicate to all of the team members and make them understanding

3. Should have enough pharmacy department staffs i.e. pharmacist, pharmacy technician, administration staff and operation workers. All of this staffs should have line of command or reporting system to the pharmacist and having monitoring process

4. Staffing and selection

5. Line of command and delegation

6. Education and training

7. Staff orientation

8. Working manual

9. Drug expenditure policy and practice

10. Participating in PTC, Drug policy and fiscal budget management committee

11. Quality assessment and improvement

12. 24-hour pharmacy service if possible

13. Working guideline and standard operating procedure

14. Legal and regulation compliance

15. Patient privacy

David A. Kvancz (2006) suggests distinctive competency for pharmacy leaders in pharmacy service as follows:

1. Personal vision

2. Organizational and financial responsibility

3. Innovation

4. Personal development

5. Positioning

Especially for personal development, Kvancz describes:

a pharmacy leader must recruit and retain supervisory, managerial, and other key support personnel whose skills and expertise fill voids and complement existing professional and technical expertise within the department to achieve timely, accurate and quantity outcomes. The leader must be willing, and I believe has an obligation, to use the institutional

resources assigned to his or her department and to look outside the pharmacy profession for personnel who are educated and trained in non pharmacy area such as purchasing and contracting, finance, quantity, education and training, information systems, utilization review and so forth.

Further, the pharmacy leaders must be willing to identify and address performance issues and to take action that may better use the skills and attributes of supervisory or management personnel in other position within the department or organization. The leader must create opportunities for leadership and professional development through the delegation of project and work assignments intended to challenge and develop future leaders while balancing this goal with the need for quality and timely competition of such assignment by those who already possess such skills and expertise.

National Association of Pharmacy Regulatory Authority of Canada (NAPRA) recommends human resource management in its competency model:

item 7.1(i): Apply management principles and skills relevant to human and physical resources

item 7.2(i): Demonstrate organization skills

item 7.3(iv): Understanding management principle pertaining to pharmacy practice -Human Resource

Pharmaceutical Society of Australia announces competency standard for pharmacists in Australia in 2003. This standard advises Human Resource Management as a key competency domain as appeared in the functional area 8, Applying organizational skills in the practice of pharmacy:

Competency unit 8.3 Supervise staff which contains element 2, delegate tasks to supervised staff, element 6, managing the work performance of supervised staff

Competency unit 8.5 Plan and manage pharmacy resources which contains;

Element 1 establish the required structure and human resource

Element 2 balance human resource and work commitment

Element 3 inform and support personnel which recommend the performance criteria as follows;

1s: ensure personnel understand the duties and responsibilities of their position

5s: assist others to identify their learning and professional development needs

6s: contribute to the learning and professional development of other

7s: plan and implement training programs for other personnel

Pharmaceutical Society of Australia (2003) also suggests the competency assessment by:

1. Supervisor observation including:

    a. Application to work

    b. Quality of work

    c. Attitude to clients

    d. Attitude to co-worker

    e. Personal behavior and professional attitude

2. Written assignment/examination

3. Oral interview

4. Objective structural examination

5. Practical examination

6. Evidence of prior training

    2. 360-degree assessment theory and application

360-degree assessment or feedback is defined as a method whereby a person is provided with feedback from others such as direct reports, peers and/or managers regarding their performance. (Turkel, 2008: 18)

Suppachai (268-269) defines that 360-degree evaluation is the evaluation based on evidence of performance viewed by people are around the ratee starting from supervisors, colleagues both in the department and outside the department, direct report and internal customer.
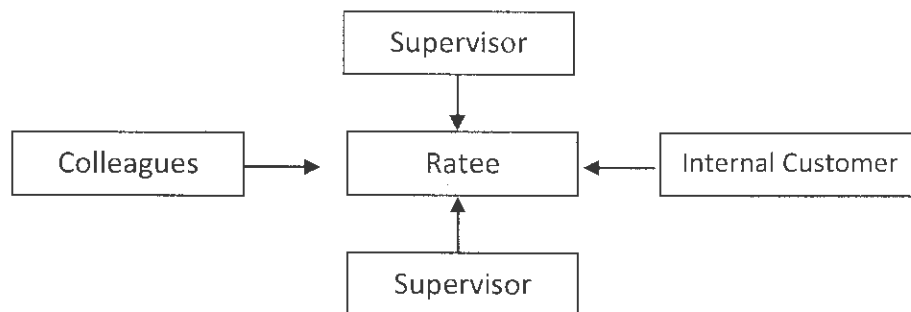
Figure 2: 360-degree assessment

Suppachai (270) also informs that the first academic institute that implement 360-degree evaluation is Chulalongkorn University to implement as a teaching evaluation for the result in 1982.

Behavioral feedback comparing the rating form peers, direct reports and managers to self-rating has become increasingly popular (commonly referred to as 360-degree feedback), and frequently is a standard practice in leadership training programs. (Turkel 2008: 4)

Catherin C. Turkel also argues in her dissertation paper about the benefits of 360-degree assessment that "Using this feedback process allows the leader to obtain the perspective of other who may 'see' situation and behaviors that are different from each other"(: 23).

Lawler III (2003: 217) mentions about the 360-degree assessment that

> one useful leadership assessment techniques is the 360-degree appraisal. When leadership is assessed, customers, employees, peers, and bosses should asked to offer their views of a manager's performance. This breadth of feedback creates a far more useful appraisal of someone's leadership behaviors and skills than is derived from a single boss's appraisal.

Suppachai (: 271)suggests the benefits of this evaluation that it is fairer and more trust worthy than the existing performance evaluation while supports the modern management which is empowerment and result orientation, enable self awareness for improvement but this process is a time consuming process and bias for nepotism and cronyism.

Chapter 3
Research Methodology

This chapter explains the methodology used in this study. It is composed of three parts. The first part deals with the research design and the concept of the study. The second part contributes to the HRM competency identification which contains how the measurement is constructed and the data collection process. In addition, a consensus meeting of the hospital pharmacy expert. The last part of this chapter deals with the competency assessment and pharmacist satisfaction toward pharmacy department head's HRM competency.

I. The Research design

This research is a research and development study. There are 3 main processes, firstly HRM competency exploration, identification, and development. The second phase is HRM competency model modification and confirmation. And the last phase is the competency assessment and satisfaction assessment. Because the HRM competency for pharmacy department head is new to Thailand pharmacy society, so the researcher would gather the idea and concepts from the relevant source of information i.e. HRM textbooks, hospital pharmacy association and pharmacy councils in many country for the initial draft of HRM activities which is necessary for pharmacy department head.. When the researcher gets the complete necessary HRM-related activities for pharmacy department head, questionnaires was sent out to all pharmacy department heads in the hospital in the Ministry of Public Health for confirming how important of these activities and nominating 5 names of hospital pharmacy expert in their opinion. After getting the response from the target group, exploratory factor analysis was operated to categorize the related activities to the same commonality and establish the draft of HRM competency for pharmacy department head.

To make sure that the HRM competency model is acceptable and be able to determine the proficiency level of each competency domain, the consensus meeting was conducted by inviting the hospital pharmacy experts from the respondent's nomination and one of HRM competency expert to finalize the HRM competency model that was found in the early step.

When the competency model was completed, the HRM competency assessment scale was developed and sent out to the target group to assess the HRM competency of the pharmacy department head. To make sure the competency assessment process is reliable, the consensus expert panel suggested to conduct the competency assessment in 360-degree approach which means the people surrounding the pharmacy department heads were our

target for assessing HRM competency level of pharmacy department head. The detail of each perspective is described later in the next part.

While assessment were made, the pharmacists who are the immediate subordinate of the pharmacy department head were asked to express the employee satisfaction toward each HRM competency domain of the pharmacy department head to find the relationship between the HRM competency and Employee satisfaction toward HRM competency.
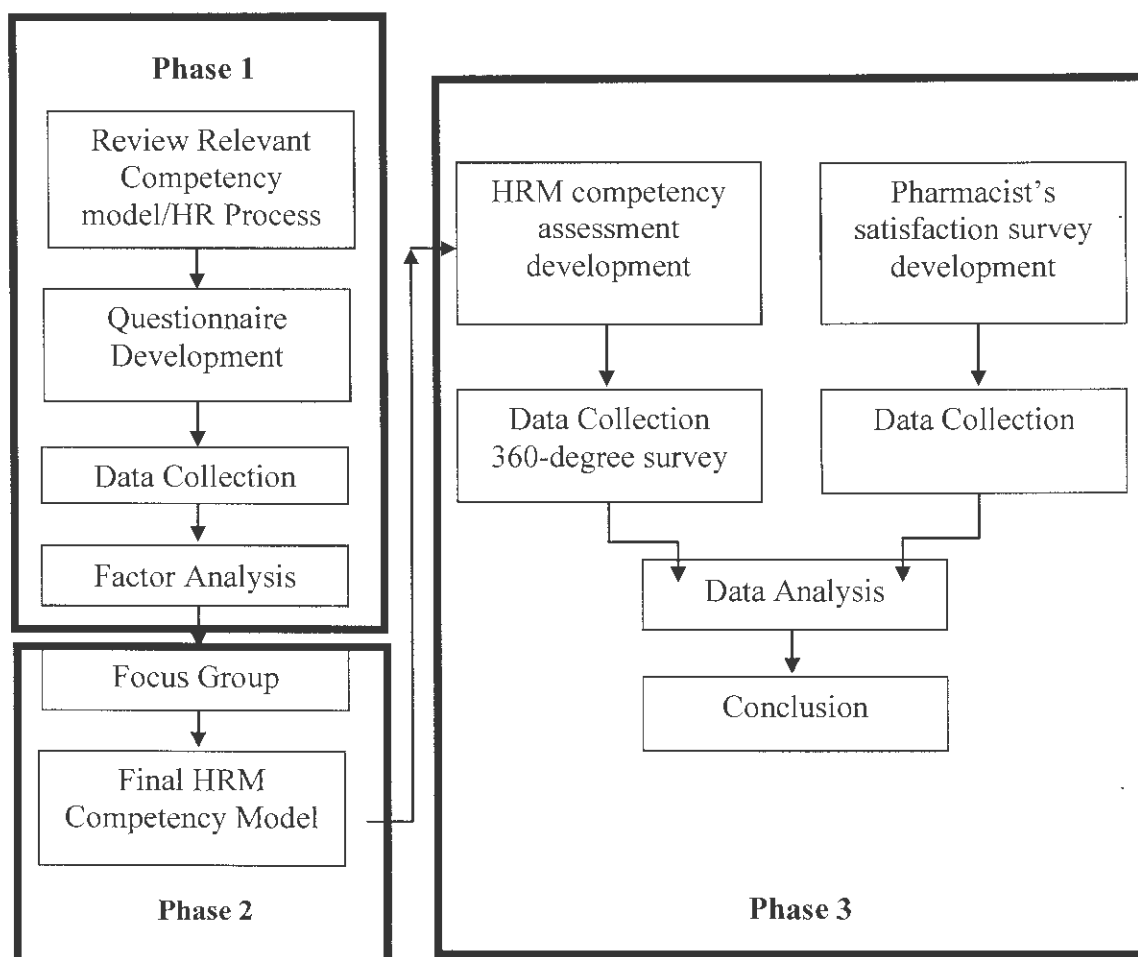
Figure 3: Research Process

II. HRM Competency Model construction

1. Relevant HRM functions, pharmacy competency standard. review

Objective of this step is to identify relevant HRM activities that pharmacy department head has to perform and use occasionally to maintain effectiveness of his or her people management. The researcher reviews many literature regarding modern HRM activities especially in government sector, competency standard in many countries which have Human Resource management in the competency standard i.e. Australia, Canada, and Thailand and ultimately national management guideline i.e. National Hospital Accreditation Guideline, H.A.

Considering the table 1, there are similar in the 6 HRM functions which consist of 18 tasks that pharmacy department head should implement and use in his/her people management as shown:

1. HR planning for short term and long term
2. HR and other resource request when shortage or increase the service level
3. Selection and hiring the right candidate
4. Staff transferring both in and out
5. Compensation consideration for new hire
6. Career development for staff
7. Individual development planning for staff (IDP)
8. Training and development offering according to IDP
9. Succession planning
10. Annual performance management
11. Staff development according to performance appraisal result
12. Performance agreement with staff
13. Job description for all staff
14. Compensation management
15. Compensation adjusting
16. Department goals communication to staff
17. Policy and procedure communication
18. Morale and teamwork enhancement

2. Questionnaire development

After getting necessary HRM functions (competencies), the researcher developed questionnaire to get the pharmacy department head's perspective toward these competencies importance.

The relevant HRM competencies which have been performed by the head of pharmacy department are used as a baseline to construct the questionnaire. Researcher focus on 18 HRM activities that a pharmacy department head has routinely use i.e. workforce planning, hiring, human resource development, compensation management, performance management ,

communication and etc. The questionnaire consisted 18 items of competency exploration question and some of background information items. Additionally there was a segment to ask the target group to nominate 5 names of hospital pharmacy expert in their perception for inviting as a member of expert panel in consensus meeting

The content and construct validity were conducted by asking 3 experts firstly Pagamas Mittremit, a research advisor, secondly Sarun Khorsanan, pharmacy faculty lecture and lastly a pharmacy departments head in the private hospital to do the face validity. As a result, some changes has been made to increase to increase the validity of the questionnaire.

The pilot test of the questionnaire is important because it can reduce flaw, ambiguity of the questions. Srisopachit (1999: 49) suggested that sample size should be more that 5 percent of the size of the total population. Therefore the pilot test has been conducted by sending the questionnaires to 44 heads of pharmacy department of the hospital which are not in the target group of the survey. The reliability coefficient, Cronbach's alpha is 0.954.

3. Unit of Measurement

Heads of pharmacy department in hospitals under bureau of health administration, ministry of public health were the units of analysis, because of its similarity of the HRM process and working process. At the time of this survey (2008), there are 886 hospitals including regional hospital, provincial hospital and community hospital.

4. Data collection

The questionnaires were sent to the target group of the survey by postal mail without sending reminder afterward. The set of questionnaire contained a cover letter, questionnaire and postal business response service envelope which the respondent do not apply postal stamp to return the researcher in order to make them convenient and the high response rate at the same time.

5. Factor Analysis

Objective of this step was to group the data from the target group regarding importance of each HRM activities. Factor analysis is a technique that be used to group variables which has relationship, relate to each other, into the same group while separates low or no relationship variable to separate group (Wanichbancha,2007: 202). Principle Component Analysis (PCA) was used with varimax orthogonal rotation to categorize the competency domains.

Statistics that researcher used to analyze the data was Factor Analysis by using SPSS at $p < 0.05$.

III. Consensus meeting

This step's objective was to finalize the draft of competency models and ask for recommendation from the expert panel. This meeting was set by using the focus group meeting's criteria but the objective is to make the consensus to suitable competency model which at the beginning, there were 2 competency models.

Focus group are group of 7 to 10 people, recruited on the basis of similar demographic, psychographics, buying attitude, or behaviors who engaging in a discussion, led by a trained moderator, of a particular topic. Its goal is to delve into attitude and feeling about a particular topic.(Greenbaum, 2000: 3)

Babbie (2007: 308) argues that:

focus group method, which is also called group interviewing, is essentially a qualitative method. …. It allows the researcher/interviewer to question several individuals systematically and simultaneously. Focus group data technique is typically used in market research but not exclusive.

The consensus group meeting was held on August27th of 2010 at the meeting room of ministry of public health.

The objectives of this focus group are:

1. To make a consensus of the newly developed HRM competency model.

2. To get their ideas and suggestions on the method for competency assessment that will happen aftermath in term of the target group of the assessment, method and measurement of the correlation of HRM competency and dependent variable.

IV. Competency assessment and Correlation study of Pharmacist's satisfaction toward pharmacy department head's HRM competency.

1. Questionnaire development

After get the final competency model from the consensus group meeting, the competency assessment was developed by using modified competency model which has 18 competency units in 4 domains.

The survey in this phase had 2 sets of questionnaires, HRM competency assessment (360 degree survey) and pharmacist satisfaction questionnaire.

Firstly HRM competency assessment questionnaire has 18 questions categorized by competency domain. It is 5-scale assessment questionnaire enclosed with competency proficiency level descriptors. Secondly pharmacist satisfaction survey questionnaire has 4 items of question asking how they satisfied with the pharmacy department head's competency by domains. Additionally there is a question item asking the respondent to respond how

they believe the HRM competency of pharmacy department head have a relation with the pharmacist satisfaction. HRM competency assessment was developed based on knowledge, skills, ability and attitude of HRM (Spencer and Spencer,1993: 9)

The Competency level and the meaning are as the following:

Competency level	Meaning
0.00-0.80	Incompetent
0.81-1.60	Beginner
1.61-2.40	Moderate Competent
2.41-3.20	High Competent
3.21-4.00	Highest Competent

Both of these questionnaire content and construct validity was conducted by 2 of pharmacy department heads of international private hospital and Yuwadee Katesumphan, the co advisor of this study. The pre test was conducted by sending 20 questionnaires to pharmacists who worked in the private hospital because their quite understanded how to evaluate the competency and familiar with satisfaction survey as same as our respondent in the survey. The reliability coeficient, Cronbach's alpha is 0.885.

2. Unit of measure

As mentioned in the focus group section, the expert panel recommended to focus on the hospitals that has been accredited by Hospital Accreditation Institute, H.A.I, because of their staffs have familiarity with HRM refers to chapter I5 of the H.A. guideline, staff (human resource) focus. It would be practical to this survey to have them as a target group.

So the researcher get the name of hospitals from Hospital Accreditation Institute website, there was 274 hospitals as of September 2010.

    2.1 Target group for competency assessment are:

Hospital director as the supervisor perspective,

Pharmacy department head as self rater,

Nursing department head as colleague perspective,

Pharmacist who is direct report to department head as subordinate perspective, and

Personnel department head as another colleague and HR expert in the hospital.

    2.2 Target group for employee satisfaction is pharmacist who is the direct report to the pharmacy department head.

3. Data collection

The questionnaires were sent to a hospital director, a pharmacy department head, a nursing department head, a personnel department head and

a pharmacist to evaluation the proficiency level in Human resource management competency of a head of pharmacy department in 360 degree approach. For a subordinate pharmacist simultaneously got another additional questionnaire, the satisfaction survey, to rate how much he or she satisfied with each HRM management competency of the supervisor. The questionnaires were sent out in the last week of March 2011 by postal mail and the follow up mails were sent out to remind the non-response group in the first week of June 2011.

4. Data analysis

The Analysis of variance, ANOVA, was used to analyze the variance of means of the data from the respondent by using both average competency level that is rated by the people around the pharmacy department head including himself or herself as a self rating as 360-degree survey as mentioned in the study design section and information by each rater/perspectives.

The correlation analysis will be tested the correlation coefficient of HRM competency level and pharmacist satisfaction level of each competency domain by SPSS and the significant level of this study would be $p < 0.05$.

5. Interview session

After get the survey result, the interview session with a pharmacy head , 2 of heads of pharmacy department in regional hospital and a high level officer in Bureau of Health Administration were performed to discuss the result and draw the conclusion of the study. The interview sessions were mostly conducted by telephone except the interviewing session with the officer in Ministry of Public Health was conducted in person during March-April of 2012.

Chapter 4
Results and Discussion

The objective of this chapter is to present the result of the study and simultaneously discussion of the finding has been presented in this chapter also.

I. HRM Competency Model development

1. General Information

1.1 Response rate

The number of returned questionnaires in regional hospital, provincial hospital and community hospital are 23 sets, 46 sets and 404 sets respectively which means the response rate are 92%, 65.7% and 55.34% respectively. Totally survey response rate in all hospital level is 54.6 %, 486 returned questionnaires from the target group, 886 hospitals.

This survey had very good responses from the target group in spite of no follow up mail. There was a quick response from the first 300 returned mails within 2 months. Finally, 486 returned questionnaires were collected. Consequently the response rate of total survey is 54.6%.

The response from the large hospitals like regional hospital and provincial hospital are 92% and 65.7% respectively. It means the large hospital has more interested in this topic of survey than the community hospital which the response rate of this hospital is 55.34%. Because the large hospitals were necessary to have a formal HRM competency so the respondents therefore paid attention to this survey more than that of the community hospital which relied on the less of formal work flows and relationship based working environment. As a result, the HRM competency seems to have less interesting in the viewpoint of the head of pharmacy department in community pharmacy.

1.2 Gender of pharmacy department head by segment of hospital

Table 2: Gender of pharmacy department head by type of hospital

Hospital	Male Number (%)	Female Number (%)	Total
Regional	9 (39.1%)	14 (60.9%)	23
Provincial	20 (43.5%)	26 (56.5%)	46
Community	152 (37.6%)	252 (62.4%)	404
Total	181 (38.27%)	292 (61.73%)	473

Data from table 2 shows that the majority of pharmacy department head is female in all type of hospitals as well as the total responding female pharmacy department head is 272 from 473 respondents.

The majority of the respondent is female, 61.72% which is similar to other researches in pharmacy fields (Kornkaew et. al (2007: 33), Jidapa (2010: 49), Pagaiya (2010: 25), and Siribha (2007: 23)).

Similar to the finding in U.S.A.(Turkel,2008: 3) that:

In 2005, more than a decade after the study by Van Velsor, Taylor and Leslie was published, men are still reported to make up the majority (54%) of the total United States workers. But, the percentage of woman is substantially higher than it was even only 30 years ago. In 1975 on about 4.6 out of every women were in the labor force compared to approximately 6 out of 10 today. And, women are projected to account for more that 50% of the increase in total labor force growth in the next 10 years.

Therefore, it is normal that the percentage of female department head is quite high in Thailand.

1.3 Age and Year in position of pharmacy department head

Table 3: min-max, mean, and S.D. of individual age and number of year in department head position

Hospital	Age (Min-Max)	Mean (S.D.)	Year in Position (Min-Max)	Mean (S.D.)
Regional	31-58	45.6 (6.7)	0*-25	10.53(7.0)
Provincial	28-60	45.8 (9.4)	0.16-35	12.3 (10.2)
Community	24-59	41.2 (83.1)	0.16-28	10.4 (50.5)

*There is a respondent who is in charge of the position of pharmacy department head.

Table 3 shows that the most senior pharmacy department head is 60 years old working in the provincial hospital and the youngest is 24 years old working in the community hospital. Mean of age of pharmacy department head in regional hospital and provincial hospital is similar and more than that of community hospital. Head of pharmacy department in community hospital are approximately 3 years younger than head of department in regional (mean age is 45.6) and provincial hospital (mean age is 45.8) because of size of the hospital is the matter, the bigger size, the more steps in the ladder to climb up to the top of the department to assume the department head position.

For the duration in position, the maximum is in the provincial hospital, 35, and the minimum is in regional hospital, just assume the position in the time of survey. However, average duration in the position is more than 10 years in all type of hospital. This means the pharmacy department head have been in the position for a long time therefore, the respondents are familiar and keen on their department management. Hence, the information from respondents was reliable.

1.4 Respondents' field of service prior to the position

Table 4: function of the incumbent prior to the position

Field	Amount	Percent
More than 1 field	281	57.8
Out Patient	65	13.4
Production	11	2.3
In Patient	6	1.2
Purchasing	5	1.0
Clinical	3	0.6
Other*	85	17.5
N.A.	30	6.2
Total	486	100

*All of them have been appointed the position since entry.

The table 4 shows that the pharmacy department head have more experiences in the department before assuming the position. For the incumbent who have a single function area of experience, majority of them were in the out-patient department pharmacy.

It can conclude that the more experience make the possibility to be candidate to the position. From the information in table 4.3 in chapter 4, 57.8% of the respondents have more than 1 working experience. It can be interpreted that more working experience makes the head of pharmacy department more effective in the task and broader viewpoint when managing the department.

17.5% of the respondents, 85 persons, have been appointed to the position since their entry level, almost all of them are in the community hospital.

For the respondents who have just only one working experience, the majority of the working background is out patient department (O.P.D.) pharmacy (13.4%), following by the production (2.3%), IPD pharmacy (1.2%), purchasing (1.0%), and clinical pharmacy (0.6%). The researcher can conclude that the most successful candidates to the head of pharmacy department position come from OPD pharmacy because it is the biggest function in the department and there are many staff in that function. Therefore, the OPD pharmacy head is a high potential successor.

1.5 Continuous Education

Table 5: Number and percentage of education degree of the department head

Highest Education	Number	Percentage
Bachelor	370	76.13
Master	114	23.46
Doctoral	2	0.41
Total	486	100

Table 5 shows that majority of pharmacy department head is bachelor degree. 29.63% of the respondents are master degree and majority of them are also pharmacy and some of them are management

There are 2 pharmacy department head possesses Ph.D. and one of them is Ph.D. in pharmacy.

Table 6: Number and percentage of Type of Master degree of the department head

Type of Master Degree	Number	Percentage
Pharmacy	47	41.23
Public Health	36	31.58
Management	24	21.05
Other	7	6.14
Total	114	100

In this survey, the majority of highest education of current head of pharmacy department is bachelor degree (76.54%) while 29.63% (114 people from 486) of the total respondents have their master degree. For the master degree department head group, 72.81% is healthcare related fields, i.e. master in pharmacy, public health, etc. This means that the most popular master degree for the department head is healthcare related rather than the non healthcare relate i.e. master in management, master in public affair and so on. It is reasonable for the Pharmacy school to add some management subjects into the healthcare related master degree to add relevant managerial knowledge to them to make them not only professional competent but also managerial competent.

For pharmacy leadership development, Hospital Pharmacy Association of Thailand has recommended the pharmacy department head to pursue the further study in management in hospital pharmacy standard item 1 (Leadership and practice management)

The interview was conducted with senior pharmacist who is the unit head of tertiary hospital about the driver for developing department head's successor. It finds that the ministry of public health put the master in management in any fields as a prerequisite to the position which is the good start to develop the managerial competent pharmacy department head.

Ultimately, with the these drivers, hospital pharmacy field will have the leaders who have both managerial competencies including HRM in addition to professional competency. Consequently the effectiveness and efficiency of the workplace is promising via the human resource management in pharmacy department by their leader.

2. HRM competency exploration

The response of the head of pharmacy department regarding the HRM tasks and skills that they must involve and practice in routine operation was analyzed. Descriptive statistics, including mean of importance score, standard deviation and the percent of coefficient of variation (%CV) were conducted for all HRM task importance scores. Dobbert (1975: 560-566) mention that:

The percent of CV relates the standard deviation of a set of value to its mean; it is the ratio of standard deviation to the mean and multiplied by 100. Therefore, %CV is useful for comparing two or more sets of data. The lowest %CV has the highest rank.

Table 7: **Mean, S.D. and %CV of important HRM tasks score of pharmacy department head**

Rank	HRM Competency	Mean	S.D.	%CV	Group
1	17.Policy, procedure communicating	3.35	0.52	15.52	1
2	16.Vision communicating	3.33	0.53	16.01	1
3	2.Workforce Requisition	3.35	0.55	16.33	1
4	1.Workforce Planning	3.33	0.55	16.55	1
5	10.Performance evaluation	3.24	0.56	17.35	1
6	18.Morale energizing	3.25	0.58	17.72	1
7	13.Providing job description	3.27	0.59	18.13	2
8	8.Training and developing people	3.06	0.56	18.37	2
9	3.Workforce Selection	3.2	0.59	18.41	2
10	11.Performance Gap closing	3.12	0.59	19.04	2
11	12.Goal setting	3.11	0.66	21.19	3
12	6.Career development	3.00	0.64	21.27	3
13	7.Development Planning	3.04	0.65	21.28	3
14	9.Succession planning	2.93	0.67	22.80	4
15	14.Compensation managing	3.06	0.70	23.01	4
16	4.Hiring or transferring	2.88	0.67	23.40	4
17	5.Compensation offering for hiring	2.91	0.70	24.12	4
18	15.Compensation adjusting	3.05	0.77	25.18	4

Table 7 shows that the highest rank importance score of HRM task necessary for pharmacy department head is task 17 (policy and process communicating), 3.35 from 4.00. This means that the pharmacy department

heads view this task is most importance in their department. While the lowest rank of importance score is task 15(compensation adjusting) 3.05/4.00

When consider the variation of HRM competency by rank of %CV, it can be concluded that the HRM competency can be divided into 4 similar groups. The first group, the top 6 ranks of the HRM competency have %CV lower than 18% which means the respondents have consistently understanding toward all these competencies.

For the first rank and the second rank are the strategic management items which similar to Office of Civil Servant Committee's Executive Core Competency item 4.b (Strategic Management) and Hospital Pharmacy Standard item 1 that recommend the pharmacy leader to determine and communicate department mission to all of its members.

In addition, communication task will be used for making the staff understanding not only the strategy, policy, and procedure but also the limitations of some HRM activities i.e. compensation, workforce management, as a result, the department head use communication task to make the staff more relief and calm down with those constraints.

For the 3rd and 4th rank is also related to the recommendation from the Association of hospital pharmacy (Thailand) that pharmacy leader should have enough pharmacy department staff.

Considering the 5th rank, performance evaluation, is as same as Noknoi (2010: 168) mentioned in the role of line manager in performance management to make the alignment of individual and organization's goal.

The sixth rank of highest %CV was moral and team work energizing. It was perceived by the head of pharmacy department as a necessary competency. Due to the high workload and increasing stress in the workplace, the staff has low morale and tension. Therefore, it is important to let all staff have a good morale and team working environment by means of activities to address the situation. At the same time this competency is also recommended by H.A. guideline.

All of competency in the group 1 can be named as the must have group of HRM competency. Because it is the basic important task for department head. Therefore, it is a must of the pharmacy department to have at least all of these competencies.

The competency group 2 consists of competency no. 3, 8, 11, and 13. The % CV is between 18.01-20.00% which means it has some diversity in all of these competencies. Because all of the competencies in this group are a bit familiar HRM tasks of the pharmacy department heads such as providing job description, training and development, performance gap closing and new staff selection.

The competency group 3 (%CV is between 20.01-22.00%) consists of competency 6, 7, and 12. All of these competencies are human resource

development but all of these competencies are still less understandable by the department head.

The last group consists of competency 4, 5, 9, 14, and 15 whose %CV are greater than 22.01%.They are the lowest consistent and highest diversity competencies which means that it have to provide knowledge, definition, and benefits of these competencies to heads of pharmacy department. Some of them are Compensation management competency (competency 14, 15, and 16) and Hiring-Transferring (competency 4) which are centralized by the government. Ultimately for Succession planning (competency 9) is among the lowest as same as of the pharmacy leader in USA. This competency is the forgotten task of pharmacy department head currently. Compensation tasks are among 5 lowest important items in pharmacy department head's point of view because of the centralized guideline, rule and regulation regarding compensation as mentioned by Pagaiya (2010: 33) that "salary scale is centralize by central government. Therefore, pharmacy head can hardly control by their authority and impact of such a low importance in their view.

For the hiring and transferring activity, the department head expresses that it cannot be managed by bottom up from their level. For instant the newly graduated pharmacist from the university, the ministry of public health will manage almost all of the new entry through the civil service commission (CSC) from the central. Therefore, the head of pharmacy department hardly controls the entry of the new graduate pharmacist or other new hires by his or her control. Hence the importance in pharmacy head also in the 5 lowest items.

Considering the 5th rank in the bottom 5 importance list is similar to Mark (2008: 593) mentioned that "50% of pharmacy director report that they have not identified a successor. The lack of leadership development and the oversight of succession plans have become the quiet crisis in pharmacy". It reflects the lack of understanding how important of the succession planning.

3. Factor Analysis

Principle Component Analysis (P.C.A.) with varimax orthogonal rotation is used to categorize the competency domain by using SPSS version 16.0. Originally researcher planed to have 3 segment of analysis unfortunately the number of data from regional hospital segment and provincial segment are small. Consequently the Kaiser-Mayer-Olkin Measure of Sampling adequacy, KMO, of Regional hospital segment and provincial hospital segment is 0.695 and 0.758. Suggested by Vanichbancha (2008: 262) that the KMO greater than 0.9 is great and KMO at 0.8-0.89 is good for factor analysis. Therefore, KMO for both regional hospital and provincial hospital are not good to interpret the result for factor analysis.

As a result, the researcher decides to do the factor analysis by including regional hospital and provincial hospital together. Consequently, the KMO of this segment is 0.858, which means good to analyze.

Data from this group, regional-provincial hospital generates Kaiser-Mayer-Olkin Measure of Sampling adequacy, KMO, at 0.858 and Bartlett's test of sphericity is 790.117 (p<0.01) and total variance explained of the variable after varimax rotation as shown in table 8.

Table 8: Total variance Explained of regional-provincial hospital segment

Component	Total Eigen values	HRM activities	% of variance	% cumulative
1	8.902	6,7,8,9,10,11,12,13	49.45	49.45
2	1.762	5,14,15	9.79	59.25
3	1.118	1,2,3,4	6.21	65.46
4	1.039	16,17,18	5.77	71.23

From the above table, it means 4 components can explain 71.23% of the total variance.

Data from the community hospital group generates Kaiser-Mayer-Olkin Measure of Sampling adequacy, KMO, at 0.915 and Bartlett's test of sphericity is 3180E3 (p<0.05) and total variance explained and the final components were shown in table 9. When the factor analysis for all information was performed, the KMO was 0.921 and the components were grouped in the table 10.

Table 9: Total variance Explained of community hospital segment

Component	Total Eigen values	HRM activities	% of variance	% cumulative
1	7.642	6,7,8,9,10,11,12,13,16,17,18	42.46	42.46
2	1.508	5,14,15	8.38	50.83
3	1.094	1,2,3,4	6.08	56.91

Table 10: Total variance Explained of All type of hospital

Component	Total Eigen values	HRM activities	% of variance	% cumulative
1	7.642	6,7,8,9,10,11,12,13,16,17,18	43.36	43.36
2	1.508	5,14,15	8.31	51.67
3	1.094	1,2,3,4	5.83	57.50

From Table 10, it shows the similarity of competency domains of the total group with community hospital. It is resulted from the majority of the total group dominated by the information from community hospital.

Table 11: HRM tasks in Competency Model I, II and Total Variance explained

Competency	Domain 1 (PM&HRD)	Domain 2 (CBM)	Domain 3 (WFM)	Domain 4 (COM)	Total Variance
Model I	6,7,8,9,10,11, 12,13	5,14,15	1,2,3,4	16,17,18	71.23%
Model II	6,7,8,9,10,11, 12,13,16,17,18	5,14,15	1,2,3,4	None	56.91%

The difference of 2 competency models is the disappearance of competency domain 4 of Model II (Community Hospital) while all of the activities (16, 17, and 18) are located in Domain 1(Performance management &HRD). Because the pharmacy department head of the community hospital segment performs communication activities/skills when conducts performance management and HRD activities routinely in their operation, therefore all these activities are grouped altogether. Contrary to model I, Regional-Provincial hospital segment, HRM activity 16, 17, and 18 are categorized together as a domain 4 (Communication to enhance understanding and morale) separately because the scale and complexity of the hospital is matter, therefore the respondents reflect the importance of this competency domain independently. Hence, the head of pharmacy department expresses this ability through communication activities such as town hall meeting, department meeting, formal communication channel i.e. intranet, electronic mailing, outing annual department meeting or organization development activity.

For competency domain 2 (Compensation and benefit management) and competency domain 3(Workforce management) are separated from each other based on the respondents' information regarding their real environment.

II. HRM Competency Model development

1. Consensus Meeting Result

The consensus meeting concluded unanimously to use competency model I as a standard HRM competency for the head of pharmacy based on implementation of the competency model countrywide. Additionally,for career advancement concern, the regional or provincial hospital is the destination for pharmacy career path. When the pharmacy department head in community hospital is promoted to assume the position at larger hospital, they have to practice HRM competency model I. Therefore, it is more familiar to model I (which consists of 4 domains) if the pharmacy head use the same model at the beginning. Other reason to select model I is uniformity of the assessment and development in the future. It makes all stake holders understand clearly with the same and uniformed standard competency model. Consequently the seamless leadership development will be practical. In addition, model I is

suitable for community hospital despite the size, because separated competency domain 4 to be formally application to be the systematic process is beneficial to their management.

After the consensus group meeting, the confirmation and concurrence of the HRM competency model for pharmacy department head has been made. Therefore the newly constructed HRM competency model composes of 4 competency domains and 18 competency units underneath the domain as follows:

1. Performance Management and Human Resource Development (PM&HRD)competency which consist of:

    1.1 Ability to set goals for subordinates
    1.2 Ability to provide job description
    1.3 Ability to do the performance appraisal annually
    1.4 Ability to close the performance gaps of the subordinates
    1.5 Ability to help subordinate to do the individual development plan
    1.6 Ability to train and develop subordinate
    1.7 Ability to do the career development for subordinate
    1.8 Ability to do the succession planning

2. Compensation and benefits management (CBM) competency which compose of:

    2.1 Ability to do the compensation offering for hiring
    2.2 Ability to manage the compensation and/or benefits
    2.3 Ability to adjust compensation and/or benefit to reflex the situation properly

3. Workforce Management (WFM) competency which composes of:

    3.1 Ability to do the workforce planning
    3.2 Ability to request the workforce in case of people shortage or enhance the service level
    3.3 Ability to select and hire the right candidate
    3.4 Ability to transfer existing staff from other unit/hospital and/or hire the new staff

4. Communication to enhance understanding and morale (COM) competency consists of:

    4.1 Ability to communicate the vision and mission of organization
    4.2 Ability to communicate the work policy, process, and procedure
    4.3 Ability to conduct or suggest other to conduct morale energizing activities and team working activities

In conclusion, the HRM company model is defined as Managerial Competency (Rassameethammachote, 2007: 29-30).

The newly constructed competency model is similar to components of successful leader which are (Chaiwat, 2006: 98-102):

1. Hiring the right people
2. Motivating the people
3. Leading people
4. Communication
5. Building great team
6. Managing the conflict
7. Managing the performance

When compare all of the components of successful leader to the HRM competency model, the comparison is shown in table…

Table 12: Comparison between newly constructed HRM competency model and Component of successful leader

Component of Successful leader	HRM competency model for Pharmacy Head
Hiring the right people	Work force management (Domain 3)
Motivating the people	Compensation and benefit (Domain 2)
Leading people	Communication to enhance understanding/morale (Domain 4)
Communication	Communication to enhance understanding/morale (Domain 4)
Building great team	Communication to enhance understanding/morale (Domain 4)
Managing the conflict	Communication to enhance understanding/morale (Domain 4)
Managing the performance	Performance management and HRD (Domain 1)

Additionally, similar to Lawler III (205-208) advises what employees want and need from leaders are focusing on human capital, support employee development and provide entire business or business unit with strong sense of mission, direction and vision.

In order to compare for the similarity in the routine HRM operation, the HA guideline was compared item to itcm with the newly developed competency model. The matched comparison is shown in Table 13.

Table 13: HRM competency and HA guideline

Human Resource Management Competency	HA guideline
1. Performance Management and Human Resource Development	
1.1. Ability to set goals for subordinates	1.2.a (2) Evaluate the performance at all level, 5.1.a (2) Individual Goal setting
1.2. Ability to provide job description	1.2.a (2) Individual goal setting
1.3. Ability to do the performance appraisal annually	5.1.a (2) Evaluate the performance at all level
1.4. Ability to close the performance gaps of the subordinates	1.2.a (2) Review performance to improve personal leaders effectiveness
1.5. Ability to help subordinate to do the individual development plan	5.1.a (1) Staff engagement
1.6. Ability to train and develop subordinate	5.1.b (1) Staff and Leaders development
1.7. Ability to do the career development for subordinate	5.1.b (4) Career Progress
1.8. Ability to do the succession planning	5.1.b (4) Succession planning
2. Compensation and benefits management	
2.1. Ability to do the compensation offering for hiring	5.1.a (1) Staff engagement
2.2. Ability to manage the compensation and/or benefits	5.1.a (3) staff PMS consider compensation, reward and recognition
2.3. Ability to adjust compensation and/or benefit to reflex the situation properly	5.1.a (1) Staff engagement-satisfaction
3. Workforce Management	
3.1. Ability to do the workforce planning	5.2.a (1) Assess organization's staff capability and capacity
3.2. Ability to request the workforce in case of people shortage or enhance the service level	5.2.a (1) Assess organization's staff capability and capacity
3.3. Ability to select and hire the right candidate	5.2.a (2) Recruit and hire new staff
3.4. Ability to transfer existing staff from other unit/hospital and/or hire the new staff	5.2.a (4) Manage staff to ensure continuity and manage staff reduction
4. Communication to enhance understanding and morale	
4.1. Ability to communicate the vision and mission of organization	1.1.a (1) Deploy mission, vision and values to all staff
4.2. Ability to communicate the work policy, process, and procedure	2.2.a Action plan and deployment
4.3. Ability to conduct or suggest other to conduct morale energizing activities and team working activities	1.1.a (3) Create environment

There are head to head similar between HA guideline and HRM competency model. It is the strong proof of reliability in deployment in the future. Consequently, this competency model is suitable for department head to develop her or his leadership in managing the people and moreover it is reliable due to the congruence with the suggestion from the leadership and HRM experts.

Another suggestion from the consensus meeting was to do the HRM competency assessment with the head of the pharmacy department in the hospital which has been accredited and got the HA certification. Because they were familiar with HA guideline especially human resources focus.

To get more understanding about the newly developed HRM competency model and the information from the respondents, the ranking by %CV based on the new HRM model was arranged as shown in table 14

Table 14: Mean Score, S.D. and %CV of HRM competency model

HRM Competency	Mean	S.D.	%CV	Modified Model
10.Performance evaluation	3.24	0.562	17.35	Domain 1
13.Providing job description	3.27	0.593	18.13	Domain 1
8.Training and developing people	3.06	0.562	18.37	Domain 1
11.Performance Gap closing	3.12	0.594	19.04	Domain 1
12.Goal setting	3.11	0.659	21.19	Domain 1
6.Career development	3.00	0.638	21.27	Domain 1
7.Development Planning	3.04	0.647	21.28	Domain 1
9.Succession planning	2.93	0.668	22.80	Domain 1
14.Compensation managing	3.06	0.704	23.01	Domain 2
5.Compensation offering for hiring	2.91	0.702	24.12	Domain 2
15.Compensation adjusting	3.05	0.768	25.18	Domain 2
2.Workforce Requisition	3.35	0.547	16.33	Domain 3
1.Workforce Planning	3.33	0.551	16.55	Domain 3
3.Workforce Selection	3.2	0.589	18.41	Domain 3
4.Hiring or transferring	2.88	0.674	23.40	Domain 3
17.Policy, procedure communicating	3.35	0.52	15.52	Domain 4
16.Vision communicating	3.33	0.533	16.01	Domain 4
18.Morale energizing	3.25	0.576	17.72	Domain 4

From table 14, domain 4 of the competency model consisted of the most consistent competency (%CV less than 18). It means that this domain is clearly understand in the opinion of the respondents in all type of hospital.

III. Competency assessment and Correlation study of Pharmacist's satisfaction toward pharmacy department head's HRM competency

After developed the HRM competency model, the assessment was conducted to measure proficiency level of the current pharmacy department head . At the same time the pharmacists, the subordinates, have rated their satisfaction toward the HRM competency of their supervisors. The correlation analysis will be done to test the relationship between the HRM competency level of the pharmacy department head and the pharmacist satisfaction.

1. HRM competency assessment

1.1 General Information

Questionnaire packages which an introduction letter, competency assessment and description of competency proficiency were sent to all target group. .

Table 15: Response Rate of all segments

Perspective	Number Returned questionnaires	% Response
Hospital director	181	66.06
Head of Pharmacy dept.	100	36.50
Head of nursing dept.	213	77.74
Head of personnel dept.	119	43.43
Pharmacist	164	59.85
Total	777	56.72

From table 15, the response rate of this survey in all perspective was 56.72%. The highest response rate was head of nursing department (77.74%) and the lowest was head of pharmacy department (36.50%)

Total response rate of this survey is 56.72%. The highest response perspective is nursing department head which means the nurse who serves closely with patients and works closely with other disciplines therefore they would like to have their colleague more effective. As a result their cooperation will be productive so they engage in the survey very much. Consequently, the response from nursing perspective is one of the critical perspectives to the HRM competency assessment. Second highest perspective is the hospital director, the direct supervisor of pharmacy department head, their responses also are one of the most important data as well as the response from pharmacist, the direct subordinate and personnel department head.

Table 16: Mean and S.D. of years in position of the pharmacy department head

Hospital	Mean of years in position	S.D.
Regional	10.14	8.58
Provincial	10.13	9.03
Community	10.37	6.80
All	10.28	7.47

Table 17: One-way ANOVA for comparison mean scores of years in position of pharmacy department head by type of hospital

	Sum of Squares	df	Mean Square	F	p-value
Between Groups	1.129	2	.565	.010	.990
Within Group	5126.569	90	56.963		
Total	5127.699	92			

One-way ANOVA was performed to test the difference in the duration in pharmacy department head position to compare mean of each hospitals. There was no statistical difference among the tested population (p>0.05). It meant that the duration in position of the respondents is not different from each other.

1.2 Analysis of Variance for 360-HRM competency assessment

Table 18: Mean and S.D. of HRM competency level of pharmacy department head rated by Rater in all type of hospital

	Hospital Director	Pharmacy Department Head	Pharmacist	Nursing Department Head	Personnel Department Head	Total
	Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)
Competency1	2.85 (0.58)	2.61 (0.66)	2.62 (0.80)	2.88 (0.68)	2.88 (0.56)	2.77 (0.56)
Competency2	2.75 (0.63)	2.39 (0.89)	2.47 (0.84)	2.84 (0.74)	2.57 (0.67)	2.61 (0.78)
Competency3	2.85 (0.66)	2.58 (0.63)	2.69 (1.39)	2.81 (0.72)	2.71 (0.72)	2.73 (0.87)
Competency4	2.98 (0.65)	2.81 (0.66)	2.79 (0.88)	3.04 (0.71)	3.06 (0.68)	2.94 (0.73)

Table 19: One-way ANOVA of HRM competency level of pharmacy department head rated by Rater in all type of hospital

		Sum of squares	df	Mean square	F	Sig.
Competency 1	Between Group	7.529	4	1.882	4.309*	0.002
	Within Group	205.281	470	0.432		
	Total	212.810	474			
Competency 2	Between Group	13.825	4	3.456	5.973*	0.01
	Within Group	271.955	470	0.579		
	Total	285.780	474			
Competency 3	Between Group	4.253	4	1.063	1.399	0.233
	Within Group	357.182	470	0.760		
	Total	361.430	474			
Competency 4	Between Group	6.137	4	1.534	2.940*	0.020
	Within Group	245.299	470	0.522		
	Total	251.436	474			

*$p<0.05$

There is no difference in competency domain 3, Workforce management, in the multiple comparison of mean HRM competency level rated by each rater. The difference in the comparison is found in competency domain1, 2, and 4. Therefore, the post hoc test is conducted to find out the pair of difference

From table 19, it shows that there are significant different in competency domain 1, 2 and 4 of the HRM rating by rater perspective. This is ordinary to find in the 360-degree survey as suggested by Turkel (2008: 45) that "point of view that emerges from the literature argues that different rates will observe different dimensions of leadership and therefore, the congruence between ratings may differ"

There was in-agreement of level of competency domain 3 of heads of pharmacy department rated by all perspectives. Because competency domain 3 (Workforce management) which consists of HR planning, HR request, Selection, and Appointment-transferring, is basic HRM tasks for every supervisors. Therefore, all of pharmacy department heads are familiar with all of these competencies. Hence, they are able to demonstrate the competency apparently and are noted by all raters. As a result, the concordance of the competency score is appeared unlike other competencies.

To get more deeply understanding, the post hoc test has been performed and the result is shown in table 20.

Table 20: LSD-post hoc test of mean HRM competency level by rater.

Pair of Rater type	Com1	Com2	Com3	Com4
Director-Ph.Head	**.011***	**.023***	**.038***	.113
Director-Pharmacist	**.017***	.164	.220	.074
Director-Nurse	.773	.968	.819	.536
Director-HR	.773	.576	.271	.452
Ph.Head-Pharmacist	.858	.953	.394	.841
Ph.Head-Nurse	**.005***	.002*	.065	**.028***
Ph.Head-HR	**.005***	.586	.329	**.002***
Pharmacist-Nurse	.008*	.020*	.318	**.016***
Pharmacist-HR	.008*	.947	.901	**.011***
Nurse-HR	1.00	.202	.383	.894

*p<0.05

Table 20 shows the pair of rater type that causes difference in mean HRM competency level. The Director raters have mean HRM competency level of pharmacy department head from self rating by pharmacy department head in 3 domains. The difference is found in competency domain 1(performance management and HRD), competency domain 2 (compensation and benefit management) and competency 3 (workforce management). Mean score rated by hospital director is higher than self rating in 3 domains.

The hospital director raters group and subordinate pharmacist raters group have only 1 difference in competency domain 1 (performance management and HRD)

3 differences is found between nursing department head raters group and self rating by pharmacy department head group in competency domain 1(performance management and HRD), competency domain 2(compensation and benefit management), and competency domain 4 (communication for morale and team work). While in the comparison between pharmacy department head rater and personnel department head, 2 differences is noticed in competency domain1 (performance management and HRD) and competency domain 4 (communication for morale and team work) similar to comparison between pharmacist and personnel department head that 2 differences is found in the same competency domain.

Last difference is found in competency domain 4 (communicating for morale and teamwork) in the comparison of mean HRM competency level rated by nursing department head and pharmacist

The discussion of the finding in this part is presented as follows;

In competency domain 1 (PM&HRD), there are 5 differences which are hospital director-pharmacy head, director-pharmacist, pharmacy head-nurse head, pharmacy head-personnel head and pharmacist-personnel head. The differences were appeared in the pair of pharmacy department head and other rater outside the pharmacy. Due to this competency domain consists of 8 competency units that related to performance management and human resource. The raters have different frame of reference, and expectation. Additionally situation and background in pharmacy department is hardly known by the people outside the department. It is similar to competency domain 4 which has 4 differences.

For competency domain 2 (CBM), there are 2 difference in the pair of director-pharmacy head and pharmacy head-nurse head. The Director and nursing department head who have rated the pharmacy head higher than self rating, may come from the under rating of the pharmacy head.

For comparison of director-pharmacy head, 3 differences are found in competency domain 1, 2, and 3. The director rating is greater than self rating except competency domain 4 (COM) which the pharmacy heads are confident in themselves. Similar to pharmacy head-nursing head comparison which notes 3 differences in domain 1, 2, and 4 because of they have different frame of observation and reference.

For the director-pharmacist pair comparison, difference in competency domain 1 is noticed because the pharmacists have been manage performance and development by themselves, subsequently the view point maybe different from the director who do not involve in this task closely.

Considering director-nursing head pair and director-personnel head pair, there is no difference in the comparison. Due to they deal with pharmacy head and pharmacy department when necessity arise so they assess the pharmacy from the external department frame of reference and congruence to each other.

For the pair which working together very closely in the same department like pharmacy department head- pharmacist, the comparison result finds indifference of the mean score of the rating due to both of them have same understanding, background and relation therefore the score is quite similar unlike all of the external department raters.

2.4   Analysis of variance for mean HRM competency rating by rater by hospital type

Table 21: mean and S.D. of level of HRM competency of pharmacy department head by rater by hospital type

	Regional Hospital	Provincial Hospital	Community Hospital	All
Hospital director	Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)
Competency1	2.81(0.68)	2.70(0.57)	2.90(0.55)	2.85(0.58)
Competency2	2.77(0.76)	2.53(0.64)	2.81(0.59)	2.75(0.64)
Competency3	3.01(0.70)	2.51(0.62)	2.87(0.64)	2.84(0.66)
Competency4	3.00(0.77)	2.86(0.73)	3.00(0.61)	2.98(0.66)
Pharmacy head				
Competency1	2.54(0.63)	2.47(0.45)	2.59(0.71)	2.61(0.66)
Competency2	2.56(0.80)	2.37(0.95)	2.34(0.91)	2.39(0.89)
Competency3	2.85(0.60)	2.36(0.60)	2.56(0.64)	2.58(0.64)
Competency4	3.14(0.37)	2.71(0.60)	2.75(0.72)	2.81(0.66)
Pharmacist				
Competency1	2.57(0.68)	2.45(0.64)	2.68(0.87)	2.62(0.80)
Competency2	2.57(0.68)	2.15(0.74)	2.52(0.90)	2.47(0.84)
Competency3	2.77(0.61)	2.33(0.68)	2.77(1.64)	2.69(1.38)
Competency4	2.85(0.62)	2.48(0.97)	2.85(0.92)	2.79(0.89)
Nursing head				
Competency1	3.09(0.59)	3.04(0.67)	2.78(0.70)	2.88(0.68)
Competency2	3.07(0.82)	2.86(0.47)	2.76(0.76)	2.84(0.74)
Competency3	3.08(0.69)	2.88(0.66)	2.72(0.73)	2.81(0.72)
Competency4	3.31(0.73)	3.24(0.70)	2.92(0.69)	3.04(0.71)
Personnel head				
Competency1	3.06(0.45)	2.71(0.68)	2.86(0.55)	2.88(0.67)
Competency2	2.50(0.67)	2.33(0.68)	2.65(0.67)	2.57(0.67)
Competency3	3.00(0.59)	2.53(0.80)	2.66(0.72)	2.70(0.72)
Competency4	3.46(0.55)	2.84(0.72)	3.00(0.67)	3.06(0.70)

Table 22: One-way ANOVA of mean rating of HRM competency level rated by hospital director by hospital type

		Sum of squares	df	Mean square	F	P-value
Competency 1	Between Group	0.537	2	0.268	0.802	0.452
	Within Group	30.796	92	0.335		
	Total	31.333	94			
Competency 2	Between Group	0.969	2	0.485	1.209	0.303
	Within Group	36.881	92	0.401		
	Total	37.850	94			
Competency 3	Between Group	2.202	2	1.101	2.608	0.079
	Within Group	38.835	92	0.422		
	Total	41.037	94			
Competency 4	Between Group	0.247	2	0.124	0.285	0.753
	Within Group	39.808	92	0.433		
	Total	40.115	94			

*p<0.05

Table 23: One-way ANOVA of mean rating of HRM competency level rated by pharmacy head (self-rating) by hospital type

		Sum of squares	df	Mean square	F	P-value
Competency 1	Between Group	0.851	2	0.425	0.980	0.379
	Within Group	39.919	92	0.434		
	Total	40.769	94			
Competency 2	Between Group	0.521	2	0.260	0.325	0.724
	Within Group	73.722	92	0.802		
	Total	74.292	94			
Competency 3	Between Group	1.99	2	0.995	2.554	0.083
	Within Group	35.836	92	0.390		
	Total	37.826	94			
Competency 4	Between Group	2.443	2	1.222	2.910	0.059
	Within Group	38.617	92	0.42		
	Total	41.060	94			

*p<0.05

Table 24: One-way ANOVA of mean rating of HRM competency level rated by direct report pharmacist by hospital type

		Sum of squares	df	Mean square	F	P-value
Competency 1	Between Group	0.727	2	0.363	0.565	0.570
	Within Group	59.211	92	0.644		
	Total	59.937	94			
Competency 2	Between Group	1.874	2	0.937	1.336	0.268
	Within Group	64.493	92	0.701		
	Total	66.367	94			
Competency 3	Between Group	3.749	2	1.875	0.971	0.383
	Within Group	177.683	92	1.931		
	Total	181.432	94			
Competency 4	Between Group	1.6871.4 916	2	0.843	1.085	0.342
	Within Group	73.172	92	0.777		
	Total		94			

*p<0.05

Table 25: One-way ANOVA of mean rating of HRM competency level rated by nursing department head by hospital type

		Sum of squares	df	Mean square	F	P-value
Competency 1	Between Group	1.780	2	0.890	1.955	0.145
	Within Group	41.888	92	0.455		
	Total	43.668	94			
Competency 2	Between Group	1.311	2	0.655	1.211	0.302
	Within Group	49.765	92	0.541		
	Total	51.076	94			
Competency 3	Between Group	1.858	2	0.929	1.840	0.165
	Within Group	46.447	92	0.505		
	Total	48.305	94			
Competency 4	Between Group	2.802	2	1.401	2.881	0.061
	Within Group	44.746	92	0.486		
	Total	47.549	94			

*p<0.05

Table 26: One-way ANOVA of mean rating of HRM competency level rated by personnel department head by hospital type

		Sum of squares	df	Mean square	F	P-value
Competency 1	Between Group	1.057	2	0.528	1.704	0.188
	Within Group	28.517	92	0.310		
	Total	29.574	94			
Competency 2	Between Group	1.330	2	0.665	1.491	0.231
	Within Group	41.039	92	0.446		
	Total	42.370	94			
Competency 3	Between Group	2.105	2	1.053	2.084	0.130
	Within Group	46.476	92	0.505		
	Total	48.582	94			
Competency 4	Between Group	3.842	2	1.921	4.468*	0.014
	Within Group	39.557	92	0.430		
	Total	43.399	94			

*$p<0.05$

From Table 22-26 indicates that there is only one difference which is found in competency domain 4 in personnel department head group. Therefore, post hoc test is performed to identify which pairs are different. The result is shown in table 27

Table 27: LSD-post hoc test of competency domain 4 rated by personnel department head by hospital level

Dependent Variable	Type(I)	Type(J)	Mean Difference (I-J)	Std. Error	P-value
Competency 4	Regional	Community	0.463	0.175	0.035*
		Provincial	0.618	0.229	0.030*
	Community	Regional	-0.463	0.175	0.035*
		Provincial	0.155	0.188	0.713
	Provincial	Regional	-0.618	0.229	0.030*
		Community	-0.155	0.188	0.713

* p<0.05

Table 27 shows the difference is found in mean score of personnel department head in regional-community, regional-provincial and community-provincial.

Considering data from the group of rater in all sections with no separation the type of hospital, the descriptive statistics and ANOVA has been conducted.

As shown in table 22-27, there is no difference in this perspective. It means the HRM competency of pharmacy department head rated by hospital director,self rating, pharmacist, and nursing head in regional is as same as of provincial and of community in all domains. Even though the setting of the hospital is different but in the view of all these raters to the pharmacy head, are similar to raters in other setting. This means that the competency level rated by perspective demonstrate indifferent result, therefore the size is not matter for the leadership development like HRM competency.

From Table 27, there is a difference found in mean score of competency domain 4 of pharmacy department head rated by personnel department head. Personnel department head in the regional hospital rating is higher than that of provincial and community significantly with p-value <0.01 because of the regional hospital has different communication activities from others. Therefore, the pharmacy head in regional is necessary to practice this competency quite often. In consequence, the competency level is much higher than their counterpart in other hospital type.

2.5   Analysis of variance for mean score of HRM competency level from all raters by type of hospitals

Table 28: Mean score, S.D. and % CV of average competency level of HRM competency of Pharmacy Department Head by type of Hospital

Competency	Region				Provincial				Community				All		
	mean	S.D.	%c.v.	Rank	mean	S.D.	%c.v.	Rank	mean	S.D.	%c.v.	Rank	mean	S.D.	%c.v.
Domain 1	2.78	0.34	12.23%	3	2.60	0.36	13.85%	1	2.80	0.45	16.07%	1	2.77	0.42	15.16%
Domain 2	2.65	0.42	15.85%	4	2.39	0.41	17.15%	2	2.64	0.46	17.42%	3	2.60	0.45	17.31%
Domain 3	2.87	0.35	12.20%	2	2.44	0.35	14.34%	4	2.76	0.54	19.57%	4	2.73	0.49	17.95%
Domain 4	3.14	0.34	10.83%	1	2.76	0.49	17.75%	3	2.92	0.47	16.10%	2	2.94	0.46	15.65%

Mean score from 360-degree of HRM competency of pharmacy department head is between 2.60-2.94 from the maximum competency level at 4. This means that the respondents have broad knowledge of Human Resource Management, moderate- proficient application and can implement the HRM activities without coaching. It means the competency level is high competent referring page 30 in chapter 2. This finding addresses the research question 2 (What is the current HRM competency level of pharmacy department head?)

The reason of high competency level of the respondents currently because all of the respondents work in the accredited hospital at the same time they are familiar to HA chapter 5, Human Resource Focus, which guide them to manage people to have highly satisfaction and staff engagement.

The competency level that appear in the table should be the target for the pharmacy department head who has gaps (his or her competency level is lower than the target) in any competency to aware and find the way to develop to close the apparent gaps to become more competent pharmacy department head. Simultaneously, it can be used as one of selection to appoint the right candidate to the department head position and a target for department head successor to develop the HRM competency while waiting to succeed the position. Therefore, this finding address the research question 3

Table 29: One-way ANOVA for comparison of average competency level of HRM competency of Pharmacy department head by type of hospital (360-degree assessment)

Domain		Sum of squares	df	Mean square	F	P-value
1.PM&HRD	Between Group	.496	2	.248	1.429	0.245
	Within Group	15.969	92	.174		
	Total	16.465	94			
2.CBM	Between Group	.789	2	.395	1.985	0.143
	Within Group	18.294	92	.233		
	Total	19.083	94			
3.WFM	Between Group	1.634	2	.817	3.509*	0.034
	Within Group	21.423	92	.233		
	Total	23.057	94			
4.COM	Between Group	1.273	2	.636	3.130*	0.048
	Within Group	18.704	92	.203		
	Total	19.977	94			

*$p<0.05$

From table 29, the difference of mean of competency 3 and competency 4 was found. LSD post hoc testing method is used to indicate the difference of each pairs of hospital level in table 30.

Table 30: Multiple comparison, LSD-post hoc test of competency domain3 and 4

Domain	Pair of hospital type	p-value
3.WFM	Regional-Community	.394
	Regional-Provincial	.013*
	Community-Provincial	.025
4.COM	Regional-Community	.071
	Regional-Provincial	.016*
	Community-Provincial	.201

*$p<0.05$

As the details from the post hoc test, the researcher finds the difference in the pair of Regional-Provincial and the pair of Community-Provincial in competency domain 3(Workforce Management). The difference is noticed in the pair of Regional-provincial in competency domain 4 (Communication for morale and teamwork)

Result from the table 29 indicates the indifference in competency domain 1 (Performance management and HRD) in all type of hospitals as well as competency domain 2 (Compensation and benefit management). Both of the competencies are a fundamental role for every pharmacy department heads in all level of hospitals. They have practice these competencies quite often in their routine operation and management regardless of the size of hospital and its complexity. Consequently the proficiency level of these competencies is similar to each other, therefore, the difference cannot be found.

Contrary to competency domain 3 (workforce management) and competency domain 4 (Communication to enhance understanding and morale) the difference is significantly noticed (p-value<0.05) as shown in table 29 After LSD post hoc analyzing (table 30), the researcher finds out that the difference (p<0.05) is in the mean competency level of pharmacy department head in the regional hospital and that of provincial hospital for domain 3. Because of the size and the complexity of regional hospital bring about the necessity to manage and control the workforce situation i.e. the more workforce, the more chance to resign, hire or transfer, as a result the competency level of regional hospital is higher than the level of provincial hospital significantly. Moreover the researcher have interview Sombat Rochanadakoeng, Pharmacy department head of Ayuthaya Hospital and Yongyuth Losuphakarn, pharmacy department head of Chiangraiprachanukoh Hospital for discussion. I can confirm that the reason why department head in region level is more competent in Workforce management competency due to the opportunity to practice in a more complex environment and more workforce so they have more competent than provincial level.

In order to find the detail for competency unit level of pharmacy department head for more understanding about the current situation, descriptive statistic (meand, S.D.and %CV) and one-way ANOVA is conducted for this reason as shown in Table 31-34 and 34.

Table 31: Mean, S.D. of competency unit level of pharmacy department head

All (Assessment Phase)				HRM competency unit	Exploration Phase			
Mean	SD	%CV	Rank		Mean	SD	%CV	Rank
2.55	0.29	11.37	1	3.4 Transferring and staffing	2.88	0.674	23.40	16
3.02	0.44	14.57	2	1.3 Performance appraisal	3.24	0.562	17.35	5
2.94	0.43	14.63	3	1.2 Provide Job description	3.27	0.593	18.13	7
2.96	0.46	15.54	4	4.1 Vision/Mission communication	3.33	0.533	16.01	2
2.96	0.48	16.22	5	4.2 Policy, Process, procedure communication	3.35	0.52	15.52	1
2.81	0.46	16.37	6	1.1 Goal Setting for subordinate	3.11	0.659	21.19	11
2.75	0.46	16.73	7	1.4 Closing performance gap	3.12	0.594	19.04	10
2.85	0.48	16.84	8	3.3 Selecting the right people	3.2	0.589	18.41	9
2.9	0.49	16.90	9	4.3 Morale/team work enhancement	3.25	0.576	17.72	6
2.72	0.47	17.28	10	1.6 Training and development	3.06	0.562	18.37	8
2.63	0.46	17.49	11	2.2 compensation and benefit management	3.06	0.704	23.01	15
2.6	0.46	17.69	12	1.7 Career development	3.00	0.638	21.27	12
2.71	0.48	17.71	13	3.2 Workforce requesting	3.35	0.547	16.33	3
2.58	0.46	17.83	14	2.3 Compensation and benefit adjustment	3.05	0.768	25.18	18
2.62	0.48	18.32	15	2.1 Compensation for new hire	2.91	0.702	24.12	17
2.61	0.49	18.77	16	1.8 Succession planning	2.93	0.668	22.80	14
2.7	0.52	19.26	17	1.5 IDP for subordinate	3.04	0.647	21.28	13
2.79	0.96	34.41	18	3.1 Workforce planning	3.33	0.551	16.55	4

From Table 31, the %CV of the HRM competency of the respondent in the assessment phase is much higher consistent that the exploration phase except for the last rank (Workforce Planning). It means the respondents have consistent and low variation in term of HRM competency understanding. Because the impact of Hospital Accreditation guideline and implementation in all these hospital. It bring about the same understanding in HRM when compare to the exploration phase which the respondents came from all kind of hospital both HA certified and non-HA certified hospital.

Table 32: One-way ANOVA for mean of competency unit level of HRM competency domain 1 by Hospital type

Domain 1		Sum of squares	df	Mean square	F	Sig.
1.1 Goal Setting for subordinate	Between Group	0.732	2	0.366	1.697	0.189
	Within Group	19.857	92	0.216		
	Total	20.589	94			
1.2 Provide Job description	Between Group	0.659	2	0.329	1.780	0.174
	Within Group	17.027	92	0.285		
	Total	17.686	94			
1.3 Performance appraisal	Between Group	0.511	2	0.256	1.324	0.271
	Within Group	17.767	92	0.193		
	Total	18.278	94			
1.4 Closing performance gap	Between Group	0.969	2	0.485	2.360	0.100
	Within Group	18.888	92	0.205		
	Total	19.857	94			
1.5 IDP for subordinate	Between Group	0.458	2	0.229	0.852	0.430
	Within Group	24.731	92	0.269		
	Total	25.189	94			
1.6 Training and development	Between Group	0.562	2	0.281	1.269	0.286
	Within Group	20.364	92	0.221		
	Total	20.926	94			
1.7 Career development	Between Group	0.064	2	0.032	0.148	0.863
	Within Group	20.014	92	0.218		
	Total	20.078	94			
1. 8 Succession planning	Between Group	0.827	2	0.414	1.727	0.184
	Within Group	22.046	92	0.240		
	Total	22.873	94			

* $p < 0.05$

Table 33: One-way ANOVA for mean of competency unit level of HRM competency domain 2,3 by Hospital type

Domain 2		Sum of squares	df	Mean square	F	Sig.
2.1 Compensation for new hire	Between Group	1.137	2	0.569	2.592	0.080
	Within Group	20.181	92	0.219		
	Total	21.318	94			
2.2 compensation and benefit management	Between Group	0.497	2	0.248	1.193	0.308
	Within Group	19.155	92	0.208		
	Total	19.652	94			
2.3 Compensation and benefit adjustment	Between Group	0.497	2	0.286	1.342	0.266
	Within Group	19.155	92	0.213		
	Total	19.652	94			
Domain 3						
3.1 Workforce planning	Between Group	2.378	2	1.189	1.297	0.273
	Within Group	84.336	92	0.917		
	Total	86.713	94			
3.2 Workforce requesting	Between Group	2.899	2	1.450	7.238*	0.001
	Within Group	18.427	92	0.200		
	Total	86.427	94			
3.3 Selecting the right people	Between Group	1.325	2	1.450	7.238	0.056
	Within Group	20.551	92	0.200		
	Total	21.875	94			
3.4 Transferring and staffing	Between Group	0.632	2	0.316	1.340	0.267
	Within Group	21.686	92	0.236		
	Total	22.317	94			

*$p < 0.05$

Table 34: One-way ANOVA for mean of competency unit level of HRM competency domain 4 by Hospital type

Domain 4		Sum of squares	df	Mean square	F	Sig.
4.1 Vision/Mission communicatio n	Between Group	1.298	2	0.649	3.243*	0.044
	Within Group	18.415	92	0.200		
	Total	19.713	94			
4.2 Policy, Process, procedure communicatio n	Between Group	1.005	2	0.503	2.198	0.117
	Within Group	21.036	92	0.229		
	Total	22.041	94			
4.3 Morale/team work enhancement	Between Group	1.568	2	0.784	3.446*	0.036
	Within Group	20.932	92	0.228		
	Total	22.500	94			

*p<0.05

Table 33-34 shows that there is significant difference in mean competency unit level of pharmacy department head in competency unit 3.2 (Workforce request to replace the shortage or increase additional working unit) , competency unit 4.1 (Vision and mission communicating) and competency unit 4.3 (Conduct morale and team work enhancing activities) at p-value<0.05. Then, post hoc tests by using LSD method is conducted to determine which pairs of hospital level are significant different. The result of comparison is shown in Table 35.

Table 35: Post Hoc test, LSD, for competency unit 3.2, 4.1 and 4.3

Competency Unit	Pair of hospital type	p-value
3.2 Workforce Request	Regional-Community	0.22
	Regional-Provincial	0.00*
	Community-Provincial	0.01*
4.1 Vision/Mission communication	Regional-Community	0.09**
	Regional-Provincial	0.02*
	Community-Provincial	0.15
4.3 Morale/team work enhancement	Regional-Community	0.04*
	Regional-Provincial	0.01*
	Community-Provincial	0.21

*p<0.05,**p<0.1

Table 35 shows that there are 2 significant differences in competency unit 3.2(Workforce request to replace the shortage or increase additional working unit) firstly between Pharmacy head of Regional Hospital level and provincial hospital, lastly between provincial hospital and community hospital.

For competency unit 4.1(Vision and mission communicating), there is a difference between regional hospital level and provincial hospital level. Finally there are differences in competency unit 4.3(Conduct morale and team work enhancing activities) the former is between Regional hospital-Community hospital and the latter is between Regional-provincial hospital.

The mean score of Competency unit 3.2 (request the workforce in case of shortage or enhance the service level) of pharmacy head in regional hospital (2.9 from 4.0) is significant different from the counterpart in provincial hospital (2.3 from 4.0). From the discussion with 2 regional hospital pharmacy department head ,the researcher find out that regional pharmacy department heads have such higher mean competency score due to their responsibility to deliver value added service (workforce is one of the necessary resources) at the mean time they have more budget to do so unlike their counterpart in the provincial hospital who have slightly lower responsibility as well as the budget.

And the mean score competency unit 3.2 of community hospital pharmacy department head is significant different from the provincial hospital. Reason comes from the transferring incident in the community is occurred quite more often than the provincial as report in GIS provided by personnel department of office of permanent secretary, Ministry of Public Health suggest that the total transferring rate in community hospital and provincial hospital are 130 and 17 headcounts respectively. Therefore, the community pharmacy head have to practice this competency more frequent than the provincial hospital.

The result of post hoc analysis of items of competency 4(table 4.18) indicates the difference in competency unit 4.1 (ability to communicate the vision and mission of organization) and competency unit 4.3 (ability to conduct or suggest other to conduct morale energizing activities and team working activities). The regional pharmacy department head has higher competency level than the head of provincial hospital($p<0.05$) and of community hospital ($p<0.1$) because the size and complexity in the regional hospital make the head to practice this competency more frequent with the formal procedures and very professional communication channel such as department meeting, notice board announcement, intranet, blog, e-mail and so on, as same as necessity to have some activities to raise the staff morale and enhance team work environment i.e. outing meeting, recreation incentive trip, team building activity, quality fair, and etc.

2.2 Correlation Analysis

The relation between competency level and pharmacist satisfaction are linear by scatter plot. The correlation analysis has been done to test the relationship between the competency level and pharmacist satisfaction to each competency by using SPSS. Consequently the result of the correlation is presented as follows;

Table 36: Correlation Matrix between competency level and pharmacist satisfaction level

Correlation	Pearson's correlation coefficient
Pharmacist's satisfaction and Total department head's HRM competency	0.64*

*p<0.05

There was a positive correlation between Total HRM Competency level and total satisfaction to HRM competency. It means that the Satisfaction is increasing while the total competency is increasing.

From Table 37, all of the correlation coefficient between competency domain and satisfaction to competency domain were positive correlated. Competency Domain 4 (Communication for understanding and team work) and its satisfaction generated the highest correlation coefficient at 0.73.It imply that the competency domain 4 is the strong driver for satisfaction. This pattern of correlation is occurred in domain 1(Performance management and HRD) and domain 2 (Compensation and Benefit management). Because the high competency level of these 2 domains impacts on pharmacists directly when they was supervised by the department head. Contrary to competency domain 3 (Workforce management) even the higher competency level but the satisfaction to this domain is moderate (0.44). The pharmacist did not perceive this domain as a satisfaction driver because it is far related to them.

Table 37: Pearson's correlation coefficient of Competency and Satisfaction

Competency	sat1	sat2	sat3	sat4
Domain1	**0.60***			
1.2 Provide Job description	0.49*			
1.3 Performance appraisal	0.55*			
1.4 Closing performance gap	0.56*			
1.5 IDP for subordinate	0.60*			
1.6 Training and development	0.54*			
1.7 Career development	0.50*			
1.8 Succession planning	0.54*			
Domain2		**0.63***		
2.1 Compensation for new hire		0.56		
2.2 compensation and benefit management		0.63*		
2.3 Compensation and benefit adjustment		0.63		
Domain3			**0.44***	
3.1 Workforce planning			0.22*	
3.2 Workforce requesting			0.44*	
3.3 Selecting the right people			0.47*	
3.4 Transferring and staffing			0.47*	
Domain4				**0.73***
4.1 Vision/Mission communication				0.67*
4.2 Policy, Process, procedure communication				0.72*
4.3 Morale/team work enhancement				0.74*

*p<0.05

Table 38: R square of the correlation coefficient

Competency	sat1	sat2	sat3	sat4
Domain1	**0.36***			
1.1 Goal Setting for subordinate	0.27*			
1.2 Provide Job description	0.24*			
1.3 Performance appraisal	0.30*			
1.4 Closing performance gap	0.31*			
1.5 IDP for subordinate	0.36*			
1.6 Training and development	0.29*			
1.7 Career development	0.25*			
1.8 Succession planning	0.29*			
Domain2		**0.40***		
2.1 Compensation for new hire		0.32*		
2.2 compensation and benefit management		0.40*		
2.3 Compensation and benefit adjustment		0.40*		
Domain3			**0.20***	
3.1 Workforce planning			0.05*	
3.2 Workforce requesting			0.20*	
3.3 Selecting the right people			0.22*	
3.4 Transferring and staffing			0.22*	
Domain4				**0.54***
4.1 Vision/Mission communication				0.45*
4.2 Policy, Process, procedure communication				0.51*
4.3 Morale/team work enhancement				0.54*

*p<005

Considering the detail of correlation coefficient by competency (Table 37) and R-square of the correlation coefficient (Table 38), it found that the competency in domain 4 (4.1,4.2 and 4.3) are among the highest correlation coefficient. Because communication competency was used to make the staff understand vision and mission of the pharmacy department then the staff could performed aligning to that requirement. As same as, communication for policy, process and procedure, it makes the staff understand limitation of some constraint and they can tolerate and assimilate to the policy, process and procedure of the department constructively. And morale and team work enhancement is directly impact to the staff's feeling. Consequently, the satisfaction to these competencies are highly correlated. This competency domain was suggested to be a must for using as a selection criteria for the candidate to be appointed to the pharmacy department head position.

As a result, it can be concluded that satisfaction which comes from HRM Competent department head will be impact on low turnover, absenteeism, increase duration of stay, increase organization's performance. (Ravee 2001: 12, Danai 2001: 22-33, Chaiset (2010: 89-90) Kvancz (2006) and Lawler III (2003).

Chapter 5
Couclusion and recommendation

The objectives of this chapter are to draw the conclusion to the research questions, and to recommend the further study.

I. Summary of the study

The importance of human resource in the pharmacy department is increasing. They contribute to department's goals and objectives by means of delivery good pharmaceutical cares and services to the patient. In order to make them satisfied, secured, and motivated, HR competent department heads is really vital. Recently staff's satisfaction in the department has a long way to entitlement. Dissatisfaction impacts on absenteeism, transferring, and eventually resignation.
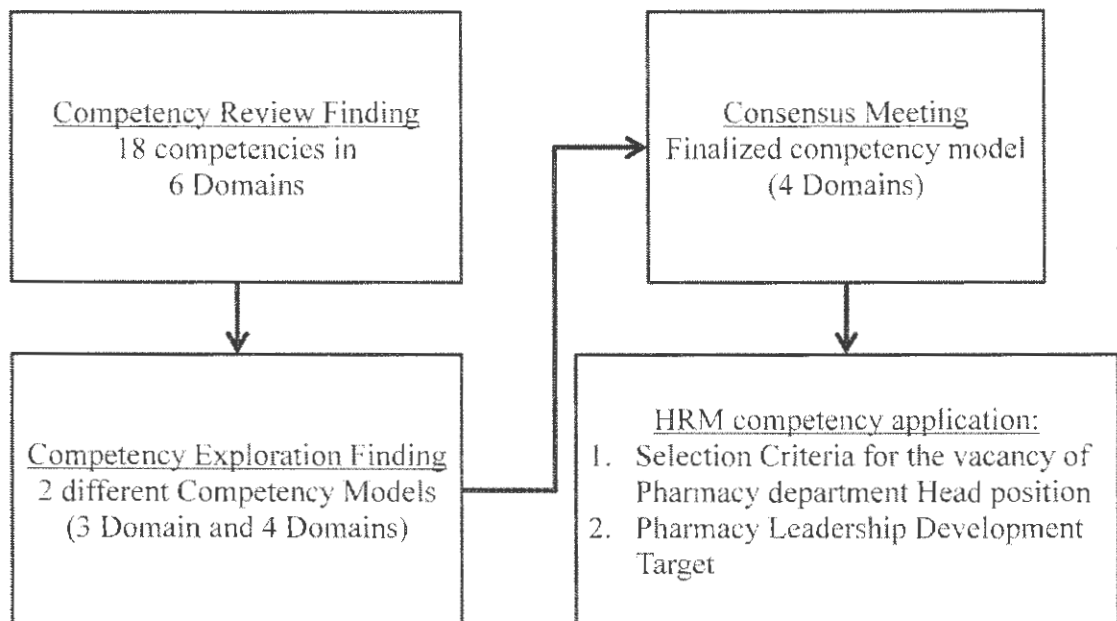
Figure 4: Summary of the study

This research dealt with exploration and development of human resource management (HRM) competency model for pharmacy department head. It began with reviewing HRM literature, pharmacy leadership guideline, and relevant guideline i.e. Hospital Accreditation Guideline (HA) and as shown in figure 4. In this phase, the 18 competencies in 6 domains were found. They are the initial data for developing competency model. Thereafter, the field survey was conducted by using newly construct questionnaire to collect the department's opinions

toward HRM competencies. After conducting the factor analysis, 2 HRM competency models were found. Model I , from the large hospital (regional and provincial hospital group), consisted of 4 competency domain while model II (community hospitals) has 3 domains. After developing HRM competency model, the consensus meeting was conducted to modify the model and made the consensus. Consequently, the newly constructed competency model was finalized and it is reliable and practical because it was as same as HA guideline, Therefore, the competency model can be implemented and applied in the current hospital pharmacy context.

The last section of this research was HRM competency assessment to examine the current HRM competency level of pharmacy department head. The 360-degree approach was performed. As a result, the finding HRM competency level of the department head was high competent because the target group of this research was working in the HA accredited hospital. Hence, they familiar with and keen on HRM referred to HA guideline.

Considering the competency level rated by colleagues outside pharmacy department, there were discrepant with internal department raters. Because the outside raters were the managerial level which focus only on the outcome of the HRM process but lack of focusing operation in pharmacy department. Unlike pharmacist who worked in the department, they saw the detailed HRM operation. Therefore, the concordance of pharmacist rating and self rating was similar while different from the external raters. Eventually there was positive correlation between HRM competency level and pharmacist satisfaction in every competency and every competency domains. It was a good evidence to enhance HRM competency level to impact on the satisfaction of the staff in department.

II. Suggestion for applications and studies

1. Further Competency model application

    a. To use HRM competency assessment as a selection tool for appointing the potential candidate to the department position The candidate whose from Competency score are between 2.75-3.00 in every conphamacy domain - rated by 360 - degree method, should be a potentials candidate to the position of pharmacy department head. The HRM Company is one of the selection criteria in addition to longterm performance's achievement and other leadership attributes

    b. To apply HRM competency level at 3.00 as a target for current department heads to examine themselves against the target. If the gap was found, it is an opportunity for their development as same as using for the department head's successors.

2. Further research

a. To study the HRM competency for the pharmacy department head who works in the non accredited hospital and compare with that of the accredited hospital.

b. To use the same research process with other discipline i.e. nurse, dentist or physician.

c. To study what is the crucial component in HRM competency model which impact to staff commitment or engagement.

REFERENCES

กรแก้ว จันทภาษา. (2550). **การเคลื่อนย้ายและกระจายกำลังคนของเภสัชกรไทย.** เข้าถึงเมื่อ 10 เมษายน 2555 เข้าถึงได้จาก www.hrdothai.com/show_doc.php?r_id=36

กัลยา วานิชย์บัญชา. (2550). **สถิติสำหรับงานวิจัย.** พิมพ์ครั้งที่ 3. กรุงเทพฯ: สำนักพิมพ์แห่ง จุฬาลงกรณ์มหาวิทยาลัย.

_____. (2551). **การวิเคราะห์สถิติขั้นสูงด้วย SPSS for Windows.** พิมพ์ครั้งที่ 6. กรุงเทพฯ: สำนักพิมพ์แห่งจุฬาลงกรณ์มหาวิทยาลัย.

กิตติ พิทักษ์นิตินันท์.(2549) แนวทางการแก้ปัญหาการขาดแคลนกำลังคนสาธารณสุข สายงาน เภสัชกร. เข้าถึงเมื่อ 2 พฤษภาคม 2551 เข้าถึงได้จาก www.moph.go.th/start1.php

เจษฎา นกน้อย. (2552). **แนวคิดการบริหารทรัพยากรมนุษย์ร่วมสมัย.** กรุงเทพฯ: สำนักพิมพ์แห่ง จุฬาลงกรณ์มหาวิทยาลัย.

ชัยวัฒน์ ชยางกูร, หม่อมหลวง. (2549). **ผู้นำหลายมิติ.** กรุงเทพฯ: ตลาดหลักทรัพย์แห่ง ประเทศไทย

วรรณี ชัยเฉลิมพงศ์ (2551). ความพึงพอใจในการทำงานและความผูกพันต่อองค์กรกับความตั้งใจ ที่จะออกจากงานของเภสัชกรไทย. **วารสารวิจัยระบบสาธารณสุข.** 2, 1 (มกราคม-มีนาคม): 22-31.

ศุภชัย ยาวะประภาษ. (2548). **การบริหารงานบุคคลภาครัฐไทย: กระแสใหม่และสิ่งท้าทาย.** พิมพ์ ครั้งที่ 2. กรุงเทพฯ: โรงพิมพ์จุดทอง.

สถาบันพัฒนาและรับรองคุณภาพโรงพยาบาล. (2549). **มาตรฐานโรงพยาบาลและบริการสุขภาพ ฉบับเฉลิมพระเกียรติฉลองสิริราชสมบัติครบ 60 ปี.**

สมาคมเภสัชกรรมโรงพยาบาล(ประเทศไทย). **มาตรฐานวิชาชีพโรงพยาบาล.** เข้าถึงเมื่อ 29 มกราคม 2553 เข้าถึงได้จาก www.thaihp.org/index.php?option=contentpage&sub=29&lang=th

สุกัญญา รัศมีธรรมโชติ. (2550). **การจัดการทรัพยากรมนุษย์ด้วย competency based HRM.** กรุงเทพฯ: สถาบันเพิ่มผลผลิตแห่งชาติ.

สำนักงานคณะกรรมการข้าราชการพลเรือน. (2543). **คู่มือสมรรถนะข้าราชการพลเรือนไทย**. เข้าถึงเมื่อ 21 มิถุนายน 2553 เข้าถึงได้จาก www.ocsc.go.th_ocscms_upload_File_SM_book02.pdf

สำนักงานปลัดกระทรวงสาธารณสุข, กองการเจ้าหน้าที่. (2554). จำนวนเภสัชกรลาออกจาก โรงพยาบาลสังกัดสำนักปลัดกระทรวงสาธารณสุข. เข้าถึงเมื่อ 12 เมษายน 2555 เข้าถึงได้จาก www.hrdothai.com/file/portfolio/4/4.เภสัชกร%20ลาออก.pdf

_____. (2555). จำนวนเภสัชกรย้ายหมุนเวียนในโรงพยาบาลสังกัดสำนักปลัดกระทรวง สาธารณสุข. มกราคม 2555.

Babbie, Earl.(2007). **The practice of social research 11th ed**. Belmont. Thomson Wadsworth.

Chaiset, P. (n.d.). Happiness in the workplace. **Executive Journal**. 30, 1: 89-91.

Chaiyanant,P.(2008). **Organziational commitment of the staff of PTT group**. Ph.D. dissertation. School of Public Administration, The National Institute of Development and Administration.

Danai, L. (2002) **Motivation, Expectation and Satisfaction among engineering faculty in Thailand.** Ph.D. dissertation. Department of Education Administration and Foundation, Illinois State University.

Desslle, Shane P. and David P. Zgarrick. (2005). **Pharmacy Management: Essentials for all practice settings.** New York. McGrawHill.

Dobbert, D.J. (1975). Experience with and assessment of competency-based curriculum in disciplines outside of pharmacy. **Am J Pharm Edu**, 39,5: 560-566.

Greenbaum, Thomas L.(2003). **Moderating focus group: a practical guide for group facilitation.** Thousand Oaks, Sage Publication.

Grussing, R.G. (1987). Curricular design: competency perspective. **Am J Pharm Edu.** 51,4: 414-419.

Hofstede et. Al. (1990). Measuring organization cultures: a qualitative and quantitative study across twenty cases. **Administrative Science Quarterly** 35: 286-316.

Hulin, C.L. (n.d.). Effects of community characteristics on measures of job satisfaction. **Journal of Applied Psychology**. 50:185-192.

Jidapa Sanehnuch. (2010). Factors associated with pharmacist's intention for resignation in government pharmaceutical organization. Master degree thesis. Srinakharinwirot university.

Kaplowitz, Michael D., Timothy D. hadlock, and Ralph Levine. (2004). **A comparison of web and mail survey response rates**. Accessed January 31, 2012. Available from: http://poq.oxfordjournals.org/content/68/1/94.full.pdf.html

Kvancz,David. (2006). A distinctive competency. **American Journal of health system pharmacy.** 63,(May): 822-823.

Lawler III, Edward E. (2003). **Treat people right**. San Francisco : John Wiley and son.

Mark,Scott M. (2008). Succession planning: the forgotten art.. Hospital Pharmacy Journal.43, 7: 593.

Michaels, Ed , Helen Handfield-Jone, Beth Axelrod. (2001). **War for Talent.** Boston : McKinsey& Company.

Nattiya, K. (2006). **Evaluation of pharmaceutical education outcomes in Thailand**. Ph.D. dissertation. Faculty of Pharmacy, Silpakorn University.

Nongluck Pagaiya.(2010). Human Resouce for Health: Thailand. World Health Organization.

Pavee S. (2003). Relationships among creative style preference, job satisfaction, and work environment. Ph.D. dissertation. The California school of organizational studies, Alliant International University.

Personnel Division, Ministry of Public Health. **Pharmacist Turnover Report 2000- 2010.** Accessed April 2, 2012. Avaible at: www.hrdothai.com/file/portfolio/4/4-เภสัชกร%ลาออก.pdf

Pongthep Srisopachit. (1999). International strategy, human resource management practices, and competitive advantage: a case study of the electronic industry in Thailand. Ph.D. dissertation, Chulalongkorn University.

Pharmaceutical Society of Australia. (2003). **Competency standards for pharmacists in Australia.** Pharmaceutical Society of Australia.

Prangchada, S. (2002). **Competency and human resource management in business organization**. Master Degree, Faculty The National Institute of Development and Administration.

Rawee, N. (2001). A **study of organizational commitment in Thailand**. Ph.D.Dissertation, The school of entrepreneur, Nova Southern University.

Siripa,U. (2007). **An analysis of pharmacists attended remuneration system**. Accessed Accesses April 10, 2012. Available from: www.hrdothai.com/show_doc.php?r_id=36

Siriyupa, R. (2010). **Best HR practices in Thailand**. Bangkok: Nation News Network.

Somchart, V. (2003). Strategic Human resource management and development in Thailand. Ph.D. dissertation, School of Public Administration, National Institute of Development Administration.

Spencer, Lyle M. and Signe Spencer. (1993) **Competence at work: model for superior performance**. San Francisco: John Wiley and son.

The National Economic and Social Development Board. (2007). **The 10**th **National Economic and Social Development plan**. Bangkok: The National Economic and Social Development Board.

The Royal Pharmaceutical Society. (2011). **Leadership Competency framework for pharmacy professionals.** Accessed April 12, 2012. Available from: http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf

Turke, Catherine C. (2008). Female leaders' 360-degree self-perception accuracy for leadership competence and skills. Ph.D. dissertation. School of business and technology, Capella University.

Vlosky, Richard P., Franciscon X. Aguilar. **A Model of employee satisfaction: Gender differences in cooperative extension.** Accessed July 22, 2011. Available from http://www.joe.org/joe/2009april

Wachira ,S., Wannee C., Kitti P. (2011). Transformational Leadership of heads of pharmacy department of hospital under the office of the permanent secretary,Ministry of public health. IJPS 7 (3): 61-72.

Yun, Gi Wong. and Craig W.Trumbo. Comparative response to a survey executed by post, e-mail and web form. Accessed January 31, 2012. Available from: http://jcme.indiana.edu/vol.6/issue1/yun.html

Zilz, David A. et al. (2004). Leadership skills for a high performance pharmacy practice. **American Journal of Health System Pharmacy**. 61: 2562-74.

APPENDIX A

Name List of Expert Panel in the Consensus meeting

Name List of Expert Panel in the Consensus meeting

1. President of Pharmacy Council (Thailand)
2. Professor of Faculty of Pharmaceutical Sciences, Naresuan University
3. Professor of Faculty of Pharmacy, Siam University
4. Head of Pharmacy Department, Buriram Hospital
5. Head of Pharmacy Department, Samutsakorn Hospital
6. Head of Pharmacy Department, Warinchanrab Hospital
7. Human Resource Development Manager, Siam Kubota Co.,Ltd.

APPENDIX B

Human Resource Management activities importauce questionnaire

I. THAI
II. ENGLISH

แบบสอบถามเรื่องความสามารถด้านการจัดการทรัพยากร

คำแนะนำ แบบสอบถามนี้มี 3 ส่วน มีคำถามทั้งสิ้น 32 ข้อ กรุณากากบาท (X) หรือเขียนคำตอบลงในช่องว่าง

ส่วนที่ 1 ข้อมูลของผู้ให้ข้อมูล และองค์กร

1) เพศ ( ) หญิง ( ) ชาย

2) ปัจจุบันท่านมีอายุ_____ปี

3) จำนวนปีที่อยู่ในตำแหน่งหัวหน้าแผนก / หัวหน้างาน / หัวหน้ากลุ่มงาน_____ปี

4) ประสบการณ์ทำงานของท่านก่อนเป็นหัวหน้าฝ่าย / หัวหน้าแผนก / หัวหน้างาน / หัวหน้ากลุ่มงาน (ตอบได้มากกว่า 1 ข้อ)

( ) ผู้ป่วยนอก ( ) ผู้ป่วยใน ( ) ผลิต ( ) คลินิก ( ) อื่นๆโปรดระบุ_____

5) ระดับการศึกษา

( ) ปริญญาตรี คณะ_____ สาขา_____

( ) ปริญญาโท คณะ_____ สาขา_____

( ) ปริญญาเอก คณะ_____ สาขา_____

( ) อื่นๆ โปรดระบุ_____

6) จำนวนบุคลากรรวมทั้งหมดใน ฝ่าย / แผนก / งาน /กลุ่มงาน_____คน

7) องค์การที่ท่านสังกัดอยู่เป็น ( ) โรงพยาบาลศูนย์ ( ) โรงพยาบาลทั่วไป ( ) โรงพยาบาลชุมชน

( ) อื่นๆ โปรดระบุ_____

ส่วนที่ 2 การบริหารทรัพยากรมนุษย์ที่เกี่ยวข้องกับหัวหน้าฝ่าย หัวหน้างาน กลุ่มงานเภสัชกรรม

หัวข้อ	ความสำคัญต่อผลการปฏิบัติงานของ แผนก /งาน /กลุ่มงาน			
	มากที่สุด	มาก	น้อย	น้อยที่สุด
1) การวางแผนทรัพยากรมนุษย์ เช่น การวางแผนกำลังคน การจัดสรรกำลังคนเพื่อตอบสนองต่อการทำงานทั้งในปัจจุบัน และอนาคต				
2) การสรรหา และว่าจ้าง เช่น การประกาศรับสมัครบุคลากร สัมภาษณ์ และคัดเลือกบุคลากรมาทดแทน หรือตระเตรียมเพื่อการขยายงาน				
3) ฝึกอบรมและพัฒนา เช่น การส่งบุคลากรไปพัฒนาศักยภาพ การอบรมความรู้เพื่อให้มีศักยภาพ ความสามารถ และทัศนคติที่ดีต่องาน				
4) การประเมินผลงาน เช่น การตั้งเป้าหมายประจำปี การประเมินผลงานประจำปี รวมทั้งการให้ข้อมูลป้อนกลับเกี่ยวกับผลงานของบุคลากร				
5) การจัดการค่าตอบแทนและผลประโยชน์ เช่น การพิจารณาปรับปรุงเงินค่าตอบแทนต่างๆให้เหมาะสมกับสถานการณ์ เช่น เงินเดือน ค่าล่วงเวลา ค่าวิชาชีพ เฉพาะคน				
6) การสื่อสารนโยบาย แนวทางการปฏิบัติงาน เช่น การสื่อสารเป้าหมายของหน่วยงาน การสื่อสารเพื่อสร้างความเข้าใจในเป้าหมาย พันธกิจของหน่วยงาน				
7) การวางแผนกำลังคนให้สอดคล้องกับแผนงาน ทั้งระยะสั้นและระยะยาว				

หัวข้อ	ความสำคัญต่อผลการปฏิบัติงานของ แผนก /งาน /กลุ่มงาน			
	มากที่สุด	มาก	น้อย	น้อยที่สุด
8) การเสนอขอทรัพยากรบุคคลหรือปัจจัยที่ส่งเสริมการส่งมอบคุณภาพ งานผู้รับบริการ เมื่อพิจารณาแล้วว่ามีการขาดแคลนในด้านอัตรากำลังกับ งานที่รับผิดชอบ				
9) มีการดำเนินการคัดเลือกบุคลากรเข้ามาร่วมงานในหน่วยงาน เช่น การ สัมภาษณ์ การทดสอบทัศนคติ				
10) การดำเนินงานเพื่อโอนย้าย หรือบรรจุบุคลากร				
11) การพิจารณาเรื่องความเหมาะสมของค่าจ้าง				
12) การวางแผนการพัฒนาอาชีพ ตามสายงานที่เกี่ยวข้องของบุคลากร				
13) การจัดทำแผนพัฒนาเป็นรายบุคคล (Individual Development Plan)				
14) การจัดการให้มีการฝึกอบรมให้เป็นไปตามแผนพัฒนา				
15) การจัดการเตรียมความพร้อมในการเลื่อนตำแหน่ง หรือ การวางแผน การสืบทอดตำแหน่ง (Succession Plan)				
16) การประเมินผลการปฏิบัติงานอย่างน้อยเป็นรายปี				
17) การนำผลการประเมินไปทำแผนการพัฒนาผลงานในรอบประเมิน ถัดไป				
18) การตกลงกับบุคลากรในฝ่ายเกี่ยวกับเป้าหมายรายบุคคลเกี่ยวกับการ ทำงานที่แต่ละคนต้องบรรลุ				
19) การกำหนดคำพรรณนางาน(Job Description)ให้แก่บุคลากรทุกส่วน งาน ทุกคน				
20) การจัดการด้านค่าตอบแทนและผลประโยชน์ให้แก่บุคลากรได้อย่าง เหมาะสม				
21) การปรับค่าตอบแทนและผลประโยชน์แก่บุคลากรให้เหมาะสมกับค่า ครองชีพที่เปลี่ยนแปลงไป				
22) การสื่อสารในเรื่องเป้าหมายของแผนก หรืองาน หรือกลุ่มงาน				
23) การสื่อสารเพื่อสร้างความเข้าใจในนโยบาย หรือแนวทางการ ปฏิบัติงาน				
24) การจัดกิจกรรมเพื่อส่งเสริมขวัญ และกำลังใจ รวมทั้งกิจกรรมที่ ส่งเสริมการทำงานร่วมกันอย่างมีประสิทธิภาพ				

<u>ส่วนที่ 3 ความคิดเห็นเกี่ยวกับผู้เชี่ยวชาญด้านเภสัชกรรมโรงพยาบาล</u>

<u>คำแนะนำ</u> กรุณาระบุชื่อเภสัชกรโรงพยาบาลหรือนักวิชาการที่ท่านเห็นว่าเป็นผู้ที่มีความเชี่ยวชาญทางด้านงานเภสัชกรรมโรงพยาบาล

1)_____   2)_____

3)_____   4)_____

5)_____

<u>ขอขอบพระคุณที่ท่านกรุณาสละเวลาให้ข้อมูล</u>

*กรณีที่ท่านต้องการ สอบถาม หรือ มีข้อสงสัย กรุณาติดต่อ เภสัชกรลือรัตน์ อนุรัตน์พานิช ที่ luerat@yahoo.com

Human Resource Management Activities involving Pharmacy

This Questionnaire has 3 sections, 32 question items

Please cast "X" in the answer that match with your opinion

1. General Information

Gender ( ) Female ( ) Male

Age _____ years

Duration in Pharmacy Department Head Position _____ years

Past Experiece in Hospital Pharmacy prior to assume the position

( ) OPD pharmacy ( ) IPD pharmacy ( ) Production ( ) Clinical ( ) Misc,Specify_____

Eduction

( ) Bachelor Degree, Specify_____

( ) Master Degree, Specify_____

( ) Doctoral Degree, Specify_____

Total Staff in Pharmacy Department _____ persons

Your Hospital is ( ) Regional ( ) Provincial ( ) Community ( ) Misc. Specify_____

2. Human Resource Management Activities involving Pharmacy Department head

Activity	Importance level to Pharmacy Department Head			
	Max 4	3	2	Min 1
1. HR planning for short term and long term				
2. HR and other resource request when shortage or increase the service level				
3. Selection and hiring the right candidate				
4. Staff transferring both in and out				
5. Compensation consideration for new hire				
6. Career development for staff				
7. Individual development planning for staff (IDP)				
8. Training and development offering according to IDP				
9. Succession planning				
10. Annual performance management				
11. Staff development according to performance appraisal result				
12. Performance agreement with staff				
13. Job description for all staff				
14. Compensation management				
15. Compensation adjusting				
16. Department goals communication to staff				
17. Policy and procedure communication				
18. Morale and teamwork enhancement				

3. Please Nominate the Hospital Pharmacy Expert (Maximum 5 persons)

1._____

2._____

3._____

4._____

5._____

Thank You very much for your time and effort in doing this questionnaire

In case of inquery Plase contact Mr. Luerat Anuratpanich at luerat@yahoo.com

APPENDIX C

Human Resource Competency assessment of pharmacy department head

I. THAI
II. ENGLISH

แบบประเมินสมรรถนะทางด้านการจัดการทรัพยากรมนุษย์ของหัวหน้ากลุ่มงานเภสัชกรรม

คำแนะนำในการประเมิน

๑)โปรดดึงเกณฑ์การประเมิน(แผ่นที่ ๒ ของเอกสาร)ออกมาเพื่อใช้อ่านประกอบการประเมิน

๒)ขอให้ประเมินด้วยความเป็นกลาง จากข้อมูล หลักฐานเชิงประจักษ์ โปรดอย่าใช้ความรู้สึก

๓) โปรดทำเครื่องหมาย X ที่ระดับความเชี่ยวชาญที่ท่านเห็นสมควร

โรงพยาบาลของท่านเป็น โรงพยาบาล(   )ตติยภูมิ   (   )ทุติยภูมิ   (   )ปฐมภูมิ   อื่นๆโปรดระบุ.....................

สมรรถนะทางด้านการจัดการทรัพยากรมนุษย์ของหัวหน้ากลุ่มงานเภสัชกรรม

๑.การบริหารผลงานและพัฒนาทรัพยากรมนุษย์	ระดับความเชี่ยวชาญ				
-มีการตกลงกับบุคลากรในกลุ่มงาน โดยเฉพาะผู้ใต้บังคับบัญชาโดยตรงเกี่ยวกับเป้าหมายรายบุคคล	0	1	2	3	4
-มีการกำหนดคำพรรณนางาน(Job Description)ให้แก่บุคลากร โดยเฉพาะผู้ใต้บังคับบัญชาโดยตรง	0	1	2	3	4
-มีการประเมินผลการปฏิบัติงานผู้ใต้บังคับบัญชาโดยตรงอย่างน้อยเป็นรายปี	0	1	2	3	4
-การนำผลการประเมินไปทำแผนการพัฒนาผลงานในรอบประเมินถัดไป	0	1	2	3	4
-มีการจัดทำแผนพัฒนาเป็นรายบุคคล ทั้งแบบเป็นลายลักษณ์อักษร หรือ ไม่เป็น	0	1	2	3	4
-มีการจัดการ ให้มีการฝึกอบรมผู้ใต้บังคับบัญชาโดยตรงให้เป็นไปตามแผนพัฒนา	0	1	2	3	4
-มีการวางแผนการพัฒนาอาชีพ (Career Development)ตามสายงานที่เกี่ยวข้องของบุคลากร	0	1	2	3	4
-มีการจัดการเตรียมความพร้อมในการเลื่อนตำแหน่ง หรือ การวางแผนการสืบทอดตำแหน่ง	0	1	2	3	4
๒.การจัดการค่าตอบแทนและสวัสดิการ	ระดับความเชี่ยวชาญ				
-สามารถพิจารณาเรื่องความเหมาะสมของค่าจ้างในการบรรจุ หรือแต่งตั้งผู้ใต้บังคับบัญชา	0	1	2	3	4
-สามารถจัดการด้านค่าตอบแทน และ/หรือ ผลประโยชน์ให้แก่บุคลากรได้อย่างเหมาะสม	0	1	2	3	4
-สามารถดำเนินการปรับค่าตอบแทนและ/หรือ ผลประโยชน์แก่บุคลากรให้เหมาะสม	0	1	2	3	4
๓.การบริหารอัตรากำลัง	ระดับความเชี่ยวชาญ				
-สามารถวางแผนกำลังคนให้สอดคล้องกับแผนงาน ทั้งระยะสั้นและระยะยาว	0	1	2	3	4
-สามารถขอทรัพยากรบุคคลเพื่อส่งเสริมการส่งมอบคุณภาพงานผู้รับบริการ เมื่อมีการขาดแคลนอัตรากำลัง	0	1	2	3	4
-สามารถดำเนินการคัดเลือกบุคลากรเข้ามาร่วมงานในหน่วยงาน	0	1	2	3	4
-สามารถดำเนินงานเพื่อ โอนย้าย หรือบรรจุบุคลากร	0	1	2	3	4
๔.การสร้างความเข้าใจต่อเป้าหมายโดยการสื่อสาร และสร้างขวัญกำลังใจ	ระดับความเชี่ยวชาญ				
-สามารถสื่อสารในเรื่องเป้าหมายของกลุ่มงานให้ผู้ใต้บังคับบัญชาทุกระดับชั้นเข้าใจ	0	1	2	3	4
-สามารถสื่อสารเพื่อสร้างความเข้าใจในนโยบาย หรือแนวทางการปฏิบัติงาน	0	1	2	3	4
-สามารถ หรือ แนะนำ หรือ จัดการ ให้มีการจัดกิจกรรมเพื่อส่งเสริมขวัญ และกำลังใจ รวมทั้งกิจกรรมที่ส่งเสริมการทำงานร่วมกันอย่างมีประสิทธิภาพ	0	1	2	3	4

<u>ขอขอบพระคุณที่ท่านกรุณาสละเวลาให้ข้อมูล</u>

*กรณีที่ท่านต้องการสอบถาม หรือ มีข้อสงสัย กรุณาติดต่อ เภสัชกรลือรัตน์ อนุรัตน์พานิช ที่ luerat@yahoo.com

HRM competency Assessment of Pharmacy Department Head

Instruction

1) The Competency Proficiency level descrition is in page 2 of this questionnair

2) Please do not use the bias in the assessment

3) Please cast "X" to evaluate HRM competency level of the Pharmacy Department Head

Your Hospital is (　　) Tertiary　　(　　) Secondary2.3 (　　) Secondary 2.2 (　　) Secondary 2.1

Domain 1: Persormance Management and Human Resource Development	Proficiency Level				
Ability to set goals for subordinates	0	1	2	3	4
Ability to provide job description	0	1	2	3	4
Ability to do the performance appraisal annually	0	1	2	3	4
Ability to close the performance gaps of the subordinates	0	1	2	3	4
Ability to help subordinate to do the individual development plan	0	1	2	3	4
Ability to train and develop subordinate	0	1	2	3	4
Ability to do the career development for subordinate	0	1	2	3	4
Ability to do the succession planning	0	1	2	3	4
Domain 2: Compensation and Benefits management	Proficiency Level				
Ability to do the compensation offering for hiring	0	1	2	3	4
Ability to manage the compensation and/or benefits	0	1	2	3	4
Ability to adjust compensation and/or benefit to reflex the situation properly	0	1	2	3	4
Domain 3: Workforce Management	Proficiency Level				
Ability to do the workforce planning	0	1	2	3	4
Ability to request the workforce in case of people shortage or enhance the service level	0	1	2	3	4
Ability to select and hire the right candidate	0	1	2	3	4
Ability to transfer existing staff from other unit/hospital and/or hire the new	0	1	2	3	4
Domain 4: Communication to enhance understanding and morale	Proficiency Level				
Ability to communicate the vision and mission of organization	0	1	2	3	4
Ability to communicate the work policy, process, and procedure	0	1	2	3	4
Ability to conduct or suggest other to conduct morale energizing activities and team working activities	0	1	2	3	4

Thank You very much for your time and effort in doing this questionnaire

In case of inquery Plase contact Mr. Luerat Anuratpanich at luerat@yahoo.com

APPENDIX D

Human Resource Management Competency Satisfaction Survey

แบบประเมิน ความพึงพอใจต่อการจัดการทรัพยากรมนุษย์ของหัวหน้ากลุ่มงานเภสัชกรรม

สมรรถนะทางด้านการจัดการทรัพยากรมนุษย์ของหัวหน้ากลุ่มงานเภสัชกรรม	ระดับความพึงพอใจ				
	น้อยที่สุด	น้อย	ปานกลาง	มาก	มากที่สุด
๑.การบริหารผลงานและพัฒนาทรัพยากรมนุษย์					
๒.การจัดการค่าตอบแทนและสวัสดิการ					
๓.การบริหารอัตรากำลัง					
๔.การสร้างความเข้าใจต่อเป้าหมายโดยการสื่อสาร และสร้างขวัญกำลังใจ					

HRM competency Satisfaction Survey

HRM Competency of Pharmacy Department Head	Satisfaction Level				
	Minimum (1)	(2)	(3)	(4)	Maximum (5)
Domain 1 Performance Management and Human Resource Development					
Domain 2 Compensation and Benefit Management					
Domain 3 Workforce Management					
Domain 4 Communication for Morale, understanding and teamwork					

BIOGRAPHY

Name: Luerat Anuratpanich
E-mail: luerat@yahoo.com

Education

1987(Jun)-1992(Mar)	Bachelor of Pharmacy, Mahidol University, Thailand
1997(Oct)-2000(Mar)	Master in Business Administration, Chulalongkorn University, Thailand
2007(Jun)-2012(May)	Doctor of Philosophy, Silapakorn University, Thailand

Work Experience

1992(Apr-Nov)	Pharmacist, Health Center 32, Bangkok Metropolitan Administration
1992(Nov)-1994(Dec)	Medical Representative, East Asiatic Company Limited
1994(Jan)-1996(Dec)	Medical Representative, B.L.H. Trading Co., Ltd.
1996(Jan)-1997(Dec)	Sales Supervisor, Takeda Thailand Co., Ltd.
1998(Jan)-2000(Mar)	Store Manager, Boots Retail Thailand Co., Ltd.
2000(Apr)-2001(Mar)	Sales Manager, Novo Nordisk Co., Ltd.
2001(Apr)-2002(Dec)	Product Manager, Diethelm Co., Ltd.
2002(Jan)-2011(Jul)	Human Resource Development Manager, 3M South East Asia
2002(Dec)-2003(Jan)	Senior Marketing Supervisor, 3M Thailand Ltd.
2004(Feb)-2006(Jan)	Black belt, 3M Thailand Ltd.
2006(Feb)-2008(Dec)	Human Resource Development manager – 3M Thailand Ltd.
2009(Jan)-2010(Jun)	HRD – organization Development and Recruitment manager, 3M Thailand Ltd.
2011(May)-2011(July)	Talent Development Manager, 3M South East Asia Ltd.