

**LEADERSHIP, ORGANIZATIONAL CLIMATE,  
JOB EMPOWERMENT, AND SERVICE QUALITY  
MANAGEMENT OF HEAD NURSES IN REGIONAL AND  
GENERAL HOSPITALS IN THE CENTRAL REGION**

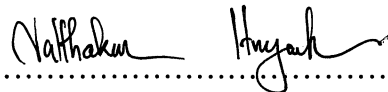
**NATTHAKUN HNUJAK**

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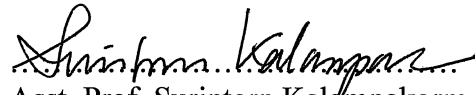
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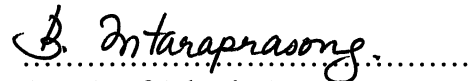
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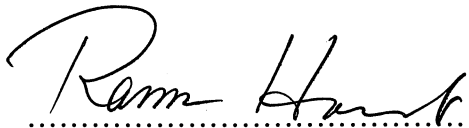
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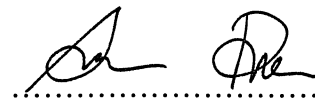
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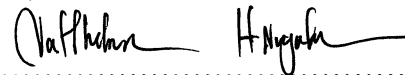
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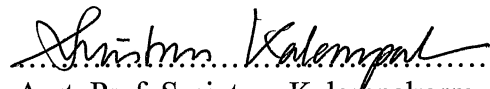
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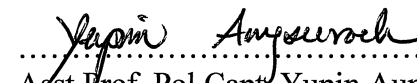
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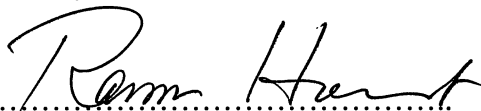
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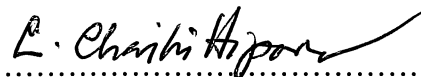
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Natthakun Hnujak

**LEADERSHIP, ORGANIZATIONAL CLIMATE, JOB EMPOWERMENT, AND SERVICE QUALITY MANAGEMENT OF HEAD NURSES IN REGIONAL AND GENERAL HOSPITALS IN THE CENTRAL REGION**

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**ABSTRACT**

This research aimed to examine the relationships between leadership, organizational climate, job empowerment, and service quality management of head nurses in regional and general hospitals in the central region. The study sample consisted of 274 head nurses working in patient unit. Data were collected using self-administered questionnaire. Descriptive statistics used were percentage, mean, and standard deviation. The analytical statistics comprised Pearson's product moment correlation coefficient and multiple regression analysis.

Results of the study showed that service quality management of head nurses was very good with sustainable development trend. Leadership of head nurses was at a high level. Transformational leadership and transactional leadership of head nurses were rated in a high level. The organizational climate and job empowerment were at a high level. Leadership, organizational climate and job empowerment were significantly related to service quality management of head nurses ( $p < .01$ ). Transformational leadership, organizational climate, and transactional leadership significantly explained 40.9 % of variation in service quality management of head nurses.

The results of this study suggested that head nurse should be encouraged to improve service quality management, management training, leadership development, and job empowerment. Nurse administrators should create an appropriate nursing department climate, and provide necessary resources in the department. In addition, the nurse administrators should continuously follow up the results of service quality management.

**KEY WORDS: LEADERSHIP / ORGANIZATIONAL CLIMATE /  
JOB EMPOWERMENT / SERVICE QUALITY  
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ภาวะผู้นำ บรรยากาศองค์กร การได้รับการเสริมสร้างพลังอำนาจในงาน กับการบริหารงานคุณภาพ  
บริการพยาบาลของหัวหน้าหอผู้ป่วยโรงพยาบาลศูนย์และโรงพยาบาลทั่วไปในภาคกลาง  
(LEADERSHIP, ORGANIZATIONAL CLIMATE, JOB EMPOWERMENT,  
AND SERVICE QUALITY MANAGEMENT OF HEAD NURSE IN REGIONAL  
AND GENERAL HOSPITALS IN THE CENTRAL REGION)

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#### บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่าง ภาวะผู้นำ บรรยากาศองค์กร การได้รับการเสริมสร้างพลังอำนาจในงานกับการบริหารงานคุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วยโรงพยาบาลศูนย์และโรงพยาบาลทั่วไปในภาคกลาง กลุ่มตัวอย่างเป็นหัวหน้าหอผู้ป่วยที่ปฏิบัติงานในหอผู้ป่วยกลุ่มการพยาบาลจำนวน 274 คน เก็บข้อมูลโดยใช้แบบสอบถาม และวิเคราะห์ข้อมูลด้วยสถิติพรรณนา ได้แก่ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน สถิติวิเคราะห์ความสัมพันธ์ได้แก่ สัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน และสถิติถดถอยเชิงพหุ

ผลการวิจัยพบว่า หัวหน้าหอผู้ป่วยมีการบริหารงานคุณภาพบริการพยาบาลอยู่ในระดับดีและมีแนวโน้มยั่งยืน ภาวะผู้นำของหัวหน้าหอผู้ป่วยอยู่ในระดับสูง โดยหัวหน้าหอผู้ป่วยมีการใช้ภาวะผู้นำการเปลี่ยนแปลงและภาวะผู้นำการแลกเปลี่ยนอยู่ในระดับสูง บรรยากาศองค์กรอยู่ในระดับสูง และหัวหน้าหอผู้ป่วยได้รับการเสริมสร้างพลังอำนาจในงานอยู่ในระดับสูง ภาวะผู้นำ บรรยากาศองค์กร การได้รับการเสริมสร้างพลังอำนาจในงานมีความสัมพันธ์เชิงบวกกับการบริหารงานคุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วยอย่างมีนัยสำคัญทางสถิติที่ระดับ .01 ภาวะผู้นำการเปลี่ยนแปลง บรรยากาศองค์กร และภาวะผู้นำการแลกเปลี่ยนสามารถร่วมกันอธิบายการบริหารงานคุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วยได้ร้อยละ 40.9

ผลการวิจัยมีข้อเสนอแนะ คือ หัวหน้าหอผู้ป่วยควรได้รับการสนับสนุนการศึกษา การอบรม ฝึกทักษะการบริหารงานคุณภาพบริการพยาบาล การศึกษาวิจัยเพื่อพัฒนาคุณภาพบริการ และการพัฒนาภาวะผู้นำอย่างต่อเนื่อง ผู้บริหารทางการพยาบาลควรมีการสร้างสรรค์บรรยากาศการทำงาน จัดโครงสร้างการบริหารงานและมาตรฐานการบริการให้เอื้ออำนวยต่อการทำงาน จัดสรรบุคลากรและทรัพยากรที่จำเป็นสำหรับหอผู้ป่วย รวมทั้งมีการประเมินผลการบริหารงานคุณภาพบริการพยาบาลอย่างต่อเนื่อง

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## CHAPTER I

### INTRODUCTION

#### **Background and Significance**

Changes in the economy, society, medical and public health technology, health information, and government policy have results in high demand of health service. The government and the Ministry of Public Health are required to provide health care service standard for people with high service quality, safety, and proper cost (Kaewpan, W. 2001: 88) and with a regard for human rights according to the Thai kingdom constitution of 1997 (Department of Health Service Support, Ministry of Public Health, 2003: i). Therefore, all hospitals have to be responsible for improving service within the health care system, including service management, service design, and service delivery to achieve quality service assurance and hospital accreditation.

Of 1,333 government hospitals in Thailand (Hospital Directory and Public Health Statistic, 2000: 260-261), 92 of them are regional and general hospitals. These hospitals are responsible for providing nursing service at primary, secondary and tertiary levels (Bureau of Policy and Strategic, 2002: 17-18, 60). The report on the proportionate use of hospitals service showed that 70 % of patients used the health care service from government hospitals, while 30 % utilized private hospitals (Nityalumpong, S. 1996: 12 cited in Viputthasrili, A. et al. 1997: 5). The problems of service quality indicated that patients were neither satisfied nor impressed in health care service, the service management system, or the behavior of service providers. These problems were involved the whole complex service, including tardy service delivery, prolong waiting periods for doctors, indelicate doctor examinations, and inadequate health care information, crowded facilities, dirty bathrooms, and impolite communication of doctors and nurses (Swangdee, Y. et al. 2000: 50-91). The patients also had a lack of trust and confidence in the hospitals' vision and mission, budget deficiencies, and scarcity of health care providers (Working Party of Region Hospital, 1998: 1-2). Suprawongsanon, V. (2000: 102-135) studied development activities in the regional hospitals and general hospitals, and the results indicated that petition and

lawsuit were related to nursing services (62.8 %). Therefore, hospitals showed incapacity of providing quality of service delivery for the increased needs of additional clients. Several researchers explored the improvement of service quality of nursing organization under regional hospitals and general hospitals. Results from these studies indicated that: the structure of nursing organizations was not clear (52.3 %); nurses cannot be completely relied upon for information by many patients and relatives (54.7 %), lack of teamwork was evident (55.8 %) (Suprawongsanon, V. 2000: 121). There were prolonged waiting periods for service delivery (43.0 %) (Kaewpan, W. 2001: 295). The infection rate was not acceptable with 7.3 % in regional hospitals and 6.0 % in general hospitals (Danchaivijit, S. et al., 2001 cited in Bauchum, S. 2002: 1-2). The patient unit was dirty and staff nurse cannot take care all of the patients (Swangdee, Y. et al., 2000: 66-67).

In a pilot study on service quality administration in the nursing department in regional hospital and general hospitals in the central region during February, 2004, results showed that an attempt to improve service quality management was unsuccessful. The obstacles were the followings: 1) working process and management were not effective (88.9 %), 2) there were problems of health care providers (77.8%), and 3) there were budget deficiencies and insufficient nurses (27.8%). The obstacles of working process and management were complex service process, over workload, a change of policy and exclusive administrators, lack of involvement in provider teams, lack of morale and motivation, and problem solving conflict. The problems of health care providers were lack of executive manager commitment; inappropriate principle of leadership and management, lack of staff knowledge, individual concern, attention, cooperation, collaboration, and teamwork in standard performance and service improvement. These conditions may influence the quality of service in management activities and service delivery. Consequently, there will be negative effects on the health care service quality and quality of life for all.

Since 1993, the Ministry of Public Health has had a quality assurance policy for development of regional hospitals and general hospitals under the office of the Permanent Secretary of MOPH, and has applied the concept of Total Quality Management (TQM) for improvement of hospital quality. Then, in 1997, the hospital accreditation program began (Suphachutigul, A. & Srirhatanabul, C. 2000: 62-63).

All hospitals have to conform to the hospital standard of 1996 and quality management method, and are evaluated and accredited by the Institute of Hospital Quality Improvement & Accreditation. The concept of TQM was successfully applied to improve service quality and excellent performance, and the Ministry of Public Health used TQM to improve service quality and accreditation in regional hospital and general hospitals (Prugpitikul, S. 2001: 1). The TQM principle is focused on customers, process improvement, and total involvement (Tenner & DeToro, 1992: 32; Suphachutikul, A. et al. 1999: 15). Nursing department is the part of hospital that should develop nursing service and performance base on concept of TQM and nursing standard/nursing organization in the hospital standard of 1996.

Head nurses are important middle administrators in the hospital. They manage nursing service in patient units and guide quality policy among staff participants. They should be able to improve service quality management to ever-changing situations. Therefore, the head nurses should utilize TQM techniques that are appropriate to perform service quality development in patient unit. Several researchers studies the relationship between TQM and improvement of quality of hospitals, revealing that there has been progress, high levels of quality service, and customer satisfaction (Aghazadeh, 2002: 79; Viputsiri, A. et al. 1997: 3; Yangain, R. 1999: 119-121). Lohityothin, L. (1999: 77) showed that TQM was related to effectiveness patient unit, and Polsen, N. (2003: 67) demonstrated that TQM was related to quality improvement activities in nursing departments of community hospitals.

The success in service quality management relates to many factors. Dean & Evan (1994) stated that the strategy of successful TQM relate to organizational change and organizational behavior as teamwork, empowerment and motivation, and leadership. Tenner and DeToro (1992) stated that strategy of developing the TQM relate to organizational support: structure; communication; recognition and reward, and training and education. According to Maungman, T. & Suwan, S. (1986: 1-17), relationship of organizational behavior including three level: 1) individual behavior, 2) group behavior, and 3) organizational behavior. Service quality management in patient unit should be connecting with other unit within hospital. Therefore, effective service quality management of head nurse base on relationship of organizational behavior.

Several studies indicated that leadership was the most important factor in promoting service quality management. “Teach and institute leadership” is one of the W.E. Deming’s Fourteen Points. Leadership is the first category in the Malcolm Baldrige National Quality Award, and is recognized as the “driver” of successful quality systems (Dean & Evan, 1994: 218). Dean & Evan (1994: 218-219) suggested that leadership be fundamental to management and organizational behavior. Leaders establish vision, value, plans and goals for the organization. Transactional leadership is approach on TQM (Dean & Evan, 1994: 229). Several studies showed the positive relationship between transformational leadership and transactional leadership of head nurses and nursing service quality improvement activity (Duangurai, A. 2002: 89-91; Pongrathanamand, S. 1999: 124; Thipronpan, K. 2002: 60-62). Therefore, the leadership of head nurses could influence motivating members and increase cooperation on nursing service quality improvement activities, which will lead to successful service quality management.

The organizational climate is important to promote management and improve behavior. It is a factor involving organization theory, organization behavior, behavior staffs analysis, and efficiency and effectiveness of workgroup in organizational (Maungman, T. & Suwan, S. 1986:1-5). Organizational climate refer to the quality of work environment and staff that have direct or indirect influence on performance quality, and relate to organization, motivation, and behavior of staff. (Navykran, S. 2001: 192-193). Litwin & Stringer (cited in Stringer, 2002) suggested that an appropriate organizational climate build power and stimulate motivation to improve performance. Other studies showed that the appropriate organizational climate that satisfied staffs promote development and could predict success of hospital improvement (Suphachutigul, A. et al, 1999: 58, 99-100), and acceptance of total quality management (Yimpong, P. 1999: 109). Therefore, the appropriate organizational climate will beneficial for head nurses who manage and practice service quality management activities.

Dean & Evan (1994: 176, 198-203) suggested that empowerment be a natural extension of employee involvement concepts such as worker participation in decision making. Managers in many companies found that giving people power to make a difference contributed greatly to providing quality products and service to their

customers. Empowerment is an application of the teamwork principle of total quality management. Kanter (1977; cited in Kanter, 1993: 245-248) suggested that structure determinant of behavior in organizations consist of three sections: 1) structure of power, 2) structure of opportunity, and 3) structure of proportion. The power refers to support, the capacity to mobilize resources, and information alliances. The opportunity refers to expectation and future prospect, such as mobility and growth, accesses to challenge, and increases in skills and rewards. Consequently, job empowerment is an important concept applying to nursing staff development. Job empowerment relates to a perception of management ability and competency in the management role of head nurses (Charusin, P. 1999: 114; Tongyai, S. 2001: 92). Therefore, head nurses should gain benefit from empowerment in the hospital.

However, few studies have been reported on service quality management of head nurses in regional and general hospitals. The purpose of this study were to examine the relationship between leadership, organizational climate, job empowerment, and service quality management and to identify factors that can be used to explain variation in service quality management in regional and general hospitals, in the central region. Results of this study would be beneficial for administrators to aid in the recognition of the necessity of developing the potentiality and competency of head nurses. This study could provide guidance to support administrators who apply the concept of TQM to improve nursing service quality performance.

### **Research Questions**

1. How are leadership, organizational climate, job empowerment, and service quality management of the head nurses in regional and general hospitals in the central region?
2. Do leadership, organizational climate, job empowerment relate to service quality management of the head nurses?
3. Whether or not leadership, organizational climate, job empowerment can be used to explain the variation in service quality management of the head nurses?

## **Research Objectives**

### **General Objective**

This study aims to examine leadership, organizational climate, job empowerment, and service quality management of head nurses in regional and general hospitals in the central region.

### **Specific Objectives**

1. To study leadership, organizational climate, job empowerment and service quality management of head nurses in regional and general hospitals in the central region.
2. To examine the relationships between leadership, organizational climate, job empowerment and service quality management of head nurses
3. To identify factors that can be used to explain the variation in service quality management of head nurses.

## **Research Hypothesis**

1. Leadership has a positive relationship with service quality management of head nurses
  - 1.1 Transformational leadership has a positive relationship with service quality management of head nurses.
  - 1.2 Transactional leadership has a positive relationship with service quality management of head nurses.
2. Organization climate has a positive relationship with service quality management of head nurses.
3. Job empowerment a positive relationship between with service quality management of head nurses.
4. Leadership, organizational climate, and job empowerment can be used to explain the variation in service quality management of head nurses.

## **Scope of The Research**

This study focused on leadership, organization climate, job empowerment and service quality management of head nurses working in nursing service department

in the regional and general hospitals under the Ministry of Public Health in the central region of Thailand. The area of study consists of seventeen provinces and twenty-two hospitals in the 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> division of Ministry of Public Health (the Ministry of Public Health, 2003). The region is divided by Nation statistic Office based on a national census, 2000 (Nation statistic Office, 2001). This study was conducted from September to October, 2004.

## **Research Variables**

### **Independent variables comprise of:**

#### **1. Leadership**

- 1.1 Transformational leadership
- 1.2 Transactional leadership

#### **2. Organizational climate including as follows:**

- 2.1 Structure
- 2.2 Standards
- 2.3 Responsibility
- 2.4 Recognition
- 2.5 Support
- 2.6 Commitment

#### **3. Job empowerment**

- 3.1 Power
- 3.2 Opportunity

### **Dependent variable**

Dependent variable is service management of head nurses including:

1. Leading
2. Strategic planning
3. Focus on patients and customers
4. Information and knowledge management
5. Human development
6. Process management
7. Evaluation of service quality and organizational performance

## Definition of Terms

**1. Leadership** refers to the behaviors of head nurses that indicate personal characteristics and competency involving dynamic and interactive process in quality of nursing service management. These activities influence the potential followers toward accomplishment of goal. In this study, two types of leadership are examined.

**1.1 Transformational leadership** refers to the behaviors of head nurses that express personal characteristic and competency to arouse individual concern, satisfy needs of the followers, so that they can sacrifice organizational benefit and develop the service quality performance. Transformational leadership consists of four components as the following: 1) Charisma, 2) Inspiration, 3) Individualized consideration, and 4) Intellectual stimulation.

**1.1.1 Charisma** refers to the behaviors of head nurses that express characteristics and competency to make the followers being loyalty, respect, trust, impression, favorable and agreement with service quality development. These characteristics express self confidence, good role model, the stability on a change or critical situation, the attitude of working, the clear goal, the engagement in behaviors designed to create the impression of competence and success, the building of motivation and teamwork trust, the moral decision making, sacrifice on organizational benefit and attempting on working.

**1.1.2 Inspiration** refers to the behaviors of head nurses that motivate followers to have inspiration by creating interpersonal motivation. The head nurses would assimilate on team spirit to be fresh, properly express opinion, create positive attitude, dedicate in working with full capability In addition, they build expectation and confidence to accomplish goal and the growth in working.

**1.1.3 Individualized consideration** refers to the behaviors of head nurses that express acceptance and understanding in each individual, and promote individual stability. They also give opportunity and assigning appropriate job for each individual, and support human development, caring, counseling and mentoring.

**1.1.4 Intellectual stimulation** refers to the behaviors of head nurses that stimulate followers to have thinking, problem awareness and problem solving, concerning on the fact, analyzing and solving problem based on knowledge,

principles and theory, creating new procedure for problem solving with freedom, and guiding reasonable management.

**1.2 Transactional leadership** refers to the competency and behaviors of head nurses who motivate followers by contingent reinforcement with exchanging reward for high competency followers, giving feedback, and punishing followers who cannot reach standard performance. Transactional leadership consists of contingent reward and management by exception.

**1.2.1 Contingent reward** refers to the behaviors of head nurses providing rewards to the followers who achieve the goal. Behaviors can be expressed by satisfying and respecting, recognizing or giving notice of meritorious service, considering monthly wage, and promoting job position.

**1.2.2 Management by exception** refers to behaviors of head nurses providing feedback for the followers who fail to meet standard, have mistake, and cannot achieve the goal. These activities include reviewing method and objectives, controlling, giving the power, advising suggestion and using strict criteria and standard.

**2. Organizational climate** refers to perception of head nurses involving nature or quality of the internal organizational environment that arouses motivation and influences the quality of nursing service management. In this study, there are six dimensions of organizational climate: 1) structure 2) standard 3) responsibility 4) recognition 5) support and 6) commitment

**2.1 Structure** refers to having well organized nursing department, a clear definition of person roles, responsibility, and decision-making authority.

**2.2 Standard** refers to having good standard performance in the nursing department, continuous promotion and improvement, and a degree of pride members doing a standard performance.

**2.3 Responsibility** refers to having concern and responsibility, monitoring system, making freedom and correct decision, and no doubled-check decision-making of head nurses.

**2.4 Recognition** refers to having who gaining reward of the members in nursing department when they have well practices. There are balanced emphasis on reward versus criticism and punishment.

**2.5 Support** refers to trust and mutual support that prevails within a work group. Members feel that they are in part of a well-function team. Head nurses feel that they can get help from the nurse administrators and followers.

**2.6 Commitment** refers to members have pride in belonging to health service organization, honesty, loyalty, and degree of commitment to organizational goal.

**3. Job empowerment** refers to the perception of head nurses who have power and opportunity to support individual development for service quality management. There are two aspects of job empowerment.

**3.1 Power** refers to having authority of either formal or informal power including support, information, and resources within their role and job position to manage toward goal achievement from nurse administrators. Power consists of three components.

**3.1.1 Support** refers receiving support and agreement of creative thinking, problem solving, and decision-making from nurse administrators. Nurse administrators give flexibility of working and promote interpersonal relationship.

**3.1.2 Information** refers to receiving information, knowledge, the fact, feedback data, and movement of situation within nursing department and outside hospital from both formal and informal method. It also includes having data and library that useful for decision-making and performance.

**3.1.3 Resources** refers to receiving accommodation, technology, budgets, personnel, material, time, reward, salary, and benefit to support service quality management toward goal achievement.

**3.2 Opportunity** refers to having an opportunity in individual development for growth and promotion in organization and receiving challenge work that enhance knowledge and skill from nurse administrators and hospital director. Opportunity consists of three components.

**3.2.1 Growth** refers to having opportunity in considering of meritorious services, promoting monthly wage and advancing job position.

**3.2.2 Learning** refers having opportunity to meet, give a seminar, and have short and long course training in management, and have training on complex work.

**3.2.3 Challenging work** refers having opportunity to work in a clear job description and to have responsibility of challenging work that is proper with ability, job position, and achievable goal.

**4. Service quality management of head nurses** is a set of activity related to nursing service quality management by concepts of TQM and Baldrige National Quality Program: Health Care Criteria for Performance Excellence. In this study, service quality management consists of seven aspects: 1) leading, 2) strategic planning, 3) focus on patients/customers, 4) information and knowledge management, 5) human development, 6) process management, and 7) evaluation of service quality and organizational performance.

**4.1 Leading** refers to head nurses' activities relating to patient unit leader and social responsibility. The head nurses share vision, mission, and goal of their hospital and nursing department. They address values and patients/customers expectation, and focus on patients/customers for services quality development. They determine quality management system based on goal, mission and expectation of patients/customers. They also communicate vision, mission, and goal to co-workers, and develop quality of services nursing and delivery system to achieve quality service assurance and hospital accreditation. In addition they express ethical behavior, and have responsibility to the public.

**4.2 Strategic planning** refers to head nurses' activities involving strategy development and strategy deployment. The head nurses determine strategy objectives of patient unit consisting of strategic planning of hospital and strategy planning process respond to needs and expectation of patients/customers. They collect and analyze relevant data and information to address these factors as strategic planning, such as technology, innovation or changes, society, economics, policy, weakness and strength of patient unit, and quality service problem. They also convert strategic objective into action plan, and develop and deploy action plan appropriated nursing service. In addition, they have planning of evaluation, key performance measures or indicator for tracking process and action plan.

**4.3 Focus on patients and customers** refers to head nurses' activities relating to requirement, expectation and preference of patients/customers,

patients/customers relationships and satisfaction. The head nurses give relative important patients/customers, respect to human right, listen and learn demand and expectation. They survey health care market, and build learning information system and referring system. They also analyze satisfaction of health care service and benchmarks, and build relationship between patients/customers and providers in connection units.

**4.4 Information and knowledge management** refers to head nurses' activities relating to information and knowledge management and measurement and analysis of patient unit performance. The head nurses select, collect and integrate data and information for tracking daily operation and overall performance. They use effective instrument and computer and analyze data with reliable statistics. In addition, they use results for developing service quality management in patient unit and decision-making in hospital policy.

**4.5 Human development** refers to head nurses' activities relating to work system management, staff learning, motivation, and staff well-being and satisfaction. The head nurses determine clear job description, objectives, and development planning. They develop empowerment and leadership of staff, and promote learning and training skill. They promote and support reward system and growth, and build motivation of all staff. They also maintain appropriate work environment and organizational climate. In addition, they promote professional standard, and maintain professional ethics.

**4.6 Process management** refers to head nurses' activities relating to health care and support processes. The head nurses design nursing service and nursing processes following standard and quality service assurance, and determine service delivery covering health promotion, prevention, separation, investigation, caring, and rehabilitation. They also determine an indicator and evaluation of nursing service. In addition, they support teamwork and network all hospital, and cooperate with development quality teamwork.

**4.7 Evaluation of service quality and organizational performance** refers to head nurses' activities relating to results of health care, satisfaction of patient/customer, finance and market, staff and work system, organizational effectiveness, and social responsibility. The head nurses evaluate and summarize core

nursing service quality in patient unit, total result of patient unit, family, and community, general management, financial indicator, effectiveness of staff and performance. In addition, they compare level of service quality with hospital standard or international standard.

**5. Head nurses** refer to registered nurses, who work in administrative position at nursing service department for at least 6 months in regional hospitals and general hospitals under the Ministry of Public Health.

**6. Regional and general hospitals** refer to government hospitals under the Ministry of Public Health. The structure of regional and general hospitals have 5 departments, including 1) director 2) health care improvement system 3) nursing service, 4) primary and secondary care, and 5) tertiary care (Bureau of Policy and Strategic, 2002: 17-18, 60). General hospitals have 150-500 admitted bed. Regional hospitals are medical center and have 500-1000 admitted bed.

## **CHAPTER II**

### **LITERATURE REVIEW**

This chapter presents the review of related literature from textbooks, research, and related documents related. The following topics were reviewed.

- Concepts of service quality, Total Quality Management (TQM), and Health Care Criteria for Excellent Performance
- Service quality management of head nurses
- The related factor to service quality management of head nurse
- Relevant research

#### **Concept of Service Quality**

##### **Definition of Service**

Service quality is a combination of two words: “service” and “quality”. In previous work, service and quality are defined as the followings:

According to ISO 9004-2, service refers to the result generated by activities at the interface between the supplier and the customer, and by supplier internal activities, to meet customer need (Kaewpan, W. 2001: 35).

Department of Health Services Support (2003: 2) defines that service as a result of activities for response to customer demand. Quality of Service is a measure from feeling of customers. Services are divided into three parts: personal service, mechanical service, and product content in services.

An essential of service contains four aspects: (Kotler, 1994: 464 cited in Tosongkram, P. 1999: 18-19).

##### **1. Intangibility**

Service is an abstract, no appearance, and intangibility. Result of service is a performance form. Quality of services cannot be directly evaluated by counting, measuring or testing.

## **2. Inseparability**

Service cannot separate production and consumption. It can occur at the same time. Server and customer must interact and participate in a productive process. They influence the result of services. If service progresses completely with satisfactory, the server is happy with service delivery and customers receive service according to expectation. Therefore, service are quality, satisfy, and favorable for customer.

## **3. Variability**

Service is variability. It will be changed according to server, customer, time, place, and environment. Sometimes, server cannot practice all activities to respond to expectation of customer that reasons come from background of a perceptible person. Then, regular of services occurs difficult.

## **4. Perishability**

Service occurs when customers use service and there cannot keep as product. The problem may come from both many and few customer. Providers cannot deliver service to their demand when there are many customers. In the contrast, a few customers make loss of resource.

The services are classified into three parts (Department of Health Services Support, 2003: 2) as follow:

1. Individual service is service delivery to each person: check up physical; give counseling or who does not want service: emergency accident.
2. Mass service is service delivery to public. There are many customers, but no real appearance. Provider cannot determine service agreement with each person.
3. Social service is service delivery to public. Customers cannot directly meet provider that service is human development in the future such as vaccine disease injection, and service education.

## **Definition of Quality**

Quality are defined as many statement in each education. Definition of quality significant relating to healthcare service is considered.

American Webster (1980: 185) defines quality as good characteristic, the exceeding action, the appealing feature that exceeding character is more clearly than

general appearance. In service dimension, quality mean correctness, likely manner, constancy, standard, and satisfaction.

According to the American National Standards Institute: ANSI and the American Society for Quality Control: ASQC (cite in Dean & Evans, 1994: 7), quality is defined as “the totality of features and characteristics of a product or service that bear on its ability to satisfy given needs”.

Canada Council on health facilities Accreditation: CCHFA, 1991 cited in Suphachutigul, A. & Srirhatanabul, C. 2000: 2) defines quality as levels of service management that increase good product and appropriate needs, while decrease unwanted results.

Omachonu (1990: 3 cited in Pongrhatanamand, S. 1999: 12) defines quality as standard relates to structure, process and outcome. Quality has two aspects: quality in practice that providers determine and quality in perception that relates to customer expectation.

Suphachutigul, A. et al. (1999: 2) defines quality as a practice on standard of determination in which outcome can be accurately predicted. In perspective of consumers, quality responds to customer need and expectation.

The Department of Health Service Support (2003: 1) defines quality as characteristic of product or service to respond customer need that makes sensation as acceptance, necessities, and admiration.

### **Definition of Services Quality**

Suphachutigul, A. (1998: 45) defined services quality as ability to response to customer needs and expectation with professional standard and update knowledge as follows:

1. Zero defects means no risk, complication from care services, and appropriate primary action.
2. Response to customer need and expectation indicates that satisfaction is happened after needs are response. Similar to health, health problem of patients or customers is appropriately treated.
3. Professional standard is provided, based update knowledge, social and economic trend.

4. Quality of life is an expected outcome in health service system.

Service quality with a regard for human right, according to Thai kingdom constitution of October 11, 1997, has seven characters (Rattavanit, P. 2002: 141-142): service, standard, equality, efficiency, accessibility, accountability and cooperation.

### **Definition of Nursing Services Quality**

Vatthakit, P. (2003: 16) defines that health care service as sciences and art of caring for health problem: physical, psychology, emotion, society, economic, and environment of people. It is holistic care including health promotion, prevention, treatment, and rehabilitation. Office of the Nursing, Department of Medical, Ministry of Public Health (2004: 3) defines nursing service quality as characteristic of nursing that consists of standard professional, zero defect, technical results, and patient or customer/family expectation. Quality is outcome good structure and nursing process standard.

In conclusion, nursing service quality is a level of excellent nursing care activities that response to customer need and expectation. Efficiency management and profession standard lead to satisfaction and quality of life of customer.

### **Elements of Services Quality**

Elements of service quality are given by several experts.

Ramaswamy (1996: 13-17) stated that service quality has two elements as follows:

1. Services design which determines service requirement and service performance standard
2. Service delivery which determines customer expectation and customer experience with service

Suphachutugul, A. & Srirhatanabul, C. (2000: 5-8) suggested that elements and quality dimension should be different based on definition of quality as follows:

1. In professional health care provider, the element of service quality is medical practices: technical, interpersonal or functional quality.

2. As for customer expectation, quality is response to value and expectation of customer. Patients can evaluate service from admitting process, care system, medical care, communication, general service including: room service, environment, food, discharge system. Parasuraman, et al. (1988) stated that there are five aspects of service quality: tangibles, reliability, responsiveness, assurance and empathy.

3. Quality according to system theory contains three elements as follows:

3.1 Structure is defined as characteristic of hospital, doctors, and nurses such as sufficient resource, instrument, medical technology, qualification of provider, management design. Structure is an input factor of delivery service.

3.2 Process is defined as interaction between doctors, co-workers and patients/customers.

3.3 Outcome is defined as health status, change of health status, psychological, social, and impact to community.

4. Quality performance is considered as performance dimension. Each country has similar evaluation, which determines an important indicator of quality care.

Rattanavanit, P. (2002: 145) suggested that the element of quality are based on factors and technical support as follows:

1. Management quality is defined as active involvement of manager. It is accountable for achieving of the organization's vision mission and goal. Management quality system consists of capable manager, efficient co-worker, sufficient resource, and good organizational climate.

2. Service is defined as determination of quality guideline care: the managing of team work, the determination of manager position, competency of leader nurse, holistic nursing and nursing services.

3. Professional standard or nursing standard that consists of three aspects: structure standard, process standard, and outcome standard. Determination of nursing standard is responsibility of professional nurse and nursing organization

4. Controlling of nursing service quality is the last process of management. At this stage, the purpose for receiving feed back data is to analyze mistake or obstacles in performance.

Nursing organization is important for the efficiency of nursing service management of the hospitals and all hospitals can use nursing service standard standard for development of service quality (Research Health System Institute, 1996: NURi-NUR 11).

### **Nursing Standard/ Nursing Organization**

#### **NUR 1 Mission, Goal, and Objectives**

Mission, philosophy, boundary, goal, objective of nursing service design, and clearly writing are clearly stated

NUR 1.1 Mission, philosophy, and boundary of nursing service design related to mission of hospital.

NUR 1.2 Development plan and action plan of nursing services are organized.

NUR 1.3 The goal and objectives are possible, and can be evaluated.

NUR 1.4 Mission, philosophy, boundary, goal, objective of nursing service design are informed to staff and relevant unit.

NUR 1.5 The staff has knowledge, and understands roles and goals of nursing professional.

#### **NUR 2 Organizing and Management**

Quality and efficiency of organizing and management can support mission as follows:

NUR 2.1 The structure of nursing management is appropriate.

NUR 2.2 Role, job duty and responsibility of nursing organizational are organized.

NUR 2.3 Job duty, boundary and responsibility of management for nurse leader team are clearly stated.

NUR 2.4 A nurse leader team consists of professional nurses who have knowledge, ability and experience sufficient for nursing practices and nursing management.

NUR 2.5 Processes and methods are efficient to guide working, communication, and problem solving.

NUR 2.6 There is mechanism that build involvement in planning, decision-making, and determining hospital policy.

**NUR 3 Human Resource Management**

Human resource management for nursing delivery is efficient.

**NUR 3.1 Staff organizing**

NUR 3.1.1 Staff and nursing team consist of professional nurse, technical nurse, and official nurse.

NUR 3.1.2 Staff organizing is based on patient/customer needs, expert staff, location, and relevant factors.

NUR 3.1.3 Staff nurses have formally assigned to do job based on their knowledge and abilities.

NUR 3.2 Evaluation of performance is regularly conducted and positive performance feedback is given for pride and promotion of development.

NUR 3.3 Staffs who have improper characteristics in job position or training nurse must practice under supervision of professional nurse.

**NUR 4 Human Resource Development**

Knowledge and skill of staff are improved to have efficiency and quality of nursing service practice.

NUR 4.1 Needs and contents in human resource development are evaluated.

NUR 4.2 Development of nursing staff is planned.

NUR 4.3 Staff receive orientation before providing service.

NUR 4.4 Activities increase knowledge and skill during service are provided.

NUR 4.5 Development plan is evaluated in the form of behavior change and impact in nursing care/nursing service.

**NUR 5 Policy and Methods**

Policy and methods are clearly stated, and reflect knowledge and principles of modern profession that relating to objectives of nursing service and rules. Therefore, staff has to follow the guideline.

NUR 5.1 Policy and method process, system of accreditation are consistency reported

NUR 5.2 Policy and methods of unit related to hospital policy, and important guideline for staff, patients, and family are provided as the following:

NUR 5.2.1 Administration

NUR 5.2.2 Clinical and Service activities

NUR 5.2.3 Ethic and Law

NUR 5.2.4 Record and Paper publication

NUR 5.2.5 Safety

NUR 5.2.6 Human resource development

NUR 5.3 Staff understand and practice according to policy.

NUR 5.4 The policy and method are evaluated.

### **NUR 6 Work System/ Nursing Process**

Work system/ nursing process respond to individual needs.

NUR 6.1 Professional nurse and profession cooperator have service teamwork.

NUR 6.2 Patients and family are prepared before treatment.

NUR 6.3 Information between patient family and staff are exchanged.

NUR 6.4 Individual patients are constantly evaluated during treatment is planned to respond to health problems.

NUR 6.5 Nursing process and caring are based on professional standard and respect in hospital conditions.

NUR 6.6 Demographic of patients, health problems, medical care, nursing care are recorded to obtain good communication between staff teamwork and continuous treatment.

NUR 6.7 Discharge plans are provide.

### **NUR 7 Quality Development Activities**

Activities for evaluation and development of service are carried out, and continuously improved by teamwork.

NUR 7.1 All nursing units have quality development activities and staff involvement on professional department for all levels and both external and internal units.

NUR 7.2 Quality development activities includes:

NUR 7.2.1 Analysis of patient/customer needs and expectation in services delivery.

NUR 7.2.2 Data and statistic is an important indicator of performance.

NUR 7.2.3 Nursing process and important caring are improved.

NUR 7.2.4 Problem solving or development of quality are based on method scientific, that emphasized on (1) analysis of improving treatment and caring system, (2) root cause, (3) decision based on fact and (4) creative thinking.

NUR 7.2.5 Problem solving process or development process are evaluated and informed.

NUR 7.2.6 Quality level and continuous quality development are monitored and maintained.

NUR 7.3 Professional standard and evidence-based for fundamental in quality activities are used.

NUR 7.3.1 Evidence-based Science is fundamental for clinical practice guideline.

NUR 7.3.2 Nursing cares activities are reviewed to explore weakness and quality improvement.

Health care marketplaces can achieve service standard and service quality if they develop maturity level of management system, rather than sustain management system of the Ministry of Public health (Department of Support Service, 2003: 5). Currently, health service unit has developed of management system from quality standard system to achieve service quality and satisfaction of customers (Department of Support Service, 2003: 1). Since 1993, the concepts of Quality Management have provided performance guidelines of service improvement for hospitals. The Ministry of Public health and Research Health System Institute used the concept of Total Quality Management (TQM) and Continuous Quality Improvement (CQI) in eight pilot hospitals. The results showed that performance in two hospitals was changed and developed. Later, the Ministry of Public health published quality hospital policy for regional and general hospitals to improve quality performance according to the 8<sup>th</sup> health development plan. The Institute of Hospital Quality Improvement & Accreditation used the concept of TQM/CQI and standard hospitals in 1996 to determine important statement for quality service performance, evaluation, and hospital accreditation in Thailand (Suphachutigul, A. & Srirhatanabul, C. 2000: 62-63).

## **Total Quality Management: TQM**

### **Definition of Total Quality Management**

Definition of total quality management are given by several experts.

Using the concept of quality management reported by Deming (1986), Crosby (1979), Juran (1954) and others, Tenner & Detoro (1992: 31) it could be concluded that TQM refers organization of the senior manager who, by virtue of the position they hold, are responsible to customer, employee, supplier, and shareholder for the successful in performance. These senior managers allocate resources, select and implement the management process that enable the firm to fulfill their mission, eventually, and their vision.

The Research Health System Institute (1997: 4) defines TQM as management system that emphasizes process management, customer focusing, a decrease in wasting time, staff focusing, involvement employees, and integration of concept, method, health believe and management, organizational culture, and improvement of quality.

The Institute of Hospital Quality Improvement & Accreditation (1999: 15) defines TQM as applied science methods for improvement of organization system and response to customer needs by involvement of staff and manager team.

Suphachutigul, A. et al. (2001: 22) defines TQM as coordinating concepts of management and quality development, allocating resources in organization and improving system and method, and response to customer needs by continuous learning and improvement system.

In conclusion, TQM is management that consists of philosophy and concept of quality management. It emphasized quality of product or service, customer needs, systematic of working process, involvement of staff all performance, and continuous quality improvement.

### **Concept and Principle of TQM**

Several experts have defined concept and principle of TQM, such as Talor (1865-1915), Deming (1986), Crosby (1979), Juran (1954) (Tenner & DeToro, 1992: 15-23). The principle emphasized similar improvement of service quality and deferential in detail part. Service quality is based on continuous quality improvement

(Suphachutigul, A. & Srirhatanabul, C. 2000: 19). It can be concluded that the concept and principle of TQM related to service quality management in health care performance as the following:

Using the principle of TQM reported by Deming (1986), Crosby (1979), Juran (1954) and others, Tenner & DeToro (1992: 30-35) concluded that TOM consists of three principles:

1. Customer focus or quality focus
2. Process improvement; consists of education and training, and measurement.
3. Total Involvement; consists as leadership support, common vision, teamwork & empowerment, problem solving, and continuous improvement

According to the principle of TQM reported by Deming (1986), the Research Health System Institute applied this concept for developing service quality performance. The adapted TQM consists of four principles as the following (Research Health System Institute, 1997: 2-21).

1. Customer focus

The customer focus is central concept because it is the purpose of service quality. In health care service, there are two types of customers, internal and external customers. The internal customers are, for example; doctors, nurses and other staff in organization, while external customers include patients, families, and community. Providers and customers have to cooperate with each other for good service quality. Therefore, survey, questionnaires, interview, group conversation, suggestion boxes, as well as evaluation and analysis of data are necessary. Hospital administrators regularly communicate with customers.

2. Technical quality improvement

The technical quality improvement includes systematic management, variation of system, knowledge and systematic change.

Systematic management refers to organization as a single system that consists of relevant parts. The administration is not separated. The hospital administrators determine goal and adapt appropriate system for each period of time.

Variation of system refers to a change occurring in the part of the system according to time and resource. This results in variation in quality of service for customers.

Knowledge refers to the senior administrators having knowledge, modern concept and new methods, and training.

Regulation of change refers to continuous improvement occurring from regulation of change and PDCA system

### 3. Involvement

The continuous improvement consists of behavior development, attitude, and new value. Human is important resource of organization because it can push a change and continuous improvement. Therefore, the senior administrators have to respect the difference in individual followers, promote skills and build teamwork, emphasize communication, and have a meeting and presentation. The members are important and equality of role in organization. Leader have to work be a role model, build perception of follower is their own performance, promote suggestion and participation of planning.

### 4. Strategy of senior manager

The quality management are successful with member commitment and senior manager supporting for change of strategy, technical, and organization culture. Senior managers must understand and respect in vision, organization culture, participation of change, and organization needs.

Suphachutigul, A. et al. (1999: 20) concluded principle of TQM/CQI for guidance of performance in hospital as follows:

1. Customer focus; the customer focus is exploring and response of customer needs. Quality level is ability to response customer needs.

2. Common vision; the common vision is participation of staff to establish goal, plan, decide, evaluate, and improve their work.

3. Teamwork & Empowerment; the success of the quality improvement cannot be achieved only by senior manager; it requires the active participation of staff from all parts of organization and cooperation across department and professional line. Teamwork assists to develop competency, training, and communication between the

staffs. Empowerment is a philosophical shift of responsibility and control from management to the people doing the core work of the organization.

4. Process focus; it improves process to concise practice. There could be many problems in organization occur from unconcise in practice.

5. Problem solving process; it improves process by using scientific method including problem analysis, analysis root cause of problem, test the new method and developed standard.

6. Leadership support; Leaders has essential role to support the quality improvement process and share vision. Then, they must change from role of controlling and instruction to role of consultant.

7. Continuous improvement; it involves searching for new ways to improve operations quality and performance. Health care provider needs to continually improve quality to reach customer satisfaction. One way to increase staff involvement is through the quality circle concept.

### **Element of Successful Total Quality Management**

The National Institute of Standard and Technology (NIST), United State of America promoted quality development of business organization by giving Malcom Baldrige National Quality Award: (MBNQA) for quality organization that has quality management and quality achievement (Besterfield, et al., 1995: 128). Seven criteria are: 1) Leadership, 2) Information and Analysis, 3) Strategic quality planning, 4) Human resource development and management, 5) Management of process quality, 6) Quality and operational results, and 7) Customer focus and satisfaction (Besterfield, et al., 1995: 128-139; Tenner & Detoro, 1992: 234-236).

### **Health Care Criteria for Excellent Performance**

Since 1995, NIST has applied concept, model, and criteria of MBNQA for health care organization, precede the health care pilot program (Besterfield, et al., 1995: 128-130; Viputthasrili, A. et al., 1997: 13) and continuously developed concept, core value, and health care criteria for performance. In 2003, NIST had Health Care Criteria for Excellent Performance (Hertz, 2003: 1-6) as follows:

### **Purpose of Health Care Criteria for Excellent Performance**

The health care criteria are the basis for organizational self-assessments, for making award, and giving feed back to applicants. The health care criteria have three important roles in strength organizational competitiveness including to improve organizational performance practices, capabilities and results, to facilitate communication and sharing of best practices information among health care organizations and among organizational of all types, and to serve as a working tool for understanding and managing performance and guiding organizational planning and opportunities for leaning.

### **Goal of Health Care Criteria for Excellent Performance**

The health care criteria are designed to help organizations use and integrated approaches to organizational performance management that results in delivery of ever-improving value to patients and other customers, contributing to improved health care quality, improvement of overall organizational effectiveness and capability as a health care providers, and organizational and personal learning.

### **Core Values and Concepts**

The health care criteria are built upon the following set of interrelated core value and concepts. There are eleven core values and concepts, as follows:

#### 1. Visionary leadership

Senior leader of organization (administrative and health care provider leader) should set direction and create a patient focus, clear and visible values, and high expectation. The direction, values, and expectation should balance the needs of all stakeholders.

#### 2. Patient-focused excellence

The delivery of health care services must be patient focused. Quality and performance are the key components in determining patient satisfaction. Satisfaction and value to patient are key consideration for other customers as well. Patient-focused excellence has both current and future components: understanding today's patient desires and anticipating future patient desires and health care marketplace.

#### 3. Organizational and personal learning

Achieving the highest levels of performance requires a well-executed approach to organizational and personal learning. Organizational learning includes

both continuous improvement of existing approaches and adaptation to change, leading the new goals and/or approaches. This mean that learning 1) is a regular part of daily work; 2) is practiced at personal, department/work unit, and organizational levels; 3) results in solving problems at their source (“root cause”); 4) is focused on sharing knowledge throughout organization; and 5) is driven by opportunities to affect significant change and to do better.

#### 4. Valuing staff and partners

Organizational success depends on the knowledge, skill, creativity, and motivation of its staff and partners. Major challenges in the area of valuing staff include 1) demonstrating leader commitment to staff success, 2) recognition that goes beyond the regular compensation system, 3) development and progression within organization, 4) sharing organizational knowledge so that staff can better serve patient and other customers and contribute to achieving strategic objectives, and 5) creating an environment that encourages appropriate risk taking.

#### 5. Agility

Success in today's health care environment demands agility—a capacity for rapid change and flexibility. All aspects of electronic communication and information transfer require and enable more rapid, flexible, and customized responses.

#### 6. Focus on the future

In today's health care environment, a focus on the future requires understanding the short- and longer-term factors that affect organization and health care market place. Pursuit of health care excellence requires a strong future orientation and a willingness to make long-term commitments be key stakeholders—patients and families, staff, communities, employers, payers, health profession students, and suppliers and partners.

#### 7. Managing for innovation

Innovation means making meaningful change to improve an organization's services and processes and to create new value for the organization's stakeholders. Innovation should lead organization to new dimension of performance.

#### 8. Management by fact

An effective health care service and administrative management system depends on the measurement and analysis of performance. Such measurements should derive from health care service needs and strategy, and they should provide critical data and information about key processes, outputs, and results.

#### 9. Social responsibility and community health

A health care organization's leaders should stress responsibilities to the public, ethical behavior, and the need to foster improved community health. Leader should be role model for organization in focusing on ethics and the protection of public health, safety, and the environment.

#### 10. Focus on results and creating value

Measuring organization performance needs to focus on key results. Results should be used to create and balance value for key stakeholders- patient, their families, staff, the community, payers, businesses, health profession students, suppliers and partners, investors and the public.

#### 11. System perspective

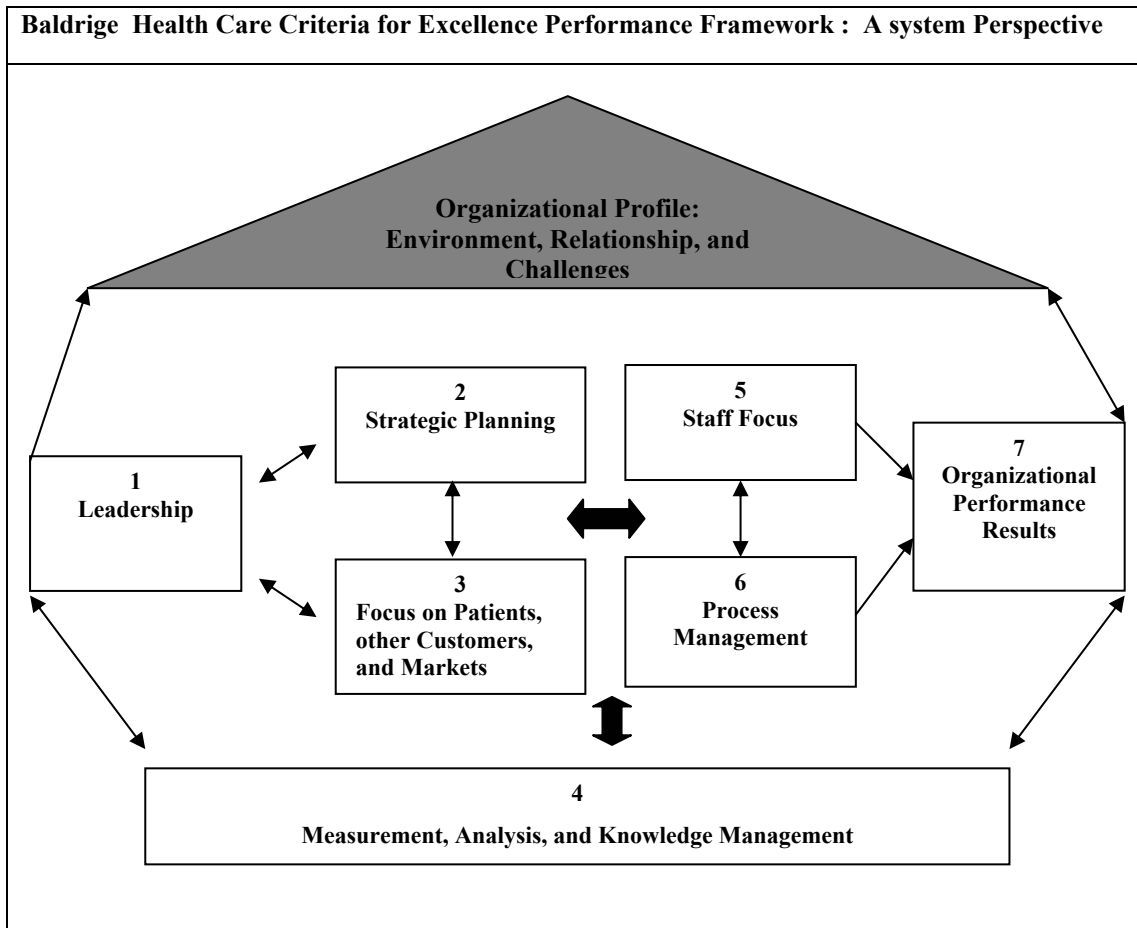
Successful management of overall performance requires organization specific synthesis, alignment, and integration. Synthesis means looking at organization as a whole and builds upon key organizational requirement, including strategic objectives and action plan.

### **Health Care Criteria for Performance Excellence Framework**

The core values and concepts are embodied in seven categories, as follows:

1. Leadership
2. Strategic planning
3. Focus on patients, other customer, and markets
4. Measurement, analysis, and Knowledge management
5. Staff Focus
6. Process management
7. Organizational performance results

The Figure below provides the framework connecting and integrating the categories.



**Figure 1** Baldrige Health Care Criteria for Performance Excellence Framework : A system perspective.

**Source:** Hertz, H.S. (2003). Baldrige National Quality Program: 2003 Health Care Criteria for Performance Excellence.(p.5). [Online]: <http://www.quality.nist.gov>. (2003, September, 24).

From top to bottom, the framework has the following basic element.

**Organizational Profile**

An organizational profile (top of figure) sets the context for the way organizational operates. Environment, key working relationship, and strategic challenges serve as an overarching guild for organizational performance management system.

### **System Operations**

The systems operations are composed of the six Baldrige Categories in the center of the figure that define operations and the results that can be achieved. Leadership (category 1), Strategic Planning (category 2,) and Focus on Patients, Other Customers, and Markets (category 3) represent the leadership triad. These categories are placed together to emphasize the importance of a leadership focus on strategy and patients/customers. Senior leaders set organizational direction and seek future opportunities for organization. Staff Focus (category 5), process management (category 6), and organizational performance (category 7) represent the results triad. Organization's staff and its key process accomplish the work of the organization that yields performance results.

All action point toward organizational performance that are a composite of health care, patients and other customers, financial, and internal operational performance, including staff and work system and social responsibility.

The horizontal arrow in the center of the framework links leadership triad to the results triad, a linkage critical to organizational success. Furthermore, the arrow indicates the central relationship between Leadership (category 1) and Organizational Performance (category 7). The two-headed arrow indicates the importance of feedback in an effective performance management system.

### **System Foundation**

Measurement, analysis, and knowledge management (category 4) are critical to the effective management of organization and to a fact-based system for improving health care and operational performance. Measurement, analysis, and knowledge serve as a foundation for the performance management system.

### **Health Care Criteria for Excellent Performance**

Health care criteria for excellent performance are classified into seven categories as a basic management guide for quality improvement (Hertz, 2003: 14-34) as follows:

#### **1. Leadership**

The organization's senior leader address values, direction, and performance expectations, as well as a patient and other customers and stakeholders, empowerment,

innovation, and learning. Also examined is organization's governance and addresses its public and community. There are two parts of assessment, including organizational leadership and social responsibility

1.1 The organizational leadership examines senior leadership direction, organization's governance system, and organizational performance review. Senior leadership direction examines that they set and deploy organizational values, short-and longer-term direction, and performance expectation, focus on creating and balance value for patients and other customers, and communicate organizational values, direction, and expectation through leader system, to all staff, and to key supplier and partner. Organization's governance system examines that the senior leadership address the key factor in governance system such as management accountability for the organizational, fiscal accountability and independence in internal and external audits. Organizational performance review examines that the senior leadership review organizational performance and capabilities and they use these reviews to assess organizational success, competitive performance and progress relative to short-and longer-term goals.

1.2 The social responsibility that examines the senior leadership address responsibilities to the public, ensure ethical behavior, and practices good citizenship, and contributes to the health care of community.

## **2. Strategic Planning**

The strategic planning category examines the organizational develops strategic objective and action planning. Also examined that its chosen strategic objective and action plans are deploy and measure progression. There are two part of assessment, including strategy development and strategy deployment.

2.1 The strategy development examines that the organization has development of strategy process and establishment of strategic objective, including enhance performance relative to other organizations providing similar health care services, overall performance as a health care provider, and future success. Strategy development process examines that there is overall strategic planning process, key step, short-and longer-term planning time horizons, key factor listed, collect and analysis relevant data and information to addresses these factors as they relate to

strategic planning. Key factors are 1) patients, other customers, and health care market need, expectation and opportunities, 2) competitive environment, 3) technological and innovations or changes, 4) strength and weaknesses of staff, 5) resources and organization, 6) financial, society, ethic, regulatory and other potential risks, and 7) changes in the local, regional, or national economic environment.

2.2 The strategy deployment examines that the organization converts strategic objectives into action plans. Organization's action plan and related key performance measure or indicator should be summarized. Project organization's future performance based on these key performance should be measure or indicators.

### **3. Focus on Patients, Other Customer, and Market**

The focus on patients, other customer, and markets category examines that the organization determines requirements, expectations, and preference of patient, other customers, and markets. It also examined that the organization builds relationships with patients and other customers and determines the key factors that lead to their acquisition, satisfaction, loyalty, and retention and to health care service expansion. There are two parts of assessment, including (1) patients, other customers, and health care market knowledge and (2) patients and other customer relationships and satisfaction.

3.1 To focus on patients, other customers, and health care market knowledge, the organization should determine requirement, expectation, and preference of patients, customers, and marketing. This determination relates to health care service and develops health care service opportunities. Listening, and learning from target patients/customer, customer group are key requirement. Information from patients/customers can be use for developing new method, improving service management, and developing direction of health care service.

3.2 Focus on patients and other customer relationships and satisfaction requires that the organization should build relationships, satisfy, and retain patient and customers. Therefore, the relationship increase loyalty, health care service opportunities, and patients and other customer satisfaction.

#### **4. Measurement, Analysis, and Knowledge Management**

The measurement, analysis, and knowledge management category examines that the organization selects, gathers, analyzes, manage, and improves its data, information, and knowledge assets. There are two parts of assessment, including measurement and analysis of organizational performance and information and knowledge management.

4.1 The measurement and analysis of organizational performance examines that the organization measures, analyzes, aligns, and improves performance data and information as a health care provider at all levels and in all parts of organization. These include selection, collection, alignment, and integration of data and information for tracking daily operations and overall organization performance. There are data and information to support organization decision-making, and innovation, and keep performance measurement system current with health care service needs.

4.2 The information and knowledge management assures that organization ensures the quality and availability of data and information for staff, supplier partners, patients, and customers. An organization ensures that hardware and software are reliable, secure, and user friendly, current with health care service need. There is performance analysis that support organizational performance and organization strategic planning, communicate the results of organizational-level-analyses to work group and functional-level operation to enable effective support for their decision making.

#### **5. Staff Focus**

The staff focus category examines that the organization's work systems and staff learning and motivation enable all staff to develop and utilize their full potential in alignment with organization's overall objective and action plans. It also assures organization's efforts to build and maintain a work environment and staff support climate conducive to excellent performance and to personal and organization growth. There are three parts of assessment, including work systems, staff learning and motivation, and staff well-being and satisfaction.

5.1 The work systems assures that the organization's work and job enable all staff and the organization to achieve high performance. There are compensation, career progression, and related workforce practices that enable staff and the organization to achieve high performance. The organizing and management should promote cooperation, initiative, empowerment, innovation and organizational culture and achieve the agility to keep current with health care service needs. Effective communication and skill sharing across health care professions, department and work unit, job, and location should be achieved. The staff performance management system should provide feedback to staff, support high performance, support a patient/customer and health care service focus, compensation, recognition, as well as related reward and incentive practices reinforcing high performance work. The requirement and career progression include identify characteristics and skill needed by potential staff to accomplish effective succession planning for leadership and management position.

5.2 The staff learning and motivation assures that the organization's staff education, training, and career development support the achievement of overall objective and contribute to high performance and the organization's education, training, and career development build staff knowledge, skill and capabilities.

5.3 The staff well being and satisfaction examines that the organization maintains a work environment and staff support climate that contribute to the well-being, satisfaction, and motivation of all staff. Work environment should improve workplace health, safety, security, and ergonomics. Staff support and satisfaction is determination of the key factor that affect staff well being, satisfaction and motivation, diver workforce, and supports staff benefits and policy.

## **6. Process Management**

The process management category assures that the key aspects of organization's process management, including key health care, business, and other support processes for creating value for patients, other customers, and the organization. This category encompasses all key processes and all departments sand work units. There are two parts of assessment, including health care processes and support processes.

6.1 The health care processes assures that organization identifies and manages key process for delivering patient health care service, including determination of key health care service and service delivery processes, key of health care process requirement, incorporation new technology and organizational knowledge into the design of the processes. The day-to-day operation of healthcare process ensure meeting key process requirement, key performance assessment and measure or indicator, improvement health care process for good performance, and improvement collaboration with other organization.

6.2 The support process assures that organization support processes, including determination of key support requirement, incorporating input from internal and external customers and suppliers and partners as appropriate, corporate new technology and organizational knowledge into the design of the processes, improve health care process for achievement of performance, and share with other organizational unit and process.

## **7. Organizational Performance**

The organizational performance results assures organization's performance and improvement in key area, including health care delivery, patient and customer satisfaction, financial and market performance, staff and work system, operational performance, and governance and social responsibility. Also examined are performance levels relative to those of competitors and other organizations providing similar health care service. There are six parts of assessment, including health care outcome, patient and other customer focused outcome, financial and market performance, staff and work system performance, organizational effectiveness, and governance and social responsibility.

7.1 The health care outcome are summary of the organization's key health care performance, including the current levels and trends in key measures or indicators of health care outcome, health care service delivery, patient safety, and patients' functional status. These results are compared to the performance of competitor and other organization providing similar health care service.

7.2 The patient and other customer focused performance are summary of organization's key patient and other customer focused outcome, including

patient/customer satisfaction and patient/customer perceived value, loyalty and retention, other aspects of building relationship, the current levels and trend in key measures or indicators of patient and other customer satisfaction and dissatisfaction, and comparison of satisfaction with other organizations providing similar health care service.

7.3 The financial and market performance are summary of organization key financial and health care market performance, including the current levels and trends in key measures or indicators of financial performance, agreement measures of final return and economic value.

7.4 The staff and work system performance are summary of organization's key staff and work system results, including work system performance and staff learning, development, well-being, and satisfaction, the current levels and trends in key performance or indicators of work system performance and effectiveness.

7.5 The organizational effectiveness results are summary of organization's key operational performance results that contribute to the achievement of organizational effectiveness.

7.6 The governance and social responsibility results are summary of organization's key governance and social responsibility results, including evident of fiscal accountability, ethical behavior, legal compliance, and organizational citizenship.

### **Scoring System**

The scoring of responses to criteria item are based on three evaluation dimensions: (1) Approach, (2) Deployment, and (3) Results. Criteria users need to furnish information relating to these dimensions. Specific factors for these dimensions are described below (Hertz, 2003: 58-59):

<b>Score</b>	<b>Interpretation</b>
0 %	No systematic approach is evident, information is anecdotal. There are no organizational results or poor results in areas reported.

<b>Score</b>	<b>Interpretation</b>
10-20%	The beginning of a systematic approach to the basic requirement is evident. For example information was anecdotal, early stage of a transition from reaction to problems to a general orientation are evident. There are some improvement early good performance level in few areas. There are no results or poor results and a little success.
30-40%	An effective, systematic approach, responsive to the basic requirements is evident. The approach is deploying in early stage. The beginning of a systemic approach to evaluation and improvement of key process is evident. Good performance for many areas, early stages of developing trends, and obtaining comparative information are evident.
50-60%	An effective, systematic approach, responsive to overall requirements of the items and organizational requirements is evident. The approach is well deployed. A fact-based, systematic evaluation and improvement process was in place for improving the efficiency and effectiveness of key processes. The results are reported improved and good performance level for most area of importance to key organizational and process requirements, and address most key customer needs that showed continuous strength and good development performance levels.
70-80 %	An effective, systematic approach, responsive to multiple requirements of the item and current and changing health care needs is evident. The approach is well deployed, with insignificant gap. A fact-based, systematic evaluation and improvement process and organizational learning and sharing are key management tools. There is clear evidence of refinement, innovation, and improved integration as a result of Organizational level analysis and sharing. The results show that current performance was good to excellent in importance to key organizational requirements, process requirements, relevant to needs customer, and trend current. The evaluation is against relevant comparisons or benchmarks. Performance level relates with leadership. Most improvement trends and current performance levels are very good and sustained.

<b>Score</b>	<b>Interpretation</b>
90-100%	An effective, systematic approach, fully responsive to all the requirement of item and all current and change health care need is evident. The approach is fully deployed without significant weakness or gaps in work unit. A very strong fact-based, systematic evaluation and improvement process and extensive organizational learning/sharing are management tools. Strong refinement, innovation, and integration, back by excellent organizational-level analysis and sharing were evident. The current performance is excellent in importance to key organizational requirement, fully address key customer, market, process, and action plan requirement, evidence of health care sector and benchmark that shows excellent improvement trend and sustained. Leadership and organizational strength are evident.

### **Service Quality Management of Head Nurse**

TQM is concept and principle for quality development and management in health care service organization. The health care marketplace had provided service quality related to customer needs and satisfaction and hospital accreditation. The TQM can be used to plan effective quality development (Dean & Evan, 1994: 218) Aghadeh (2002: 79) studied effectiveness of TQM in nursing management and reported high levels of service quality and customer satisfaction. Viputsiri, A., et al. (1997: 4,25-61) conducted the pilot project on service quality improvement in public hospitals with TQM. The study assessed inputs, processes and outcomes of the TQM pilot project by applying criteria modified from the Malcom Baldrige National Quality Award. Eight public hospitals in Bangkok and nearby participated. The participating hospitals had different progress in TQM implement; two of them were classified as having "breakthrough" progress while the other six hospitals were classified as having "incremental progress". The following factors were identified as contributing to the difference: the senior and middle management leadership commitment and continuity, information system and analysis, strategic plan development, involvement in patient

care service process with brought about visible organizational outcome and had impact on customers.

Yangain, R. (1999: 119-121) compared a study on perception of patients about service quality in hospitals with and without TQM. Level of quality in hospital with TQM was significantly higher than hospitals without TQM. Tomey (1992 cited in Aghazadeh, 2002: 87-88) suggested that achievement of nursing service quality include independent nursing director, head nurses, and professional nurses, connect TQM into nursing service goals. Administrators understood the TQM system and evaluation, and efficiency nursing administration in the future. This suggestion was related to Lohityotin's study (1999: 76-78) which summarized relationships between TQM and effectiveness of patient unit as perceived by staff nurses. Result showed that TQM as perceived by staff nurses was at high level, effectiveness of patients unit at highest level. Highly positive relationship was found between TQM and the effectiveness of patient unit. Therefore, this suggested that effectiveness of performance with TQM depend on nurse director, interpersonal relationship, role of patients unit, and process management. Plosen, N. (2003: 53) studied relationship between TQM and quality improvement activities in nursing department of community hospitals, Supunburi province. Results showed that positive relationship between TQM and quality improvement activities in nursing department of community hospitals.

In conclusion, TQM concept can be used for management in health care service, and head nurses play a key role as middle administrators. Up-to-date, service quality management of head nurses in regional and general hospitals in Thailand has not been examined. Therefore, the purpose of this study is to examine service quality management of head nurses in regional and general hospitals, in central region and using a concept of TQM and health care criteria for excellent performance of MBNQA. The service quality management of head nurses is divided into seven aspects as follows:

- 1. Leading** refers to head nurses' activities relating to patient unit leader and social responsibility that they share vision, mission, and goal of their hospital and nursing department, address values and patient/customer expectation, focus on patients/customer for services quality development, determine quality management

system based on goal, mission and expectation of patients/customer, communicate vision, mission, and goal to co-workers, develop quality of services nursing and delivery system to achieve quality service assurance and hospital accreditation, present ethical behavior, and have responsibility to the public.

**2. Strategic planning** refers to nurses' activities involving strategy development and strategy deployment that they determine strategy objectives of patient ward consisting of strategic planning of hospital and strategy planning process respond to needs and expectation of patients/customer, collect and analyze relevant data and information to address these factors as strategic planning, such as technology, innovation or changes, society, economics, policy, weakness and strength of patient unit, and quality service problem, convert strategic objective into action plan, and develop and deploy action plan appropriated nursing service. They have planning of evaluation, key performance measures or indicator for tracking process and action plan.

**3. Focus on patient and customer** refers to head nurses' activities relating to requirement, expectation and preference of patient/customer, patient/customer relationships and satisfaction that they give relative importance to patient/customer, respect to human right, listen and learn demand and expectation, survey health care market, build a system for learning information and effectiveness referring, analyze satisfaction of health care service and benchmarks, and build relationship between patients /customer and providers in connection units.

**4. Information and knowledge management** refers to head nurses' activities relating to information and knowledge management and measurement and analysis of patient unit performance that they select, collect and integrate data and information for tracking daily operation and overall performance, use effective instrument and computer, analyze data with reliable statistics, report and use results for service quality management, development in patient ward and decision-making in hospital policy.

**5. Human development** refers to head nurses' activities relating to work system management, staff learning, motivation, and staff well-being and satisfaction that they determine clear job description, objectives, and development planning, develop empowerment and leadership, build staff knowledge, train skill and education,

promote and support reward system and growth, maintain appropriate work environment and organizational climate, build motivation of all staff, promote professional standard, and maintain professional ethics.

**6. Process management** refers to head nurses' activities relating to health care and support processes that they design nursing service and nursing processes following standard and quality service assurance, determine service delivery covering health promotion, prevention, separation, investigation, caring, and rehabilitation, determine an indicator and evaluation of nursing service, support teamwork and network of all hospitals, and cooperate with development quality teamwork.

**7. Evaluation of service quality and organizational performance results** refers to head nurses' activities relating to results of health care, satisfaction of patient/customer, finance and market, staff and work system, organizational effectiveness, and social responsibility that they evaluate core nursing service quality in patient ward, and consider total result of patient ward products, general management, financial indicator, effectiveness of staff and performance, relation level compare with benchmarks with hospital or international standard.

In conclusion, the concept of nursing services quality management refers to responsibility of head nurses in nursing department. The achievement of health care service quality leads to responses to the patient/customer needs and expectation. The health care service consists of medical treatment, rehabilitation, prevention, and health promotion. The services quality management depends on administrators or senior leaders that having skill, knowledge, and competency in having staff involvement of staffs. (Viputsiri, A., et al. cited in Suphachutigul, A., et al. 1999: 186), and appropriated organization climate (Suphachutigul, A., et al. 1999: 101-103). The relevant literature showed many factors relating to service quality management. In this study, three factors, including leadership, organization climate, and job empowerment were selected and briefly discussed in the following section.

## **The Related Factors to Service Quality Management of Head Nurse**

### **1. Leadership**

Leadership studies are an emerging discipline and the concept of leadership will continue to evolve leadership involving influence. It occurs among people who intentionally desire significant changes. A change reflects the purpose shared by leaders and followers (Doft, 1999: 3). The definitions of leadership depend on an individual concept. The word "Leadership" is variously defined as the follows:

Bass (1985: 4-5) suggested that "The leader-group relationship has been replaced by the individual leader/followers dyed from the practice organizational leader's view, a parallel historical change in attitude toward leadership has taken place".

Doft (1999: 3) defined leadership as an influential relationship between leader and followers who intend real changes that reflect their shared purpose.

Sharon (cited in Swanburg & Swanburg, 2002: 394) defines leadership as views as of dynamics and interactive processes that involve three dimensions: leaders, followers, and situation.

Chugpysan, S. (1998: 50) defines leadership as competency or art of person that making other people follow obey, corporate, and achieve organizational objectives and goal.

Pothigosum, K. (2000: 1) defines leadership as competency of leaders that affects individual and members in-group to achieve goal.

Khamronrithisorn, T. (2004: 13) defines leadership as a process used to by a person to encourage or direct other to achieve the goal.

In conclusion, Leadership is characteristic and competency of leaders involving dynamics, interactive process, and influence to perform process with followers for achievement of organizational's goal.

### **Leadership Theories**

Leadership theories are statement of the related factors that define, predict, and prescribe effective action. In this study, The main leadership theories includes 1) trait theory of leadership, 2) the influence of leadership 3) behavior theory of

leadership, 4) situational theory of leadership, and 5) transformation and transactional leadership theories (Pothigosum, K., 2000: 2-4); Roma, C., 2000: 14-17; Dechthai, T., 2001: 9-36).

### **1. Trait Theories of Leadership**

Trait theories of leadership are fundamental of leadership research until the mid-1940. Early theories recognized that leadership was elusive by nature and not easily defined. The trait approach determined the characteristics of a success by studying the leadership personality as physical, personality, competency in social participation and government. The result of studies was however ambiguous. The characteristic of individual personality could not lead to achievement of performance.

### **2. The Influence Theory of Leadership**

This theory was developed in 1975. The influence leadership refers to a group of members that influence other members. The studies involve element of leader that influence attitude and behavior of member. The influence leadership depends on relationship and transaction between member and leader. For example, the leader received status, respect, reputation, and success in the goal, while the members received resource and abilities to perform their task.

### **3. Behavioral Theory**

The principle of this theory was developed from Taylor's science management theory in 1900 that emphasized task and product and Mayo's relationship management theory in 1940 that emphasized relation. The behavior theory determines the model of leader activities, role of administration, and behavior. The leadership was classified into three models, including democracy leader, autocratic leader and free-rein leader. Results indicated that the democracy leader was the best, but practically other leaders are also effective. The model of leadership could not be used for all events that the higher effectiveness of leader depends on other factors such as situations.

### **4. Situational Theories of Leadership**

Since 1960, the success of leading depends on situation. This theory emphasizes situation such as tasks and external environment. The leader could use the similar practices in different situation. These theories are for example Fiedler's contingency model emphasizing motivation: task and relationship, cognitive resource theory involving intelligence and competency in planning and decision-making,

Hersey & Blanchard theory involves leader's behavior toward followers with appropriated maturity. The path-goal theory of House emphasizes that leaders have to guide followers to achieve the goal and support problem solving of followers for increasing satisfaction and product. The concept of Vroom & Yetton involves the model of participatory decision-making and effectiveness of leader depends on level of follower leader participation decision-making.

### **5. Transactional Leadership and Transformational Leadership Theories**

Since 1980, the studies had focused on reformation of leader and organization by that develop commitment related to organization objectives and authority of leader for successful performance.

#### **5.1 Transactional Leadership and Transformational Leadership of Burns Concept**

The first Transactional leadership and transformational leadership concept was given by Burn (1978). This concept involves nature of leader, difference in leadership and authority, relationship between leadership, authority and followers, and the relevant factors including motivation, resource and influence. Burn suggested leadership is a special model of authority and motivation that are based on decision of leaders and followers by transactional and transformational leadership. Burn also suggested that administrators should use transactional leadership when they began interaction with other people for objective and changeable values. The transactional leadership happens in the short time interval when environment and complex organizational culture quickly change. Burn reported a method of new leadership that motivated followers to practice more than expectation. For transformational leadership, leaders and followers could support each other and improve motivation. The objective of transformational leadership is changes in-group. Burn reported that the proper leader in the today situation should be transformational leadership.

#### **5.2 Transformational Leadership and Transactional Leadership of Bass's Concept**

Bass defined leadership behavior as an individual's ability to influence and direct a group, followers to cooperate activities in the job toward goal

achievement. Bass (1985: 12) asserted that effective leadership came from integrating transformation leaderships with transaction leadership.

### **Transformational Leadership**

Transformational leadership means leadership motivating the higher needs and satisfaction of follower to meet achievement of the goal. It can attempt and success in elevating needs influenced from a lower to higher level of need according to Maslow's (1954) hierarchy of needs. There are four components of transformation leadership, these factors are highly interested and commonly used as follows:

**1. Charisma** refers to a unique characteristic that makes the followers being appreciated, impress, relied, and easily-convinced. House (1977, cited in Bass, 1985: 53-54) reported seven more propositions involving the aspect of charismatic leadership that fit in social and organizational psychology. 1) Charismatic effects are dominance and self-confidence, need for influence, and a strong conviction in the moral righteousness of their beliefs. 2) Charismatic effects are the perception of potential followers toward a leader model: values, expectation, and attitude toward work and organization. 3) Charismatic effects engage in behavior designed to create the impression of competence and success. 4) Charismatic effects articulate ideological goals. 5) Leader who simultaneously communicate high expectations of, and confidence in followers believe and accept the followers who can contribute to the goal accomplishment and meet specific and challenging performance standards. 6) Charismatic effects engage in behaviors that arouse motives relevant to the accomplishment of the mission. 7) Charismatic effects are the role of the followers is definable in ideological terms that appeal to the followers.

Consequently, leaders use charisma to make themselves and their followers to have a feeling of satisfaction and acceptance. They are interested in followers and encourage the group to accomplish the task. They are able to motivate and articulate the future, encourage others, and get the performance done together.

**2. Inspiration** refers to motivating followers to have inspiration by creating interpersonal motivation. The leader would assimilate on team spirit to be fresh, to properly express, and to create positive attitude. The followers would contact with beautiful future. The leader would help follower develop self-relationship to obtain

target. Inspiration reinforced critical thinking and able to manage their problems throughout implement with efficiency (Bass, 1985: 62-66). Inspiration motivations of leadership consist of four components as follows: (Yulk and Van Fleet, 1982 cited in Bass, 1985: 67-71)

**2.1) Action orientation** that leader motivate followers to test the new project or challenge working, volunteer, opened communication, anecdotal record.

**2.2) Confidence building** occurs when the leader stimulates enthusiasm among followers for the work in-group and says some things to build follower confidence in their ability to perform assignments successful and attain group objectives.

**2.3) Inspiring belief** in the "cause" that the greater cause also remains extremely important. The person could be given up individual benefit or working risk task that they had belief in correct and values of cause.

**2.4) Pygmalion effect** that was first experimentally induced in the elementary classroom. The Pygmalion effort is a performance stimulating effect. The followers whom are positively expected from the leader can do a job better than the followers whom are not expected from the leader.

**3. Individualized consideration** is an important aspect of leader and follower relationship. It has been found to contribute to follower satisfaction with the leader and in many circumstances to follower productivity. It is central to participation of management and focuses on the follower needs for growth and participation in decision affecting his work and career. Individualized consideration can take many forms. Expression of appreciation for a job well done will be the most important, but superiors can also point out weaknesses of followers constructively. The leaders can assign special project that will promote follower self-confidence, utilize the follower's special talents, and provide opportunities for leaning. Bass (1985: 82, 84-91) described behaviors of individualized consideration's behaviors as being composed mainly of:

**3.1) Developmental orientation** consists of developmentally oriented behaviors and delegation. Developmentally oriented behaviors include career counseling, careful observation, record of follower's progress performance, and

encouraging followers to attend technical courses. Delegation provides challenge work, an increase in followers' responsibilities, and experience in various functions.

**3.2) Individualized orientation** involves promoting family and contact, fulfilling the individual subordinate's design for information, attention to differences among subordinate, and individual counseling.

3.2.1) Promoting family and contact refers to maintenance face-to-face contact, telephone contact, individual contact, and supervision.

3.2.2) Fulfilling the individual subordinate's design for information means communication by face-to-face, telephone and two-way communication between leaders and followers.

3.2.3) Attention to differences among subordinate refers to the leader who build the best motivation for each person. The leader plays attention on individual followers in order that the followers have self-esteem.

3.2.4) Individual counseling refers to helping followers overcome problems, including personal problems, such as finance and family, and working problems, such as job dissatisfaction, job security. The leader should ask, share personal experiences, suggest, advise, and listen the followers

**3.3) Mentoring** means the leader who is a trusted counselor accepts a guiding role of the development of younger or less experienced followers in an organization. The mentoring program, such as activities, teaching, advising, and giving knowledge, can develop followers' ability.

**4. Intellectual stimulation** means the arousal and change of followers of problem awareness and problem solving, and imagination, of beliefs and values. Intellectual stimulation is seen in the discrete jump in the followers, conceptualization, comprehension and discernment in the nature of the problem faces and their solutions (Bass, 1985: 98-99) The guideline of intellectual stimulation consists of four methods (Quinn & Hall, 1983 cited in Bass, 1985: 110-112).

**4.1) Rational** means the leaders who are likely to be strong in achievement motivation. They rely heavily on formal structure and a prior logic. They have stages of problem solving system and effectiveness and quickly decision-making.

**4.2) Existentially** means the leaders who are more concerned with increasing security, trust and in building teams. The process of problem solving uses great deals of information and generate many solutions for implement. They favor creative synthesis over pure logic that the knowledge occurs from interaction between human and environment.

**4.3) Empirical** means the leaders who are oriented toward improving security, protection, safety, and continuity. The leaders can do a good job in maintaining structure, providing information, monitoring, and coordinating.

**4.4) Idealistically** means the leaders who are oriented growth, adaptation, learning, cognitive goal, and creativity. The decision styles are flexible and use a minimal amount of information to reach a conclusion.

### **Transactional Leadership**

Bass (1985: 119-149) developed transactional leadership from Vroom' s expectancy model. The transactional leadership serves to recognize and clarify the role and task requirements so that the followers reach the desired outcome. Bass (1985: 121-149) identified two factors present in the exchange relationship of transactional leadership. These factors are closely related to contingent reward and management by exception.

**1. Contingent reward** means the leaders and followers who accept interconnected roles and responsibilities to reach designated goal. Direct or indirect, leader can provide rewards for followers who can progress towards such goal or to reach the goal. Contingent reward has two forms 1) praise for completely done work, and 2) pay increase, bonuses and promotion of job position.

**2. Management by exception** means the leader provides negative feedback or contingent aversive reinforcement to the follower who has the low standard working or the job failure. The negative feedback includes warning, blaming, salary reduction. Bass found that the negative responses could be only 5% effective to improve performance among workers. There, the leaders should find out what is really the cause of the follower, fault and check whether or not the followers lack attempt, knowledge, and ability to perform the job. If they lack attempt, they should be punished. However, if they lack knowledge and ability, they should have an

opportunity to participate in job training or should have the job change to more suitable job position. Transactional leadership is leaders with positive behaviors. They will encourage their followers to be enthusiastic and pay attention on their work in order to control the performance toward the goal achievement.

### **Leadership and Service Quality Management of Head Nurse**

Leadership in today's health care system requires a new skill set for nurse executives. Motoring, coaching, cost, centers, creative financing, entrepreneurship, conflict resolution, negotiation, ability to form strategic partnerships, and working with unions are just some of the skills one must have to survive and lead. These skills equate to the tasks of a leader (Kenner, et al., 2003: 172). Bass (1985) studied management method for achievement of working in followers. Result of the study indicated that efficacious leader consists of transformational and transactional leadership, and transformational leadership is highest effectiveness when using with transactional leadership. This suggestion is consistent with Dumham-Taylor & Klafehns (1995: 68 cited in Roma, C. 2000: 16-17) study that the trend of efficacious leader character should be transformational leadership more than transactional leadership.

Leadership is necessary for the nurse organization. Leadership behavior of head nurses can be used to influence and motivate staff nurses toward the attainment of group and individual goal. Transformation leadership is being committed, having a vision of what could be accomplished with the vision. Therefore, head nurses could perform managerial functions by integrating of both transformation leadership and transactional leadership, and consequently the main target of the organization could be accomplished.

The expert of quality management emphasizes the senior manager of quality development program. Leaders are drivers for successful management. Bass (1985 cited in Dean & Evans, 1994: 229) suggested that transformational leadership be appropriate with TQM. Dean & Evans (1994: 230) suggested that trend of new leader be transformation leadership and model of management be participation management. In nursing organization, leadership of administrators is important for nursing care service and quality improvement activities that they communicate policy and concept of

quality management to staff and motivate teamwork for development performance. Several researchers studied leadership of head nurses and quality management or quality improvement activities. Results showed that transformational leadership, transactional leadership were found to have significant positive relationship with the following dependent variables: the service quality improvement performance of head nurses in private hospitals (Ponrattanaman, S. 1999: 124), the practice of staff nurses in hospital accreditation project of regional medical centers under the Ministry of Public Health (Thipornphan, K. 2002: 64-65) and participation in quality development activities of staff nurses, hospital under the jurisdiction of the Ministry of defense (Duangurai, A. 2002: 100-104). Therefore, leadership of head nurse is important for development of nursing service quality performance. Head nurses are middle manager in a patient unit and cooperators between senior manager and staff for service quality performance. They have ability, competency, and behavior for interaction and process management with staff in the patient unit. Consequently, achievement of health care services can be considered from customers' expectation and satisfaction.

## **2. Organizational Climate**

Organizational climate is a relevant factor for the organizational performance. Organizational climate is perceptions of people in the internal environment of an organization. The concept of successful TQM is not clearly suggestion about organizational climate. In this study the concept of organizational climate and service quality management of head nurses are based on the concept of organizational behavior (Maungman, T. & Suwan, S. 1986: 1-17) and the theory of organizational climate of Litwin & Stringer (Stirnger, 2002).

### **Concept of Organizational Behavior**

The organizational behavior consists of three levels as follows:

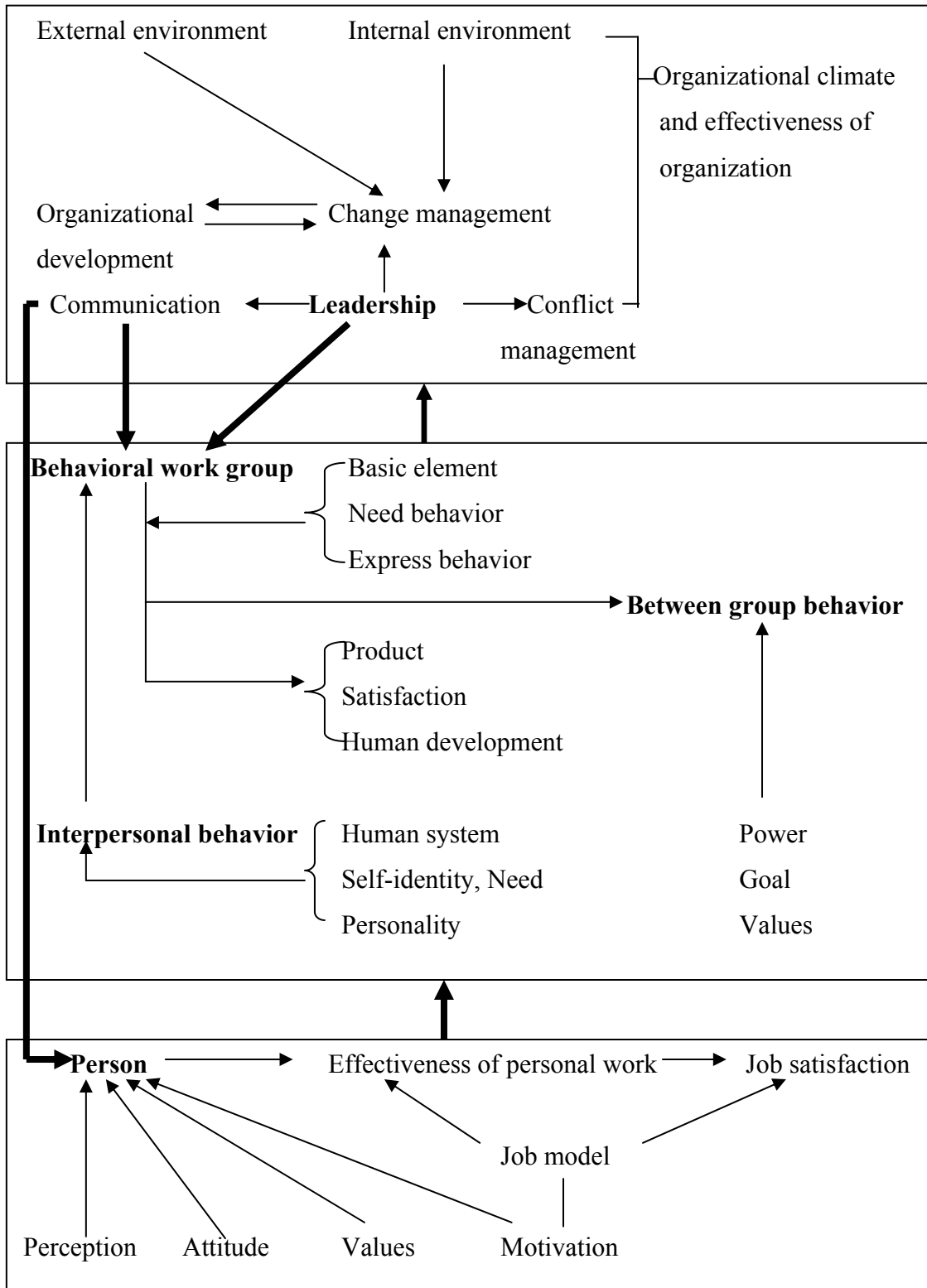
1. Individual behavior consists of four elements: (a) perception, (b) attitude, (c) values, and (d) motivation. These elements have influences on personality, activity and effectiveness of working in an organization.

2. Group behavior in organization is relevant interpersonal relationship or interpersonal and group relationship. Interpersonal behavior is the effect of many

elements in the person such as self-identity, need, and personality, while behavior between groups affects basic element such as technology, management, economy, power, values, and policy of an organization. Group behavior influences product, satisfaction, human development, and achievement of organizational objective. Therefore, group behavior affects to organizational management.

3. Organizational behavior is a model of organizational behavior that indicates influence of element in an organization. The leadership affects levels of organizational behavior and it is important for building individual behavior, group behavior, and organizational behavior. Therefore, the leader should inform, manage a change in situation and confliction, and develop organization. This level consists of relationship between a change in management and the following factors: leadership, internal and external environment, organizational climate and effectiveness of organization, organizational development.

The relationship of organizational behavior are presented in Figure 2.

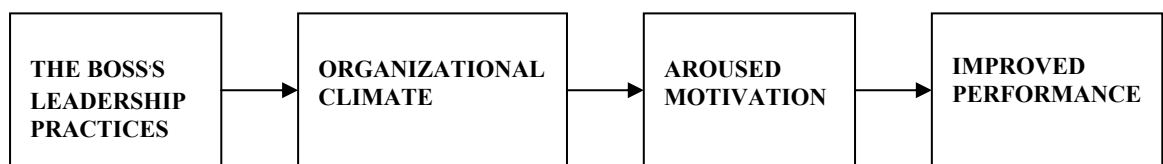


**Figure 2** The relationship of organizational behavior

**Source:** Maungman, T. & Suwan, S. (1986). Organizational behavior. Bangkok: Thaiwathanapanit. p.5.

### Concept of Organizational Climate

One of the first studies on psychological climate was reported by Kurt Lewin in the 1930s, involving relationship between individual behavior and environment in an organizational. Kurt Lewin proposed a model of relationship as the equation  $B = f(P, E)$ , where B is the individual, unit, or organizational behavior consisting of two parts: personality (P) and organizational environment (E) (Litwin, et al., 1996: 215). Litwin & Stringer studied organizational climate as phenomenon of organizational that affected achievement, relevant of power, and relationship of group (Litwin, et al., 1996: 219) The concept of climate provides a useful bridge between theories of individual motivation and behavior and organizational theories. Organizational, as defined here, refers to the perceived, subjective effect of the formal system, the informal "style" of manager, and other important environment factors on the attitude, beliefs, values, and motivation of people who work in a particular organization (Stirnger, 2002: 3-6). Relationship between leadership organizational climate and performance is shown in Figure 3.



**Figure 3** The relationship between leadership, organizational climate, and performance.

**Source:** Stringer, R. (2002). Leadership and organizational climate. New Jersey: Prentice Hall. p. 100.

Then, the experts studied and indicated that positive climate created a direct link to the predictors of productivity, job satisfaction, and retention and commitment of employees. Modifying the climate on a particular unit or within the whole organization is a strategy that can be implement realistically and should be considered when attrition is high and staff productivity does not meet the standard set within the organization. (Snow, 2002: 393).

### **Definition of Organizational Climate**

Halpin & Croft (1966, cited in Bakunthod, P. 2001: 54) defined organizational climate as the environment of an organization that the members can be perceived both direct and indirect and influence their behaviors.

Litwin & Stringer (1986 cited in Stringer, 2002: 8) defined organizational climate as a relatively enduring quality of the internal environment and organization that (a) are experienced by members, (b) influence their behavior, and (c) can be described in terms of the values of a particular set of characteristic (or attributes) of the organization.

Navekran, S. (2001: 192) suggested that organizational climate is a set of characteristics of the work environment. The members can be perceived or experienced by both direct and indirect. Climate is important pressure that improves behavior in their work.

Stringer (2002: 9) defined that organizational climate is the collection and pattern of the environment determinants of aroused motivation.

Snow (2002: 393) stated that organizational climate is the perception of how its "feel" to work in particular work environment. Climate is one of the most powerful, yet overlooked, factors when determining the performance of a particular organization or work team.

In conclusion, organizational climate is perception of members in an organization involving work environment. They could be perceived by both direct and indirect experience that it arouses motivation, and influences the organizational performance and achievement of the goal.

### **Theory of Organizational Climate**

Theories of organizational climate are given by several experts. In this study focused on theory of organizational climate's Litwin & Stringer as follows.

Litwin & Stringer have developed concept of organizational climate for more than 25 years. Their studies emphasize organizational climate and relevant factors of management: organizational structure, society structure, leadership, management, decision process, and needs of members in organization. These factors are element of working environment in an organization and people perceive as organizational

climate. The model of organizational climate relates to the model of motivation of McClelland that consists of three type such as need for achievement, need for affiliation, and need of power (Litwin & Stringer, 1968 cited in Ranarmwong, S., 2002: 31-32). Three types of the model of organizational climate are achievement oriented climate, power oriented climate, and affiliation oriented climate (Litwin, et al. 1996: 217; Ranarmwong, S. 2002: 33).

1. Achievement oriented climate emphasizes the goal of an organization. This climate improves creative thinking, job satisfaction, and need of achievement. risk management, recognition. The important climate is responsibility of members, risk and innovation, cognition. Achievement oriented climate builds impression and part of progression of member and success in an organization.

2. Power oriented climate designs proper power for members needs. Power of decision depends on manager and members should work with strict regulation. This climate makes a lower level of satisfaction, spirit, and creative thinking. Therefore, the determination of structure, regulation, and performance process is evidence. The members should respect people who have higher job position, and the leader utilizes authority for conflict management.

3. Affiliation oriented climate indicates close-up and positive relationship of members. This climate affects high job satisfaction and well attitude of worker. The importance of climate are to give opportunity of development of teamwork, to support relationship within group, promote human development, to give freedom of working, and to respect employees are part of a well-functioning team.

Litwin & Stringer (1986 cited in Stringer, 2002: 8) suggested that organizational climate be important for connection between perception of people and environment in three levels of need. The difference in perception and need people was analyzed and evaluated to specific dimension of organizational climate. In initial study, the specific 8 dimensions of organizational climate are includes structure, individual responsibility, warmth and support, reward and punishment, conflict, performance standard and expectation, organization identity and group loyalty, and risk and risk management. In 1992, the dimensions of organizational climate was improved and measured in business organization by Litwin and Burmeister (Litwin, et al. 1996: 219-229). The organizational climate was consisted of 12 dimensions. Result

indicated positive relationship between standard, clarity, teamwork, recognition and performance. Finally, Stringer (2002: 10-11,64-67) concluded relationship between organizational climate and performance since 1968. Results showed that the perception of people in organizational can be measure a similarly indirect medium. Almost aspects of the work environment will likely have some influence over action, motivation, behavior and performance in an organization. The specific dimensions of climate have predictable impact on motivated behavior and can be measured and managed by those accountable for organizational performance. Therefore, climate can best be described and measured in terms of six distinct dimensions: structure, standard, responsibility, recognition, support, and commitment.

**1. Standard** reflects employees' sense of being well organized and having clear definition of their roles and responsibilities. Structure is high when people feel that everyone's job is well defined. It is low when they are confused who does, what tasks, and who has decision-making authority. A sense of appropriate structure has a large impact on people's aroused motivation and performance.

**2. Standard** measures the feeling of pressure to improve performance, and the degree of pride employee has a good job. High standard means that people always look for the way to improve performance. Low standard reflects lower expectation for performance.

**3. Responsibility** reflects employees' feeling of "being their own boss" and not having to double-check decision with other. A sense of high responsibility signifies that employees feel encouraged to solve problems on their own. Low responsibility indicates that risk taking and testing of new approaches tend to be discouraged.

**4. Recognition** indicates employees' feeling of being rewarded for a job well done. This is a measure of the emphasis place on reward versus criticism and punishment. High recognition climates are characterized by an appropriate balance of reward and criticism. Low recognition means that good work is in consistently rewarded.

**5. Support** reflects the feeling of trust and mutual support that prevails within a work group. Support is high when employees feel that they are in part of a well-

functioning team and when they sense to get help (especially from the boss) if they need it. When support is low, employees feel isolate and alone.

**6. Commitment** reflects employees' sense of pride in belonging to the organization and their degree of commitment to the organization' goals. Strong felling of commitment is associated with high levels of personal loyalty. Lower levels of commitment mean that employees feel apathetic toward the organization and its goal.

### **Interpreting Organizational Climate Score**

A users guide to organizational climate score as follows (Stringer, 2002: 241-251):

#### **Interpreting structure score**

*High structure* (70 % and above) is positively correlated to performance when the work is relatively predictable and routine, when process discipline is import, and when errors or mistake are very costly. High scores mean more constraints, more bureaucracy, and a greater reliance on formal organizational arrangements. High structure may stifle creative and informal activities that are often important to innovation.

*Moderate structure* (40% to 60%) is the most common range of score, showing a degree of flexibility in job and responsibilities. There is often ambiguity and confusion. Moderate structure can be associated with high performance when individual initiative is required and people are mature enough to tolerate the lack of clarity.

*Low structure* (35% and below) will often drive performance when creativity and innovation are required. Low score mean that employees feel somewhat disorganized, confused, or out of control. Low structure is particularly problematic when employees are inexperienced, unskilled, or performing work they have not done before.

#### **Interpreting standards scores**

*High standards* (75% and higher) normally drive high performance. High standard scores are especially important to employees who have strong egos, are "self-starters," and who have high levels of achievement motivation. However, high

standard scores can be painful because people feel pressure to continually improve performance. It burns out many people.

*Moderate standards* (45% to 60%) indicate less pressure. Management still has high expectation, but the sense of pressure is not as relentless. This is the most effective range for most employees in most companies.

*Low standards* (below 35%) are generally bad news. In a limited number of situations, they can be positively related to performance when organization is made up individual experts or contributors.

### **Interpreting responsibility scores**

*High responsibility* (70% and higher) scores are positively correlated with high levels of performance in organizations that value and require individual initiative. High achievers are stimulated by high responsibility. Along with the emphasis on entrepreneurial initiative, high levels of responsibility are often associated with a certain amount of "ready-fire-aim" behavior. Although this works well in a high innovation and growth environment, it may not work as well in organizations that require close collaboration or complex, interdependent working relationships.

*Moderate responsibility* (50% to 65%) may work for some highly regulated industries or where risk avoidance is more important than hitting home runs, especially if managers are new to their jobs.

*Low responsibility* (below 35%) means that people don't feel they have freedom of action. Independence is discouraged. This can be associated with moderate to high levels of performance if employees are new (and need close supervision) or if the task requires zero defects (and, therefore, must be routinely double-checked).

### **Interpreting recognition scores**

*High recognition* (65% and higher) is a vote of confidence in the company's performance management system. It means that people feel the "cream rises to the top" of the organization and those promotions are fair. It also means that the environment is generally upbeat and positive. It is not a measure of satisfaction with pay. The fact is that people respond best to positive reinforcement, not punishment. High levels of recognition require a great deal of time and attention to maintain.

*Moderate recognition* (50% to 65%) is the most normal range. It shows a healthy "pay for performance" equation.

*Low recognition* (40% and lower) is a signal that people feel unappreciated or that the performance management is seriously flawed. Meritocracies motivate most people, and there is a little evidence that low recognition can support high performance.

#### **Interpreting support scores**

*High support* (70% or higher) is related to high performance in organizations where collaboration and teamwork are required and expected. It is also correlated to performance in situations where close boss-subordinate relationships are needed.

*Moderate support* (45% to 60%) is the normal range for high performing organizations. There is enough teamwork and trust to solve problems, but it's not so overly nurturing as to discourage individual responsibility.

*Low support* (35% and below) is not always a major performance inhibitor. Many operations work quite well without high degrees of mutual teamwork. Trust, and support. Low support generally means there is mistrust and cynicism in the air. These negative feelings, although not always blocking high levels of short-term performance, tend to be a longer-term demotivator.

#### **Interpreting commitment scores**

*High commitment* (70% and above) is positively correlated to high performance in organizations that are demanding and achievement oriented. Commitment is a measure of the bond between employees and the company and the strength of the psychological contract. High levels of this provide an organization with a reservoir of motivation and goodwill that can be drawn upon in difficult times.

*Moderate commitment* (50% to 60%) characterizes most high performing companies. It means there is a healthy degree of loyalty bonding employees to the company, but it's not blind loyalty.

*Low commitment* (below 35%) is a clear warning sign that employees are disaffected, discouraged, and demotivated. There are situations in which commitment is not directly related to performance.

### **Organizational Climate and Service Quality Management of Head Nurse**

Organizational climate affects organizational development, roles of leader, and a change in element of organization such as employees, task, structure technology in individual, group, and organization level (Maungman, T. & Suwan, S. 1986: 4). Litwin & Stringer (Stringer, 2002: 10) suggested an appropriate make to pressure motivation for employees' working in organization. This related to Snow's study (Snow, 2002: 393) that organizational climate is the perception of how it "feels" to work in a particular work environment. Climate is one of the most powerful, yet overlooked, factors when determining the performance of particular organization or work team. Therefore, the exclusive manager and leader can learn how to improve the climate and, thus, the aroused motivation, and thus, the performance (Stinger, 2002: 99-100). Several studies showed that organizational climate increases effectiveness of members, working, job satisfaction, creative thinking, well attitude in co-worker, decreases resignation, decreases unit cost, and high achievement and productivity (Bunnag, S. 2000: 69-70). Results of the study that examined relationship between organizational climate and health care management indicated that positive relationship was found between organizational climate with success of the concept of TQM using in hospitals (Sangmahachai, 1997: 83-134), management of head nurse in emergency room, community hospitals (Anutraraopong, P. 1999: 76), acceptance of TQM in Singburi hospital (Yimpong, P. 1999: 109), and effectiveness of patient unit in community hospital (Bakrultod, P. 2001: 98).

In conclusion, organizational climate is an important factor involving nature or quality of the internal organizational environment that arouse motivation and influence the quality of nursing service management. Therefore, organizational climate is an important factor to examine the relationship of service quality management of head nurses in regional and general hospital.

### **3. Job Empowerment**

Power is one's capacity to influence other (Tomey, 2000: 90) and the faculty or capacity to act, the strength and potency to accomplish something (Covey, 1989 cited in Marquis & Huston, 1996: 165). Kippenbrock (1992 cited in Marquis & Huston, 1996: 165) stated that to possess power implies the ability to change the attitudes and behaviors of individual people and group. The study of power is importance involvement, interaction, relationship in organization (Trancevich & Matteson, 1999: 372).

#### **Empowerment**

Empowerment is relevant with changeable situation: economics, society, politics, technology, and information. Empowerment is strategy for organizational development, quality of performance, quality of task, and quality of worker (Unipan, J., 1996: 10). In nursing the concept of empowerment has been used in developing patient care, training, and management (Gautier & Matteson, 1995, Ryles, 1999, Laschinger, et al., 1999 cited in Kuokkanen & Leino-kilpi, 2001: 273). Empowerment ideology is rooted in social action where empowerment is associated with attempts to increase the power and influence of oppressed groups. In the organization environment empowerment is described as a process leading to increase productivity and effectiveness (Kuokkanen & Leino-kilpi, 2001: 273). Several experts have defined empowerment as follows: (Marquis & Huston, 1996: 171-172).

Bass, Avolio, & Goodhiem (1987) suggested that empowerment occur when leaders communicate their vision, employees are given the opportunity to make the most of their talents, and learning, creative, and exploration are encouraged.

Hawks (1992) defined empowerment as an interactive process that develops, builds, and increases power through cooperation, sharing, and working together.

Carloson-Catalono (1992) stated that empowerment plants seeds of leadership, collegueship, self-respect, and professionalism.

Strader & Decker (1995) defined empowerment as the process by which a manager or leader shares power with other.

In conclusion, empowerment is the process by a person who has values and ability develops, builds, and increases power through cooperation for possible high self-esteem, successful professional performance and progress.

### **Job Empowerment**

The concept of empowerment has been used in management and organizational development. The beginning of job empowerment is developed from organizational development theory. Job empowerment is successful creation of organizational development as involvement, participial management, suggestive activity, quality improvement, teamwork, and process and performance (Unipan, C. 1996: 11). The definition of job empowerment was stated in several studies as follows:

Kanter (1977; Willson and Laschinger, 1993 cited in Wongprasit, W. 1998: 10) stated that job empowerment means building and supporting process in structural working environment which determining attitude and behavior of member in organization.

Chanthateero, K. (1998: 23) suggested that job empowerment means building and supporting of structural working environment and motivating of individual development. The job empowerment affects to competency, values, job satisfaction, job commitment, and creation of quality improvement.

Roma, C. (2000: 25) suggested that job empowerment is a process which a person or group empower through co-workers by promoting, supporting, and giving facility for increasing competency in working.

Tongyai, S. (2001: 56) concluded that job empowerment is process which a person or group empower through co-workers by giving support, resources, information, and opportunities for increasing competency in working and accomplish organization goal.

In conclusion, job empowerment is a process which a person who has ability and authority empower through co-workers for changing attitudes, behavior, values, involvement, quality improvement, and accomplish organization goal.

### **Kanter's Structural Theory of Organizational Behavior**

Kanter's theory of structural determinants of power can provide the management with the means of examining the power structure within their organization. Kanter (1977: 275) claims that work behavior and attitudes are shaped in responses to a structural factor, such as specific job characteristics and organizational situations rather than by personality, predisposition, and socialization experiences. Power is obtained from the ability to access and mobilize support, information, resources, and opportunity from one's position in the organization. Besides, power affects organization behavior, attitudes and work effectiveness. Access to this empowerment structure is facilitated by the degree of formal and informal power of an individual in the organization. Formal power evolves from having a job that affords flexibility, visibility, and is relevant to key organization process. Informal power is represented by the extent of an individual's networks and alliances both inside and outside of the organization. Those with competency power are able to affect the task required to accomplish organization goal and have the capacity to empower those around them creating successful jobs within the organization (Larchinger & Havens, 1996: 28 cited in Termsirikulchai, R. 2001: 50). Kanter (1977: 246-248) describes three work environment structures: opportunity, power, and proportion. According to Kanter, empower work environments are those in which access, support, opportunity, and resources are available to all employees.

#### **Opportunity**

Opportunity refers to expectation and future prospects. The structure of opportunity as mobility and growth is determined by such matters as promotion rates from particular jobs, leader steps associated with position, the range and length of career paths opening from it, access to change and increase in skill and rewards, and as a variable matter for each person, the individual's prospects relative to his or her age and seniority.

#### **Power**

Power refers to the capacity to mobilize resources. The structure of power as the capacity for the person to act efficaciously within constraints of the wider organization system is determined by both formal job characteristics and informal

alliances. Factors include the routinization or the discretion embedded in the job, the visibility of the function, relevance of the function to current organizational problems, approval by high status people, the mobility prospects of subordinates, and a variable individual matter, the existence of sponsors or favorable alliance with peers.

### **Proportions**

This variable refers to the social composition of people in approximately the same situation. It is a simple quantitative matter of how many people there are of what relevant social types in various parts of organization, such as the proportion of woman, men, black, and ethnic minorities.

Kanter's structural theory of organizational behavior is widely applied to nursing professional (Roma, C. 2000: 28-31; Laschinger, et al., 2001: 260-272; Tongyai, S. 2001: 62-64).

**1. Power** is derived from either formal or informal power. The formal power is found in the job that is visible, central to the organization's function, and allows for discretion in decision-making. The informal power is developed through relationship with important people in the organization: political allies. Sponsors, peer, and subordinates. The structure of power refers to access to three sources of power:

**1.1 Support** is access to support and agreement of creative thinking, problem solving, and decision-making from superiors and important others in the organization, and then they give flexibility in working and promoted relationship with interpersonal.

**1.2 Information** links to technical knowledge, data, political intelligence, the facts, and movement of situation within organization. It might be obtained from both formal and informal methods. An organization has effectiveness source data and sufficient library that is useful for decision-making and performance.

**1.3 Resources** refer to the ability to exert influence in the organization to bring in needed material: accommodation, technology, budgets, personnel, material, time, reward, salary, and benefit to support and to do the job.

**2 Opportunity** refers to opportunity in individual development for growth and mobility in an organization, and the challenge that enhances knowledge and skill,

which include opportunity in growth, learning, challenging work from superiors and important others in the organization.

**2.1 Growth** refers to an opportunity of considering of meritorious services, upgrading, monthly wage and advancing job position.

**2.2 Learning** refers to opportunity to meet, give a seminar, and have education, and have training on complex working

**2.3 Challenging work** refers to opportunity to work in clear job description and to have responsibility of challenging work that is proper with ability, job position and achievement goal.

### **Job Empowerment and Service Quality Management of Head Nurse**

According to TQM concept, empowerment is important primarily because it improves organizational performance. Although empowerment is relevant for all aspects of organizational performance, it plays a special role in quality improvement. Total quality requires people to make real change in the way work is done and relies upon in depth understanding of the current system. The importance of empowerment to total quality is underlined by its inclusion as core values in the Malcom Baldrige National Quality Award. The guideline states that improving organizational performance requires improvement at all levels within an organization. This, in turn, depends upon the skills and dedication of the entire workforce. Organization need investing in the development of workforce and seeks new avenues to involve employee in problem solving and decision-making (Dean & Evan, 1994: 200). Job empowerment is important for nursing organization for principle of human development, interaction between manager and staff nurse and provides value to the organizational direction in the same way. Job empowerment leads to knowledge, abilities, potential, job satisfaction, commitment, corporation, and achievement of quality performance (Srisathidnarakul, B. 1996: 8). Job empowerment is guideline for nursing management by nurse director who has authority and power in governmental position. They empower though head nurse, staff nurse and others for nursing care service. Several researches studied the concept of job empowerment for nursing management in regional hospitals, the Ministry of Public Heath. Results indicated that positive relationship was found between job empowerment with head nurse

competency (1997: 110-1120), managerial self- efficacy of head nurse (Charusin, P. 1999: 114-115), and managerial role competencies of head nurse (Tongyai, S. 2001: 92-93). Polsen, N. (2003: 68-69) studied the relationships between total quality management and quality improvement activities in nursing department of community hospital. Result showed that empowerment was positively related to quality improvement activities, and empowerment was a factor explaining variation in quality improvement activities.

In conclusion, job empowerment was used in service quality management to empower though nurses for increased self-efficacy, perceived autonomy, decision-making, professional development, participative management, organizational commitment. Therefore, job empowerment by exclusive manager or nurse director could have important effects on abilities, potential, management of head nurse for successfully and effectiveness patient unit.

## **Relevant Research**

### **1. Service Quality Management**

Viputsiri, A. et al. (1997: 4,25-61) assessed the pilot project on service quality improvement in public hospitals with TQM. The study assessed inputs, processes and outcomes of the TQM pilot project by applying criteria modified from the Malcom Baldrige National Quality Award. Eight public hospitals in Bangkok and nearby were participated. The results revealed that the project was systematically organized in providing 2-day TQM training for senior managers and middle managers and in setting structures to support TQM activities in hospitals. However, participating hospitals had different progress in TQM implement; two of them were classified as having "breakthrough" progress while the other six hospitals were classified as having "incremental progress". The following factors were identified as contributing to the difference: the senior and middle management leadership commitment and continuity, information system and analysis, strategic plan development, involvement in patient care service process with brought about visible organizational outcome and had impact on customers. In addition, hospital personnel from the two groups of hospitals had significantly different levels of opinions towards policy deployment, hospital status,

knowledge on TQM, attitudes towards quality improvement, process management and hospital outcome. Three important factors that contributing to success or failure of TQM project in their opinion was attitude and involvement of all personnel, the senior manager attitude and strong support, and training in TQM.

Lohityothin, L. (1999: 76-85) studied relationship between total quality management and effectiveness of patient unit as perceived by 320 staff nurses in participated hospital accreditation program. Results showed that TQM as perceived by staff nurses was at high levels while each element of TQM, senior administrators, role of patient units, quality of information and reporting, and employee relation were at high levels. Training service designing, sender management, and process management were at middle levels. The effectiveness of patient unit was at high levels. There was highly positive relationship between the TQM and the effectiveness of patient unit, while employee relationships and other 7 elements were highly and middle positive relation respectively with the effectiveness of patient unit. Variable that could predict the effectiveness of patient unit were employee relations, role of patient unit, and process management.

Tosongkram, P. (1999: 110-112) studied relationship between personal factors and service quality management of heads nurses with service provided for inpatient as reported by 480 staff nurses in government hospital, in Bangkok Metropolis. Results showed that service quality management of heads nurses as perceived by staff nurses were at highly levels. Positive relationship was found between human management, teamwork, appropriated technology, controlling work, perceived supervise and service provided for inpatient ( $r = .45, .43, .33, .18, \text{ and } .12$  respectively,  $p < .05$ ). Variables that could predict service provided for inpatient were human management, teamwork, appropriated technology, and married status ( $R^2 = .2916$ ).

Kaekranjanarat, S. (1999: 82-84) studied factors affecting satisfaction with the total quality management under the office of the permanent in selected regional hospitals and general hospitals under the office of permanent secretary for public health. Result showed that 62.9% of personnel experienced moderate level of satisfaction. Factors affecting personnel satisfaction with the total quality management program included working condition, supervision, recognition, achievement,

interpersonal relation, pay, security, promotional opportunities, company policies and administration, the work itself, responsibility, and advancement. A very significant statistical relationship ( $p < .001$ ) between these factors and personnel satisfaction with the total quality management program was obtained. Regression analysis showed that working condition, achievement, recognition, supervision, advancement, company policies, responsibility, interpersonal relation, pay and security were the most important factors, accounting for 81.8% of the variation in regarding TQM satisfaction. The results suggested that administrators in high, middle and low levels should aware of the importance of the working condition of employee. They should facilitate the TQM program by the provision of convenient location, sponsorship of equipment and apparatus and always being supportive.

Boondanklang, N. (2000: 120-123) studied quality development activities of nursing unit in accredited hospitals. The samples consisted of 113 head nurses. Results indicated that the quality development activities in terms of practice and documents of nursing unit in accredited were at high level. The quality development activities in terms of practice of nursing unit in governmental hospitals and private hospital were statistically significant difference at the level of 0.05. The quality development activities in terms of document of nursing in governmental hospitals and private hospitals were not different.

Suprawongsanon, V. (2000: 98-127) studied service quality improvement activities in regional hospitals and general hospitals of the Ministry of Public Health. The sample consisted of 92 hospitals. Results showed that more than 50% of hospitals had service quality improvement activities as 5 S, ESB, 3S, SS, OD, QC, QA, HA, ISO9002, ISO and health promotion hospital. 65.1% of hospitals had HA activities. 50% of hospitals had successful service quality improvement activities. The work process, organizational leading, and nursing management were evident. The problem and obstacles of service quality improvement activities were moderate level on resource management and lack of knowledge and attitude in service quality improvement activities. Results suggested that administrators should promote and support knowledge and skill in service quality improvement activities for all employees. . In addition, the administrators should continuously follow up the results of performance for achievement of quality hospital.

Kolyani, S. (2000: 94-99) studied the relationships between personal factor, knowledge and role performance on service quality improvement of nursing personnel at Nopparatjithani hospital. The sample of 394 nursing personnel consisted 109 professional nurses, 86 technical nurses, 178 nurses aids working in the patient department and 21 nursing administrators. Results showed that all groups of nursing personnel had moderate level of knowledge on service quality improvement and a high role performance on service quality improvement. The correlation between personal factors, knowledge, and role performance on service quality improvement was not found, except that the age of nurse aids was significantly correlated with role performance on service quality improvement ( $p < .05$ ). The correlation between knowledge and role performance on service quality improvement showed that three groups (professional nurses, technical nurses, nurse aids) had knowledge which was significantly correlated with role performance on service quality improvement ( $p < .001$ ). This suggested that the administrators consider more stress on teaching all staffs about service quality improvement, and leadership have more share together and participate in service quality improvement, including following the result regularly and evaluating or supervising performance.

Sriakkachan, A. (2001: 99-109) studied performance of total quality management of local health center networking in Udonthani province. This study focused on the key factor strength level of success and the key success factor used to explain the performance of TQM. Using self-administered questionnaire containing the modified health care criteria for performance excellence of the Malcom Baldrige National Quality Award 1999 performed the measurement of success. There was 182 randomized health care providers from 55 networking unit were chosen administer the questionnaire. Results showed that the performance of TQM in the local health center networking had a majority in level 3 (74.5%). The success of level 3 was indicated by networking system getting strong and introducing the use of key success factors for public health development in 41 networking area. Some of the local health centers (23.6%) reached level 4. The six key success factors revealed correlation within the TQM. The strongest correlation was between moderate and high, which were found in the factor of processing administration, customer-centered, leadership, strategic planning, provider-centered and information system and analysis, respectively

( $r = 0.562$  to  $r = 0.771$ ). This study recommended that the performance of TQM be strong if the factors of information systems and analysis, leadership and customer centered development were added.

Polsen, N. (2003: 50-58) studied relationship between total quality management and quality improvement activities in nursing department of community hospital, Suphanburi province. The sample consisted of 182 nurses working in nursing units. Results showed that quality improvement activities were in a moderate level (53.8%). Total quality management was in a high level (56.0 %). There was a significant positive relationship between total quality management and quality improvement activities. Each element of total quality management, including customer focus, common vision, teamwork, empowerment, process focus, continuous improvement, and leadership support was positively related to quality improvement activities ( $p < .05$ ). This study showed that empowerment, leadership support, continuous improvement, and age of nurse altogether could explain 40.2 % of the variance in quality improvement activities. Results suggested that nursing personnel participate in the quality improvement process. In addition, nurses should be empowered in performing quality improvement activities through training, providing information, authority and autonomy. Nurse administrators should participate in service quality improvement, provide necessary resources and motivation. The nurse administrators should continuously follow up the results of quality improvement activities.

Pranmontree, C. (2004:90-99) studied relationships between total quality management competencies of head nursing, working ability of staff nurses and effectiveness of patient unit as perceived by staff nurses, Regional hospitals and medical centers. The sample consisted of 348 staff nurses who had experience in working in a patient unit at least one year. Results showed that mean score of effectiveness of patient unit, total quality management competencies of head nurse, working ability of head nurses were in the high level. Total quality management competencies of head nurses and effectiveness of patient unit was significantly and moderately correlated ( $r = .593$ ,  $p < .001$ ). Working ability of staff nurses and effective of patient unit was significantly and highly correlated ( $r = .724$ ,  $p < .001$ )

## 2. Leadership and Service Quality Management

Dunham-Taylor (2000: 241-250) studied nurse executive transformational found in participative organizations. This study integrated Bass's transformational leadership model. The sample consisted of 396 nurse executives and 1,115 staff nurses rated the nurse executives' leadership style, staff extra effort, staff satisfaction, and work group effectiveness using Bass and Avolio's Multifactor Leadership Questionnaire. Results showed that nurse executives used transformational leadership fair often; achieved fair satisfied staff level. Staff satisfaction and workgroup effectiveness decreased, as nurse executives were more transactional. Higher transformational score tended to occur with high education degrees and within more participative organizations. It can be concluded from this study that transformational qualities can be enhanced by further education, by achieving higher power stage, and by being within more participative organizations.

Pongratanaman, S. (1999: 126-133) studied relationships between leadership using Bass's concept and the services quality improvement performance of head nurses, Private hospitals participated in hospital accreditation program. The sample consisted of 301 of staff nurses from 12 private hospitals. Result showed that the services quality improvement performance of head nurses was in high level. There were positive relationship between transformation leadership and transactional leadership with the service quality improvement performance of head nurses, at high level ( $r = .773$  and  $.749$  respectively,  $p < .05$ ). There was positive relationship between leadership with the service quality improvement performance of head nurses, at high level ( $r = .785$ ,  $p < .05$ ).

Duangurai, A. (2000: 100-104) studied relationships between personal factors, leadership of head nurses, perceived organizational policy clarity, and participation in quality development activities of 200 staff nurses, hospitals under the Jurisdiction of the Ministry of Defense. Results showed that the mean score of participation in quality development activities was 2.99 ranking from 1 to 5. Transformational leadership and transformational leadership were positively related to participation in quality development activities of staff nurses ( $r = .282$  and  $.411$  respectively,  $p < .01$ ). Factors predicted participation in quality development activities

of staff nurses were transactional leadership, age and perceived organizational policy clarity ( $R^2 = .222$ ,  $p < .05$ ).

Arsaipanit, N. (2002:92-101) studied relationships between emotional intelligence, social support, and head nurse' transformational leadership, regional and medical enters. The sample consisted of 245 head nurses. Results showed that mean score of emotional intelligence, social support, and head nurse' transformational leadership was in a more level. There was positive relationship between emotional intelligence and social support with head nurse' transformational leadership ( $r = .64$  and  $.52$  respectively,  $p < .05$ ).

Thipornphan, K. (2002: 55-65) studied relationships between head nurses' transformational leadership as perceived by staff nurses and the practice of staffs nurse in hospital accreditation project of regional medical center being under the Ministry of Public Health. The sample consisted of 320 staff nurses, selected by random sampling. Results showed that the overall transformational leadership of head nurses was high and each dimension was high as well. The overall practice of staff nurses in hospital accreditation project was moderate. The highest score of practice was work process/service process, while the lower score was manpower. Transformational leadership of head nurses had a statistically significant positive correlation with practice of staff nurses in hospital accreditation project ( $r = 0.481$ ,  $P < .01$ ).

Khamronrithissorn, T. (2004:49-62) studied the relationships between personal characteristics, leadership, job satisfaction, and job performance among head nurses of community hospitals, Regional 11. The sample consisted of 191 head nurses working in a nursing unit. Results showed that job performance of head nurses was in medium level (56.5%). The overall leadership was rated at a high level (81.2%). The job satisfaction was in a medium level (60.7%). The factors statistically and significantly related to the job performance of head nurses were leadership, job satisfaction, size of the hospital and personal characteristic. Job performance of head nurses could be attributed greatly (45.0%) to bath transformational and transactional leadership, as well as age. The results showed that head nurses should be encouraged to improve job performance through the job training about leadership.

### **3. Organizational Climate and Service Quality Management**

Litwin, et al., (1996: 219-220) studied organizational in 5 of business organizational as Medical technology sales, Insurance, Broadcasting, Airlines, Stock brokerage, in 1992 by using Litwin & Stinger organizational climate questionnaire. Results showed that five dimensions, which were effective predictor, include loyalty, warmth, structure, support and commitment. The wide range of issue and idea covered by these studies suggest that it is not any one aspect of climate that related to high performance but the overall climate effect. That is, whether one looks at standard or clarity, whether one looks at team spirit or positive recognition, climate variable generally related to performance.

Yimpong, P. (1999: 116-127) studied influence of leadership behavior and organizational climate on the acceptance of total quality management among personnel at Singburi hospital. The sample consisted of 253 respondents including leaders, secretaries and members of the group QC, 5S, and suggestion team. Results showed that gender, age, education, position, participation, attitude, leadership behavior and organizational climate had significant correlation with acceptance of TQM at .05 level. Regression analysis showed that attitude, position, organizational climate, gender, participation, and age were the most important factor, accounting for 58.9% of the variance regarding TQM acceptance. Therefore, it is recommended that the senior manager who plays important roles in successfully create organizational climate be well prepared for implementation of TQM in an organization.

Anutarapong, P. (1999: 72-77) studied nursing management of head nurses in emergency departments, District hospitals region 8. The study sample consisted of three sample groups, 41 nursing directors, 41 head nurses in emergency department and 229 registered nurses who were working in emergency department in 35 district hospital. Result showed that nursing management practices by head nurses in emergency departments were in a high level. Organizational climate of emergency departments was in a high level. Organizational climate had positive correlation with head nurses management with a statistical significant ( $r = 0.471$ ,  $p < .05$ ).

Roma, J. (2000: 71-72) studied relationships between personal factor job empowerment, organizational climate, and leadership of registered nurses. The sample consisted of 145 registered nurses selected from 5 government regional hospitals in the

central region by a systemic sampling technique. Results showed that overall organizational climate was at moderate level (62.1%). Organizational climate had positive relationship with leadership of registered nurses. Organizational climate could predict 29 % of the variance in leadership of registered nurses. This suggested that administrator nurses especially improve the organizational climate in order to develop the leadership of registered nurses.

Bakrultod, P. (2001: 93-98) studied relationship between head nurses' administrative role, organizational climate, and effectiveness of patient unit as perceived by staff nurses, Community hospitals. The sample consisted of 374 staff nurses. Results showed that a high level was found for organizational climate and effectiveness of patient unit as perceived by staff nurses. Organizational climate had positive relationship with effectiveness of patient unit as perceived by staff nurses ( $r = .823, p < .05$ )

Kullavanitiwat, S. (2002: 86-87) studied relationships between achievement motive, moral reasoning, organizational climate and transformational leadership of professional nurses, regional hospitals and medical centers. Studied subjects consisted of 480 professional nurses working in regional hospital and medical centers. Results showed a high level was obtained for achievement motive, transformational leadership, organizational climate and moral reasoning of professional nurses, with mean scores of 4.08, 4.03, 3.98 (ranking from 1 to 5) and 2.62 (ranking from 1 to 3) respectively. Organizational climate was positively and significantly related to transformational leadership of professional nurse ( $r = .433, p < .05$ ). Factors significantly predicted transformational leadership of professional nurses was achievement motive and organizational climate. These predictors were accounted for 33% of variance ( $R^2 = .330, p < .05$ ).

Phansri, D. (2002: 94-102) studied relationship between internal locus of control, work value, organizational climate, and independent role of nursing practice as perceived by staff nurses in general hospitals. The samples consisted of 470 staff nurses working at general hospitals. Results showed that organizational climate as perceived by staff nurses was in good level. Positive significant relationship was obtained for between organizational climate and independent role of nursing practice ( $r = .51, p < .05$ ). Factors significantly predicted independent roles of nursing practice

were organizational climate and internal locus of control respective. These predictors were accounted for 33.7 % of variance ( $R^2 = .337$ ,  $p < .05$ ). This indicated that in general hospital, if nurse manager creates good organizational climate and promote a high level of internal locus of control of staff nurses, staff nurses will better perform independent role of nursing practice.

#### **4. Job Empowerment and Service Quality Management**

Leesiriwattankul, M. (1997: 99-107) studied relationships between personal factors and hardiness of head nurses, empowerment and leadership of nurse director, with head nurse competencies, regional hospitals and medical centers under the Jurisdiction of the Ministry of Public Health. The sample consisted of 275 head nurses. Results showed that overall empowerment was at a high level. The aspect of access power was at a high level, while the aspect of access opportunities was at a moderate level. Positive relationship was found between empowerment in the aspect of access to resources with head nurse competencies ( $r = .12$ ,  $p < .05$ ).

Chantatero, K. (1998: 53-67) studied relationship between systemic power factors and job empowerment of head nurses in regional hospitals and medical center under the Jurisdiction of the Ministry of Public Health. The sample consisted of 492 head nurses. Results showed that average scores of both formal power and informal power of head nurses were found to be in a high level. By self-evaluation, the number of head nurses with high level of formal power and informal power were 74.4 % and 53.7%, respectively. The average score of head nurses on access to job empowerment was obtained to be in a moderate level. By self-evaluation, the numbers of subject with a moderate level of job empowerment was 53.0 %. Systemic power factors were significantly positive related to the level of job empowerment ( $p < .001$ ). This suggested that the administrators increase power and opportunities in working for head nurses by encouraging participation in personnel selection and inter-department coordination. Administrators should also improve the horizontal structure if administration and encourage work with a reward system of promotion or other benefits for head nurses.

Jarusin, P. (2001: 114-123) studied personal factors, work environment, and job empowerment by nurse directors with managerial self-efficacy of head nurses,

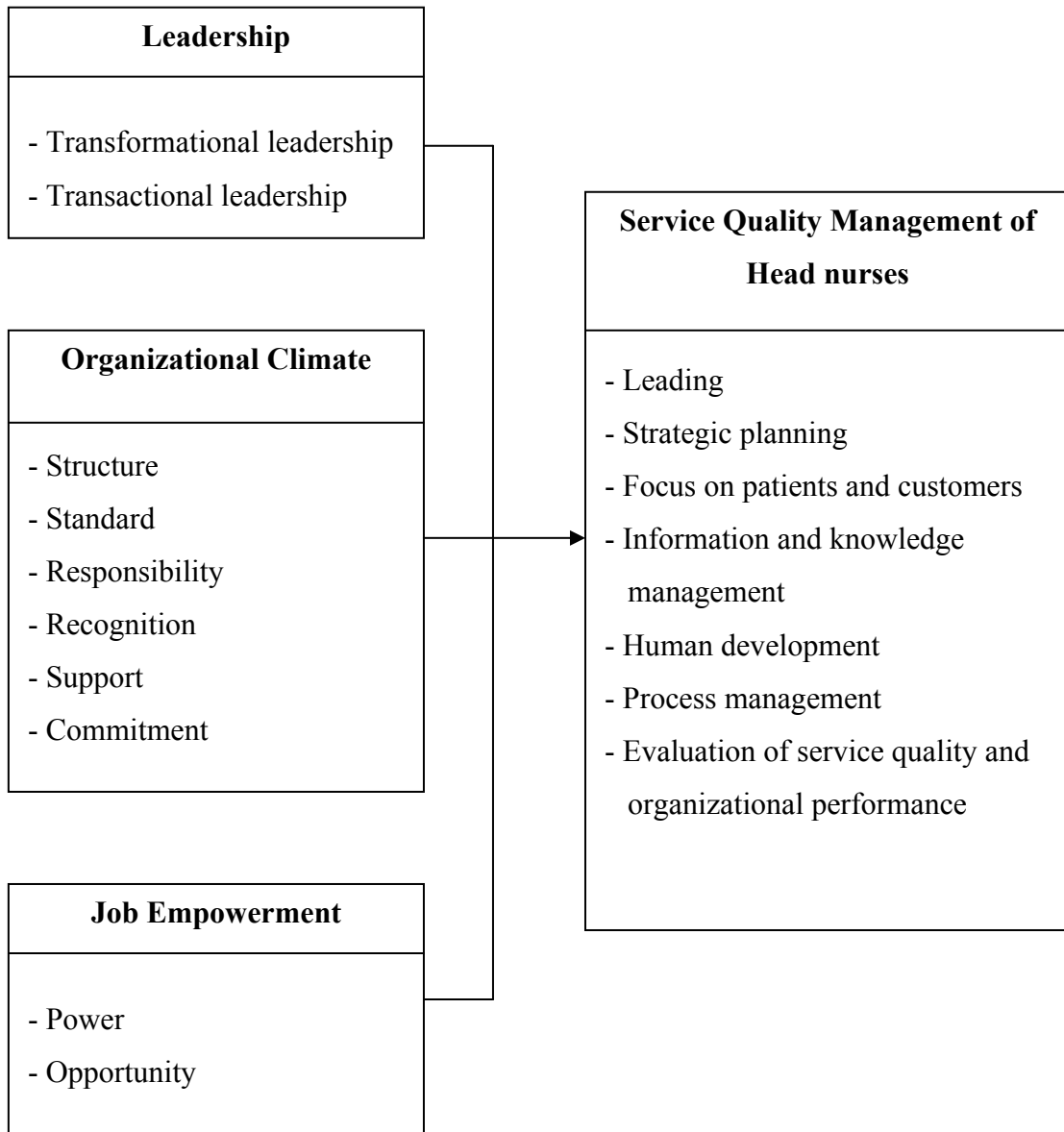
Medical Centers under the Jurisdiction of the Ministry of Public Health. The samples consisted of 277 head nurses. Results showed that job empowerment by nurse directors was in a high level. The aspect of received power by nurse directors was in a high level, while the aspect of received opportunities was a moderate level. The correlation between job empowerment by nurse directors with managerial self-efficacy of head nurses was statistically significant ( $r = .43, p < .05$ )

Tongyai, S. (2001: 96-106) studied relationships between personal factors, emotional quotient, job empowerment by nurse directors, and managerial role competencies of head nurses, Regional hospitals and medical centers. The samples consisted of 299 head nurses. Results showed that overall and aspect of managerial role competencies of head nurses were in a high level. The correlation between job empowerment by nurse directors with managerial role competencies of head nurses was statistically significant ( $r = .454, p < .05$ ). Factors significantly predicted managerial role competencies of head nurses were job empowerment by nurse directors and emotional quotient respective. These predictors were accounted for 20.6 % of variance ( $R^2 = .206, p < .05$ ).

From the review of related documents, concepts, and relevant research, it can be concluded that service quality management using the TQM concept and criteria modified from the Malcom Baldrige National Quality Award was effective in improving health care service. There were factors related to service quality management of head nurses. In this study, the following important factors are selected: leadership, organizational climate, and job empowerment. Results of this study may be used as a guideline to improve leadership, organizational climate, job empowerment, and service quality management of head nurses in order to improve the quality of service in hospitals. Conceptual framework of this study is shown in Figure 4.

**Independent Variables**

**Dependent Variable**



**Figure 4** Conceptual framework

## **CHAPTER III**

### **MATERIALS AND METHODS**

#### **Research Design**

This descriptive survey research examined the relationship between leadership, organizational climate, job empowerment and service quality management of head nurses in regional and general hospitals in the central region.

#### **Population and Sampling**

##### **Population**

The population of this study are head nurses who work in the Department of Nursing in regional hospitals and general hospitals under the Ministry of Public Health in the central region provinces, including Rachaburi, Supanburi, Nakornprathom, Karnchanaburi, Petchaburi, Prachubkirikan, Samutsakorn, Samutsongkram, Samutprakran, Chachengsao, Nakornnayok, Srakral, Prajeenburi, Chonburi, Rayong, Chanthaburi, and Trat. The total numbers of regional hospitals and general hospitals in this study are twenty.

The populations of this study were 487 head nurses who have been working in an administrative position at any nursing unit. The inclusion criteria for sample selection are as follows:

1. Head nurses who are registered.
2. Head nurses who have worked as an administrative position in the Department of Nursing for at least six months.
3. Head nurses who have worked in the out-patient department, the emergency room, the intensive care unit, and the in-patient unit.
4. Head nurses who agreed to participate in this study.

Number of head nurse in regional hospitals and general hospitals show in Table 1.

**Table 1** Regional hospitals and general hospitals and head nurses classified by type of hospital.

<b>Hospital</b>	<b>Types of Hospital</b>	<b>Number of Head Nurse</b>
Rachaburi	Regional	47
Choaprayayommarach	Regional	26
Nakornprathom	Regional	27
Chonburi	Regional	31
Rayong	Regional	29
Chlaopraya-aprypubeth	Regional	26
Prapokkroa Chantaburi	Regional	37
Trat	General	17
Somdethprayupharach Srakral	General	17
Chachengsao	General	25
Nakornnayok	General	19
Samutprakran	General	19
Samutsakorn	General	22
Somdethpraputhalordrha	General	20
Prachomklao–Petchaburi	General	23
Prachubkirikan	General	13
Magarug	General	12
Praholpolpayuhasena	General	17
Somdetprasankkrarag17 <sup>th</sup>	General	13
Banpong	General	15
Dumnearnsadaug	General	16
Potharam	General	16
<b>Total</b>		<b>487</b>

**Source:** The Department of Nursing in regional hospitals and general hospitals in the central region (Pilot Questionnaire, 2004, February).

### Samples

The target population of head nurses was 487. The sample size of this study was calculated by using the Daniel's formula (Daniel, 1995: 178).

$$n = \frac{N Z^2 \sigma^2}{d^2 (N-1) + Z^2 \sigma^2}$$

when

n	=	Estimated sample size
N	=	Target population (487)
Z	=	standard score ( $Z_{\alpha/2} = 1.96, \alpha = 0.05$ )
$\sigma^2$	=	Variance ( $SD^2$ ) = 28.65 <sup>2</sup>
$d^2$	=	Error score ( $\bar{x} - \mu$ ) = 2.3

$$n = \frac{487 \times 1.96^2 \times 28.65^2}{2.3^2(487-1) + 1.96^2 \times 28.65^2}$$

$$= 268.27 \cong 269$$

The sample size of head nurses into this studied should at least 269.

### Sampling Techniques

The sample of this study was obtained by using multistage random sampling as follows:

In the first step, the totals of 22 hospitals were classified to be 7 regional hospitals and 15 general hospitals.

In the second step, the hospitals were proportionate to be 1:2 for regional hospitals : general hospitals.

In the third step, simple random sampling was used for of hospitals from the selected regional hospitals: Rachaburi; Nakornprathom; Chonburi; Prapokkroa Chantaburi, and general hospitals: Prachomklao Petchaburi; Chachengsao; Trat; Prahopolpayuhasena; Somdetprasankkrarag17<sup>th</sup>; Samutprakran; Samutsakorn; Protharam.

In the fourth step, purposive sampling was used for head nurses at nursing unit in the department of nursing that selected follow inclusion criteria for sample. All of 294 nurses working in the out-patient department, emergency room, intensive care unit, and in-patient unit for at least six month who agreed to participate in this study were selected.

The process of multistage random sampling is presented in Figure 4.

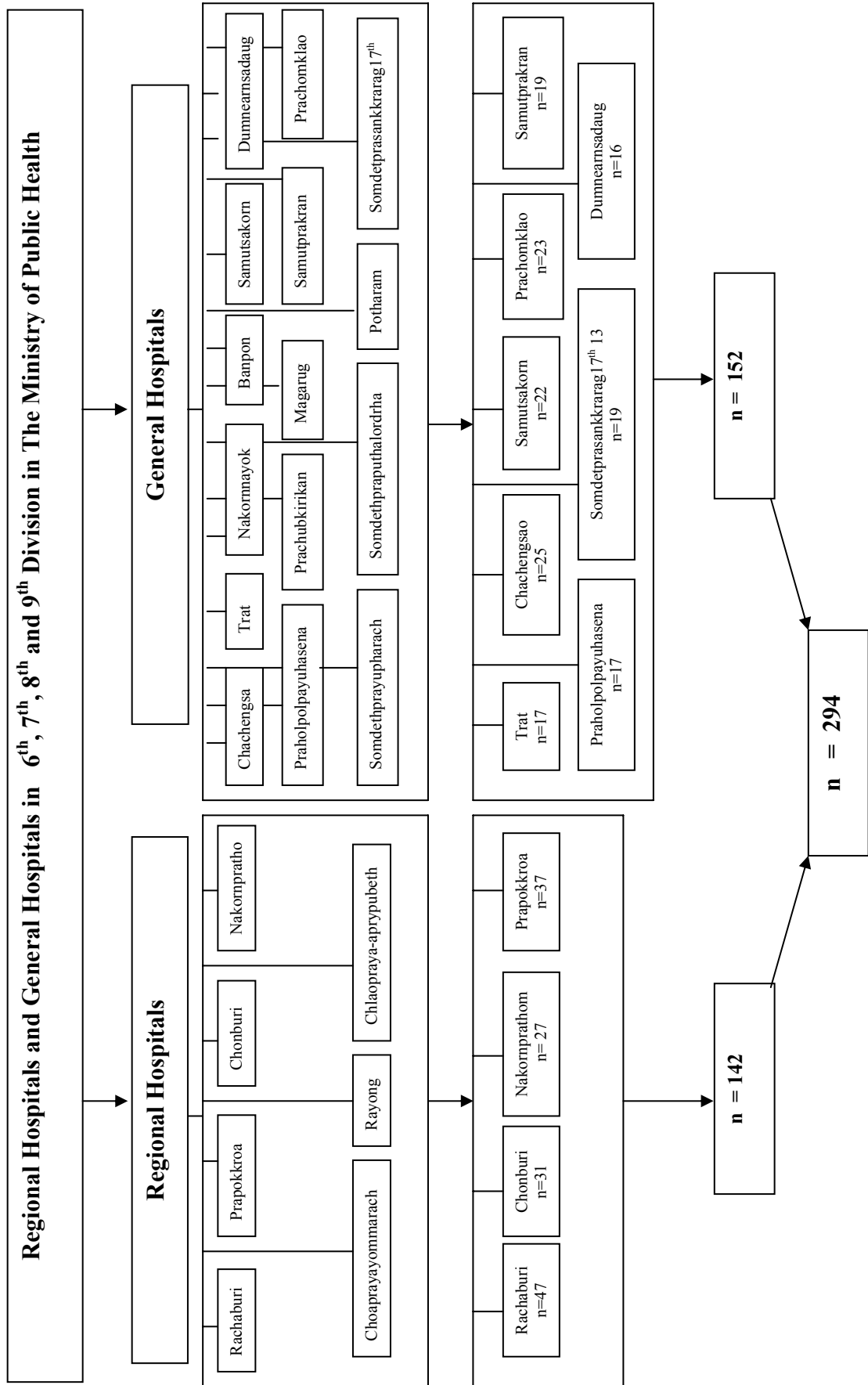


Figure 5 Sampling procedure

## Research Instrument

The instrument used in this study comprises five parts questionnaire as follows:

**Part 1** involved service quality management of head nurses, which was constructed from literature review and related research and modified by the researcher based on Total Quality Management and The Malcolm Baldrige Quality National Program: 2003 Health care criteria for performance Excellence (Hertz, 2003: 17-34). This part consists of 7 sections, 65 items. Problems and obstacles of service quality management were used to assess service quality management of head nurses in the department of nursing as follows:

1. Leading	9 items (No. 1-9)
2. Strategic planning	8 items (No. 10-17)
3. Focus on patients and customers	7 items (No. 18-24)
4. Information and knowledge management	6 items (No. 25-30)
5. Human development	14 items (No. 31-44)
6. Process management	11 items (No. 45-55)
7. Evaluation of service quality and organizational performance	10 items (No. 56-65)

Service quality management activities were measured by the rating scale. The responses used for evaluation scored by are very much, much, moderate, little, and very little.

Response	Score
Very much	5
Much	4
Moderate	3
Little	2
Very little	1

Criteria of the responses as follows:

Very much that 81 to 100 % of all management activities are performed.

Much means that 61 to 80 % of all management activities are performed.

Moderate means that 41 to 60 % of all management activities are performed.

Little means that 21 to 40 % of all management activities are performed.

Very little means that 0 to 20 % of all management activities are performed.

Score criteria of service quality management of head nurses was evaluated to be the 5-level scoring standard, according to the Malcolm Baldrige Quality National Program (2003: Healthcare Criteria for performance Excellence –Score System, 58-59). The scoring of responses to criteria items and applicant feedback were based on three evaluation dimensions: 1) Approach, 2) Deployment, and 3) Results.

<b>Range of Mean Score(%)</b>	<b>Level</b>	<b>Interpretation</b>
1.00 – 20.00	1	Services quality management is slightly developed.
20.01 – 40.00	2	Services quality management is in the stages of developing trends in important aspect.
40.01 - 70.00	3	Services quality management is well continuously developing.
70.01 - 90.00	4	Services quality management is very good with sustainable development trend.
90.01 - 100.00	5	Services quality management is excellent with strength and sustainable development.

**Part 2** Leadership of head nurses was developed from Bass' s theory (Bass, 1985: 35-149), modified from the leadership of provincial education officer questionnaire on Sompongtham, P. (1995) who translated from Multifactor Leadership Questionnaire From 5x-Rater: MLQ From 5x of Bass and Avolio, 1991. The reliability of transformational leadership and transactional leadership were 0.98 and 0.82 respectively, and applied transformational leadership of provincial outstanding health volunteers in 1997-2001 (Koonboonchan, P. 2002) that reliability of transformational leadership was 0.96. There were 50 items used to assess two aspects of leadership behavior: transformational leadership and transactional leadership.

1. Transformational leadership consisted of 40 items as follows:

- |                                   |                     |
|-----------------------------------|---------------------|
| 1.1. Charisma                     | 16 items (No.1-16)  |
| 1.2. Inspirations                 | 10 items (No.17-26) |
| 1.3. Individualized consideration | 7 items (No.27-33)  |
| 1.4. Intellectual stimulation     | 7 items (No.34-40)  |

2. Transactional leadership consisted of 10 items as follows:

- |                              |                    |
|------------------------------|--------------------|
| 2.1. Contingent reward       | 5 items (No.41-45) |
| 2.2. Management by exception | 5 items (No.46-50) |

Leadership behavior was measured by rating scale. The responses were always, often, sometimes, and rarely, and never. The responses were scored as follows:

<b>Response</b>	<b>Score</b>
Always	4
Often	3
Sometimes	2
Rarely	1
Never	0

Leadership of head nurses was classified into 5 leadership levels as very high, high, moderate, low, and very low.

<b>Rang of Mean Score</b>	<b>Interpretation</b>
3.50-4.00	Leadership is at a very high level
2.50-3.49	Leadership is at a high level
1.50-2.49	Leadership is at a moderate level
0.50-1.49	Leadership is at a low level
0.00-0.49	Leadership is at a very low level

**Part 3** Organizational climate was developed from Litwin & Stringer's concepts (Stringer, 2002: 10-11,64-67) and modified from organizational climate part I questionnaire (Stringer, 2002: 229-232). This part consisted of 6 dimension and 24 items used to assess organizational climate perception of head nurses in the department of nursing as follows:

1. Structure	4 items (No.1-4)
2. Standard	4 items (No.5-8)
3. Responsibility	4 items (No.9-12)
4. Recognition	4 items (No.13-16)
5. Support	4items (No.17-20)
6. Commitment	4 items (No.21-24)

The statement in the questionnaires had positive and negative meaning. The negative statement included 8 items of the question number 2,4,6,14,17,19,23,24 and other 16 items were positive statement.

The rating scale measured organization climate. The responses are strongly agree, agree, disagree, and strongly disagree. The responses were scored as follows:

<b>Response</b>	<b>Positive Statement</b>	<b>Negative Statement</b>
Strongly agree	4	1
Agree	3	2
Disagree	2	3
Strongly disagree	1	4

Organization climate score were classified into 3 organizational climate levels as high, moderate, and low (Stringer, 2002: 241-251).

### Interpretation

	<b>Rang of Mean Score (%)</b>	<b>Organizational Climate Levels</b>
1. Structure	> 70	High
	35-70	Moderate
	< 35	Low
2. Standard	> 75	High
	35-75	Moderate
	< 35	Low
3. Responsibility	> 70	High
	35-70	Moderate
	< 35	Low
4. Recognition	> 65	High
	40-65	Moderate
	< 40	Low
5. Support	> 70	High
	35-70	Moderate
	< 35	Low
6. Commitment	> 70	High
	35-70	Moderate
	< 35	Low
Total organizational climate	> 70	High
	35-70	Moderate
	< 35	Low

**Part 4** Job empowerment was constructed from literature review Kanter's theory (1977; Kanter, 1993: 246-249), and modified from job empowerment by nurses directors questionnaire (Tongyai, S. 2001: 122-124) that reliability was 0.83 and modified from job empowerment of professional nurses questionnaire (Pieamsin, S. 2000: 172-175) that reliability was 0.85. This part consisted 27 of items used to assess

two aspect of job empowerment perception of head nurses in the department of nursing including power and opportunity as follows:

1. Power consisted of 18 items as follow:
  - 1.1. Support 7 items (No.1-7)
  - 1.2. Information 4 items (No.8-11)
  - 1.3. Resources 7 items (No.12-18)
2. Opportunity consisted of 9 items
  - 2.1 Growth 3 items (No.19-21)
  - 2.2 Learning 3 items (No.22-24)
  - 2.3 Specific and challenging work 3 items (No 25-27.)

Job empowerment was measured by rating scale. The responses are very much, much, moderate, little, and very little or not. The responses were scored as follows:

<b>Response</b>	<b>Score</b>
Very much	5
Much	4
Moderate	3
Little	2
Very little	1

Interpretation of job empowerment score were classified into 5 Job empowerment levels as very high, high, moderate, low, and very low.

<b>Rang of Mean Score</b>	<b>Interpretation</b>
4.50-5.00	Job empowerment is at a very high level
3.50-4.49	Job empowerment is at a high level
2.50-3.49	Job empowerment is at a moderate level
1.50-2.49	Job empowerment is at a low level
1.00-1.49	Job empowerment is at a very low level

**Part 5** Personal characteristics questionnaire. The researcher developed the personal characteristic questionnaire in order to obtain information relating to age, education level, and work experience in head nurses position, working department, and type of hospital. This part consisted of 5 items.

## **Content Validity and Reliability**

The research instrument was developed and tested for its validity and reliability as follows:

### **1. Content Validity**

The questionnaire was examined by a major-advisor, co-advisors, and six experts (Appendix A) for content, clarity of the language, and relevancy. Then, questionnaires were edited accordingly to the experts' suggestions.

### **2. Reliability**

The questionnaire was tried out with 30 head nurses working in regional hospital: Rayong Hospital and general hospital: Protharam Hospital during July 15-30, 2004. The acceptable reliabilities of research were tested using Cronbach's Coefficient Alpha (Appendix C). The internal consistency was used to test reliability of leadership, organization climate, job empowerment, and services quality management of head nurses. The values of reliability obtained were 0.96, 0.90, 0.94 and 0.97 for leadership, organization climate, job empowerment, and services quality management of head nurses respectively. In this study, The reliability higher than 0.7 was considered to be appropriate (Polit, et al., 2001: 296-297).

## **Data Collection**

The processes for data collection were as follows:

- 1) The researcher submitted the proposal and instrument used to the Ethics Committee, Mahidol University for approval of conducting research in ethical manners.
- 2) Permission letter, issued by the Faculty of Graduate Studies, Mahidol University, was sent to the director of regional hospitals and general hospitals, and nurse director to ask permission of data collection.

3. The research made personal contact with head nurses to clarify research purpose and delivery the questionnaire to them.

4. Data were collected from head nurses the researcher. There were 287 copies of returned questionnaires (96.61%) completed questionnaires were 274 (93.20%). The collection period was from September 15 to October 24, 2004.

## Data Analysis

The statistic for data analysis were as follows:

### 1. Descriptive Statistic:

Frequency distribution, percentage, arithmetic mean, and standard deviation was calculated to describe demographic characteristics, leadership, organizational climate, job empowerment and service quality management of head nurses.

### 2. Inferential Statistic:

2.1 Pearson's Product Moment Correlation Coefficient was used to examine the relationship between leadership, organizational climate, job empowerment, and service quality management of head nurses.

Interpretation of degree of correlation was as following: (Munro & Page, 1993: 181)

$r = 0.90-1.00$  mean very high correlation

$r = 0.70-0.89$  mean high correlation

$r = 0.50-0.69$  mean moderate correlation

$r = 0.26-0.49$  mean low correlation

$r = 0.00-0.25$  mean very low correlation

2.2 Multiple Regression Analysis was used to analyze factors that can be explain variation of service quality management of head nurses.

## **Ethical Consideration**

This study was conducted after final permission to perform the study which was granted by The Committee on Human Rights to Experimentation, Mahidol University, Number 110/2004 On September 23, 2004 (Appendix F).

The research explained the purpose and the procedure of this study in the questionnaire. The statements laid out the research's objectives, methods, benefit and assumed subject's anonymity, the voluntary nature of participating in the study, and freedom to withdraw from the study at any time and would not affect to their job performance.

The researcher would willingly answers subjects' questionnaire without any attempt at concealment. The subjects were assured that the data would be secret and report in the form of the research summary. The departments involving in the objective of academic reasons are disclosed.

## **CHAPTER IV**

### **RESULTS**

This study aims to examine leadership, organizational climate, job empowerment, and service quality management of head nurses in regional and general hospitals in the central region. Data were collected from 274 head nurses using questionnaires. Completed questionnaires were analyzed. The results of this study are presented as follows.

Part I : Personal characteristics

Part II : Leadership, organizational climate, job empowerment, and service quality management of head nurses

Part III : The relationships between leadership, organizational climate, job empowerment, and service quality management of head nurses.

Part IV : Description of variables for explanation of service quality management of head nurse

### Part: I Personal Characteristics

Personal characteristics of head nurses showed that half of head nurses (51.1%) worked in regional hospitals, while the rest worked in general hospitals (48.9%). Most head nurses aged between 41-45 years old (38.3 %), and 51-55 years old (24.8 %), with the average age of 47.3 years old (S.D. = 5.6). The majority of head nurses (83.6 %) finished bachelor's degree/diploma in nursing, while only 16.4 % finished master's degree. About 27.0 % and 24.8 % of head nurses had been worked in the head nurse position for 1 to 5 and 6 to 10 years, respectively. The mean duration of work experience in head nurse position was 12.7 years (S.D.= 8.5). Most of head nurses worked in the surgical department (19.7 %), the special care department (18.2 %), and the medical department (16.8 %). (Table 2).

Table 2 Number and percentage of head nurses classified by personal characteristics  
(n = 274)

Personal characteristics	Number	%
<b>Age (years)</b>		
25-30	1	0.4
36-40	20	7.3
41-45	105	38.3
46-50	59	21.5
51-55	68	24.8
55-60	21	7.7
Mean = 47.3, S.D. = 5.6		
<b>Education level</b>		
Bachelor's degree/Diploma	299	83.6
Master's degree	45	16.4

Table 2 (Continued)

<b>Personal characteristics</b>	<b>Number</b>	<b>%</b>
<b>Work experience in head nurse position (years)</b>		
1-5	74	27.0
6-10	68	24.8
11-15	25	9.4
16-20	45	16.4
at least 21	62	22.6
Mean. = 12.7, S.D = 8.5		
<b>Working department</b>		
Out-patient	12	4.4
Emergency	12	4.4
Surgical	54	19.7
Medical	46	16.8
Obstetrical	26	9.5
Gynecological	13	4.7
Intensive care unit	24	8.8
EENT	12	4.4
Psychological	3	1.1
Special care	50	18.2

## **Part 2: Leadership, Organizational Climate, Job Empowerment, and Service Quality Management of Head Nurses**

### **2.1 Leadership of Head Nurses**

The result showed that leadership of head nurses was at a high level, indicated that the most of head nurses had good personal characteristics and competency involving dynamic and interactive process in the quality of nursing

service management. These activities influence the potential followers toward accomplishment of goal, with the mean score of 3.41 (S.D. = 0.38).

Considering transformational leadership, this study revealed that most of the head nurses had personal characteristic and competency to arouse individual concern and satisfy needs of the followers in a high level, with the mean score of 3.47 (S.D. = 0.37). In the case of transactional leadership, most of the head nurses motivated members by contingent reinforcement with exchanging reward for high competency followers, giving feedback and punishing followers who cannot reach standard performance in a high level, with the mean score of 3.14 (S.D. = 0.54).

When four components of transformational leadership were considered, individualized consideration was rated in the very high level. Other components, including inspiration, charisma, and intellectual stimulation were rated in a high level as follows:

Individualized consideration, results indicated that most of the head nurses accepted and understood each follower, promoted individual stability, gave opportunity and assigned proper job for each follower, supported human development, and gave caring, counseling and mentoring for follower in the very high level, with the mean score of 3.53 (S.D. = 0.43).

Inspiration findings indicated that most of the head nurses motivated followers to have inspiration by creating interpersonal motivation, assimilated on team spirit to be fresh, expressed opinion, created positive attitude, dedicated in working with full capability, and built expectation and confidence to accomplish goal in a high level, with mean score of 3.48 (S.D. = 0.42).

Charisma, results indicated that most of the head nurses had characteristics and competency to make the followers being loyalty, respect, trust, impression, favorable and agreement with themselves and accomplish service quality development in high level, with the mean score of 3.46 (S.D. = 0.37).

Intellectual stimulation, results indicated that most of the head nurses stimulated followers to have thinking, problem awareness and problem solving, concerning on the fact, analyzing and solving problem based on knowledge, principles and theory, creating new procedure for problem solving with freedom, and guiding reasonable management in high level, with the mean score of 3.40 (S.D. = 0.49).

When two components of transactional leadership were considered, both management by exception and contingent reward were rated in a high level as follows:

Management by exception, results indicated that most of the head nurses provided rewards to the followers who achieved the goal, expressed satisfy and respect, recognized or gave notice of meritorious service, considered monthly wage, and promoted job position in a high level, with the mean score of 3.17 (S.D. = 0.58).

For contingent reward, results indicated that most of the head nurses provided feedback for the followers who failed to meet standard, had mistake, and could not achieve the goal, reviewed method and objectives, used monitoring, gave the power, advised suggestion, and used strict criteria and standard, in a high level, with the mean score of 3.11 (S.D. = 0.60). (Table 3).

Table 3 Mean, standard deviation and leadership level of head nurses (n = 274)

<b>Leadership of head nurses</b>	$\bar{X}$	<b>S.D.</b>	<b>Leadership level</b>
<b>Overall leadership</b>	<b>3.41</b>	<b>0.38</b>	<b>High</b>
<b>Transformational leadership</b>	<b>3.47</b>	<b>0.37</b>	<b>High</b>
- Charisma	3.46	0.37	High
- Inspirations	3.48	0.42	High
- Individualized consideration	3.53	0.43	Very high
- Intellectual stimulation	3.40	0.49	High
<b>Transactional leadership</b>	<b>3.14</b>	<b>0.54</b>	<b>High</b>
- Contingent reward	3.11	0.60	High
- Management by exception	3.17	0.58	High

When the mean score per item in each component of transformational leadership was considered, the results of charisma showed that the head nurse had decision-making with morality or professional ethics, a role model, and emphasizing work for service quality development in the very high level, with the highest mean score ( $\bar{X}$  = 3.77, 3.71, and 3.70, respectively), while expressed knowledge and competency in particular job was rated in the lowest behavior ( $\bar{X}$  = 3.01).

The results of inspirations showed that the head nurses had presenting enthusiasm in working, promoted the followers who have commitment in successfully work, and had concern on importance of service quality and customer need in the very high level, with the highest mean score ( $\bar{X} = 3.63, 3.59$  and  $3.58$ , respectively), while created new ideas to develop work behavior was rated in the lowest behavior ( $\bar{X} = 3.29$ ).

The results of individualized consideration showed that the head nurses promoted and supported individual development, assigned job for each responsibility and competency of person, and had acceptance and understanding in each individual in the very high level, with the highest mean score ( $\bar{X} = 3.64, 3.62, 3.59$ , respectively), while paying special attention to the followers who do not get attention was rated in the lowest behavior ( $\bar{X} = 3.37$ ).

The results of intellectual stimulation showed that the head nurses were interested in the followers' opinion, and promoted followers to create new procedure for problem solving in the very high level, with the highest mean score ( $\bar{X} = 3.58$  and  $3.51$ , respectively), while pointing out other angles of the problems and building learning system was rated in the lowest behavior ( $\bar{X} = 3.14$ ).

When the mean score per item in each component of transactional leadership was considered, the results of contingent reward showed that the head nurses expressed satisfactory and respect to followers who had been good working, and described monthly wage and reward if followers achieve the goal in a high level, with the highest mean score ( $\bar{X} = 3.41$  and  $3.22$ , respectively), while determined reward guideline for the best workers was rated in the lowest behavior ( $\bar{X} = 2.81$ ).

For the results of management by exception showed that the head nurses used strict criteria and standard, and encouraged followers to improved their job when doing lower than standard in a high level, with the highest behavior ( $\bar{X} = 3.28$  and  $3.25$ , respectively), while giving feedback and reviewing method for followers who having mistake was rated in the lowest behavior ( $\bar{X} = 3.06$ ).

In conclusion, the results showed that head nurse had very good transformational leadership behavior. Decision-making with morality or professional ethics, being role model, and emphasizing work for service quality development were

the behavior performed highest. While creating new ideas to develop work was reported lowest. For the transactional leadership behavior, expressing satisfactory and respect to followers who had good work, and use strict criteria and standard were the behavior reported highest. While determining reward for the best worker was the behavior that lowest reported. (Table 4).

Table 4 Mean, standard deviation, and leadership level of head nurses classified by item (n = 274)

Leadership of head nurses	$\bar{X}$	S.D.	Level
<b>1. Transformational leadership</b>			
<b>1.1 Charisma</b>			
-Have a role model	3.71	0.47	Very high
-Emphasize working for service quality development	3.70	0.47	Very high
-Control emotion in critical situation	3.24	0.73	High
-Make impression and proud for the followers	3.11	0.71	High
-Determine the goal of service quality development	3.39	0.61	High
-Sacrifice own benefits for the sake of group benefits	3.63	0.52	Very high
-Decides with morality or professional ethics	3.77	0.47	Very high
-Give self-confidence to the followers	3.59	0.56	Very high
-Assert in principle, belief, value of service quality development	3.58	0.56	Very high
-Have knowledge and competency in particular job	3.01	0.67	High
-Dare to think with appropriate way in conflict problem	3.27	0.70	High
-Respect and admire around the followers	3.45	0.55	High
-Describe the purpose of working to followers	3.51	0.59	Very high
-Express self-confidence	3.49	0.59	High
-Build trust and harmony in teamwork	3.61	0.52	Very high
-Emphasize working in accordance to value and self-interests	3.41	0.68	High

Table 4 (Continued)

<b>Leadership of head nurses</b>	<b><math>\bar{X}</math></b>	<b>S.D.</b>	<b>Level</b>
<b>1.2 Inspirations</b>			
-Set work standard which can be reached nursing service excellent	3.36	0.66	High
-Create new ideas for work improvement	3.29	0.66	High
-Concern importance of service quality and customer needs	3.58	0.53	Very high
-Build confidence to the followers for achievement of service quality development	3.49	0.57	High
-Inspire belief of the followers in their work	3.49	0.59	High
-Promote the followers who have commitment in successful work	3.59	0.54	Very high
-Present enthusiasm in working	3.63	0.51	Very high
-Stimulate followers to realize something that they should consider	3.55	0.59	Very high
-Clearly describe results of nursing service development for followers	3.34	0.40	High
-Express strong attention to finish the job by the due date	3.50	0.59	Very high
<b>1.3 Individualized consideration</b>			
-Accept and understand in each individual	3.59	0.52	Very high
-Pay intention to followers	3.44	0.62	High
-Give the useful recommendations for followers' growth	3.51	0.58	Very high
-Promote and support individual development	3.64	0.50	Very high
-Properly assign job for each responsibility and competency of person	3.62	0.52	Very high

Table 4 (Continued)

<b>Leadership of head nurses</b>	$\bar{X}$	<b>S.D.</b>	<b>Level</b>
-Give advising and mentoring to followers	3.57	0.56	Very high
-Pay special attention to the followers who do not get attention as their should	3.37	0.63	High
<b>1.4 Intellectual stimulation</b>			
-Listen to the followers' opinion	3.58	0.54	Very high
-Use the data and fact for problem identification	3.35	0.65	High
-Discuss and analyze working problems with followers	3.42	0.64	High
-Promote followers to create new procedure for problem solving	3.51	0.59	Very high
-Encourage followers to use evidence for problem solving	3.42	0.64	High
-Point out other angles of the problems and build learning system	3.14	0.73	High
-Give opportunity for the new work procedure to followers	3.42	0.60	High
<b>2. Transactional leadership</b>			
<b>2.1 Contingent reward</b>			
-Describe monthly wage and reward if followers achieve the goal	3.22	0.75	High
-Negotiate with followers on expectation that has to be achieved	3.20	0.70	High
-Provide reward for the best workers	2.81	0.90	High
-Praise and promote the good workers	2.92	0.90	High
-Express satisfactory and respect followers with good work	3.41	0.62	High

Table 4 (Continued)

<b>Leadership of head nurses</b>	$\bar{X}$	<b>S.D.</b>	<b>Level</b>
<b>2.2 Management by exception</b>			
-Give feedback and review method for followers who have mistake	3.06	0.77	High
-Use Monitoring with followers who have mistake	3.17	0.71	High
-Encourage followers to improve their job when performance is lower than standard	3.25	0.70	High
-Suggest followers who have missed standard	3.09	0.82	High
-Use strict criteria and standard.	3.28	0.71	High

## 2.2 Organizational Climate

The results showed that most of the head nurses had perception related to nature or quality of the internal environment in the nursing department that arouses motivation and influences the quality of nursing service management in a high level, with the mean score of 72.05 (S.D. = 9.17). When each dimension of organizational climate was considered, standard, structure, responsibility, commitment, support, and recognition were rated in a high level, respectively.

In the dimension of standard, most of the head nurses felt that the nursing department had good standard performance, continuous promotion and improvement, and a degree of pride members doing a standard performance in a high level, with the mean score of 78.3 (S.D. = 12.23).

In the dimension of structure, most of the head nurses felt that the nursing department had well organizing, a clear definition of person roles, responsibility, and decision-making authority in a high level, with the mean score of 78.0 (S.D. = 13.40).

In the dimension of responsibility, most of the head nurses had concern and responsibility on monitoring system, freedom on decision-making, and no doubled-check on decision-making in a high level, with the mean score of 77.9 (S.D. = 10.20).

In the dimension of commitment, most of the head nurses felt that members had pride in belonging to health service organization, honesty, loyalty, and degree of commitment to the goal of nursing department in a high level, with the mean score of 75.9 (S.D. = 11.63).

In the dimension of support, most of the head nurses felt that members had trust and mutual support that prevails within teamwork, a part of a well-function team, and could get help from the nurse administrators and teamwork in a high level, with the mean score of 73.9 (S.D. = 11.15).

In the dimension of recognition, most of the head nurses felt that reward and encouragement from nurse administrators is important and value for teamwork, and nurse administrators provide proper reward for members when they had well practices in a high level, with the mean score of 66.7 (S.D. = 12.38). (Table 5).

Table 5 Mean score, standard deviation, and organizational climate level (n = 274)

<b>Organizational climate</b>	<b>Mean score</b>	<b>S.D.</b>	<b>Organizational level</b>
<b>Organizational climate</b>	<b>75.2</b>	<b>9.17</b>	<b>High</b>
- Structure	78.0	13.40	High
- Standard	78.3	12.23	High
- Responsibility	77.9	10.20	High
- Recognition	66.7	12.38	High
- Support	73.9	11.15	High
- Commitment	75.9	11.63	High

When the mean score per item in each dimension of organizational climate was considered. The results showed that almost all items of organizational climate were rated in a high level as follows.

The results of structure showed that most of the head nurses felt that the role position and job description were clearly stated, with the highest mean score of 83.0,

while person who has formal authority to made a decision in the nursing department was rated lowest (mean score = 70.9).

The results of standard showed that members attempt on service quality improvement, with the highest mean score of 82.2, while the degree pride of member to work in performance standard was rated lowest (mean score = 76.7).

The results of responsibility showed that the head nurses had highest perception on concern and responsibility on results (mean score = 86.4), while the authority to make a freedom decision was rated lowest (mean score = 69.9).

The results of recognition showed that the reward and encouragement from administrator nurses was important and value, with the highest mean score of 79.3, while the enough of reward and recognition for a good member was rated lowest (mean score = 53.2)

The results of support showed that members had prided in a part of a well-function team, with the highest mean score of 81.9, while they gain of sympathy when they had mistake was rated lowest (mean score = 69.8).

The results of commitment showed that members had highly commitment toward accomplishment, with the highest mean score of 77.1, while the interesting situation movement in the nursing department was rated lowest (mean score = 75.1).

In conclusion, most of the head nurses had highest perception in organization climate. They had concern and responsibility on results. The role position and job description was clearly stated. Members attempted on service quality improvement and had prided in a part of a well-function team. But the reward and recognition for a good member, the sympathy when having mistake in work and the authority to made a freedom decision were rated lowest. (Table 6).

Table 6 Mean score and organizational climate level classified by item (n = 274)

<b>Organizational climate</b>	<b>Mean score</b>	<b>Level</b>
<b>1. Structure</b>		
-The nursing department structure is clearly defined	81.6	High
-In the nursing department, it is clear who has the formal authority	70.9	High
-The role position and job description are clearly stated	83.0	High
-Organizing in nursing department is related with nursing service	76.4	High
<b>2. Standard</b>		
-The set of standard in the nursing department is possible to practice	77.1	High
-Members seem to take much pride in performance standard	76.7	High
-Administrator nurses continually promote teamwork improvement	77.3	High
-Members attempt on service quality improvement	82.2	High
<b>3. Responsibility</b>		
-Head nurses have authority to make a freedom decision	66.9	Moderate
-Head nurses have quality checking system	76.6	High
-Head nurses concern and have responsibility on results	86.4	High
-Head nurses gain support on problem solving from teamwork	78.7	High

Table 6 (Continued)

<b>Organizational climate</b>	<b>Mean score</b>	<b>Level</b>
<b>4. Recognition</b>		
-Reward and encouragement from administrator nurses is important and value	79.3	High
-Reward and recognition are enough for a good member	53.2	Moderate
-Reward and recognition are proper for the best members	68.5	High
-Administrator nurses have promotion system that helps the best member rise to the top	66.3	High
<b>5. Support</b>		
-Head nurses gain sympathy when having mistake	69.8	Moderate
-Head nurses can get help if they are on a difficult assignment	71.2	High
-Members have feeling of trust and mutual support	73.0	High
-Members have pride in a part of a well-function team	81.9	High
<b>6. Commitment</b>		
-Members' commitment toward accomplishment is high	77.1	High
-Members have pride in belonging to the nursing department	76.0	High
-Members have interest in what happen in the nursing department	75.1	High
-Members have high level of personal loyalty to the nursing department	75.9	High

### **2.3 Job Empowerment**

Result showed that head nurses had power and opportunity to support individual development for service quality management in a high level, with the mean score of 3.47 (S.D. = 0.37).

When power was considered, this study revealed that head nurses had authority of either formal or informal power including support, information, and resources within their role and position to manage toward goal achievement in a moderate level, with the mean score of 3.49 (S.D. = 0.55). In the case of opportunity, head nurses had an opportunity in individual development for growth and promotion in the nursing department and received challenge work that enhanced knowledge and skill in a high level, with the mean score of 3.59 (S.D. = 0.60).

When three components of power were considered, information was at a high level, support and resource were at a moderate level as follow:

Information, most of the head nurses received information, knowledge, the fact, feedback data, and movement of situation within nursing department and outside hospital from both formal and informal method. It also included having data and library that useful for decision-making and performance in high level, with the mean score of 3.59 (S.D. = 0.66).

Support, most of the head nurses received support and agreement of creative thinking, problem solving, and decision-making, and gain flexibility of working and interpersonal relationship promotion from executive nurse administrators in moderate level, with the mean score of 3.48 (S.D. = 0.64).

Resource, most of the head nurses, received accommodation, technology, budgets, personnel, material, time, reward, salary, and benefit to supported service quality management in moderate level, with the mean score of 3.44 (S.D. = 0.64).

When three components of opportunity were considered, challenging work and growth were at a high level, learning was at a moderate level as follow:

Challenging work, most of the head nurses, had opportunity to work in a clear job description and to have responsibility of challenge working that is proper with ability and job position in high level, with the mean score of 3.44 (S.D. = 0.59).

Growth, most of the head nurses had opportunity in considering of meritorious services, promoting, monthly wage and advancing job position in high level, with the mean score of 3.51 (S.D. = 0.68),

Learning, most of the head nurses had opportunity to meet, gave a seminar, and had short and long course training in management, and had training on complex work in moderate level, with the mean score of 3.43 (S.D. = 0.80). (Table 7).

Table 7 Mean, standard deviation and job empowerment level of head nurses  
(n = 274)

<b>Job empowerment</b>	<b><math>\bar{X}</math></b>	<b>S.D.</b>	<b>Job empowerment level</b>
<b>Job empowerment</b>	<b>3.53</b>	<b>0.54</b>	<b>High</b>
<b>Power</b>	<b>3.49</b>	<b>0.55</b>	<b>Moderate</b>
- Support	3.48	0.64	Moderate
- Information	3.59	0.66	High
- Resource	3.44	0.59	Moderate
<b>Opportunity</b>	<b>3.59</b>	<b>0.60</b>	<b>High</b>
- Growth	3.51	0.68	High
- Learning	3.43	0.80	Moderate
- Challenging work	3.84	0.59	High

When the mean score per item in each component of power was considered, the results of support showed that flexibility in work was in high level, with the highest mean score ( $\bar{X}$  = 3.66), followed by receiving support and agreement of creative thinking ( $\bar{X}$  = 3.60), while receiving support problem solving from nurse administrators was rated lowest ( $\bar{X}$  = 3.32).

The results showed that the head nurses received clear communication about administration policy, the goal, and performance standard in high level, with the highest mean score ( $\bar{X}$  = 3.74), followed by receiving feedback data from patients/customers and use for improvement performance ( $\bar{X}$  = 3.70). While

information form effective communication system in the nursing department was rated lowest ( $\bar{X} = 3.46$ ).

The results of resource showed that the head nurses had a long time for working in high level, with the highest mean score ( $\bar{X} = 3.89$ ), followed by receiving adequate and proper material ( $\bar{X} = 3.79$ ), while personnel allocation for workload was rated lowest ( $\bar{X} = 2.95$ ).

When the mean score per item in each component of opportunity was considered, the results showed that having opportunity in hospital committee was at high level, with the highest mean score of 3.81, followed by having opportunity in considering of meritorious service and promoting monthly wage ( $\bar{X} = 3.41$ ), while opportunity in advancing job position was rated lowest ( $\bar{X} = 3.32$ ).

The results also showed that the head nurses had opportunity to meet and give a seminar in management at high level, with the highest mean score of 3.53, followed by having training on complex work and modern technology ( $\bar{X} = 3.34$ ), while opportunity in short and long course in management training was rated lowest ( $\bar{X} = 3.32$ ).

The results of challenging work showed that the head nurses, received proper delegation with ability and job position at high level, with the highest mean score of 3.96, followed by having opportunity to work in a clear job description ( $\bar{X}=3.93$ ). While opportunity on responsibility of challenging work and achievable goal was rated lowest ( $\bar{X} = 3.64$ ).

In conclusion, most of the head nurses had a long time for working, received adequate and proper material, and received clear communication about administration policy, the goal, and performance standard. They also highly perceived proper delegation with ability and job position had opportunity to work in a clear job description. But the perception on receiving personnel allocation for workload, balancing reward and recognition were reported lowest. (Table 8).

Table 8 Mean, standard deviation, and job empowerment level of head nurses classified by item (n = 274)

<b>Job empowerment</b>	$\bar{X}$	S.D.	Level
<b>1. Power</b>			
<b>1.1 Support</b>			
-Support and agree with creative thinking	3.60	0.82	High
-Respect with idea given in administration conference	3.43	0.75	Moderate
-Support problem solving	3.32	0.89	Moderate
-Flexibility in working	3.66	0.76	High
-Support new method and technology for work	3.53	0.79	High
-Special care from nurse administrators	3.35	0.92	Moderate
<b>1.2 Information</b>			
-Communicated with administration policy, the goal and performance standard	3.74	0.82	High
-Update information about conference, meeting, and training course	3.54	0.82	High
-Results of performance from short and long planning	3.53	0.85	High
-Feedback data from patients/customers and useful for improvement performance	3.70	0.73	High
-Information form effective communication system in the nursing department	3.40	0.82	Moderate
<b>1.3 Resource</b>			
-Sufficient budgets for working	3.25	0.88	Moderate
-Adequate and proper material	3.79	0.74	High
-Personnel allocation enough for workload	2.95	1.03	Moderate
-Enough time to work	3.89	0.79	High
-Proper monthly wage	3.30	0.96	Moderate
-Balance reward and recognition versus the good work	3.14	0.83	Moderate
-Receive proper benefit such as health checking, rest room	3.75	0.79	High

Table 8 (continued)

<b>Job empowerment</b>	<b><math>\bar{X}</math></b>	<b>S.D.</b>	<b>Level</b>
<b>2. Opportunity</b>			
<b>2.1 Growth</b>			
-Considering of meritorious services and promoting monthly wage	3.41	0.83	Moderate
-Advancing job position	3.32	0.92	Moderate
-Hospital committee selection	3.81	0.82	High
<b>2.2 Learning</b>			
- Meeting and giving a seminar in management	3.53	0.95	High
-Training in short and long course in management	3.32	0.99	Moderate
-Training on complex work and modern technology	3.34	0.80	Moderate
<b>2.3 Challenging work</b>			
-Working in a clear job description	3.93	0.65	High
- Proper delegation with ability and job position	3.96	0.63	High
-Responsibility of challenging work, and achievable goal.	3.64	0.84	High

#### **2.4 Service Quality Management of Head Nurses**

Results showed that most of the head nurses had very good activities related to nursing service quality management, with sustainable development trend (4<sup>th</sup> level), with the mean score of 81.5 (S.D. = 8.81)

When each category of service quality management of head nurses was considered, leading, focus on patients/customer, process management, strategic planning, human development, information and knowledge management, and evaluation of service quality and organizational performance were very good with sustainable development trend, respectively as follows.

In the category of leading, most of the head nurses had activities relating to patient unit leader and social responsibility, which was very good with sustainable development trend (4<sup>th</sup> level), with the mean score of 86.1 (S.D. = 9.06).

In the category of focus on patients/customer, most of the head nurses, had activities relating to requirement, expectation and preference of patients/customers, patients/customers relationships and satisfaction, which was very good with sustainable development trend level, with the mean score of 83.8 (S.D. = 9.41).

In the category of process management, most of the head nurses had activities related to health care and support processes, which was very good with sustainable development trend (4<sup>th</sup> level), with the mean score of 83.1 (S.D. = 9.78 ).

In the category of strategic planning, most of the head nurses had activities involving strategy development and strategy deployment, which was very good with sustainable development trend (4<sup>th</sup> level), with the mean score of 83.0 (S.D. = 10.42).

In the category of human development, most of the head nurses had activities relating to work system management, staff learning, motivation, and staff well-being and satisfaction, which was very good with sustainable development trend (4<sup>th</sup> level), with the mean score of 82.0 (S.D. = 9.69 ).

In the category of information and knowledge management, most of the head nurses had activities relating to information and knowledge management and measurement and analysis of patient unit performance, which was very good with sustainable development trend (4<sup>th</sup> level), with the mean score of 76.3 (S.D. = 13.02).

In the category of evaluation of service quality and organizational performance, most of the head nurses had activities relating to evaluation on results of health care service, patient/customer satisfaction, finance and market, staff and work system, organizational effectiveness, and social responsibility, which was very good with sustainable development trend (4<sup>th</sup> level), with the mean score of 75.0 (S.D. = 11.51). (Table 9).

Table 9 Mean score, standard deviation, and service quality management level of head nurses (n = 274)

<b>Service quality management of head nurse</b>	<b>Mean score</b>	<b>S.D.</b>	<b>Service quality management level</b>
<b>Service quality management</b>	<b>81.5</b>	<b>8.81</b>	<b>Very good</b>
- Leading	86.1	9.06	Very good
- Strategic Planning	83.0	10.42	Very good
- Focus on patients/customers	83.8	9.41	Very good
- Information and knowledge management	76.3	13.02	Very good
- Human development	82.0	9.69	Very good
- Process management	83.1	9.78	Very good
- Evaluation of service quality and organizational performance	75.0	11.51	Very good

When the mean score per item in each category of service quality management was considered, almost all item were at very good level with sustainable development trend (4<sup>th</sup> level) as follows.

Practice with morality and professional ethics (mean score = 93.0), had concern in quality of nursing service mean score of 90.6, were the activity highest reported. They also highly communicated quality policy, vision, mission, and goal of hospital toward co-workers with the mean score of 87.5. While share vision, mission, and goal of hospital was rated in the activity reported lowest with the mean score of 76.7.

The results of strategic planning showed that the head nurses designed nursing service from patients/customers need with the mean score of 89.3, followed by deployed quality planning into action plans (mean score = 88.4), and set up indicator and evaluate successfulness of action plan and strategy planning (mean score = 83.9).

While analysis problem and relevant situation that effect to patient unit performance was rated lowest (mean score = 75.4).

Concerning focus on patients/customer, it was showed that building relationship with patients/customer (mean score = 90), was the highest activity performed. They also gave relative important and respect to human right (mean score = 88.9), and improved nursing service from patients/customer suggestion (mean score = 87.9). While providing recreation activities for relationship in connection unit was well continuously developing (3<sup>rd</sup> level) and was rated lowest (mean score = 66.3).

The results related to information and knowledge management showed that the head nurses selected, collected, and integrated data for tracking quality development and used results for developing service quality management in patient unit (mean score = 79.8), analyzed data and root cause for nursing service improvement (mean score = 78.4), and analyzed data with reliable statistics (mean score = 76.5). While using computer for collecting data in patient unit was well continuously developing (3<sup>rd</sup> level) and was rated lowest (mean score = 69.9).

The results concerning human development showed that the head nurses highly promoted learning and training skill for all staff in patient unit (mean score = 89.8), had orientation for new regular staff (mean score = 88.7), and considered meritorious service and promoted advancing job position (mean score = 88.0), with the highest activity, respectively, while providing media for staff learning in patient unit was rated in the lowest (mean score = 70.7).

The results regarding process management showed that the head nurses highly determined infection control system (mean score = 89.1), had risk management system (mean score = 87.4), and cooperated with development quality teamwork (mean score = 86.6). While planning nursing service with professional teamwork was rated lowest (mean score = 77.5).

The results related to evaluation of service quality and organizational performance showed that the head nurses highly summarized satisfaction of patients/customer (mean score = 87.6), evaluated work effectiveness of staff (mean score = 84.3), and summarized results of nursing service in the patient (mean score = 84.1). While summarizing results of family and community service (mean score = 62.7), comparing level of service quality with standard (mean score = 64.5), and

analysis of unit cost (mean score = 65.2) were well continuously developing (3<sup>rd</sup> level) and were rated lowest.

In conclusion, the results of total service quality management showed that the head nurses highly practiced with morality and professional ethics, had concern in quality of nursing service, and built relationship with patients/customers. These activities were excellent with strength and sustainable development (5<sup>th</sup> level). While summarizing results of family and community service, comparing level of service quality with hospital standard or international standard, analyzing unit cost of nursing service in patient unit, providing recreation activities for relationship in connection unit, and using computer for collecting data in patient unit were activities lowest reported. These activities were well continuously developing (3<sup>rd</sup> level). (Table 10).

Table 10 Mean score, and service quality management level of head nurses classified by item (n = 274)

<b>Service quality management</b>	<b>Mean score</b>	<b>Level</b>
<b>1. Leading</b>		
-Share vision, mission, and goal of hospital	76.7	Very good
-Communicate quality policy, vision, mission, and goal toward co-workers	87.5	Very good
-Address values and patients/customers expectation into mission and philosophy of patient unit	85.9	Very good
-Address mission of patient unit into TQM	86.9	Very good
-Determine core value in quality development for practices	84.6	Very good
-Have commitment on nursing service development toward hospital accreditation	87.1	Very good
-Have concern on quality of nursing service	90.6	Excellent
-Have responsibility in complication from nursing service	85.1	Very good
-Practice with morality and professional ethics	93.0	Excellent

Table 10 (Continued)

<b>Service quality management</b>	<b>Mean score</b>	<b>Level</b>
<b>2. Strategy planning</b>		
-Deploy quality planning into action plans	88.4	Very good
-Analyze problems and relevant situation that affect patient unit performance	75.4	Very good
-Analyze weakness, strength, opportunity, and threaten of patient unit	82.0	Very good
-Set up strategy planning of patient unit	82.1	Very good
-Plan nursing service focused on patients/customers need	89.3	Very good
-Write practical action plan	81.3	Very good
- Document action plans and communicate to co-worker	82.2	Very good
-Set indicator and evaluate successfulness of action plan	83.9	Very good
<b>3. Focus on patients/customers</b>		
-Survey patients/customers need and expectation	84.2	Very good
-Give relative important patients/customers and respect to human right	88.9	Very good
-Improve nursing service from patients/customers suggestion	87.9	Very good
-Build relationship with patients/customers	90.9	Excellent
-Give health care information and build learning system for patients/customers	81.4	Very good
-Provide recreation activities for relationship in connection unit	66.3	Well developing
-Assess patients/customers satisfaction	87.4	Very good
<b>4. Information and knowledge management</b>		
-Select, collect, and integrate data for tracking quality development	79.8	Very good

Table 10 (Continued)

<b>Service quality management</b>	<b>Mean score</b>	<b>Level</b>
-Use computer for collecting data in patient unit	69.9	Well developing
-Analyze data and root cause of nursing service	78.4	Very good
-Analyze data with reliable statistics	76.5	Very good
-Use results for developing service quality management in patient unit	79.8	Very good
-Document and use results for decision-making in hospital policy	73.4	Very good
<b>5. Human development</b>		
- Assign work according to job description	84.3	Very good
- Build two ways communication	82.9	Very good
- Provide human development planning	82.7	Very good
- Have orientation for new regular staff	88.7	Very good
- Develop leadership of staff in patient unit	72.7	Very good
- Give empowerment for staff in patient unit	75.5	Very good
- Provide media for staff learning in patient unit	70.7	Very good
- Have reward and recognition for the best worker	74.9	Very good
- Promote and support excellent service behavior training for all staff	84.4	Very good
- Promote learning and training skill for all staff in patient unit	89.8	Very good
-Consider meritorious service and promotion	88.0	Very good
-Build motivation for all staff	83.3	Very good
-Maintain appropriate work environment	83.6	Very good
-Promote professional standard and maintain professional ethics	86.3	Very good

Table 10 (Continued)

<b>Service quality management</b>	<b>Mean score</b>	<b>Level</b>
<b>6. Process management</b>		
-Determine service delivery covering health promotion, prevention, caring, and rehabilitation	79.2	Very good
-Set step of service delivery and write flow chart	78.5	Very good
-Design nursing service and nursing processes according to hospital standard and quality service assurance	82.5	Very good
-Design nursing practice using nursing process	84.2	Very good
-Plan nursing service with professional teamwork	77.5	Very good
-Determine risk management system	87.5	Very good
-Determine infection control system	89.1	Very good
-Set discharge plan and referring system in the patient	81.0	Very good
-Support teamwork and network among hospital	81.6	Very good
-Cooperate with development quality teamwork	86.6	Very good
-Determine indicator and evaluation process of nursing service	86.2	Very good
<b>7. Evaluation of service quality and organizational performance</b>		
-Summarize results of nursing service	84.1	Very good
-Summarize satisfaction of patients/customer	87.6	Very good
-Analyze trends of used nursing service on patient unit	71.3	Very good
-Analyze unit cost of nursing service	65.2	Well developing
-Evaluate job satisfaction of staff	74.6	Very good
-Evaluate work effectiveness of staff	84.4	Very good
-Summarize results of risk management system	76.2	Very good
-Summarize results of performance development	79.6	Very good
-Summarize results of family and community service	62.7	Well developing
-Compare level of service quality with standard	64.5	well developing

### **Part 3 The Relationship between Leadership, Organizational Climate, Job Empowerment and Service Quality Management of Head Nurses**

Pearson's Product Moment Correlation coefficient was used for data analysis in this part. Results are as follows.

Leadership moderately correlated positively with service quality management of head nurse ( $r = 0.572$ ,  $p\text{-value} < 0.001$ ). This indicated that high level of head nurse's leadership has a significant positive relationship on service quality management of head nurses.

Considering transformational leadership, results indicated that transformational leadership was positively related to service quality management of head nurse ( $r = 0.560$ ,  $p\text{-value} < 0.001$ ). When each component of transformational leadership was considered, inspiration, charisma, intellectual stimulation, and individualized consideration were positively related to service quality management of head nurse, ( $r = 0.544, 0.524, 0.458, \text{ and } 0.454$ , respectively,  $p\text{-value} < 0.001$ ). Level of relationship between inspiration, charisma and service quality management of head nurse were moderate, while level of relationship between intellectual stimulation, individualized consideration and service quality management of head nurse were low.

For transactional leadership, results indicated that transactional leadership was positively related to service quality management of head nurse ( $r = 0.483$ ,  $p\text{-value} < 0.001$ ). In the component of transactional leadership, management by exception, and contingent reward were positively related to service quality management of head nurse ( $r = 0.440 \text{ and } 0.419$ , respectively,  $p\text{-value} < 0.001$ ).

Organizational climate correlated positively with service quality management of head nurse ( $r = 0.424$ ,  $p\text{-value} < 0.001$ ). This indicated that good perception of organizational climate has significantly increase effectiveness on service quality management of head nurses. When each dimension of organizational climate was considered, responsibility, standards, support, commitment, recognition, and structure were positively related to service quality management of head nurse, with a significant level of the  $p\text{-value} < 0.001$  ( $r = 0.516, 0.380, 0.341, 0.321, 0.256 \text{ and } 0.201$ , respectively). Level of relationship between standards, support, commitment, recognition and service quality management of head nurse were low, while level of

relationship between structure and service quality management of head nurse was very low.

Job empowerment correlated positively with service quality management of head nurse ( $r = 0.394$ ,  $p\text{-value} < 0.001$ ). This indicated that empowerment from nurse administrators has a significant effect on service quality management of head nurses. When each aspect of job empowerment was considered, power and opportunity were positively related to service quality management of head nurse ( $r = 0.380$  and  $0.366$ , respectively  $p\text{-value} < 0.001$ ). (Table 11).

Table 11 Correlation's Coefficients between leadership, organizational climate, job empowerment, and service quality management of head nurses (n =274)

Independent variables	Service quality management of head nurses	
	r	p-value
<b>Overall leadership</b>	<b>0.572**</b>	<b>&lt; .001</b>
<b>Transformational leadership</b>	<b>0.560**</b>	<b>&lt; .001</b>
- Charisma	0.524**	< .001
- Inspiration	0.544**	< .001
- Individualized consideration	0.458**	< .001
- Intellectual stimulation	0.454**	< .001
<b>Transactional leadership</b>	<b>0.483**</b>	<b>&lt; .001</b>
- Contingent reward	0.461**	< .001
- Management by exception	0.419**	< .001
<b>Organizational climate</b>	<b>0.424**</b>	<b>&lt; .001</b>
- Structure	0.201**	< .001
- Standard	0.380**	< .001
- Responsibility	0.516**	< .001
- Recognition	0.256**	< .001
- Support	0.341**	< .001
- Commitment	0.321**	< .001
<b>Job empowerment</b>	<b>0.394**</b>	<b>&lt; .001</b>
- Power	0.380**	< .001
- Opportunity	0.366**	< .001

\*\* Significant correlation at the 0.01 level

### Part 4 Description of Variable for Explanation of Service Quality Management of Head Nurse

Multiple regression analysis was used to analyze variables for explanation of variation in service quality management of head nurses. Results are summarized in Table 12.

Table 12 Multiple Regression analysis of variables explaining service quality management of head nurses

Variable	B	SE.B	Beta	t	p-value
Transformational leadership	.614	.132	.323	4.654	< .001
Organizational Climate	.963	.158	.299	6.091	< .001
Transactional leadership	1.10	.353	.209	3.118	.002
Constant	75.602	14.565		5.191	< .001

**R** = .639    **R<sup>2</sup>** = .409    **R<sup>2</sup>adj** = .402    **F** = 9.722    **p-value** = .002  
**Standard Error** = 22.15

These results indicated that variables significantly explained service quality management of head nurses were transformation leadership, organizational climate, and transactional leadership. These variables were accounted for 40.9 % of variation in service quality management of head nurses. Transformation leadership, organizational climate, and transactional leadership positively correlated with service quality management of head nurse ( $r = 0.639$ ). Transformation leadership is the first variable can explain variation in service quality management of head nurses (Beta = .323), followed by organizational climate (Beta = .299), and transactional leadership (Beta = .209), respectively. This means that effectiveness service quality management of head nurse is excellent, when head nurse use transformational leadership with transactional leadership and nurse administrators create organizational climate in nursing department.

The best regression equation for explaining the variation in service quality management of head nurses is:

$$Y = b_0 + b_1X_1 + b_2X_2 + b_3X_3$$

When Y = Service quality management of head nurses

$$b_0 = \text{Constant Value (75.602)}$$

$$b_1 = \text{Regress coefficient of transformational leadership (0.323)}$$

$$b_2 = \text{Regress coefficient of organizational climate (0.299)}$$

$$b_3 = \text{Regress coefficient of transactional leadership (0.209)}$$

$$\begin{aligned} \text{Service quality management of head nurses} &= 75.602 + 0.323 (\text{Transformational leadership}) \\ &+ 0.299 (\text{Organizational climate}) \\ &+ 0.209 (\text{Transactional leadership}) \end{aligned}$$

“ $b_1 = 0.323$ ” means that if the score of transformational leadership is 1 point increased, the score of service quality management of head nurses is consequently 0.323 point increased, when other variable are fixed.

“ $b_2 = 0.299$ ” means that if the score of organizational climate is 1 point increased, the score of service quality management of head nurses is consequently 0.299 point increased, when other variable are fixed.

“ $b_3 = 0.209$ ” means that if the score of transactional leadership is 1 point increased, the score of service quality management of head nurses is consequently 0.209 point increased, when other variable are fixed.

## **CHAPTER V**

### **DISCUSSION**

This chapter present the discussion of the results described in chapter IV. The results of the study examining the relationship between leadership, organizational climate, job empowerment and service quality management of head nurses in regional and general hospitals in the central region are discussed as follows:

#### **1. Leadership, Organizational Climate, Job Empowerment, and Service Quality Management of Head Nurses in Regional and General Hospital in The Central Region**

##### **1.1 Leadership of Head Nurses**

Leadership of head nurses was at a high level, with the mean score of 3.41 (S.D. = 0.38). When two aspects of leadership were considered, this study revealed that the most of head nurses had transformational leadership and transactional leadership in high level, with the mean score of 3.47 and 3.14 (S.D. = 0.37, and 0.54). The results indicated that head nurses used transformational leaderships higher than transactional leadership. This result explained that changes in the technology, information system, and service system have results in high demand of health service, and head nurse was applied based on the concept of TQM. Service quality development, continuous quality improvement, achievement of service quality assurance, and hospital accreditation were emphasized. Head nurses used transformational leadership including good characteristic, share vision and value, creative thinking, and relationship building, understanding, and involvement for followers toward service quality development. They also used transactional leadership as management function including planing, encouraging, setting expectation and reward for the best worker, monitoring, providing suggestion when follower miss standard. According to Bass, the leader would have had both transformational

leadership and transactional leadership, in which proportion of using was changed on situation. Transformational leadership and transactional leadership were continuously connected. Transformational leadership was highly effective when using with transactional leadership. Also, trend of effective leaders was transformational leadership rather than transactional leadership (Bass, 1985; Dumham- Taylor & Kafehn, 1995: 58). This results is similar to the results of Pongratanaman, S. (1999: 126-1330; Duangurai, A. (2000: 100-104); and Khamronrithissorn, T. (2004: 50), which reported that leadership of head nurses was at high level. This finding is also consistent with Damham-Taylor (2000: 241-250) who reported that nurse executives used transformational leadership fairly often, and rated themselves as having a transformational leadership more than transactional leadership.

Details of the study results on leadership are shown as follows.

### **1.1.1 Transformational Leadership**

When mean score of transformational leadership was considered, results indicated that most of head nurses had transformational leadership in high level, with the mean score of 3.47 (S.D. = 0.37). When the mean scores in each component of transformational leadership were compared, individualized consideration was the highest, with the mean score of 3.53 (S.D. = 0.43). Other components including inspiration, charisma, and intellectual stimulation were at a high level, with the mean score of 3.48, 3.46, and 3.40 (S.D. = 0.42, 0.37, and 0.49), respectively.

Individualized consideration was the highest, indicating that most of the head nurse had promoted, accepted, understood, gave opportunity, assigned proper job for each follower, and encouraged participative decision-making. These activities may satisfy followers especially when they were tried from developing service quality. Item analysis found that promotion and encouragement of human development was highest, followed by they proper assigned for each follower, and almost all items were in the high level. Service quality development emphasizes human development, skill, knowledge, and participative decision on service quality activities (Duangurai, A. 2000: 113). Therefore, head nurse should promote personnel development, determine job description and responsibility, and assign proper job for each follower.

Inspiration was at a high level, indicated that most of head nurse had good speech, stimulation, encouragement, and inspiration for assimilation on follower spirit. Item analysis found that head nurses had presented enthusiasm in working, followed by promoting the followers who have commitment in successful work. For the nursing department, the important goal was service quality development toward hospital accreditation. Head nurses should build imagination and confidence on possible service quality development. In this study most of the head nurses rated their behavior on creating new ideas to developing work lowest. Therefore, head nurses should be developed in terms of creative thinking for service quality improvement appropriate with changing situation.

Charisma was at a high level, indicated that head nurse had good personal characteristic and competency to make followers being loyalty, respect, trust, impression, favorable and agree with themselves. Item analysis found that head nurses had high score on decision-making with morality, followed by having role model and emphasizing work for service quality management. This result explained that transformational leader may increase professional standard and moral responsibility (Howell & Avolio, 1992 cited in Pongsriwat, S. 2002: 335). They also had maintenance of safety life and regard for human right. In addition, quality of service was resulted from safety and nursing standard, and customer satisfaction. Therefore, head nurse should express professional ethic, be role model, and should emphasize importance of service quality for their followers.

Intellectual stimulation was at a high level. Intellectual stimulation referred to behaviors of head nurses that stimulate followers to have thinking, problem awareness and problem solving, concern on the fact, analyzing problem with knowledge, principles and theory, new creating, cooperating and learning organization. Item analysis found that interest in the followers' opinion was highest, followed by promoting followers to crate new procedure for problem solving. These findings are consistent with service quality development concept, which emphasized teamwork, continuous quality improvement, brain storming, root cause analysis, and involvement on problem solving and achievement. The item "the point out other angles of the problem and learning system and using the fact for identifying problem" were rated lowest. This might be due to the reason that root cause analysis used science method,

while head nurses lacked of knowledge, skill, and experience in data analysis. Although, computer had been expansively using in organizational development, provision of computer was restricted by budget. Therefore, head nurses should be supported on analysis training, information system, and computer use.

According to Bass (cited in Dean & Evan, 1994: 229), transformational leadership is appropriate with TQM approach. Head nurses who had higher transformational scores tended to have higher educational degrees and used more participative development (Dumham-Taylor, 2000: 241). Also, training could develop the competency in management and leadership (Barker, 1992 cited in Thipornphan, K. 2002: 56). Therefore, head nurses should be developed in terms of transformational leadership and service management toward effectiveness in service quality improvement. This result is consistent with Arsaipanit, N. (2002: 92) and Thipornphan, K. (2002: 55) who reported that overall and each dimension of transformational leadership of head nurse in regional hospital under the Ministry of Public Health were at a high level.

### **1.1.2 Transactional Leadership**

When mean score of transactional leadership was considered, results indicated that most of head nurses had transactional leadership in high level, with the mean score of 3.14(S.D. = 0.54). When each component of transactional leadership was compared, the mean score of management by exception was a little higher than the mean score of contingent reward, with the mean score of 3.17 and 3.11 (S.D. = 0.58 and 0.60), respectively. This results explained that head nurses had providing feedback, reviewing method and objective, controlling, giving encouragement and suggestion, and using strict criteria and standard more than providing reward, giving notice of meritorious, considering monthly wage, and promoting job position reward.

Management by exception was at high level. Item analysis found that most of the head nurses highly used strict criteria and standard for presenting mistake. According to the condition of health care department, the quality of service was determined, and quality management was provided based on standard and quality system for excellent service and customer satisfaction. In addition, government hospitals are required to have nursing standard with in the nursing organization

(Department of Health Service Support, 2003: 1), Therefore, head nurses have to use strict criteria and service to assure standard of patients unit and nursing department with their followers.

Contingent reward was at a high level. Item analysis found that most of the head nurses highly satisfied and respected the good worker. While behavior rated lowest was determining reward guideline for the best worker. This might due to the reason that government system of regional hospital and medical centers and general hospital has its own guideline of monthly wage determination and promotion. Also, providing of reward and benefit not only depends on hospitals policy but also the government regulation. As a result, head nurse had lowest score on behavior relating to reward determination.

This result is consistent with Pongratanaman, S. (1999: 126-133); Duangurai, A. (2000: 100-104); and Khamronrithissorn, T. (2004: 49.62) which reported that head nurse rated the mean score of transactional leadership in a high level and management by exception was higher than the mean score of contingent reward.

## **1.2 Organizational Climate**

Organizational climate was at a high level, results indicated that head nurse had good perception toward nature or quality of the internal environment in the nursing department that arouse motivation and influence effectiveness of service quality management. For all hospital participated with accreditation program, administrators had provided work environment that promoted involvement in hospitals such as organizational culture, teamwork, power distribution, and work structure. Also, nurse administrator had improved internal climate in the nursing department along with service quality development. As a result, the head nurses had good perception of climate in their hospitals. Previous research reported that organizational climate in regional hospital and medical centers was in a moderate level (Roma, C. 2000: 71-72; Mayurage, V. 2001: 61). Organizational climate of nursing department in the regional hospital and medical centers and general hospitals was at a high level (Kullavanitawat, S. 2002: 86-87; Phansri, D. 2002: 94-102). These findings were consistent to result of this study that regional hospital and medical centers and general hospitals had continuity improved organizational climate.

When six dimension of organizational climate were considered, standard, structure, responsibility, commitment, support, and recognition were at a high level, with the mean score of 78.3, 78.0, 77.9, 75.9, 73.9, and 66.7 (S.D. = 12.23, 13.40, 10.20, 11.63, 11.15, and 12.38), respectively.

Standard was at a high level, indicating that the nursing department had high standard performance, continuous promotion and improvement, degree of pride members doing a high standard. Item analysis found that head nurses felt that members attempt on service quality improvement, the promotion on teamwork was continually improvement, and the set of standard was possible to practice. For service quality development, all hospital participated with accreditation program should conform with work standard to hospital standard of 1996, and staff should be working with their hospital standard. The nursing department determined high nursing standard because staff nurses should present all possible mistake on patient care. In addition, the nurse administrators should set standard and nursing practice guideline for nurses.

Structure was at a high level, indicated that job description, personnel role, and job duty of administrators and worker was very clearly stated. Item analysis found that the highest score was found in having organization related to nursing service, followed by clearly stated role position and job description, and clearly defined the nursing department structure. This result could explain that the regional hospital and medical center and general hospitals had organization based on structure of the Ministry of Public Health and governmental regulation. As a result, regulation, process discipline, and corporation in nursing department must be clearly stated. Therefore, nurse administrators should defined structure for service quality management. According to Stinger (2002: 241-242), high score of structure mean more constraints, more bureaucracy, and a greater reliance on formal organizational arrangements. Process discipline is important when errors or mistake are very costly. In this study, head nurses rated the formal authority in decision-making lowest because there were many committees in hospitals. Sometime, the head nurses were confused who has the highest authority. This finding is consistent with Mayurage, V. (2001: 62) who stated that the nursing department had many plans, projects, delegations, and personnel responsibility. Therefore, head nurses lacked of confidence that who was head of project, and who was authority in decision-making.

Responsibility was at a high level, indicated that members in the nursing department had personnel responsibility, no double-check, and freedom on decision-making. Item analysis found that head nurses had highly concerned and responsibility on results, and gain support on problem solving from teamwork. According to Stringer (2002: 245), high achievers are stimulated by high responsibility. Along with the emphasis on entrepreneurial initiative, high level of responsibility are often associated with a certain amount of “ready-fire-aim” behavior. Although this works well in high innovation and growth environment, it may not work well in organizations that require close collaboration or complex, interdependent working relationships. Freedom and authority on decision-making was rated lowest because the nursing department was the largest organization that all nurses should be working on nursing standard and service quality development of their hospital. Although head nurse could decide on their performance, sometime they should be waiting for conclusion of committees. Also, decision-making in some project was authority of nurse administrators. Therefore, head nurses felt that they lacked of freedom on decision-making. This finding is consistent with Mayurage, V. (2001: 62) which suggested that the nursing department had already defined performance policy but head nurse did not immediately performed. They should be waiting for conclusion of nurse administrators or other head nurses for implementation. Therefore, head nurses had freedom and authority on decision-making and creative thinking in moderate level.

Commitment was at a high level, indicated that members in the nursing department had good pride in belonging to health service organization, loyalty, honesty, and highly degree of commitment toward achievement. Item analysis found that head nurses and members had highly commitment toward achievement. This result explained that the goal of the nursing department was clearly defined on delivery standard and focused toward patient satisfaction (Srisatitnaragul, B. 2001: 1). Also, members should be emphasized on teamwork and continuous improvement. Therefore, very high commitment indicated that members were very committed to achieve service quality development. This study was relevant with Stringer (2002: 250) which suggested that commitment is a measure of the bond between employees and the company and the strength of the psychological contract. High level of

commitment provides an organization with a reservoir of motivation and good will that can be drawn upon in difficult time.

Support was at a high level, indicated that members in the nursing organization had good trust, a part of a well-function team, and supporting and helping within teamwork. Item analysis found that head nurses had prided in a part of a well-function team, members had trust and mutual support, and they could get help if they are on a difficult assignment. According to Stringer (2002: 237, 248), very high support means people are very trusting and there is a high degree of teamwork in this organization. High performance can be found in organizations where collaboration and teamwork are required and expected. It is also correlated to performance in situations where close boss-subordinate relationship is needed. Mayurage, V. (2001: 62) suggested that teamwork made good nursing service. Therefore, mutual support and collaboration of teamwork influenced love and relationship within group. Gaining sympathy when having mistake was rated lowest. This might be due to the reason that the nurse administrator and head nurse had job duty and responded strictly on work standard. Also, they should be careful on possible mistake and confirm their monitoring system. In addition, the organization was governmental structure that decision had been made from the top to bottom. Therefore, head nurses received suggestion more than encouragement when having mistake.

Recognition was at a high level. The result indicated that reward/recognition in the nursing department was proper for the best workers, also there was balance emphasis on reward versus criticism and punishment. Item analysis found that reward and encouragement from nurse administrators were important and value had the highest mean score. This can be explained that high recognition is a vote of confidence in the organization's performance management system. It means that people feel the "cream rises to the top" of the organization and that promotions are fair. It also means satisfaction with pay (Stringer, 2002: 247). In the case of balance of reward and recognition for the best workers that had the lowest. Because of there were many staff in the nursing department and job position was determined with condition of their hospital and governmental regulation. Therefore, the allocation of reward and promotion should be properly considered although performance was similar.

### 1. 3 Job Empowerment

The head nurses had the job empowerment at a high level, with the mean score of 3.53 (S.D. = 0.54). These results indicated that head nurses received power and encourage opportunity for service quality management. This result is consistent with current human development that empowerment had direct effect on organizational development toward achievement (Srisatitnaragul, B. 1996: 1) and job empowerment was related to role of nursing management (Tongyai, S. 2001: 56). Job empowerment in this study was the interaction between nurse administrators and head nurses. The interaction indicated that nurse administrators used their abilities to change attitude, behavior, value, and work environment among head nurse toward effectiveness and successfulness of nursing service management. According to TQM, empowerment is relevant for all aspects of organization performance, it plays a special role in quality improvement. Total quality management required people to make real change in the way work is done, and relied upon in depth understanding of the current system. Most of employees involved in quality improvement process (Dean & Evan, 1994: 200). According to Kanter (1977: 253), organizational behavior was produced in the interaction of individual, seeking to meet their own needs and manage their situation, with their position, which constrain their option for the way the can act. The total interaction was a dynamic one: certain responses touch of others and provide the moving force behind cycles and chains of events. Therefore nurse administrators should increase emphasis on power and opportunity among head nurses in their hospital. This result is consistent with previous study of Lesiriwattankul, M. (1997: 99-107) and Jarusin, P. (2001: 114-123) which found that job empowerment of head nurses in regional and medical centers was at a high level.

When mean score of power and opportunity were considered, head nurses received power at a moderate level, with the mean score of 3.49 (S.D. = 0.55). Head nurses had opportunity at a high level, with the mean score of 3.59 (S.D. = 0.60). This result indicated that the head nurses received opportunity more than power. These results explained that evolution of service quality management changed according to government reformation and health service system reformation. Opportunity was opened wide for person who having high competency to work in important performance. In addition, the important factor that contributing to success of service

quality development was the senior manager (Suphachutigul, A., et al. 1999: 3). In the case of power, nurse administrators should adapt and understand changes on government policy so that job empowerment by nurse administrators was clear and continuity. This results similar with Chantatero, K. (1998: 53-67) who found that head nurses in the regional hospital and medical centers received opportunity more than power. But it is not consistent with studies by Lesiriwattankul, M. (1997: 99) and Jarusin, P. (2001: 114) which found that nurses in the regional hospital received power more than opportunity.

Opportunity was at a high level. Results indicated that most of head nurses having good opportunity for individual development and growth. When each component was considered, it was revealed that head nurses had challenging work at a high level, while learning was at a moderate level. Item analysis found that opportunity in receiving proper delegation with their ability and job position had highest mean score. According to the service quality development, job description and delegation were clearly defined according to the ability of person to perform. Therefore, head nurse had opportunity to work according to their ability. Opportunity on education, training and promotion were lowest. This might be due to the reason that there was lack of personnel, lack of budget, and the least of administration position in the nursing department. Therefore, head nurses had opportunity at a moderate level.

Power was at a moderated level. Item analysis found that head nurses highly received information because information system today was modern, high technology, and many databases. Therefore, head nurses should up date information from various sources at all the time. Receiving resources to manage was reported lowest in this study. It might be due to limitation in the government management system as budget, personnel, and benefit which affected management in organization. Also, executive administrators should decrease cost but increase effectiveness and productivity. Therefore, the limitation reported on service management of head nurses was lack of resources. This finding is consistent with study of Kolyani, S. (2000: 94-99) which found that the problem of service quality development was lack of resource encouragement, and Suprawongsanon, V. (2000: 98-127) which reported that the problem and obstacles of service quality improvement in the regional and general hospital were lack of resources and resource management.

#### 1.4 Service Quality of Head Nurses

Service quality of head nurses was very good with sustainable development trend. Results indicated that head nurses determine systematic approach in patient unit responsive to multiple requirements of the item and current and changing health care needs. The approach is well deployed, with insignificant gap. A fact-based, systematic evaluation and improvement process and organizational learning and sharing are key management tools. There is clear evidence of refinement, innovation, and improved integration as a result of organizational level analysis and sharing. The results showed that current performance was good to excellent compared to key hospital requirements, process requirements, relevant to needs customer, and current trend. Ministry of Public health determined quality development policy in 8<sup>th</sup> Public Health Plan (1197-2001) that all regional hospital and medical center and general hospital have to apply TQM concept for service quality development and hospital accreditation (Suphachutigul, A. et al. 1999: 42; Chugprisan, S. 1999: 73). Head nurses are middle administrators in the hospital. They managed nursing service in patient units and guided quality policy among staff participants. In addition, head nurses should develop their competency both on nursing practice and management for service quality and excellent performance. This study is consistent with previous research that total quality management of head nurses and effectiveness of patient care in participated hospital accreditation program were at high levels (Lohiyothin, L., 1999: 76). Quality development activities of nursing unit in accredited hospital were at high level (Boondanklang, N. 2000: 124) and head nurses had a high role performance on service quality improvement (Kolyani, S. 2000: 70). Similarly, Pranmontree, C. (2004: 90) found that effectiveness of patient unit, total quality management competencies and working ability of head nurses were at a high level.

When each category of service quality management of head nurses was considered, results indicated that most of the head nurses had very good activities relating to leading, focus on patients/customers, process management, strategic planning human development, information and knowledge management, and evaluation of service quality and organizational performance, with the mean score of 86.1, 83.8, 83.1, 83.0, 82.0, 76.3, and 75.0 (S.D. = 9.06, 9.41, 9.78, 10.42, 9.69, 13.02, and 11.51), respectively.

Leading was very good with sustainable development trend, indicated that head nurses had participated on determining on goal, vision and mission of hospital, the nursing department, and patient units. They had determined clear value and expectation of patients, and patient center into service quality management in patient unit. They also communicated quality policy for all participants. In addition they had commitment on service quality development and responsibility to the public and professional ethic. According to Health Care Criteria for Performance Excellence Framework of MBNQA (Hertz, 2003: 5), leadership was driver of successful quality system. Viputsiri, A. et al. (1997: 3) suggested that successful quality performance related with senior manager and middle manager. Therefore, head nurses who applied TQM concept into service quality management in their patient units should have understanding on leading activities. Consequently, they would have had leader role, which influence all participants toward achievement of quality performance. Item analysis found that head nurses had practiced with morality and professional ethics and good concern on quality, with the highest activities and excellent, strength, and sustainable development level. Results indicated that head nurses had good characteristic and maturity. Service quality regarding human right was important core in service quality development. Therefore, head nurses should concern these factors when working in patient units. This result is consistent with Chanyana, L. (2001: 16) which studied effective performance of the nursing department in the hospitals under the Ministry of Public health and found that head nurses had the highest mean score in leading.

Focus on patients/customers was very good with sustainable development trend, indicated that head nurse focused on satisfaction of patient/customer, analyzed and respond patient/customer need and built relationship in their patient units. Item analysis found that head nurses highly built relationship with patient/customer, gave important and respect to human right, and improved nursing service form patient/customer suggestion, respectively. Relationship with customer and understanding customer needs will increase good product (Dean & Evan, 1994: 104). Also, Ten factors of human right was clearly determined in nursing standard/ nursing organization, in the hospital standard of 1996. (Research Health System Institute, 1996: NURi-NUR 11). Analysis of patient/customer needs and expectation in service

delivery was determined in quality development activities. Therefore, head nurse should be continually evaluated satisfaction of patients and improved nursing service from suggestion and opinion of patient/customer. According to Tenner & DeToro (1992: 80), satisfaction should be built based on real voice and experience of customer. This result is consistent with study of Pranmontree, C. (2004: 94) which indicated that relationship with customer had the highest mean score in management by fact. Item analysis found that head nurse provided recreation in connection unit at the lowest level. Results indicated that head nurses had low emphasis on recreation activities. This result is consistent with Suprawongsanon, V. (2000: 98-127) which reported that regional hospital and medical centers and general hospital had problem of communication and corporation (60.9 %). Therefore, head nurses should provide recreation activity between patient unit and other connection unit because recreation in organization is related to effectiveness of teamwork, internal customer satisfaction, and successful performance (Dean & Evan, 1994: 107)

Process management was very good with sustainable development trend, indicated that head nurse designed nursing service and nursing processes according to standard and quality service assurance, and determined service delivery in patient unit including health promotion, prevention, caring, and rehabilitation. They also provided referring system between patient unit, other hospitals, and community. In addition, they supported teamwork and network among hospitals, and cooperated with development quality teamwork. Item analysis found that head nurses highly determined infection control system, and risk management system, cooperated with development quality teamwork. This might be due to the reason that head nurses had important role in service quality management. They emphasized nosocomial infection that is the complication from poor nursing care, and it was causes of prolong admission, high cost unit, and patient dead. They also emphasized risk management in patient unit including medical error, environment dangerous for provider and patient/customer. Therefore risk management system is need for safety life, service development and service assurance. Viputsiri, A. et al. (1997: 38) suggested that product management emphasized decreased cost, time, and error, while error in service quality development was dead of patient. Therefore, all departments in hospital place emphasis on caring process. This study is found that head nurse had activity

relating to planning nursing service with professional teamwork in the lowest. This result is relevant with study of Suprawongsanon, V. (2000: 98-121) which found that problem of nursing service in regional hospital and medical center and general hospitals were lack of patient care teamwork (55.8%). Therefore, this problem should be considered and improved on service quality management of head nurses.

Strategic planning was very good with sustainable development trend, indicated that head nurse had good approach and developed strategic planning for patient unit, and determined objective relevant with their hospital. They had situation analysis and strategy respond to patient/customer need and expectation. They also converted strategic objective into action plan, and developed and deployed action plan appropriated for nursing service. In addition, they had planning for evaluation, key indicator of successful tracking process. Item analysis found that head nurse planned nursing service focused on patient/customer, followed by they deployed quality planing of their hospital and nursing department into action plan, and set indicator and evaluated successful of action plan. Because of design of strategic planning should be related with goal and policy of hospital and stakeholder (Dean & Evan, 1994: 259-260). Also, success of health care organization was based on strategic planning, direction of strategy, and indicator measurement that respond to patient/customer need and expectation of all people (Sriakkachan, A. 2001: 121). Head nurses' activities relating to situation analysis was reported lowest. This might be due to reason that situation analysis was new method that they had lack of knowledge and understanding. Strategic planning is usually duty of executive administrators in hospital. Head nurses had a little action in strategic planning, while they had many activities in action plan. As a result, head nurses had low expressed action in situation analysis.

Human development was very good with sustainable development trend, indicated that head nurse had good approach for managed work system, supported nursing service, promoted staff training, had good motivation and built satisfaction and quality of life for all staff in patient unit. They emphasized job description, human development planning, promotion, and reward system. Item analysis found that head nurses promoted learning and training skill, considered meritorious service and promotion, and oriented for new regular staff nurses. Because of education and training were core strategies for successful application of TQM concept and service

quality improvement. Reward and recognition made clearly perform expectation of staff and successful teamwork (Tenner & DeToro, 1992: 231). Therefore, head nurses emphasized education, training, meritorious service and promotion for staff in patient unit. This result is consistent with study of Pranmontre, C. (2004: 109-110) found that head nurses in regional and medical centers had activities related to organizational learning and organizational improvement at high level. Mean score of promoted education and training was highest. In this study, head nurses had provided media for staff learning in patient unit in the lowest level because center of media and information system in hospital was not safe for keeping in patient unit. Therefore, head nurses could not provide appropriated media in patient unit.

Information and knowledge management was very good with sustainable development trend, indicated that head nurse had good approach for information management, knowledge, and measurement in patient unit. They also selected, collected, and integrated data and information for tracking daily operation. Item analysis found that head nurses highly used results for developing service quality management in patient unit, followed by analyzed data and root cause of nursing service, and analyzed data with reliable statistics. This might be due to the reason that service quality management by TQM concept was based on the fact and systemic collection process, problem solving with science method, and productivity or service controlling (Sriakkachan, A. 2001: 121) In addition, analysis teamwork was leader team and facilitator team and completed analysis system affected progress of quality hospital (Viputsiri, A. et al. 1997:36). The majority of head nurses in regional hospital and medical center and general hospital were a part of middle manager, leader team, and facilitator team. Therefore, they had more activities relating to analysis system. In this study found that head nurses used computer for collecting data in patient unit in the lowest level. Problem of hospital budget and limitation of government regulation were evident. Center of information system and statistic department maintained data and information for hospital. Therefore, head nurse used paper document or portfolios more than computer use, although some hospital used computer for patient admission data and doctor record.

Evaluation of service quality and organizational performance was very good with sustainable development trend, indicated that head nurse had good approach,

practiced and summarized results of nursing service, patient/customer satisfaction, unit cost, staff and work system, organizational effectiveness, and social responsibility. Item analysis found that head nurses had summarized patient/customer satisfaction, evaluated work effectiveness of staff and summarized results of nursing service. Results indicated that head nurse had high commitment on nursing service development and focused on patients which was relevant with nursing standard. Also, evaluation of results on nursing service and work effectiveness of staff were good sign of progression and direction on standard performance. According to Tenner & DeToro (1992: 138), progressive organization was based on evaluation of performance. Evaluation consists of two measurement including 1) working process: controlling, practice, results of service design, and service quality, and 2) relevant person: providers, customer, stakeholder and large community. This study found that head nurses had activities relating to summary of family and community service, compare of service quality with standard, and analysis of unit cost at low level. Because of head nurse had managed in-patients department that they emphasized on nursing care on ill patient rather than healthy person. Community care was duty of other department in hospital. Head nurses had a little role of financial analysis in regional hospital and medical centers and general hospital.

## **2. The Relationships between Leadership Organizational Climate Job Empowerment and Service Quality Management of Head Nurses in Regional and General Hospital in The Central Region**

### **2.1 The relationships between leadership and service quality management of head nurses.**

#### **Hypothesis 1 Leadership has a positive relationship with service quality management of head nurses.**

The results indicated that leadership had a positive relationship with service quality management of head nurses at a statistically significant level at p-value of 0.01 ( $r = 0.572$ ,  $P\text{-value} < 0.001$ ). This result accepted the hypothesis of the relationship between leadership and service quality management of head nurses.

Leader is important element in organizational administration and goal achievement. Leadership makes the followers being confidence, respect and cooperate on service quality management. Therefore, leadership of nurse administrator and good service quality management affect quality of care (Jamjuree, D. 2003: 14). Leadership is fundamental to management and organizational behavior, and leadership is the driver of successful total quality system (Dean & Evan, 1994: 218-219). Therefore, leadership of head nurse is the most important factor on service quality development in hospital. This study found that level of relationship was moderate, indicated that good level of head nurse's leadership has a significant positive effect on service quality management of head nurses. This result is consistent with Pongratanaman, S. (1999: 128) which reported that leadership had a positive relationship with the service quality improvement performance of head nurses, at high correlation. Duangurai, A. (2000: 89-90) reported that leadership was positively related to participation in quality development activities and Khamronrithissorn, T. (2004: 57) reported that leadership was positively related to job performance of head nurses.

**Hypothesis 1.1 Transformational leadership has a positive relationship with service quality management of head nurses**

The results indicated that transformational leadership had a positive relationship with service quality management of head nurses at a significant level of p-value 0.01 ( $r = 0.560$ ,  $p\text{-value} < .001$ ). When giving consideration to each aspect of transformational leadership, it was revealed that charisma, inspiration, individualized consideration, and intellectual stimulation were related to service quality management of head nurses at a significant level of p-value 0.01 ( $r = 0.524, 0.544, 0.458$  and  $0.454$ , respectively,  $p\text{-value} < .001$ ). This result accepted the hypothesis of the relationship between transformational leadership and service quality management of head nurses, indicated that head nurse who had high level of transformational increase effectiveness of service quality management. Dean & Evan (1994: 230) suggest that new leader had trend of having participated management, and transformational leadership was proper with total quality management. This study found that head nurse used transformational leadership stimulated followers in service quality development, creative thinking, and decision making. Also, head nurses supported quality improvement activities

according to quality assurance and hospital standard. In addition, they use charisma, inspiration, individualized consideration, and intellectual stimulation for decrease condition and obstacle of service management. This result is consistent with study of Pongratanaman, S. (1999: 127), which reported that transformational leadership had positive relationship with service quality improvement performance of head, nurses. Duangurai, A. (2000: 89-90) reported that there was positive relationship between transformational leadership and participation in quality development activities. Thipornphan, K. (2002: 60) reported that transformational leadership had a statistically significant positive correlation with practice of staff nurses in hospital accreditation project of regional hospital and medical center.

### **Hypothesis 1.2 Transactional leadership has a positive relationship with service quality management of head nurses**

The result indicated that transactional leadership had a positively relationship with service quality management of head nurse at a significant level of p-value 0.01 ( $r = 0.483$ ,  $p\text{-value} < 0.001$ ). When giving consideration to each aspect of transactional leadership, it was revealed that contingent reward and management by exception were related to service quality management of head nurses at a significant level of p-value 0.01 ( $r = 0.461$  and  $0.420$ , respectively,  $p\text{-value} < .001$ ). This result accepted with the hypothesis of the relationship between transactional leadership and service quality management of head nurses. Results explained that head nurse who had clearly reward guideline for the best worker, used feedback information, strict criteria and standard for mistake working made followers involved and had commitment in their work and led to achievement of service quality management. This result is consistent with study of Pongratanaman, S., 1999: 127) which reported that transactional leadership was related to service quality improvement performance of head nurses, and Duangurai, A. (2000: 89-90) found that transactional leadership was related to participation in quality development activities.

## **2.2 The relationships between organizational climate and service quality management of head nurses**

### **Hypothesis 2. Organization climate has a positive relationship with service quality management of head nurses**

The results indicated that organizational climate had a positive relationship with service quality management of head nurse at a significant level of p-value 0.01 ( $r = 0.424$ ,  $p\text{-value} < 0.001$ ). When each dimension of organizational climate was considered, responsibility, standards, support, commitment, recognition, and structure were positively related to service quality management of head nurse at a significant level of p-value 0.01 ( $r = 0.516, 0.380, 0.341, 0.321, 0.256$  and  $0.201$ , respectively,  $p\text{-value} < 0.001$ ). This result accepted the hypothesis of the relationship between organizational climate and service quality management of head nurses. The result could be explained that when the nursing department had created good internal environment promoted and encouraged responsibility of head nurses, and when head nurses had good perception of organizational climate, these may increase effectiveness of service quality management of head nurses. According to Stringer (2002: 10), direct perceived organizational climate aroused motivation and improve performance. Suphachutigul, A., et al. (1999: 103) suggested that satisfaction on working climate promoted progression on application of TQM concept for hospital development. Therefore, the nursing department in the hospital participated with hospital accreditation program should determine clear structure and standard, support teamwork and promote personnel responsibility, provide reward and recognition, and commit on goal achievement. These factors related to effectiveness of patient unit, organizational climate, and successful of application of TQM concept (Sangmahachai, S. 1997: 83-134). This result is consistent with previous study which reported that organizational climate had positive correlation with head nurses management (Anutarapong, P. 1999: 76), competency of head nurses Mayurat, V. (2001: 77), and head nurses' administrator role (Bakrultod, P. 2001: 98).

### **2.3 The relationships between job empowerment and service quality management of head nurses**

#### **Hypothesis 3 Job empowerment has a positive relationship with service quality management of head nurses**

The results indicated that job empowerment had a positive relationship with service quality management of head nurse at a significant level of p-value 0.01 ( $r = 0.394$ ,  $p\text{-value} < 0.001$ ). When each aspect of job empowerment was considered, power and opportunity were positively related to service quality management of head nurse at a significant level of p-value 0.01 ( $r = 0.380$  and  $0.366$ , respectively,  $p\text{-value} < 0.001$ ). Results explained that empowerment from nurse administrators has a significant positive effect on service quality management of head nurses. Therefore, senior administrator should adjust role to be consultant rather than commander (Suphachutigul, A. et al., 1999: 3). Head nurses were core leader and coordinator between senior administrator and staff in patient unit, and they brought to progress of service quality management. According to Kuokkanen, et al. (2003: 184: 184-192), empowerment increased efficiency of working and effectiveness of product in organization. Therefore, nurse administrator should support working process, allocate resources, and provide good information system for decision management of head nurses. In addition, good opportunity on education and learning provide positive effects on competency of head nurses. This study is consistent with previous which studies reported that job empowerment had positive relationship with head nurses competencies (Leesiriwattanakul, M. 1997: 107), managerial self-efficacy of head nurses (Jarusin, P. 2001: 115), and managerial role competencies of head nurses (Tongyai, S. 2001: 92).

### **3. Description of Variables for Explanation of Service Quality Management of Head Nurse**

**Hypothesis 4. Leadership, organizational climate, and job empowerment can be used to explain the variation in service quality management of head nurses.**

Multiple Regression analysis of leadership, organizational climate, job empowerment and service quality management of head, indicated that variables significantly explained service quality management of head nurses were transformation leadership, organizational climate, and transactional leadership. These variables were accounted for 40.9 % of variation in service quality management of head nurses. Results explained that achievement of service quality management by TQM concept depended on good transformational leadership and transactional leadership, and organizational climate. Therefore, head nurses should be developed on transformational leadership and transactional leadership. Nurse administrators should also determine standard, structure for service quality improvement and promote personnel responsibility. These factors could influence service quality management and achievement for excellent health care organization in the future.

## **CHAPTER VI**

### **CONCLUSION**

This study was a descriptive survey research aimed to examine the relationship between leadership, organizational climate, job empowerment and service quality management of head nurses in regional and general hospitals in the central region.

The sampled group was head nurses who worked in administrative position at nursing service department for at least 6 months. Multi-stage sampling was the sampling method used in this research. The sampling was done from the list of head nurses in regional hospital and medical centers and general hospitals in the 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> division of the Ministry of Public Health. There were totally 294 head nurses included in this research.

Data collection tools used in this research were questionnaires, which comprised five sections: Part 1 Service Quality Management Questionnaire, Part 2 Leadership Questionnaire, Part 3 Organizational Climate Questionnaire, Part 4 Job Empowerment Questionnaire, and Part 5 Personal Characteristics Questionnaire.

The questionnaires were sent to 6 experts for examines the content validity. Reliability was also tested. The reliability of Service Quality Management Questionnaire, Leadership Questionnaire, Organizational Climate Questionnaire, and Job Empowerment Questionnaire were 0.97, 0.96, 0.90, and 0.94, respectively.

The questionnaires were sent to 294 of head nurses by personal contact. There were 287 copies of returned questionnaires (96.61 %), completed questionnaires were 274 copies (93.20 %). The data collection period was during September 15 to October 24, 2004.

Statistic analysis used for the explanation of personal characteristic data was number, percentage, arithmetic mean, and standard deviation. Pearson's Product Moment Correlation Coefficient was performed to examine the relationship between leadership, organizational climate, job empowerment and service quality management

of head nurses. Multiple regression analysis was used to select the best variables to explain the service quality management of head nurses.

## **Research Summary**

### **1. Personal Characteristics**

Most head nurses were between 41-45 years old, and the average age was 47.3 years old (S.D. = 5.6). The majority of head nurses (83.6 %) finished bachelor's degree/diploma in nursing. The largest number of them (27 %) had worked in the head nurses position for 1 to 5 years, with the mean of 12.7 years (S.D. = 8.5). Most of head nurses worked in the surgical department (19.7 %) and the special care department (18.2 %).

### **2. Leadership of Head Nurses**

The result indicated that leadership of head nurses was at a high level, with the mean score of 3.41 (S.D. = 0.38). When two aspect of leadership were considered, this study revealed that the most of head nurses had transformational leadership and transactional leadership in a high level, with the mean of score 3.47 and 3.14 (S.D. = 0.37 and 0.54), respectively.

#### **2.1 Transformational Leadership**

When each component of transformational leadership was considered, individualized consideration was highest, with the mean score of 3.53 (S.D. = 0.43). Other components including inspiration, charisma, and intellectual stimulation were at a high level, with the mean score of 3.48, 3.46, and 3.40 (S.D. = 0.42, 0.37, and 0.49), respectively.

#### **2.2 Transactional Leadership**

When two component of transactional leadership were considered, both management by exception and contingent reward were at a high level, with the mean score of 3.17 and 3.11 (S.D. = 0.58 and 0.60), respectively.

### **3. Organizational Climate**

The result indicated that the most of head nurse had perception of organizational climate on the nursing department at a high level, with the mean score of 75.2 (S.D. = 9.17). When six dimensions of organizational climate were considered, standard, structure, responsibility, commitment, support, and recognition were at a

high level, with the mean score of 78.3, 78.0, 77.9, 75.9, 73.9, and 66.7 (S.D. = 12.23, 13.40, 10.20, 11.63, 11.15, and 12.38), respectively.

#### **4. Job Empowerment**

The result indicated that the most of head nurses had the job empowerment at a high level, with the mean score of 3.53 (S.D. = 0.54). When mean score of power and opportunity were considered, the most of head nurses had power in moderate level, with the mean score of 3.49 (S.D. = 0.55), and had opportunity in a high level, with the mean score of 3.59 (S.D. = 0.60). When each component of power was considered, information was in a high level, with the mean score of 3.59 (S.D. = 0.66), while support and, resource was in moderate level, with the mean score of 3.48, and 3.44 (S.D. = 0.64, and 0.59), respectively. Considering component of opportunity, challenging work and growth were at a high level, with the mean score of 3.59, and 3.51 (S.D. = 0.60, and 0.68), respectively. Learning was at a moderate level, with the mean score of 3.43 (S.D. = 0.80).

#### **5. Service Quality of Head Nurses**

Most of head nurses had activities relating to service quality management of head nurses at a very good with sustainable development trend level, with the mean score of 81.5 (S.D. = 8.81). When each category of service quality management of head nurses was considered, results indicated that most of head nurses had activities related to leading, focus on patients/customers, process management, strategic planning human development, information and knowledge management, and evaluation of service quality and organizational performance were very good with sustainable development trend, with the mean score of 86.1, 83.8, 83.1, 83.0, 82.0, 76.3, and 75.0 (S.D. = 9.06, 9.41, 9.78, 10.42, 9.69, 13.02, and 11.51), respectively.

#### **6. The Relationship between Leadership, Organizational Climate, Job Empowerment and Service Quality Management of Head Nurses**

6.1 Leadership had a positive relationship with service quality management of head nurses at a significant level of the p-value of 0.01 ( $r = 0.572$ ). When each aspect of leadership was considered, transformational leadership and transactional leadership were positively related to service quality management of head nurse at a significant level of the p-value of 0.01 ( $r = 0.560$  and  $0.483$ , respectively).

6.2 Organizational climate had a positive relationship with service quality management of head nurses at a significant level of the p-value of 0.01 ( $r = 0.424$ ).

6.3 Job empowerment had a positive relationship with service quality management of head nurses at a significant level of the p-value of 0.01 ( $r = 0.394$ ).

## **7. Description of Variables for Explanation of Service Quality Management of Head Nurse**

The best variable significantly explained service quality management of head nurses were transformational leadership, organizational climate and transactional leadership. These variables accounted for 40.9 % of variation in service quality management of head nurses.

## **Recommendation**

### **1. Administration**

1.1 Executive administrators and nurse administrators should apply TQM concept into service development planning. The guidelines should be focused on the continuous operation.

1.2 Executive administrators and nurse administrators should develop policy on human development including service management training, transformational leadership, and transactional leadership.

1.3 Nurse administrators and head nurses should set nursing standard, promote personnel responsibility, develop teamwork, provide reward and recognition, and support freedom decision with sympathy.

1.4 Executive administrators and nurse administrators should support budget, and personnel allocation for head nurses to work.

1.5 Executive administrators should support and promote information system. They should provide computer for tracking daily operation and overall activities.

### **2. Education and Training**

2.1 Executive administrators should encourage education and training on service quality management for all head nurses.

2.2 Head nurses should attend conference or meeting on service quality management.

2.3 Nurse administrators should develop method and guidelines for leadership development and job empowerment.

2.4 Nurse administrators should provide guidelines of managing information system, using computer, and analyzing data for all staff.

### **3. Operation**

3.1 Nurse administrators and head nurses should set nursing standard, promote personnel responsibility, develop teamwork, provide reward and recognition, and support freedom decision and sympathy

3.2 Nurse administrators should set project and activities that promote job empowerment for all followers. These project and activities could be informs of seminar and conference for exchanging idea at work.

3.3 Head nurses should promote and support leadership development, professional standard, and be good models for all followers.

3.4 Head nurses should be trained on information management, data analysis, evaluation system, and computer use so that they can apply these knowledge to improve service quality development.

### **Recommendation for Further Research**

1. This research determines service quality management of head nurses by questionnaire. In the further research, other research instruments such as interview and observation should be used for complete data and decrease error of evaluation.

2. This research had focused only on head nurses in regional hospitals and general hospitals in the central region. Therefore, head nurse of the whole nation should be studied in the future.

3. This research indicated that transformational leadership, organizational climate and transactional leadership could explain 40.9 % of the service quality management variation among head nurses. Therefore, other factors such as job satisfaction and organizational culture that could explain of the service management variation should be studied in the future research.

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หัวหน้าหอผู้ป่วยการรับรู้ความชัดเจนในนโยบายขององค์กร กับการมีส่วนร่วมใน  
กิจกรรมการพัฒนาคุณภาพของพยาบาลประจำการ โรงพยาบาลสังกัด  
กระทรวงกลาโหม. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต, สาขาวิชาการ  
บริหารพยาบาล คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย.
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รัฐ : จุดเริ่มและภาพรวม. วารสารสถาบันวิจัยระบบสาธารณสุข, 4 (3), 148-157.
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บริการในโรงพยาบาลของรัฐด้วย TQM. กรุงเทพมหานคร : ภาควิชาเวชศาสตร์  
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## **APPENDIX**

## APPENDIX A

### List of Expert

1. ผู้ช่วยศาสตราจารย์ ร้อยตำรวจเอกหญิง ดร. ยุพิน อังสุโรจน์  
รองคณบดีฝ่ายวิจัยและวิเทศสัมพันธ์  
คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
2. ผู้ช่วยศาสตราจารย์ ดร. อารีย์วรรณ อ่วมคานี  
คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
3. นางสมหมาย หิรัญนุช  
นักวิชาการพยาบาล 8 ผู้อำนวยการ  
สำนักการพยาบาล กรมการแพทย์ กระทรวงสาธารณสุข
4. นางเพ็ญจันทร์ แสนประสาน  
พยาบาลวิชาชีพอาวุโสด้านวิชาการ  
แผนกพยาบาล โรงพยาบาลจุฬาลงกรณ์
5. นางชนิภาดา ชินอุดมพงศ์  
พยาบาลวิชาชีพ 9 หัวหน้าพยาบาล  
กลุ่มการพยาบาล โรงพยาบาลพระปกเกล้าจันทบุรี
6. นางสาวลีนี คูดำรงสวัสดิ์  
พยาบาลวิชาชีพ 8 หัวหน้าพยาบาล  
กลุ่มการพยาบาล โรงพยาบาลตราด

## APPENDIX B

### The Research Instrument

#### แบบสอบถามสำหรับพยาบาลหัวหน้าหอผู้ป่วย ในงานวิจัยเรื่อง

“ภาวะผู้นำ บรรยากาศองค์กร การได้รับการเสริมสร้างพลังอำนาจในงาน กับการบริหารงาน  
คุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วยโรงพยาบาลศูนย์และโรงพยาบาลทั่วไป ในภาคกลาง”

#### คำชี้แจงในการตอบแบบสอบถาม

1. แบบสอบถามประกอบด้วยข้อคำถาม 5 ส่วน คือ
  - ส่วนที่ 1 แบบสอบถามเกี่ยวกับการบริหารงานคุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วย
  - ส่วนที่ 2 แบบสอบถามเกี่ยวกับภาวะผู้นำตามการรับรู้ของหัวหน้าหอผู้ป่วย
  - ส่วนที่ 3 แบบสอบถามเกี่ยวกับบรรยากาศองค์กรตามการรับรู้ของหัวหน้าหอผู้ป่วย
  - ส่วนที่ 4 แบบสอบถามเกี่ยวกับการได้รับการเสริมสร้างพลังอำนาจในงานตามการรับรู้ของหัวหน้าหอผู้ป่วย
  - ส่วนที่ 5 แบบสอบถามข้อมูลส่วนบุคคลของหัวหน้าหอผู้ป่วย
2. ข้อมูลที่ตอบในแบบสอบถามครั้งนี้จะไม่มีผลต่อการปฏิบัติงานของท่านแต่อย่างไร โดยคำตอบของท่านผู้วิจัยจะเก็บข้อมูลเป็นความลับและขออนุญาตนำเสนอผลวิจัยในภาพรวม
3. ขอขอบพระคุณทุกท่าน

**ส่วนที่ 1** แบบสอบถามเกี่ยวกับการบริหารงานคุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วย  
**คำชี้แจง** โปรดอ่านข้อความแต่ละข้อ แล้วทำเครื่องหมาย ✓ ลงในช่องท้ายข้อความที่ตรงกับ  
 กิจกรรมที่ท่านได้ปฏิบัติจริงในหน่วยงานของท่านมากที่สุดเพียงคำตอบเดียว โดยมีเกณฑ์ดังนี้

<b>มากที่สุด</b>	หมายถึง	มีการปฏิบัติกิจกรรมดังกล่าว คิดเป็นร้อยละ 81-100
<b>มาก</b>	หมายถึง	มีการปฏิบัติกิจกรรมดังกล่าว คิดเป็นร้อยละ 61-80
<b>ปานกลาง</b>	หมายถึง	มีการปฏิบัติกิจกรรมดังกล่าว คิดเป็นร้อยละ 41-60
<b>น้อย</b>	หมายถึง	มีการปฏิบัติกิจกรรมดังกล่าว คิดเป็นร้อยละ 21-40
<b>น้อยที่สุด</b>	หมายถึง	มีการปฏิบัติกิจกรรมดังกล่าว น้อยที่สุดหรือไม่มีการปฏิบัติเลย คิดเป็นร้อยละ 0-20

ข้อความ	ระดับการปฏิบัติ				
	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
<b>การนำ</b> 1. ท่านมีส่วนร่วมในการกำหนดวิสัยทัศน์ พันธกิจ และเป้าหมายของโรงพยาบาล					
. .					
<b>การวางแผนกลยุทธ์</b> 10. นำนโยบายคุณภาพของโรงพยาบาลและกลุ่มงาน การพยาบาลมากำหนดแผนงานของหน่วยงาน					
. .					
<b>การมุ่งความสำคัญและความพึงพอใจของผู้รับบริการ</b> 18. หน่วยงานมีการสำรวจความต้องการและความคาดหวังของผู้ป่วย/ ผู้รับบริการอย่างสม่ำเสมอ					
. .					

ข้อความ	ระดับการปฏิบัติ				
	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
<b>การจัดระบบข้อมูลและการวิเคราะห์</b> 25. จัดระบบการเก็บข้อมูลและใช้เครื่องมือเก็บรวบรวมข้อมูลเหมาะสม ที่จำเป็นต่อการพัฒนาคุณภาพบริการพยาบาล					
. .					
<b>การพัฒนาบุคลากร</b> 31. มอบหมายงานได้ตรงตามคุณสมบัติเฉพาะตำแหน่ง หน้าที่ ความ รับผิดชอบของบุคลากร					
. .					
<b>การบริหารกระบวนการคุณภาพ</b> 45. ออกแบบระบบการบริการพยาบาลครบทั้ง 4 ด้าน คือ ส่งเสริมสุขภาพ ป้องกันโรค ดูแลรักษา และฟื้นฟูสมรรถภาพ					
. .					
<b>การประเมินคุณภาพบริการพยาบาลและ การดำเนินงาน</b> 56. สรุปผลลัพธ์โดยรวมของการให้บริการพยาบาลของหน่วยงาน					
. .					
65. สรุปผลการวิเคราะห์และเปรียบเทียบผลลัพธ์ด้านคุณภาพบริการ โดยรวมของหน่วยงานกับมาตรฐานสากล					

**ส่วนที่ 2 แบบสอบถามเกี่ยวกับภาวะผู้นำตามการรับรู้ของหัวหน้าหอผู้ป่วย**

**คำชี้แจง** โปรดอ่านข้อความแต่ละข้อแล้วทำเครื่องหมาย ✓ ลงในช่องที่ท่านพิจารณาแล้วเห็นว่าตรงกับพฤติกรรม/การแสดงออกของท่านตามความเป็นจริงมากที่สุดเพียงคำตอบเดียว แบบสอบถามนี้เป็น การประเมินภาวะผู้นำของหัวหน้าหอผู้ป่วย ข้อคำถามเป็นข้อความที่บ่งบอกภาวะผู้นำของหัวหน้าหอผู้ป่วย ด้านภาวะผู้นำการเปลี่ยนแปลงและภาวะผู้นำการแลกเปลี่ยน คำตอบดังกล่าวไม่ได้ประเมินความถูกต้องของ การปฏิบัติ แต่เป็นการศึกษาภาวะผู้นำของท่านที่ได้ปฏิบัติจริงในหน่วยงาน/หอผู้ป่วย โดยมีเกณฑ์ดังนี้

- เป็นประจำ** หมายถึง พฤติกรรม/การแสดงออกของท่านเกิดขึ้นเป็นประจำ
- บ่อยครั้ง** หมายถึง พฤติกรรม/การแสดงออกของท่านเกิดขึ้นบ่อยครั้ง
- บางครั้ง** หมายถึง พฤติกรรม/การแสดงออกของท่านเกิดขึ้นบางครั้ง
- นานๆครั้ง** หมายถึง พฤติกรรม/การแสดงออกของท่านเกิดขึ้นนานๆครั้ง
- ไม่เคยเลย** หมายถึง พฤติกรรม/การแสดงออกของท่านไม่เคยเกิดขึ้นเลย

ข้อความ	ระดับพฤติกรรม				
	เป็นประจำ	บ่อยครั้ง	บางครั้ง	นานๆครั้ง	ไม่เคยเลย
<b>ภาวะผู้นำการเปลี่ยนแปลง</b>					
1. ประพฤติตนเป็นแบบอย่างที่ดีในการทำงาน					
2. เน้นความสำคัญในการทำงานเพื่อพัฒนาคุณภาพบริการพยาบาล					
3. ควบคุมอารมณ์เมื่อเผชิญสถานการณ์ในภาวะวิกฤติได้ดี					
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40. เปิดโอกาสให้ผู้ได้บังคับบัญชาหาแนวทางใหม่ๆเพื่อปรับปรุงการทำงานให้ดีขึ้น					

ข้อความ	ระดับพฤติกรรม				
	เป็นประจำ	บ่อยครั้ง	บางครั้ง	นานๆครั้ง	ไม่เคยเลย
<p><b>ภาวะผู้นำการแลกเปลี่ยน</b></p> <p>41. อธิบายถึงผลตอบแทน/ การเลื่อนขั้นเงินเดือนอย่างยุติธรรมแก่ผู้ใต้บังคับบัญชา หากทำงานบรรลุตามเกณฑ์มาตรฐานที่กำหนด</p>					
<p>42. เปิดโอกาสพูดคุยและซักถามแก่ผู้ใต้บังคับบัญชาถึงสิ่งที่เขาหวังว่าจะได้รับจากการปฏิบัติงานได้สำเร็จ</p>					
<p>.</p> <p>.</p> <p>.</p> <p>.</p>					
<p>50. ใช้กฎระเบียบและยึดแนวปฏิบัติตามมาตรฐานการประกันคุณภาพอย่างเคร่งครัด เพื่อป้องกันความ ผิดพลาดในการทำงาน</p>					

**ส่วนที่ 3 แบบสอบถามเกี่ยวกับบรรยากาศองค์กรตามการรับรู้ของหัวหน้าหรือผู้ปวย**

**คำชี้แจง** โปรดอ่านข้อความแต่ละข้อแล้วทำเครื่องหมาย ✓ ลงในช่องท้ายข้อความที่ตรงกับความคิดเห็นและความรู้สึกที่แท้จริงของท่านเกี่ยวกับสิ่งแวดล้อม/บรรยากาศที่เกิดขึ้นในกลุ่มการพยาบาลที่มีความสำคัญต่อท่านและเป็นประสบการณ์ที่มีผลต่อการบริหารงานคุณภาพบริการพยาบาลในหน่วยงานของท่านมากที่สุดเพียงคำตอบเดียวโดยมีเกณฑ์ดังนี้

- เห็นด้วยอย่างยิ่ง                      หมายถึง ท่านเห็นว่าข้อความนั้น                      เป็นจริงทุกประการ
- เห็นด้วย                                      หมายถึง ท่านเห็นว่าข้อความนั้น                      เป็นจริงส่วนมาก
- ไม่เห็นด้วย                                    หมายถึง ท่านเห็นว่าข้อความนั้น                      ไม่เป็นจริงส่วนมาก
- ไม่เห็นด้วยอย่างยิ่ง                      หมายถึง ท่านเห็นว่าข้อความนั้น                      ไม่เป็นจริงทุกประการ

ข้อความ	ระดับความคิดเห็น			
	เห็นด้วย อย่างยิ่ง	เห็นด้วย	ไม่เห็นด้วย	ไม่เห็นด้วย อย่างยิ่ง
<b>โครงสร้างองค์กร</b>				
1. มีการกำหนดโครงสร้างการบริหารงานที่ชัดเจนเหมาะสม				
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<b>มาตรฐานการปฏิบัติงาน</b>				
5. กลุ่มการพยาบาลกำหนดมาตรฐานการปฏิบัติงานที่สามารถปฏิบัติได้จริง				
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<b>ความรับผิดชอบในงาน</b>				
9. ท่านมีอำนาจในการตัดสินใจทำงานอย่างอิสระ				
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ข้อความ	ระดับความคิดเห็น			
	เห็นด้วย อย่างยิ่ง	เห็นด้วย	ไม่เห็นด้วย	ไม่เห็นด้วย อย่างยิ่ง
<b>การยกย่องชมเชย/การให้รางวัล</b> 13. การให้รางวัลและกำลังใจจากกลุ่มการพยาบาล เป็น สิ่งที่ค่าและสำคัญต่อการปฏิบัติงานของท่าน				
. . .				
<b>การสนับสนุนการปฏิบัติงาน</b> 17. ท่านไม่ได้รับความเห็นอกเห็นใจเมื่อทำงาน ผิดพลาด				
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<b>พันธสัญญา</b> 21. บุคลากรในกลุ่มการพยาบาลมีความมุ่งมั่น ระดับสูงที่จะปฏิบัติงานให้บรรลุเป้าหมายที่กำหนด				
. .				
24. บุคลากรขาดความซื่อสัตย์ จงรักภักดีต่อกลุ่ม การพยาบาล				

**ส่วนที่ 4 แบบสอบถามการได้รับการเสริมสร้างพลังอำนาจในงานตามการรับรู้ของหัวหน้าหอผู้ป่วย คำชี้แจง** โปรดอ่านข้อความแต่ละข้อแล้วทำเครื่องหมาย ✓ ลงในช่องท้ายข้อความที่ตรงกับความคิดเห็นและความรู้สึกที่แท้จริงของท่านเกี่ยวกับการได้รับการเสริมสร้างพลังอำนาจในงานในด้านการได้รับอำนาจและการได้รับโอกาสจากหัวหน้ากลุ่มการพยาบาล เพื่อนำไปสู่ประสิทธิภาพในการบริหารงานคุณภาพบริการพยาบาลในหน่วยงานของท่านมากที่สุดเพียงคำตอบเดียวโดยมีเกณฑ์ดังนี้

- มากที่สุด** หมายถึง ท่านเห็นว่าข้อความนั้นตรงตามความเป็นจริง **ทุกประการ**
- มาก** หมายถึง ท่านเห็นว่าข้อความนั้นตรงตามความเป็นจริง **เป็นส่วนใหญ่**
- ปานกลาง** หมายถึง ท่านเห็นว่าข้อความนั้นตรงตามความเป็นจริง **เพียงครึ่งเดียว**
- น้อย** หมายถึง ท่านเห็นว่าข้อความนั้นตรงตามความเป็นจริง **เป็นส่วนน้อย**
- น้อยที่สุด** หมายถึง ท่านเห็นว่าข้อความนั้นตรงตามความเป็นจริง **น้อยที่สุด**

ข้อความ	ระดับความคิดเห็น				
	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
<b>การได้รับอำนาจ</b>					
1. ท่านได้รับการสนับสนุนการคิดสร้างสรรค์วิธีการทำงานใหม่ๆเสมอ					
2. ท่านได้รับการยอมรับเมื่อเสนอความคิดเห็นเกี่ยวกับการปฏิบัติงานในการประชุมระดับบริหาร					
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18. ท่านได้รับสวัสดิการต่างๆ เช่น การตรวจสุขภาพประจำปี การจัดสรรที่พัก อย่างเพียงพอและเหมาะสม					
<b>การได้รับโอกาส</b>					
19. ท่านได้รับการพิจารณาความดีความชอบ และเลื่อนขั้นเงินเดือนตามผลการปฏิบัติงาน					
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27. ท่านได้รับโอกาสรับผิดชอบงานที่สำคัญและท้าทายความสามารถจากผู้บริหาร					

### ส่วนที่ 5 ข้อมูลคุณลักษณะส่วนบุคคลของหัวหน้าหอผู้ป่วย

คำชี้แจง โปรดทำเครื่องหมาย ✓ ลงในช่อง  หน้าข้อความหรือเติมข้อความลงในช่องว่าง  
ซึ่งตรงกับสถานภาพที่เป็นจริงของท่าน

- โรงพยาบาลที่ท่านปฏิบัติงานอยู่ปัจจุบันคือ ?
 

<input type="checkbox"/> โรงพยาบาลศูนย์	<input type="checkbox"/> โรงพยาบาลทั่วไป
---	--
- ท่านปฏิบัติงานอยู่ในแผนกใด ?
 

<input type="checkbox"/> งานผู้ป่วยนอก	<input type="checkbox"/> งานอุบัติเหตุ-ฉุกเฉิน	<input type="checkbox"/> งานห้องคลอด
<input type="checkbox"/> หอผู้ป่วยศัลยกรรม	<input type="checkbox"/> หอผู้ป่วยอายุรกรรม	<input type="checkbox"/> หอผู้ป่วยกุมารเวชกรรม
<input type="checkbox"/> หอผู้ป่วยนรีเวชกรรม	<input type="checkbox"/> หอผู้ป่วยหนัก(ICU)	<input type="checkbox"/> หอผู้ป่วยพิเศษ
<input type="checkbox"/> หอผู้ป่วยอื่นๆ (ระบุ).....		
- อายุของท่านในปัจจุบันคือ?
 

<input type="checkbox"/> < 25 ปี	<input type="checkbox"/> 25-30 ปี	<input type="checkbox"/> 31-35 ปี	<input type="checkbox"/> 36-40 ปี
<input type="checkbox"/> 41- 45 ปี	<input type="checkbox"/> 46-50 ปี	<input type="checkbox"/> 51-55 ปี	<input type="checkbox"/> > 55 ปี
- วุฒิการศึกษาสูงสุดด้านการพยาบาลของท่าน คือ
 

<input type="checkbox"/> ปริญญาตรีหรือเทียบเท่า	<input type="checkbox"/> ปริญญาโท	<input type="checkbox"/> ปริญญาเอก
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- ประสบการณ์ในการทำงานในตำแหน่งหัวหน้าหอผู้ป่วยในโรงพยาบาลแห่งนี้?
 

<input type="checkbox"/> ระหว่าง 6 เดือน - 1 ปี	<input type="checkbox"/> 1-5 ปี	<input type="checkbox"/> 6-10 ปี
<input type="checkbox"/> 11-15 ปี	<input type="checkbox"/> 16-20 ปี	<input type="checkbox"/> > 20 ปี

## APPENDIX C

### Reliability Coefficient of Instrument

ตารางภาคผนวกที่ 1 ความเที่ยงของเครื่องมือวิจัยจำแนกตามกลุ่มตัวอย่าง

Questionnaires	Coefficient of Instrument	
	Try out group	Sample group
<b>Part I Service Quality Management (65 items)</b>	<b>0.9308</b>	<b>0.9748</b>
- Leading (9 items)	0.8687	0.8532
- Strategic planning (8 items)	0.8756	0.8916
- Focus on patients and other customers (7 items)	0.6233	0.8095
- Information and knowledge management (6 items)	0.5814	0.8833
- Human development (14 items)	0.7065	0.9237
- Process management (11 items)	0.8273	0.9169
- Evaluation of service quality and organizational performance result (10 items)	0.8046	0.8869
<b>Part II Leadership (50 items)</b>	<b>0.9602</b>	<b>0.9663</b>
- <b>Transformational Leadership (40 items)</b>	<b>0.9596</b>	<b>0.9623</b>
Charisma (16 items)	0.9220	0.8998
Inspiration (10 items)	0.8740	0.8978
Individual consideration (7 items)	0.8549	0.8868
Intellectual stimulation (7 items)	0.8237	0.8994
- <b>Transactional Leadership (10 items)</b>	<b>0.8254</b>	<b>0.8912</b>
Contingent reward (5 items)	0.8185	0.8293
Management by exception (5 items)	0.6845	0.8511
<b>Part III Organizational Climate (24 items)</b>	<b>0.9091</b>	<b>0.9002</b>
- Structure (4 items)	0.5559	0.6780
- Standard (4 items)	0.6815	0.7515
- Responsibility (4 items)	0.5722	0.6752
- Recognition (4 items)	0.6507	0.5777
- Support (4 items)	0.6860	0.6160
- Commitment (4 items)	0.7606	0.7276

ตารางภาคผนวกที่ 1 (ต่อ)

Questionnaires	Coefficient of Instrument	
	Try out group	Sample group
<b>Part IV Job Empowerment (27 items)</b>	<b>0.9092</b>	<b>0.9467</b>
<b>- Power (18 items)</b>	<b>0.8722</b>	<b>0.9222</b>
Support (6 items)	0.8380	0.8684
Information (5 items)	0.7725	0.8713
Resource (7 items)	0.7504	0.8074
<b>- Opportunity</b>	<b>0.8379</b>	<b>0.8854</b>
Growth (3 items)	0.7935	0.7123
Learning (3 items)	0.7487	0.8444
Challenging work (3 items)	0.7919	0.7873

**APPENDIX D****Item Analysis**

**ตารางภาคผนวกที่ 2** การวิเคราะห์ภาวะผู้นำของหัวหน้าหอผู้ป่วยโรงพยาบาลศูนย์และ  
โรงพยาบาลทั่วไปในภาคกลางจำแนกรายข้อ

ข้อความ	เป็นประจำ (%)	บ่อยครั้ง (%)	บางครั้ง (%)	นานๆครั้ง (%)	ไม่เคยเลย (%)	— X	S.D.
<b>การสร้างบารมี</b>							
1. ประพฤติตนเป็นแบบอย่างที่ดีในการทำงาน	196 (71.5)	76 (27.7)	2 (0.7)	-	-	3.71	0.47
2. เน้นความสำคัญในการทำงานเพื่อพัฒนา คุณภาพบริการพยาบาล	193 (70.4)	80 (29.2)	1 (0.4)	-	-	3.70	0.47
3. ควบคุมอารมณ์เมื่อเผชิญสถานการณ์ในภาวะวิกฤติได้ดี	107 (39.1)	130 (47.4)	32 (11.7)	5 (1.8)	-	3.24	0.73
4. สร้างความประทับใจและภูมิใจแก่ผู้ได้บังคับบัญชาที่ทำงานร่วมกัน	85 (31.0)	136 (49.6)	52 (19.0)	1 (0.4)	-	3.11	0.71
5. กำหนดเป้าหมายในการพัฒนาคุณภาพบริการพยาบาลอย่างชัดเจน	126 (46.0)	130 (47.4)	18 (6.6)	-	-	3.39	0.61
6. เสียสละประโยชน์ส่วนตนเพื่อประโยชน์ส่วนรวม	177 (64.6)	92 (33.6)	5 (1.8)	-	-	3.63	0.52
7. ตัดสินใจในการให้บริการพยาบาลโดยคำนึงถึงจรรยาบรรณแห่งวิชาชีพ	215 (78.5)	58 (21.2)	1 (0.4)	-	-	3.77	0.47
8. ให้ความมั่นใจแก่ผู้ได้บังคับบัญชาว่าสามารถแก้ปัญหาในการทำงาน ลุล่วงได้ด้วยดี	172 (62.8)	92 (33.6)	10 (3.6)	-	-	3.59	0.56
9. มีความแน่วแน่ในอุดมความเชื่อและค่านิยมในการทำงานเพื่อพัฒนาคุณภาพบริการพยาบาล	167 (60.9)	98 (35.8)	9 (3.3)	-	-	3.58	0.56
10. มีความเฉลียวฉลาดและสมรรถภาพสูงในการทำงานที่ได้รับมอบหมาย	62 (22.6)	155 (56.6)	56 (20.4)	1 (0.4)	-	3.01	0.67

ข้อความ	เป็นประจำ (%)	บ่อยครั้ง (%)	บางครั้ง (%)	นานๆครั้ง (%)	ไม่เคยเลย (%)	$\bar{X}$	S.D.
11. มีจุดยืนที่ชัดเจนในการแสดง ข้อคิดเห็นอย่างมีเหตุมีผลต่อปัญหา ข้อโต้แย้งที่เกิดขึ้น	111 (40.5)	127 (46.4)	35 (12.8)	1 (0.4)	-	3.27	0.70
12. ปฏิบัติตนให้เป็นที่เคารพนับถือ และชื่นชมแก่ผู้ได้บังคับบัญชา	130 (47.4)	136 (49.6)	8 (2.9)	-	-	3.45	0.55
13. บอกวัตถุประสงค์การทำงานที่ ชัดเจนแก่ผู้ได้บังคับบัญชาเสมอ	152 (55.5)	109 (39.8)	13 (4.7)	-	-	3.51	0.59
14. แสดงให้เห็นถึงความเชื่อมั่นใน ตนเอง	148 (54.0)	113 (41.2)	13 (4.7)	-	-	3.49	0.59
15. สร้างความไว้วางใจและส่งเสริม ความสามัคคีในการทำงานเป็นทีม	172 (62.8)	98 (35.8)	4 (1.5)	-	-	3.61	0.52
16. ปฏิบัติตนในการทำงานที่ สอดคล้องกับค่านิยมที่ตนเองเชื่อมั่น	137 (50.0)	114 (41.6)	21 (7.7)	1 (0.4)	1 (0.4)	3.41	0.68
<b>การสร้างแรงบันดาลใจ</b>							
17. กำหนดมาตรฐานในการทำงานที่ มุ่งสู่ความเป็นเลิศด้านคุณภาพบริการ พยาบาล	125 (45.6)	124 (45.3)	24 (8.8)	1 (0.4)	-	3.36	0.66
18. พยายามหาวิธีการทำงานใหม่ๆ ที่ทำให้เกิดการพัฒนางานที่ดีขึ้น	110 (40.1)	135 (49.3)	28 (10.2)	1 (0.4)	-	3.29	0.66
19. ตระหนักถึงคุณภาพบริการ พยาบาลว่าเป็นสิ่งสำคัญและ ก่อให้เกิดผลดีสำหรับผู้ใช้บริการใน อนาคต	164 (59.9)	105 (38.3)	5 (1.8)	-	-	3.58	0.53
20. สร้างความมั่นใจแก่ ผู้ได้บังคับบัญชาในการบรรลุ เป้าหมายของการพัฒนาคุณภาพ บริการพยาบาลของหน่วยงาน	143 (52.2)	121 (44.2)	10 (3.6)	-	-	3.49	0.57
21. ให้ความสำคัญกับผู้ได้บังคับบัญชาใน การทำงานอย่างสม่ำเสมอ	148 (54.0)	112 (40.9)	14 (5.1)	-	-	3.49	0.59
22. ส่งเสริมสนับสนุน ผู้ได้บังคับบัญชาที่มีความมุ่งมั่นใน การทำงานให้สำเร็จตามที่ต้องการ	168 (61.3)	100 (36.5)	6 (2.2)	-	-	3.59	0.54

ข้อความ	เป็นประจำ (%)	บ่อยครั้ง (%)	บางครั้ง (%)	นานๆครั้ง (%)	ไม่เคยเลย (%)	$\bar{X}$	S.D.
23. แสดงความกระตือรือร้นในการทำงาน	175 (63.9)	96 (35.0)	3 (1.1)	-	-	3.63	0.51
24. กระตุ้นให้ผู้ได้บังคับบัญชาตระหนักถึงสิ่งที่ควรพิจารณาในการทำงาน	160 (58.4)	106 (38.7)	7 (2.6)	1 (0.4)	-	3.55	0.59
25. อธิบายถึงผลลัพธ์ที่เกิดจากการพัฒนาคุณภาพบริการพยาบาลให้แก่ผู้ได้บังคับบัญชาฟังได้อย่างชัดเจน	116 (42.3)	136 (49.6)	21 (7.7)	1 (0.4)	-	3.34	0.40
26. มีความตั้งใจอย่างแรงกล้าในการทำงานให้สำเร็จตามที่กำหนดไว้	148 (54.0)	115 (42.2)	10 (3.6)	1 (0.4)	-	3.50	0.59
<b>การคำนึงถึงความเป็นเอกบุคคล</b>							
27. ปฏิบัติต่อผู้ได้บังคับบัญชาโดยคำนึงถึงความเป็นบุคคลของแต่ละคน	167 (60.9)	103 (37.6)	4 (1.5)	-	-	3.59	0.52
28. ดูแลเอาใจใส่และให้คำปรึกษาแก่ผู้ได้บังคับบัญชาอย่างใกล้ชิด	139 (50.7)	118 (43.1)	16 (5.8)	1 (0.4)	-	3.44	0.62
29. ให้คำแนะนำที่มีประโยชน์เพื่อความก้าวหน้าในการทำงานของผู้ได้บังคับบัญชา	151 (55.1)	112 (40.9)	11 (4.0)	-	-	3.51	0.58
30. ส่งเสริมสนับสนุนผู้ได้บังคับบัญชาในการพัฒนาตนเอง	178 (65.0)	93 (33.9)	3 (1.1)	-	-	3.64	0.50
31. มอบหมายงานแก่ผู้ได้บังคับบัญชาตรงตามความสามารถและหน้าที่ความรับผิดชอบ	173 (63.1)	97 (35.4)	4 (1.5)	-	-	3.62	0.52
32. ทำหน้าที่เป็นที่ปรึกษาและให้คำแนะนำการปฏิบัติงานแก่ผู้ได้บังคับบัญชา	166 (60.6)	100 (36.5)	7 (2.6)	1 (0.4)	-	3.57	0.56
33. ให้ความเอาใจใส่ดูแลเป็นพิเศษสำหรับบุคลากรที่ประสบปัญหาในการทำงานและถูกละเลย	122 (44.5)	134 (48.9)	17 (6.2)	1 (0.4)	-	3.37	0.63
<b>การกระตุ้นปัญญา</b>							
34. ให้ความสนใจต่อการแสดงความคิดเห็นของผู้ได้บังคับบัญชา	164 (59.9)	105 (38.3)	3 (1.1)	1 (0.4)	-	3.58	0.54

ข้อความ	เป็นประจำ (%)	บ่อยครั้ง (%)	บางครั้ง (%)	นานๆครั้ง (%)	ไม่เคยเลย (%)	$\bar{X}$	S.D.
35. ใช้ข้อมูลและข้อเท็จจริงในการ ระบุปัญหาที่เกิดขึ้นอย่างมีระบบ	122 (44.5)	129 (47.1)	21 (7.7)	2 (0.7)	-	3.35	0.65
36. ร่วมอภิปรายและวิเคราะห์ปัญหา การทำงานในหลายแง่มุมกับ ผู้ได้บังคับบัญชา	136 (49.6)	120 (43.8)	16 (5.8)	2 (0.7)	-	3.42	0.64
37. ส่งเสริมผู้ได้บังคับบัญชาในการ คิดสร้างสรรค์ หาวิธีการใหม่ๆเพื่อ แก้ปัญหาการทำงาน	154 (56.2)	108 (39.4)	11 (4.0)	1 (0.4)	-	3.51	0.59
38. ส่งเสริมให้ผู้ได้บังคับบัญชาใช้ เหตุผลและหลักฐานเชิงประจักษ์ใน การแก้ไขปัญหา	138 (50.4)	115 (42.0)	20 (7.3)	1 (0.4)	-	3.42	0.64
39. ชี้แนะให้ผู้ได้บังคับบัญชามอง ปัญหาในหลายแง่มุมและเห็นว่าปัญหา นั้นเป็นสิ่งที่ท้าทายที่นำเรียนรู้	88 (32.1)	140 (51.1)	42 (15.3)	3 (1.1)	1 (0.4)	3.14	0.73
40. เปิดโอกาสให้ผู้ได้บังคับบัญชาหา แนวทางใหม่ๆเพื่อปรับปรุงการทำงาน ให้ดีขึ้น	129 (47.1)	131 (47.8)	13 (4.7)	1 (0.4)	-	3.42	0.60
<b>การให้รางวัลโดยมีเงื่อนไข</b>							
41. อธิบายถึงผลตอบแทน/ การเลื่อน ขั้นเงินเดือนอย่างยุติธรรมแก่ ผู้ได้บังคับบัญชาหากทำงานบรรลุตาม เกณฑ์มาตรฐานที่กำหนด	105 (38.3)	130 (47.4)	34 (12.4)	2 (0.7)	2 (0.7)	3.22	0.75
42. เปิดโอกาสพูดคุยและซักถามแก่ ผู้ได้บังคับบัญชาถึงสิ่งที่เขาหวังว่าจะ ได้รับจากการปฏิบัติงานได้สำเร็จ	96 (35.0)	142 (51.6)	32 (11.7)	4 (1.5)	-	3.20	0.75
43. มีแนวทางการมอบรางวัล/ ผลตอบแทนแก่ผู้ได้บังคับบัญชาที่ ทำงานได้ดีตามความ เหมาะสม	60 (21.6)	126 (46.0)	69 (25.2)	14 (5.1)	5 (1.8)	2.81	0.90
44. ประกาศและยกย่องผู้ที่ปฏิบัติงาน ดีเด่น เหมาะสมเป็นแบบอย่างที่ดีให้ บุคลากรในหน่วยงานทราบอย่างทั่วถึง	77 (28.1)	117 (42.7)	64 (23.4)	12 (4.4)	4 (1.5)	2.92	0.90

ข้อความ	เป็นประจำ (%)	บ่อยครั้ง (%)	บางครั้ง (%)	นานๆครั้ง (%)	ไม่เคยเลย (%)	$\bar{X}$	S.D.
45. แสดงความพึงพอใจและให้ความ เชื่อถือเมื่อผู้ได้บังคับบัญชาปฏิบัติงาน ได้ดี	131 (47.8)	125 (45.6)	17 (6.2)	1 (0.4)	-	3.41	0.62
<b>การจัดการโดยมีข้อยกเว้น</b>							
46. ให้ข้อมูล/ทบทวนเป้าหมายและ วิธีการปฏิบัติงานเมื่อผู้ได้บังคับบัญชา ปฏิบัติงานไม่สำเร็จ	78 (28.5)	145 (52.9)	41 (15.0)	9 (3.3)	1 (0.4)	3.06	0.77
47. ติดตามและตรวจสอบผู้ได้บังคับ บัญชาที่มีข้อบกพร่องในการทำงาน อย่างใกล้ชิด	88 (32.1)	153 (55.8)	26 (9.5)	6 (2.2)	1 (0.4)	3.17	0.71
48. ให้กำลังใจและให้โอกาสผู้ได้ บังคับบัญชาปรับปรุงตนเองเมื่อ ปฏิบัติงานต่ำกว่ามาตรฐาน	101 (36.9)	149 (54.4)	17 (6.2)	6 (2.2)	1 (0.4)	3.25	0.70
49. กล่าวตำหนิและให้ข้อคิดเห็น เมื่อผู้ได้บังคับบัญชาปฏิบัติงาน ผิดพลาด	92 (33.6)	127 (46.4)	44 (16.1)	10 (3.6)	1 (0.4)	3.09	0.82
50. ใช้กฎระเบียบและชี้คแนวปฏิบัติ ตามมาตรฐานการประกันคุณภาพอย่าง เคร่งครัดเพื่อป้องกันความผิดพลาดใน การทำงาน	114 (41.6)	128 (46.7)	28 (10.2)	4 (1.5)	-	3.28	0.71

**ตารางภาคผนวกที่ 3** การวิเคราะห์บรรยากาศองค์กรของกลุ่มการพยาบาลโรงพยาบาลศูนย์  
และโรงพยาบาลทั่วไปในภาคกลางจำแนกรายข้อ

ข้อความ	เห็นด้วย อย่างยิ่ง (%)	เห็นด้วย (%)	ไม่เห็นด้วย (%)	ไม่เห็นด้วย อย่างยิ่ง (%)	$\bar{X}$	S.D.
<b>โครงสร้างองค์กร</b>						
1. มีการกำหนดโครงสร้างการบริหารงาน ที่ชัดเจนเหมาะสม	95 (34.7)	159 (58.0)	17 (6.2)	3 (1.1)	3.26	0.62
2. ในกลุ่มการพยาบาลมีความชัดเจนว่าใคร คือ ผู้ที่มีอำนาจในการตัดสินใจอย่างเป็นทางการ**	68 (24.8)	119 (43.4)	61 (22.3)	26 (9.5)	2.84	0.91
3. มีการกำหนดบทบาท หน้าที่และ ความรับผิดชอบของบุคคลแต่ละตำแหน่ง อย่างเป็นลายลักษณ์อักษรที่ชัดเจน	118 (43.1)	130 (47.4)	22 (8.0)	4 (1.5)	3.32	0.68
4. การจัดองค์กรหน่วยงาน/หอผู้ป่วยของ กลุ่มการพยาบาลสอดคล้องกับการ ให้บริการพยาบาล**	73 (26.6)	159 (58.0)	27 (9.9)	15 (5.5)	3.36	0.76
<b>มาตรฐานการปฏิบัติงาน</b>						
5. กลุ่มการพยาบาลกำหนดมาตรฐานการ ปฏิบัติงานที่สามารถปฏิบัติได้จริง	60 (21.9)	181 (66.1)	30 (10.9)	3 (1.1)	3.09	0.60
6. บุคลากรในกลุ่มการพยาบาลมีความ ภูมิใจในการปฏิบัติงานตามมาตรฐาน**	73 (26.6)	159 (58.0)	30 (10.9)	12 (4.4)	3.07	0.74
7. กลุ่มการพยาบาลผลักดันและส่งเสริม การปรับปรุงการทำงานเป็นทีมอย่าง ต่อเนื่อง	73 (26.2)	157 (57.3)	40 (14.6)	4 (1.5)	3.09	0.68
8. บุคลากรในกลุ่มการพยาบาลมีความ พยายามในการพัฒนาคุณภาพบริการ พยาบาล	90 (32.8)	174 (63.5)	9 (3.3)	1 (0.4)	3.29	0.54
<b>ความรับผิดชอบในงาน</b>						
9. ท่านมีอำนาจในการตัดสินใจทำงาน อย่างอิสระ	33 (12.0)	163 (59.5)	66 (24.1)	11 (4.0)	2.80	0.70

ข้อความ	เห็นด้วย อย่างยิ่ง (%)	เห็นด้วย (%)	ไม่เห็นด้วย (%)	ไม่เห็นด้วย อย่างยิ่ง (%)	$\bar{X}$	S.D.
10. ท่านมีการตรวจสอบคุณภาพการทำงาน อย่างเป็นระบบ	46 (16.8)	201 (73.4)	26 (9.5)	1 (0.4)	3.07	0.52
11. ท่านตระหนักและรับผิดชอบต่อการ ทำงานและผลงานที่เกิดขึ้นเสมอ	125 (45.6)	149 (54.4)	-	-	3.46	0.50
12. ท่านได้รับการช่วยเหลือแก้ไขปัญหา การทำงานจาก ผู้ร่วมงานเป็นอย่างดี	66 (24.1)	183 (66.8)	25 (9.1)	-	3.15	0.56
<b>การยกย่องชมเชย/การให้รางวัล</b>						
13. การให้รางวัลและกำลังใจจากกลุ่มการ พยาบาลเป็นสิ่งที่ค่าและสำคัญต่อการ ปฏิบัติงานของท่าน	92 (33.6)	142 (51.8)	35 (12.8)	5 (1.8)	3.17	0.71
14. รางวัล/การยกย่องชมเชยจากกลุ่มการ พยาบาลมีจำนวนเพียงพอกับจำนวน บุคลากรที่ปฏิบัติงานดีเยี่ยม**	13 (4.7)	68 (24.8)	133 (48.5)	59 (21.5)	2.13	0.80
15. บุคลากรที่ได้รับการยกย่องชมเชย/ ได้รับรางวัลมีความเหมาะสมกับผลการ ปฏิบัติงานที่ปรากฏ	29 (10.6)	155 (56.6)	76 (27.7)	12 (4.4)	2.74	0.70
16. กลุ่มการพยาบาลมีระบบส่งเสริม บุคคลที่มีความรู้ ความสามารถหรือวุฒิ การศึกษาสูงในการเลื่อนตำแหน่ง ที่สูงขึ้น	25 (9.1)	148 (54.0)	78 (28.5)	21 (7.7)	2.65	0.75
<b>การสนับสนุนการปฏิบัติงาน</b>						
17. ท่านได้รับความเห็นอกเห็นใจเมื่อ ทำงาน ผิดพลาด**	30 (10.9)	165 (60.2)	67 (24.5)	10 (3.6)	2.79	0.68
18. เมื่อท่านมีความยุ่งยากใจในการ มอบหมายงานท่านสามารถขอความ ช่วยเหลือจากหัวหน้ากลุ่มการพยาบาลและ ผู้ร่วมงานได้เสมอ	34 (12.4)	170 (62.0)	64 (23.4)	6 (2.2)	2.85	0.65
19. บุคลากรในหน่วยงานมีความไว้วางใจ ซึ่งกันและกันอย่างแท้จริง**	47 (17.2)	166 (60.6)	53 (19.3)	8 (2.9)	2.92	0.69

ข้อความ	เห็นด้วย อย่างยิ่ง (%)	เห็นด้วย (%)	ไม่เห็นด้วย (%)	ไม่เห็นด้วย อย่างยิ่ง (%)	$\bar{X}$	S.D.
20. ท่านมีความภูมิใจในการเป็นสมาชิก หนึ่งของทีมงาน	94 (34.3)	163 (59.5)	16 (5.8)	1 (0.4)	3.28	0.58
<b>พันธสัญญา</b>						
21. บุคลากรในกลุ่มการพยาบาลมีความ มุ่งมั่นระดับสูงที่จะปฏิบัติงานให้บรรลุ เป้าหมายที่กำหนด	60 (21.6)	179 (65.3)	33 (12.0)	2 (0.7)	3.08	0.60
22. บุคลากรโดยรวมมีความภูมิใจในการ เป็นส่วนหนึ่งของกลุ่มการพยาบาล	50 (18.2)	189 (69.0)	31 (11.3)	4 (1.5)	3.04	0.59
23. บุคลากรสนใจว่าจะมีอะไรเกิดขึ้นใน กลุ่มการพยาบาล**	53 (19.3)	172 (62.8)	42 (15.3)	5 (1.8)	3.00	0.65
24. บุคลากรมีความซื่อสัตย์ จงรักภักดีต่อ กลุ่มการพยาบาล**	54 (19.7)	176 (64.2)	36 (13.1)	5 (1.8)	3.04	0.66

\*\* ข้อความลบในแบบสอบถาม

**ตารางภาคผนวกที่ 4** การวิเคราะห์การได้รับการเสริมสร้างพลังอำนาจในงานของหัวหน้า

หอผู้ป่วยโรงพยาบาลศูนย์และโรงพยาบาลทั่วไปในภาคกลางจำแนกรายข้อ

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
<b>การได้รับการสนับสนุน</b>							
1. ท่านได้รับการสนับสนุนการคิด สร้างสรรค์วิธีการทำงานใหม่ๆเสมอ	27 (9.9)	138 (50.4)	86 (31.4)	19 (6.9)	4 (1.5)	3.60	0.82
2. ท่านได้รับการยอมรับเมื่อเสนอความ คิดเห็นเกี่ยวกับการปฏิบัติงานในการ ประชุมระดับบริหาร	14 (5.1)	117 (42.7)	120 (43.8)	20 (7.3)	3 (1.1)	3.43	0.75
3. หัวหน้ากลุ่มการพยาบาลช่วยแก้ปัญหา ในการทำงานได้ทันเวลาเสมอ	15 (5.5)	112 (40.9)	105 (38.3)	31 (11.3)	11 (4.0)	3.32	0.89
4. หัวหน้ากลุ่มการพยาบาลให้ความ ยืดหยุ่นในการทำงานแก่ท่าน	26 (9.5)	151 (55.1)	77 (28.1)	19 (6.9)	1 (0.4)	3.66	0.76
5. ท่านได้รับการสนับสนุนในการนำ เทคโนโลยีและเทคนิคการปฏิบัติงานใหม่ๆ มาใช้ในงานบริการพยาบาล	20 (7.3)	135 (49.3)	91 (33.2)	26 (9.5)	2 (0.7)	3.53	0.79
6. ท่านได้รับการเอาใจใส่ ห่วงใยจาก หัวหน้ากลุ่มการพยาบาลตลอดเวลา	22 (8.0)	103 (37.6)	109 (39.8)	29 (10.6)	11 (4.0)	3.35	0.92
<b>การได้รับข้อมูลข่าวสาร</b>							
7. ได้รับการชี้แจงนโยบายการบริหาร การ ดำเนินงาน เป้าหมายและระเบียบกฎเกณฑ์ ต่างของโรงพยาบาลจากหัวหน้ากลุ่มการ พยาบาลอย่างชัดเจน	38 (13.9)	147 (53.6)	70 (25.5)	14 (5.1)	4 (1.5)	3.74	0.82
8. ท่านได้รับข้อมูลข่าวสารด้านการประชุม วิชาการ การอบรมหลักสูตรการศึกษา จากสถาบันต่างๆ ครบถ้วน ทันเหตุการณ์	27 (9.9)	120 (43.8)	105 (38.3)	18 (6.6)	4 (1.5)	3.54	0.82
9. ท่านได้รับทราบผลการดำเนินงานของ กลุ่มการพยาบาลตามแผนงานทั้งระยะสั้น และระยะยาว	28 (10.2)	124 (45.3)	91 (33.2)	28 (10.2)	3 (1.1)	3.53	0.85

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
10. ท่านได้รับข้อมูลย้อนกลับ เช่น ภาพพจน์ที่ผู้รับบริการมองคุณภาพการบริการ เพื่อนำมาพัฒนาตนเองและปรับปรุงการทำงานในหน่วยงาน	29 (10.6)	149 (54.4)	83 (30.3)	12 (4.4)	1 (0.4)	3.70	0.73
11. ท่านได้รับข้อมูลข่าวสาร ความรู้ต่างๆจากระบบการสื่อสารต่างๆ ที่มีประสิทธิภาพของกลุ่มการพยาบาล	22 (8.0)	113 (41.2)	115 (42.0)	18 (6.6)	6 (2.2)	3.46	0.82
<b>การได้รับทรัพยากร</b>							
12. หน่วยงานของท่านได้รับการจัดสรรงบประมาณเพียงพอต่อการดำเนินงาน	14 (5.1)	98 (35.8)	111 (40.5)	39 (14.2)	9 (3.3)	3.25	0.88
13. ท่านสามารถเบิกวัสดุ ครุภัณฑ์ เวชภัณฑ์ที่จำเป็นมาใช้ในหน่วยงานอย่างเพียงพอและพร้อมใช้งาน	41 (15.0)	144 (52.6)	79 (28.8)	10 (3.6)	-	3.79	0.74
14. หน่วยงานของท่านได้รับการจัดสรรอัตราค่าสิ่งบุคลากรเหมาะสมเพียงพอกับปริมาณงาน	16 (5.8)	64 (23.4)	109 (39.8)	60 (21.9)	25 (9.1)	2.95	1.03
15. ท่านมีเวลาในการปฏิบัติงานที่อยู่ในความรับผิดชอบอย่างเต็มที่	57 (20.8)	142 (51.8)	65 (23.7)	8 (2.9)	2 (0.7)	3.89	0.79
16. ท่านได้รับเงินค่าตอบแทนในการทำงานเหมาะสมกับการปฏิบัติงาน	24 (8.8)	95 (34.7)	105 (38.3)	39 (14.2)	11 (4.0)	3.30	0.96
17. ท่านได้รับการยกย่องชมเชย/รางวัลในการปฏิบัติงานอย่างเหมาะสม	13 (4.7)	74 (27.0)	133 (48.5)	46 (16.8)	8 (2.9)	3.14	0.85
18. ท่านได้รับสวัสดิการต่างๆ เช่น การตรวจสุขภาพประจำปี การจัดสรรที่พักอย่างเพียงพอและเหมาะสม	44 (16.1)	131 (47.8)	86 (31.4)	12 (4.4)	1 (0.4)	3.75	0.79
<b>การได้รับความก้าวหน้าในการทำงาน</b>							
19. ท่านได้รับการพิจารณาความดีความชอบ และเลื่อนขั้นเงินเดือนตามผลการปฏิบัติงาน	22 (8.0)	101 (36.9)	123 (44.9)	22 (8.0)	6 (2.2)	3.41	0.83
20. ท่านได้รับโอกาสเลื่อนตำแหน่งหน้าที่การงานให้สูงขึ้น	19 (6.9)	106 (38.7)	103 (37.6)	34 (12.4)	11 (4.0)	3.32	0.92

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
21. ท่านได้รับเลือกให้เข้าร่วมเป็นคณะกรรมการต่างๆของโรงพยาบาล	48 (17.5)	147 (53.6)	61 (22.3)	16 (5.8)	2 (0.7)	3.81	0.82
<b>การได้รับการส่งเสริมการเรียนรู้</b>							
22. ท่านได้รับโอกาสเข้าร่วมประชุมวิชาการ/ สัมมนา/ ศึกษาดูงาน ด้านบริหารงานทั้งภายในและภายนอกโรงพยาบาล	39 (14.2)	109 (39.8)	91 (33.2)	28 (10.2)	7 (2.6)	3.53	0.95
23. ท่านได้รับโอกาสในการศึกษาต่อในระดับสูงในหลักสูตรระยะสั้นหรือระยะยาวตามความเหมาะสมกับหน้าที่ความรับผิดชอบของท่าน	28 (10.2)	97 (35.4)	94 (34.3)	45 (16.4)	10 (3.6)	3.32	0.99
24. ท่านได้รับการเข้าร่วมกิจกรรมการฝึกทักษะใหม่ๆ และการใช้เทคโนโลยีทันสมัยเพื่อเพิ่มพูนความรู้ประสบการณ์ในการปฏิบัติงาน	18 (6.6)	119 (43.4)	105 (38.3)	30 (10.9)	2 (0.7)	3.44	0.80
<b>การได้ทำงานที่เหมาะสมและท้าทายความสำเร็จ</b>							
25. ท่านมีโอกาสได้ทำงานตามลักษณะงานที่กำหนดอย่างชัดเจนตรงตามตำแหน่งหน้าที่	44 (16.1)	173 (63.1)	52 (19.0)	5 (1.8)	-	3.93	0.65
26. ท่านได้รับมอบหมายให้ทำงานที่เหมาะสมกับความรู้ ความสามารถของท่าน	45 (16.4)	175 (63.9)	52 (19.0)	1 (0.4)	1 (0.4)	3.96	0.63
27. ท่านได้รับโอกาสรับผิดชอบงานที่สำคัญและท้าทายความสามารถจากผู้บริหาร	36 (13.1)	129 (47.1)	88 (32.1)	17 (6.2)	4 (1.5)	3.64	0.84

**ตารางภาคผนวกที่ 5** การวิเคราะห์การบริหารงานคุณภาพบริการพยาบาลของหัวหน้าหอผู้ป่วย  
โรงพยาบาลศูนย์และโรงพยาบาลทั่วไปในภาคกลางจำแนกรายข้อ

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
<b>การนำ</b>							
1.ท่านมีส่วนร่วมในการกำหนดวิสัยทัศน์ พันธกิจ และ เป้าหมายของโรงพยาบาล	65 (23.7)	119 (43.4)	58 (21.2)	16 (5.8)	16 (5.8)	3.73	1.07
2.ประชุมชี้แจงเกี่ยวกับ นโยบายคุณภาพ วิสัยทัศน์ พันธกิจ เป้าหมายของโรงพยาบาลให้บุคลากรในหน่วยงานทราบ	126 (46.0)	126 (46.0)	21 (7.7)	1 (0.4)	-	4.38	0.64
3.กำหนดพันธกิจ ปรัชญาในการพัฒนาคุณภาพของหน่วยงานจากความต้องการและความคาดหวังของผู้ป่วย	98 (35.8)	161 (58.8)	13 (4.7)	2 (0.7)	-	4.30	0.59
4.นำพันธกิจของหน่วยงานไปปฏิบัติเพื่อเข้าสู่ระบบการบริหารคุณภาพโดยรวม	114 (41.6)	141 (51.5)	18 (6.6)	1 (0.4)	-	4.34	0.62
5.กำหนดความสำคัญหรือประเด็นหลักในการพัฒนา คุณภาพหน่วยงานที่ปฏิบัติได้จริง	92 (33.6)	153 (55.8)	29 (10.6)	-	-	4.23	0.62
6.มุ่งมั่นพัฒนาคุณภาพบริการพยาบาลอย่างจริงจัง เพื่อผ่านเกณฑ์การประกันและรับรองคุณภาพ	113 (41.2)	145 (52.9)	16 (5.8)	-	-	4.35	0.59
7.ตระหนักถึงคุณภาพบริการพยาบาลที่ประชาชนควรได้รับตลอดเวลา	150 (54.7)	120 (43.8)	4 (1.5)	-	-	4.53	0.53
8.แสดงความรับผิดชอบต่อสาธารณชนเมื่อเกิดภาวะแทรกซ้อนจากการให้บริการพยาบาล	103 (37.6)	142 (51.8)	26 (9.5)	2 (0.7)	1 (0.4)	4.26	0.69
9.ปฏิบัติงานโดยเคารพในจรรยาบรรณวิชาชีพ และจริยธรรมขององค์กร	181 (66.1)	89 (32.5)	3 (1.1)	-	-	4.65	0.50
<b>การวางแผนกลยุทธ์</b>							
10.นำนโยบายคุณภาพของโรงพยาบาลและกลุ่มการพยาบาลมากำหนดแผนงานของหน่วยงาน	130 (47.4)	130 (47.4)	13 (4.7)	1 (0.4)	-	4.42	0.60
11.วิเคราะห์ปัญหา สถานการณ์ทางเศรษฐกิจ สังคมการเมือง และเทคโนโลยีทางการแพทย์ที่มีผลกระทบต่อการดำเนินงานของหน่วยงาน	41 (15.0)	143 (52.2)	77 (28.1)	12 (4.4)	1 (0.4)	3.77	0.77

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
12. วิเคราะห์จุดแข็งจุดอ่อนของหน่วยงาน โอกาสและอุปสรรคต่างๆ ที่มีผลต่อการดำเนินงานพัฒนาคุณภาพบริการพยาบาล	74 (27.0)	156 (56.9)	42 (15.3)	2 (0.7)	-	4.10	0.67
13. จัดทำแผนกลยุทธ์ในการพัฒนาคุณภาพบริการพยาบาลของหน่วยงาน	74 (27.0)	159 (58.0)	38 (13.9)	2 (0.7)	1 (0.4)	4.11	0.68
14. วางแผนการจัดบริการพยาบาลมุ่งเน้นความต้องการของผู้ป่วย/ผู้รับบริการเป็นสำคัญ	134 (48.9)	133 (48.5)	7 (2.6)	-	-	4.46	0.55
15. เขียนแผนปฏิบัติงานที่อธิบายกิจกรรม ระยะเวลา และ ผู้รับผิดชอบอย่างชัดเจนเป็นที่เข้าใจสำหรับผู้ปฏิบัติ	86 (31.4)	126 (46.0)	55 (20.1)	5 (1.8)	1 (0.4)	4.07	0.79
16. จัดทำเอกสารการปฏิบัติงานตามแผนเป็นลายลักษณ์อักษรและชี้แจงให้ผู้ร่วมงานทราบอย่างทั่วถึง	82 (29.9)	147 (53.6)	38 (13.9)	7 (2.6)	-	4.11	0.73
17. กำหนดตัวชี้วัดและการประเมินความสำเร็จของแผนงาน	100 (36.5)	130 (47.4)	41 (15.0)	3 (1.1)	-	4.19	0.72
<b>การมุ่งความสำคัญและความพึงพอใจของผู้ใช้บริการ</b>							
18. หน่วยงานมีการสำรวจความต้องการและความคาดหวังของผู้ป่วย/ ผู้รับบริการอย่างสม่ำเสมอ	102 (37.2)	129 (47.1)	41 (15.0)	2 (0.7)	-	4.21	0.71
19. ให้บริการพยาบาลที่แสดงออกซึ่งความเคารพในสิทธิและศักดิ์ศรีของผู้ป่วย/ผู้รับบริการ	132 (48.2)	133 (48.5)	9 (3.3)	-	-	4.45	0.56
20. นำข้อเสนอแนะของผู้ป่วย/ผู้รับบริการมาปรับปรุงการให้บริการพยาบาล	124 (45.3)	134 (48.9)	16 (5.8)	-	-	4.39	0.60
21. สร้างสัมพันธภาพที่ดีกับผู้ป่วย/ผู้รับบริการและญาติ	153 (55.8)	118 (43.1)	3 (1.1)	-	-	4.55	0.52
22. จัดเอกสารและระบบการให้ข้อมูลความรู้ คำแนะนำ เรื่อง การดูแลรักษาสุขภาพตนเองแก่ผู้ป่วย/ผู้รับบริการ	75 (27.4)	150 (54.7)	43 (15.7)	6 (2.2)	-	4.07	0.72

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
23. จัดกิจกรรมสัมมนาการต่างๆเชื่อมสัมพันธ์ภาพที่ดีระหว่างหน่วยงาน	23 (8.4)	104 (38.0)	99 (36.1)	32 (11.7)	16 (5.8)	3.31	0.99
24. มีการประเมินความพึงพอใจของผู้ป่วย/ผู้รับบริการของหน่วยงานอย่างต่อเนื่อง	121 (44.2)	134 (48.9)	18 (6.6)	1 (0.4)	-	4.37	0.62
<b>การจัดระบบข้อมูลข่าวสารและการวิเคราะห์</b>							
25. จัดระบบการเก็บข้อมูลและใช้เครื่องมือเก็บรวบรวมข้อมูลเหมาะสม ที่จำเป็นต่อการพัฒนาคุณภาพบริการพยาบาล	56 (20.4)	160 (58.4)	57 (20.8)	1 (0.4)	-	3.99	0.65
26. นำระบบคอมพิวเตอร์มาใช้ในการจัดเก็บข้อมูลเพื่อความเร็วในการทำงาน	51 (18.6)	98 (35.8)	74 (27.0)	38 (13.8)	13 (4.7)	3.50	1.09
27. มีการค้นหาปัญหาที่แท้จริง การศึกษาวิเคราะห์ข้อมูลเพื่อการดำเนินงานพัฒนาคุณภาพบริการพยาบาลของหน่วยงาน	55 (20.1)	149 (54.4)	60 (21.9)	8 (2.9)	-	3.92	0.73
28. วิเคราะห์ข้อมูลโดยใช้สถิติที่ถูกต้องและเชื่อถือได้ทุกครั้ง	47 (17.2)	147 (53.6)	66 (24.1)	13 (4.7)	1 (0.4)	3.82	0.78
29. มีการนำข้อมูลที่วิเคราะห์แล้วมาใช้ประโยชน์ในการบริหารงานคุณภาพบริการพยาบาล	63 (23.0)	153 (55.8)	52 (19.0)	4 (1.5)	2 (0.7)	3.99	0.74
30. เขียนรายงานข้อมูลที่สามารถนำไปใช้ประโยชน์ในการบริหารงานระดับนโยบายโรงพยาบาลได้	35 (12.8)	143 (52.2)	71 (25.9)	18 (6.6)	6 (2.2)	3.67	0.86
<b>การพัฒนาและบริหารงานบุคลากร</b>							
31. มอบหมายงานได้ตรงตามคุณสมบัติเฉพาะตำแหน่ง หน้าที่ ความรับผิดชอบของบุคลากร	84 (30.7)	165 (60.2)	25 (9.1)	-	-	4.22	0.59
32. จัดระบบการติดต่อสื่อสารแบบ 2 ทาง เพื่ออำนวยความสะดวกในการประสานงานที่ดี	77 (28.1)	160 (58.4)	37 (13.5)	-	-	4.15	0.63
33. จัดทำแผนพัฒนาบุคลากร เพื่อการพัฒนาคุณภาพบริการพยาบาล	83 (30.3)	148 (54.0)	40 (14.6)	3 (1.1)	-	4.14	0.69

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
34. ปฐมนิเทศเจ้าหน้าที่ให้ได้รับการเตรียมพร้อมก่อนเข้าประจำการ	128 (46.7)	137 (50.0)	9 (3.3)	-	-	4.43	0.56
35. จัดกิจกรรมต่างๆ เพื่อพัฒนาภาวะผู้นำของบุคลากรในหน่วยงาน	37 (13.5)	125 (45.6)	93 (33.9)	14 (5.1)	5 (1.8)	3.64	0.85
36. มีการเสริมสร้างพลังอำนาจให้แก่บุคลากรในหน่วยงาน	46 (16.8)	134 (48.9)	83 (30.3)	9 (3.3)	2 (0.7)	3.78	0.79
37. จัดสื่อ โสตทัศนูปกรณ์ที่จำเป็นเพื่อสร้างการเรียนรู้ของบุคลากรไว้ในหน่วยงาน	32 (11.7)	106 (38.7)	115 (42.0)	19 (6.9)	2 (0.7)	3.54	0.82
38. มีการให้รางวัลและประกาศยกย่องบุคลากรที่ทำงานสำเร็จตามเป้าหมายอย่างยุติธรรม	42 (15.3)	137 (50.0)	83 (30.3)	8 (2.9)	4 (1.5)	3.75	0.80
39. ส่งเสริมการอบรมเพื่อพัฒนาพฤติกรรมกรให้บริการที่ดีแก่บุคลากรทุกระดับ	103 (37.6)	131 (47.8)	37 (13.5)	3 (1.1)	-	4.22	0.71
40. เปิดโอกาสให้เจ้าหน้าที่เข้าร่วมประชุมวิชาการ/ อบรม/ สัมมนาที่เกี่ยวข้องกับการปฏิบัติงานอย่างทั่วถึง	144 (52.6)	120 (43.8)	10 (3.6)	-	-	4.49	0.57
41. พิจารณาความดีความชอบและให้โอกาสบุคลากรที่ปฏิบัติงานดีเลื่อนตำแหน่งอย่างเหมาะสม	125 (45.6)	135 (49.3)	13 (4.7)	1 (0.4)	-	4.40	0.60
42. สร้างขวัญและกำลังใจให้ผู้ร่วมงานในการทำ กิจกรรมพัฒนาคุณภาพอย่างต่อเนื่อง	80 (29.2)	160 (58.4)	34 (12.4)	-	-	4.17	0.62
43. จัดสิ่งแวดล้อมภายในหน่วยงาน เป็นสถานที่น่าอยู่ในการทำงาน	93 (33.9)	137 (50.0)	44 (16.1)	-	-	4.18	0.69
44. ส่งเสริมให้เจ้าหน้าที่ปฏิบัติตามคุณสมบัติและเกณฑ์การดำเนินงานที่องค์กรวิชาชีพกำหนด	100 (36.5)	160 (58.4)	14 (5.1)	-	-	4.31	0.56
<b>การบริหารกระบวนการคุณภาพ</b>							
45. ออกแบบระบบการบริการพยาบาลครบทั้ง 4 ด้าน คือ ส่งเสริมสุขภาพ ป้องกันโรค ดูแลรักษา และฟื้นฟู สมรรถภาพ	66 (24.1)	137 (50.0)	65 (23.7)	6 (2.2)	-	3.96	0.75
46. กำหนดขั้นตอนการรับบริการและเขียนคำอธิบายที่ ชัดเจนอย่างเป็นระบบ เพื่อลดความล่าช้าและความยุ่งยากในการรับบริการ	53 (19.3)	160 (58.4)	51 (18.6)	7 (2.6)	3 (1.1)	3.92	0.76

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
47. จัดระบบบริการพยาบาลตามมาตรฐาน บริการพยาบาลและการประกันคุณภาพการ พยาบาลที่ หน่วยงานและกลุ่มการพยาบาล ร่วมกันกำหนด	74 (27.0)	165 (60.2)	31 (11.3)	4 (1.5)	-	4.13	0.65
48. จัดระบบการปฏิบัติการให้บริการพยาบาล ผู้ป่วย/ผู้รับบริการตามกระบวนการพยาบาล	86 (31.4)	160 (58.4)	27 (9.9)	1 (0.4)	-	4.21	0.62
49. วางแผนการให้บริการพยาบาลเป็นทีม ระหว่าง แพทย์ พยาบาลและสหวิชาชีพอื่นๆ	58 (21.2)	139 (50.7)	65 (23.7)	9 (3.3)	3 (1.1)	3.88	0.82
50. จัดระบบป้องกันและรายงานความเสี่ยงใน หน่วยงาน	120 (43.8)	136 (49.6)	18 (6.6)	-	-	4.37	0.61
51. จัดระบบการเฝ้าระวังและป้องกันการติดเชื้อ ในหน่วยงาน	137 (50.0)	124 (45.3)	13 (4.7)	-	-	4.45	0.67
52. วางแผนระบบจำหน่ายและการส่งต่อผู้ป่วย ต่อเนื่องจากการรับบริการในหน่วยงาน	67 (24.5)	156 (56.9)	49 (17.9)	2 (0.7)	-	4.05	0.67
53. สนับสนุนการดำเนินงานที่เชื่อมโยงระหว่าง หน่วยงานต่างๆ	63 (23.0)	171 (62.4)	39 (14.2)	1 (0.4)	-	4.08	0.62
54. ให้ความร่วมมือกับทีมพัฒนาคุณภาพในการ พัฒนากระบวนการบริการพยาบาลอย่างต่อเนื่อง	103 (37.6)	159 (58.0)	12 (4.4)	-	-	4.33	0.56
55. กำหนดตัวชี้วัดการบริการพยาบาลและการ ประเมินผล	103 (37.6)	153 (55.8)	18 (6.5)	-	-	4.31	0.59
<b>การประเมินผลคุณภาพบริการพยาบาลและ การดำเนินงาน</b>							
56. สรุปผลลัพธ์โดยรวมของการให้บริการ พยาบาลของหน่วยงาน	82 (29.9)	169 (61.7)	21 (7.7)	2 (0.7)	-	4.21	0.60
57. สรุปผลลัพธ์ความพึงพอใจของผู้ป่วย/ ผู้รับบริการที่มารับบริการพยาบาล	117 (42.7)	144 (52.6)	13 (4.7)	-	-	4.38	0.58
58. วิเคราะห์แนวโน้มการใช้บริการพยาบาลใน อนาคตของ ผู้ป่วย/ผู้ใช้บริการที่มีต่อหน่วยงาน	32 (11.7)	119 (43.4)	99 (36.1)	20 (7.3)	4 (1.5)	3.57	0.85
59. วิเคราะห์ค่าใช้จ่ายในการรักษาพยาบาล เพื่อคำนวณ ต้นทุนการดำเนินงาน	28 (10.2)	84 (30.7)	102 (37.2)	52 (19.0)	8 (2.9)	3.26	0.98

ข้อความ	มากที่สุด (%)	มาก (%)	ปานกลาง (%)	น้อย (%)	น้อยที่สุด (%)	$\bar{X}$	S.D.
60. ประเมินผลความพึงพอใจในการทำงานของบุคลากรในหน่วยงาน	45 (16.4)	132 (48.2)	78 (28.5)	16 (5.8)	3 (1.1)	3.73	0.84
61. ประเมินผลการปฏิบัติงานของบุคลากรในหน่วยงาน	87 (31.8)	162 (59.1)	23 (8.4)	2 (0.7)	-	4.22	0.62
62. สรุปผลสำเร็จของการออกแบบระบบการป้องกันความเสี่ยงสำหรับผู้ป่วย/ผู้ใช้บริการของหน่วยงาน	45 (16.4)	147 (53.6)	68 (24.8)	13 (4.7)	1 (0.4)	3.81	0.78
63 สรุปผลการดำเนินงานด้านการพัฒนาคุณภาพบริการพยาบาลของหน่วยงาน	63 (23.0)	151 (55.1)	53 (19.3)	5 (1.8)	2 (0.7)	3.98	0.75
64. สรุปผลงานของหน่วยงานที่ให้บริการแก่ครอบครัวและชุมชน	16 (5.8)	91 (33.2)	101 (36.9)	46 (16.8)	20 (7.3)	3.14	1.01
65. สรุปผลการวิเคราะห์และเปรียบเทียบผลลัพธ์ด้านคุณภาพบริการโดยรวมของหน่วยงานกับมาตรฐานสากล	26 (9.5)	84 (30.7)	109 (39.8)	36 (13.1)	19 (6.9)	3.23	1.02

## APPENDIX E

### Correlation Matrix

#### ตัวแปรที่ใช้ในการวิเคราะห์ความสัมพันธ์ระหว่างตัวแปร

1. ภาวะผู้นำ
2. ภาวะผู้นำการเปลี่ยนแปลง
3. ภาวะผู้นำการแลกเปลี่ยน
4. บรรยากาศองค์กร
5. โครงสร้างองค์กร
6. มาตรฐานการปฏิบัติงาน
7. ความรับผิดชอบในงาน
8. การยกย่องชมเชย/การให้รางวัล
9. การสนับสนุนการปฏิบัติงาน
10. พันธสัญญา
11. การได้รับการเสริมสร้างพลังอำนาจในงาน
12. การได้รับอำนาจ
13. การได้รับโอกาส
14. การบริหารงานคุณภาพบริการพยาบาล
15. การนำ
16. การวางแผนกลยุทธ์
17. การมุ่งความสำคัญและความพึงพอใจของผู้รับบริการ
18. การจัดระบบข้อมูลข่าวสารและการวิเคราะห์
19. การพัฒนาบุคลากร
20. การบริหารกระบวนการคุณภาพ
21. การประเมินคุณภาพบริการพยาบาลและการดำเนินงาน

ตารางภาคผนวกที่ 6 Correlation Matrix

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1																						
2	.98**																					
3	.83**	.71**																				
4	.26**	.29**	.14*																			
5	.09	.11	.003	.73**																		
6	.19**	.21**	.103	.84**	.63**																	
7	.47**	.48**	.32**	.69**	.35**	.55**																
8	.17**	.18**	.098	.76**	.40**	.55**	.42**															
9	.15**	.17**	.081	.80**	.51**	.56**	.49**	.58**														
10	.20**	.22**	.106	.79**	.45**	.57**	.49**	.53**	.62**													
11	.26**	.26**	.20**	.72**	.44**	.60**	.57**	.60**	.61**	.53**												
12	.24**	.24**	.19**	.72**	.47**	.60**	.56**	.60**	.61**	.54**	.97**											
13	.27**	.27**	.20**	.61**	.33**	.52**	.53**	.52**	.52**	.44**	.91**	.79**										
14	.57**	.56**	.48**	.42**	.20**	.38**	.51**	.25**	.34**	.32**	.39**	.38**	.36**									
15	.42**	.42**	.32**	.40**	.28**	.35**	.46**	.19**	.32**	.29**	.37**	.36**	.33**	.79**								
16	.49**	.49**	.38**	.27**	.116	.24**	.40**	.16**	.21**	.19**	.25**	.25**	.23**	.83**	.68**							
17	.46**	.44**	.42**	.27**	.12*	.24**	.38**	.14**	.20**	.20**	.25**	.22**	.28**	.79**	.64**	.67**						
18	.47**	.46**	.38**	.35**	.15**	.30**	.41**	.25**	.28**	.27**	.34**	.32**	.35**	.81**	.63**	.74**	.62**					
19	.53**	.50**	.48**	.39**	.17**	.35**	.47**	.23**	.34**	.27**	.37**	.36**	.33**	.91**	.66**	.66**	.69**	.78**				
20	.49**	.48**	.40**	.43**	.22**	.41**	.51**	.22**	.33**	.33**	.39**	.38**	.35**	.89**	.67**	.67**	.67**	.71**	.80**			
21	.51**	.50**	.43**	.35**	.114	.31**	.42**	.26**	.27**	.31**	.32**	.31**	.28**	.84**	.53**	.65**	.58**	.73**	.71**	.728		

\* p-value < 0.05

\*\* p-value < 0.01

**APPENDIX F**  
**Proof of ethical clearance**



No. 110/2004


**Documentary Proof of Ethical Clearance**  
**The Committee on Human Rights Related to**  
**Human Experimentation**  
**Mahidol University, Bangkok**  
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Title of Project. Leadership, Organizational Climate, Job Empowerment and Service Quality Management of Head Nurses in Regional and General Hospitals, Central Region (15 - 30 November 2004)

Principle Investigator. Miss Natthakul Nujak

Name of Institution. Faculty of Public health

Approved by the Committee on Human Rights Related to Human Experimentation

Signature of Chairman.   
(Peofessor Dr.Srisin Khusmith)

Signature of Head Institute.   
(Professor Dr.Pornchai Matangkasombut)

Date of Approval. 23 SEP 2004

## **BIOGRAPHY**

<b>NAME</b>	Miss Natthakun Hnujak
<b>DATE OF BIRTH</b>	May 11, 1967
<b>PLACE OF BIRTH</b>	Trat, Thailand
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<b>THESIS GRANT</b>	
<b>GRADUATE STUDY FUNDED</b>	Support in part by thesis Grant, Graduate Studies of Mahidol University Alumni Association
<b>POSITION &amp; OFFICE</b>	Trat Hospital, Trat Province ,Thailand Tel: 039-511040-41 Position: Professional Nurse
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