THE IMPACTS OF RESOURCE-BASED VIEW DETERMINANTS ON HOSPITAL PERFORMANCE IN THAILAND

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ABSTRACT

Title of Dissertation	The Impacts of Resource-Based View Determinants on Hospital Performance in Thailand
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The objectives of this research were: 1) to examine the impact of the resource-based view determinants (human capital, organizational culture, and a high-performance work system) on hospital performance. Ethical transformational leadership and organizational citizenship behavior were also explored; 2) to investigate and exemplify the impact of the resource-based view determinants on hospital performance, including the antecedents, processes, and related operations that contribute to the hospital's recognition for outstanding performance; and 3) to develop a model of the relationships among the resource-based view determinants, ethical transformational leadership, organizational citizenship behavior, and hospital performance.

The research design was a mixed method between the quantitative and qualitative methods. For the quantitative method, the data were collected from 295 hospitals in Thailand certified with hospital accreditation (HA). The respondents were senior executives reporting directly to the director of the hospital in three main functions, including medical, nursing, and administration, as well as an executive in quality development and an executive in human resource management. Data were analyzed using such descriptive statistics as mean and standard deviation to describe the sample and observed variables. A structural equation model was used to test the hypotheses. The sample was divided into three groups: 1) the community hospitals, 2) the public hospitals (community hospitals + general hospitals + regional hospitals), and 3) hospital in Thailand (community hospitals + general hospitals + regional hospitals + private hospitals). Multiple group analysis was also carried out in order to

examine the influence of organizational age and size as the moderating variables in the relationship between the resource-based view determinants and hospital performance. The qualitative data were obtained from the retrospective study and collected data using in-depth interviews with the senior management, employee-focused group discussion, and document research among the 10 hospitals with outstanding performance. These sample hospitals received 3rd re-accreditation (R3), the hospitals obtained the Thailand Quality Award, and the hospitals were awarded Thailand's Most Admired Companies 2009. The quantitative and qualitative results were synthesized in order to answer the research objective.

The research findings suggested that: 1) high-performance systems and organizational citizenship behavior had a direct impacts on hospital performance significantly in the three groups; 2) the high-performance work system indirectly influenced hospital performance through the human capital that influenced the organizational citizenship behavior; 3) organizational culture, human capital, and ethical transformational leadership only had an indirect influence on hospital performance, except in the community hospitals, which showed the direct influence of ethical transformational leadership on hospital performance; 4) age and organizational size were moderators controlling the relationship between the resource-based view determinants and hospital performance; 5) the antecedents, processes, and operations related to the resource-based view determinants enabling the hospitals to be recognized for outstanding performance had five aspects: building organizational citizenship behavior, managing human capital, developing and implementing a high performance work system, fostering organizational culture, and developing ethical transformational leadership behavior and an organizational leadership system. Finally the hospital performance improvement model based on the resource-based view approach was proposed in this research.

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CHAPTER 1

INTRODUCTION

1.1 Background

The intense competition arising from the reduction of government regulation, globalization, modern technologies, and other rapid environmental changes has had an effect on organizational performance and the competitiveness of the country (Holbeche, 2001; Sujittra Thananan, 2005; Christensen, 2006). In a situation like this, building a nation's strength and competitive advantage is essential.

According to Michael E. Porter's Diamond Model, the nation's long-term prosperity and quality of life can be caused by the capability to utilize human resources, capital, and natural resources to increase the productivity of the country, which involves two importance factors: 1) good macroeconomic structure, which is a key element in increasing competitiveness and 2) development of competitive fundamental in a nation's microeconomic by creating a business environment that encourages and promotes increasing productivity of entrepreneurs and raising the value of goods and services continually.

Considering the macro industry level, Thailand's healthcare industry is a high-growth new wave industry that can develop and create a competitive advantage for the country. When compared to other countries in Asia, Thailand's healthcare industry has an advantage in many aspects, especially in terms of modern medical equipment and facilities, which are equivalent to international standards, and Thai medical personnel, who are knowledgeable and highly skilled (Bureau of Policy and Strategy, 2009: 63). Thailand remains a popular destination for medical treatment and healthcare service in Asia for the following reasons:

1) Human resource quality: medical personnel and treatment in Thailand has achieved international quality standards

2) Reasonable cost: Thailand has a wide range of healthcare services with reasonable prices that are cheaper than other countries with the same standard

3) Service and hospitality: warm and friendly services make patients impressed and feel at home

4) Tourist attraction: Thailand has many interesting tourist attractions

Thailand's government has a policy to strengthen the country by focusing on the healthcare industry to create a competitive advantage for the nation under the vision “Healthy Thailand” and with the implementation of the project “Medical Hub of Asia” (2004-2008) in order to reach the following three main objectives (Bureau of Policy and Strategy, 2009: 17):

1) To strengthen the healthcare system so that people can receive quality health services equally

2) To increase healthcare capacities in terms of human resources, physical resources, and technology

3) To reduce significant health risks which are causes of death by establishing health policy and providing a long-term medical service

Based on the research Aunchana Na Ranong; Wirote Na Ranong and Sirichai Jindarak (2009), being a medical hub of Asia is likely to affect the access to quality healthcare service of Thais in two areas: the adaptation of Thai hospitals has made some of them increasingly develop their quality to reach international standards, leading Thai patients with purchasing power to have a chance to receive higher-quality service. Meanwhile, being a medical hub of Asia may cause the service charges of those hospitals to increase more rapidly. Some Thai patients may have to switch to lower-standard hospitals but that are still comparatively expensive. Above all, Thais with a low income may have to turn to medical services from the National Health Security, social security, and the government’s welfare, and other forms of services. The “brain drain” of skilled doctors to sectors with high purchasing power may cause the majority of Thai people to receive lower-quality medical services (Aunchana Na Ranong et al, 2009). This indicates that the opportunity of Thai people to receive quality health service, which is the first objective, may not be as equal as expected. In addition, the morbidity rate of major diseases which has been increasing every year. Further, the health risk rate which is cause of death tends is likely to

increase (Bureau of Policy and Strategy, 2013). This shows that eventually the above objectives will be unable to be achieved.

Considering the micro level, healthcare is a kind of business that has an important role in the health industry. Currently, there are 321 private hospitals with a total 32,828 beds, creating industry revenue of 150,000 million baht per year. The proportion of resource or services is approximately 25-30% of the country. This makes private hospitals an important part of the public health system (The Private Hospital Association, 2012: 24). Additionally, the government has policies encouraging the private sector to participate in the additional government service enterprises in order to provide adequate health services to Thais and to lessen the burden of medical care from the public sector through investment promotions, exemptions of import duties or increased public health budgets. With the private sector conducting pilot operations to become the Medical Hub of Asia, private hospitals have become a business group that plays a key role in creating a competitive advantage for the country.

Competition among private hospitals in Thailand is typically serious both in the domestic and international aspect. All hospital entrepreneurs intend to adjust their own competitive strategies, build a business network, and improve health facilities, including diagnosis rooms, intensive care units, patient rooms, and modern medical equipment requiring high capital investment (Kasikorn Research Center, 2010; The Private Hospital Association, 2012: 45). The major entrepreneurs that are ready for investment have an advantage over the others whereas small and medium-sized entrepreneurs have to face problems. Some uncompetitive entrepreneurs have to eventually leave the market. In terms of international competition, when looking at the country's healthcare capacity, which is the second objective under the vision "Healthy Thailand," the health industry in Thailand still has a weakness in technology and human resource capability (The Private Hospital Association, 2012: 46).

The government's vision, objectives, and policies as well as the fierce competition in the healthcare industry remain a challenge for public and private hospitals to find ways to support the accomplishment of the above strategic intent. They need to adjust and seek effective ways to achieve the goals and create competitive advantages. Considering the concept of the resourced-based view of the

firm (RBV), the resource-based view determinants can be applied as a guide to create a competitive advantage (Barney, 1991).

According to the concept of the resourced-based view of the firm, competitive advantage can be created from valuable resources that are rare, difficult to imitate, and are unable to be substituted (Barney, 1991). Human capital is a determinant with the characteristics mentioned above. In the current social and economic situation, which heads to a knowledge-based society, tangible assets such as knowledge, become more powerful in establishing a competitive advantage. Therefore, individuals are seeking ways to further their knowledge, skills, and education in order to raise their own capital. The organization, meanwhile, uses a high-performance work system (HPWS) to acquire, develop, and maintain the human capital in order to gain organizational achievement and competitive advantage. However, there is still a limited amount of knowledge, information, and research about human capital, the high-performance work system, and the linkage between these two variables influencing the hospital performance in Thailand. This is a research gap that is certainly worth studying. Moreover, the hospitals in Thailand are still experiencing many problems regarding human resource management such as a lack of safety in the workplace, unsafe working conditions, low income, and inadequate manpower compared to workloads (Krisada Sawaengdee, 2006: 52); therefore, seeking the right approach to human resource management is indeed necessary.

Organizational culture is another resource-based view determinant that plays an important role in establishing a competitive advantage. Today's rapid environmental changes are driving all hospitals to adjust themselves. If they are unable to change their organizational culture, the change and adaptation will usually fail (Umilker, 1999). Different types of organizational culture have different impacts on performance. Considering the research studies that have investigated the relation between organizational culture and hospital performance, most of them were conducted in the United States and high-income countries. There are very few conducted in countries with different economic and cultural environments (Helfrich, Li, Mohr, and Sales, 2007). In Thailand, especially, knowledge related to the organizational culture of the hospital is still limited. Therefore, it is important to study the impact of organizational culture on the performance of hospitals and to compare

the hospital performance probably caused by different types of organizational culture in the context of Thailand. This will enhance the academic knowledge that can be applied to creating a competitive advantage in practical terms.

Transformational leadership has constantly received attention from scholars and practitioners. Leadership is an important factor influencing the performance of hospitals (Scott-Cawiezell et al., 2004). The situation in the healthcare industry has changed dramatically, so it is essential to obtain appropriate leadership (Schwartz, Tumblin and Peskin, 2002). Leaders need to adapt, concentrate on creativity and innovation, take care of and respect employees, and establish trust and integrity (Johnson, 1998; Schwartz et al., 2002) for this will increase productivity and the employees' relationships and satisfaction, leading to a competitive advantage (Bycio, Allen and Hackett, 1995; McDaniel and Wolf, 1992; Medley and Larochelle, 1995).

In order to demonstrate transformational leadership, the significant fundamental factor is that the leader can present and convey a clear vision established from his or her values and ethics. Virtue and an ethical basis are essential for change. A leader that is not qualified with virtue and ethics is considered to employ pseudo transformational leadership (Bass, 1998; Bass and Steidlmeire, 1999). Therefore, a transformational leader cannot be separated from ethical-based leadership (Rowold, 2008). For this reason, the ethical issues of leadership should be studied as well.

Although transformational leadership is theoretically based on ethics and integrity, it appears that there is no explicit measure of this issue. The measurement used to evaluate transformational leadership has not entirely included assessment related to ethics. Furthermore, research on ethical issues which are fundamental of transformational leadership is quite rare (Rowold, 2008). Therefore, further research on transformational leadership simultaneous with the ethical dimensions is important for academic contribution.

Leadership is closely related to organizational culture. These two are considered as significant parameters affecting the performance of the organization (Bass and Avolio, 1994; Koues and Posner, 2002; Cameron and Quinn, 2006). Therefore, scholars have developed conceptual frameworks for the relation between organizational culture and leadership in order to study the influence of both variables on organizational performance more widely (Schneider and Vaugh, 1993; Bellante

and Porter, 1998; Rojas, 2002; Schimmoeller, 2006) and have begun to study the patterns of leadership that are consistent with organizational culture, including the joint effect of the two variables on organizational performance. The study will make it easier to understand the relation between the two variables and organizational performance. However, there is a limited amount of empirical studies related to this topic (Xenikou and Simosi, 2006; Cameron and Quinn, 2006), especially in the public sector, academia, and non-profit organizations (Cameron and Quinn, 2006; Schimmoeller, 2006). If these two variables can be studied together in order to predict hospital performance, it will be genuinely valuable for academic knowledge enhancement, beneficial to the hospital's performance enhancement, and useful to building a competitive advantage.

Considering the theoretical problems of the resource-based view, especially related to a high-performance work system, there are still some significant gaps which should be studied because a high-performance work system does not directly affect organizational performance. It is still unclear what effect a high-performance work system has on organizational performance (Delaney and Huselid, 1996; Delery, 1998; Hislop, 2003; Paauwe and Boseli, 2003; Lopez, Peon and Ordas, 2005). This is the major weakness in the knowledge linking human resource management and organizational performance, called the black box of human resource management. Therefore, scholars have lately become interested in studying the mechanisms that link the high-performance work system and organizational performance more widely (Wright, Dunford and Snell, 2007; Takeuchi, Lepak, Wang, and Takeuchi, 2007). The research findings indicate that a high-performance work system affects performance through the following mechanism: ability, motivation, and the work opportunity of employees (Batt, 2002; Boxal and Purcell, 2002; Lepak, Peon and Ordas, 2005), which are consistent with the study of Delery and Shaw (2001), suggesting that knowledge, skill, ability, and motivation can be considered the pillars that connect the human resource management system and labor productivity. Thus, it can be concluded that human capital is likely to be a variable that links the high-performance work system and hospital performance.

From another view point, scholars have agreed that the behavior of employees is a variable linking the high-performance work system and organizational performance (Ramsey, Scholarios, and Harley, 2000: 502). However, very few

research studies have delved into the details concerning the kinds of behavior and how relevant they are. Therefore, research aiming to study employee behavior and to identify the mechanisms connecting the high-performance work system and the organizational performance is extremely valuable. According to social exchange theory, organization citizenship behavior (OCB) is likely to be a factor increasing knowledge, ability, skill, and the work opportunity of employees and it should be studied to find out the mechanisms connecting the high-performance work system and the performance of hospitals in Thailand as well.

In conclusion, this present study investigates the impact of three resource-based view determinants, which are human capital, organizational culture, and the high-performance work system, on the performance of hospitals in Thailand. Ethical transformational leadership and organizational citizenship behavior are also examined.

1.2 Research Questions

1.2.1 Do resource-based view determinants, which are human capital, organizational culture, and a high-performance work system, have an effect on the hospital performance in Thailand? How do the resource-based view determinants affect performance? Are there influences of ethical transformational leadership and organizational citizenship behavior involved?

1.2.2 What kind of antecedents, processes, and operations related to the resource-based view determinants contributes to the hospital's recognition for outstanding performance?

1.3 Research Objectives

The study of the impact of the resource-based view determinants on the hospital performance in Thailand has the following objectives:

1.3.1 To examine the impact of the resource-based view determinants (human capital, organizational culture, and a high-performance work system) on hospital performance. Ethical transformational leadership and organizational citizenship behavior are also explored.

1.3.2 To investigate and exemplify the impact of the resource-based view determinants on hospital performance, including the antecedents, processes, and related operations that contribute to the hospital's recognition for outstanding performance.

1.3.3 To develop a model of the relationships among the resource-based view determinants, ethical transformational leadership, organizational citizenship behavior, and hospital performance.

1.4 Scope of the Study

The population for this study consists of public and private hospitals which have been accredited and registered on the list of the Healthcare Accreditation Institute (Public Organization) in 2012, hospitals awarded 2009 Thailand's Most Admired Companies (Brand Age Essential, 2010), and hospitals awarded the Thailand Quality Award-TQA (Office of Thailand Quality Award, 2013) with units of analysis at the organizational level.

The scope of this research focuses on the relationship between the three resource-based view determinants, which are human capital, organizational culture, and a high performance work system and hospital performance. Ethical transformational leadership and organizational citizenship behavior are also investigated. Additionally, the research includes content relevant to the processes and operations that make the hospital achieve outstanding performance.

1.5 Benefits of the Study

1.5.1 The findings will be beneficial to both public and private hospitals in terms of performance enhancement.

1.5.2 The findings will be useful to academic knowledge development, especially knowledge relevant to the relationship between the resource-based view determinants, leadership, and hospital performance, including knowledge associated with the mechanisms connecting the relationship between a high performance work system and hospital performance.

CHAPTER 2

LITERATURE REVIEW

The following review of the literature presents the concepts, theories, and research related to hospital performance, resource-based view determinants (human capital, organizational culture, and high-performance work system), and ethical transformational leadership and organizational citizenship behavior, including the relationship between those variables, in order to set the hypotheses and to create the research framework.

2.1 Hospital Performance

This part presents the literature relevant to hospital performance in terms of the definitions, components, and factors influencing hospital performance.

2.1.1 Definition of Hospital Performance

Although there are various definitions of the term "organizational performance," scholars agree that organizational performance is the ability of an organization to achieve its goals or objectives (Singer and Edmondson, 2008: 33; Rampsey, 2008: 4; Leban and Euske, 2006: 71). Organizational performance may include both financial and non-financial data. In other words, organizational performance has multiple dimensions. Some dimensions may be important to one organization while they can mean nothing to another organization. For example, the performance of a public educational organization cannot be evaluated by financial status, whereas financial goals and treatment results are appropriate performance indicators for hospitals (Singer and Edmondson, 2008).

Organizational performance is dynamic, changeable, and can be shown by a casual model explaining what the organization has currently done that will affect future outcomes. It was found that organizational performance is difficult to

understand because it depends on the assessor's decision and interpretation. Therefore, it is necessary to know the characteristics that are basic elements and to use quantitative data for identifying organizational performance (Leban and Euske, 2006).

The World Health Organization (2003: 8) similarly defines hospital performance as an achievement of desirable goals based on professional capability to efficiently apply knowledge, technology, and resources, and to reduce risks and create patient satisfaction. In addition, hospital performance should include health promotion and responsibility regarding the needs of a community. This definition is consistent with the definition of the Healthcare Accreditation Institute, which defined hospital performance as how a hospital demonstrates its operational result and makes improvements on key issues such as patient and customer care, finance, personnel, effectiveness of the process, and health promotion outcomes. This is similar to Minvielle et al. (2008), who stated that the main objective of a hospital is clinical achievement, productivity improvement, and skilled personnel attraction and retention. Therefore, it can be concluded that hospital performance is the hospital's achievement of desirable goals, including health and patient care, human resources, financial as well as health promotion and community responsibility outcomes.

2.1.2 Components of Hospital Performance

A hospital is an organization with extremely complicated operations since it has so many activities and each activity has various practice details. Clients are specific and varied according to illnesses and the nature of each person. They are also altered by different stages of diseases and environment which entirely influence the service (Somchart Toraksa, 2005). Therefore, identifying the components to measure hospital performance requires a variety of assessment approaches.

In the past, the performance measurements usually examined only some operational results that needed to be achieved. Many more aspects of organizational performance have been assessed recently (Purbey, Mukherjee and Bhar, 2007). The researcher has explored the components of the hospital performance indicated in various research studies and found the details as follows.

Purbey, Mukherjee and Bhay (2007) proposed a framework to measure the components of health organization performance that emphasized sensitivity to external and internal environmental changes in an organization. The proposed framework measures performance in three categories, namely:

1) Efficiency: To measure the resource utilization outcomes which represent the input. These will be measured in terms of input to output or output quality or output cost. Sub-indicators can be divided into two groups: resource utilization and cost reduction.

2) Effectiveness: To evaluate service quality, client satisfaction, growth, and safety.

3) Flexibility: To focus on future event analysis, future forecasting, and future performance comparing such as patient service capacity per day.

Raju, Lonial, Gupta and Ziegler (2000) also concentrated on the efficiency and effectiveness of hospital performance. They suggested that effectiveness is linked to the minimum cost for improving service outcomes, which can be assessed by financial, operational, and human resource performance, while efficiency is linked to a hospital's appropriate and quality service, which can be measured by financial, operational, human resources, and marketing performance. Raju et al. (2000) adopted this concept as a basis to establish a framework to study the components of hospital performance. Data from 175 hospitals in the United States were collected. The findings from the exploratory factor analysis suggested that the components of hospital performance can be divided into three categories:

1) Financial performance, which can be measured by net profit, return on investment, cash flow from operations, return on assets, and profit to revenue ratio.

2) Market/product development performance, which can be evaluated by new product/service development, investment in research and development for innovation, capacity to develop competitiveness, and market development.

3) Internal quality performance, which can be measured by mortality and morbidity rate, service quality as perceived by customers, cost per adjusted discharge, and employee turnover, as shown in Table 2.1

According to figure 2.1, financial performance, market/product development, and internal quality, especially service quality as perceived by customers, are the

components that can well describe hospital performance (regression weight was greater than 0.7). This is consistent with the study of Li, Benton and Leong (2002), who stated that financial component is a crucial factor for the existence of the hospital. They also found that the quality component had a significant influence on the financial component (Li, Benton and Leong, 2002).

Table 2.1 Components of Hospital Performance by Raju, Lonial, Gupta and Ziegler

Hospital performance	**Description**	**Regression weight**
Financial	Net profit	0.94
Performance	Return on investment	0.92
	Cash flow from operations	0.82
	Return on assets	0.82
	Profit to revenue ratio	0.88
Market/product	New product/service development	0.87
development	Investment in R&D aimed at new innovation	0.76
	Capacity to develop a unique competitive profile	0.75
	Market development	0.76
Internal quality	Mortality and morbidity rate	0.45
	Service quality as perceived by customers	0.79
	Cost per adjusted discharge	0.29
	Employee turnover	0.55

The above performance measurement conforms to the balanced scorecard approach, a strategic performance measurement which is very popular nowadays. This performance measurement approach enables a hospital to improve its performance, achieve its mission, and increase its competitiveness (Griffith, 1998). The success criteria for this approach can be divided into 4 views (Kaplan and Norton, 1996; Simon, 2000; Griffith et al., 2002):

1) Financial performance is financial and resource management performance, including intangible assets such as labor capacity and relationships.

2) Internal process covers cost, quality, effectiveness, and other characteristics of products or services.

3) The customer includes customer satisfaction, market share and competitive position.

4) Learning and growth can measure the ability to respond to change in terms of technology, customer attitudes, and economic environment.

Applying the balanced scorecard for hospital performance measurement is considered an effective approach (Chen, Yamauchi, Kato, Nishimura and Ito, 2006). Scholars have begun to adopt a balanced scorecard approach to measure the hospital performance more widely, for example, Chen, Yamauchi, Kato, Nishimura and Ito (2006), who conducted a joint study of hospital performance in China and Japan. They developed performance indicators by looking at net profit, return on assets, cost change per patient, and the ratio of revenue to cost per patient in the financial view. For the internal process view, employee satisfaction, employee turnover, treatment duration, average occupancy rate, number of annual outpatients per physician, number of annual emergency patients per physician, number of annual inpatients per physician, mortality rate, and number of medical lawsuits were examined. Considering the customer view, the researchers focused on customer satisfaction and the patient's waiting time. On the other hand, budget for medical research, academic works published in leading journals, and outpatient activity were investigated for the learning and growth view. In Thailand, a research study by Yaowapa Pathomsirikul (2011) suggested indicators that are both similar and different, namely:

1) Financial view: sales growth and increased profit are measured.

2) Internal process view: employee satisfaction and employee turnover are explored.

3) Customer view: increasing number of new customers, the customer's revisit, and customer satisfaction are examined.

4) Learning and growth view: innovative products, new services, and unique development for competition are investigated.

When further exploring research studies related to the relationship between the resource-based view determinant and hospital performance, it was found that the elements commonly used to study the hospital performance were consistent with the

previously-mentioned balanced scorecard measurement approach which can be categorized into 3 groups: human resource outcomes, health and patient care outcomes, and financial outcomes. The key indicators are as follows.

1) HR outcomes (Boselie, Paauwe and Richardson, 2003; Bartram et al., 2007) such as productivity, absence duration, turnover rate, number of complaints or grievances, satisfaction, motivation and employee retention. These human resource outcomes have an effect on profit, value, and market share.

2) Health and patient care outcomes (West et al., 2002; Brown, Sturman and Simmering, 2003; West et al., 2006), such as mortality rate, revisit rate, survival rate of patients with heart disease, patient's wait-time, patient's complaints, patient's satisfaction, and patient's loyalty.

3) Financial outcome (Brown, Sturman and Simmering, 2003; Bartram et al., 2007) can be measured by profit, return on investment, and return on assets (ROA). ROA is considered the most prevalent indicator of organizational performance measurement.

Considering the components of hospitals performance according to the WHO guideline, hospital performance still has to concentrate on health promotion and community responsibility. Apart from clinical efficiency, operational effectiveness, employee focus, safety, and patient-centered, the responsive governance relevant to health promotion and community responsibility should be considered for the measurement of hospital performance. This enables the hospital to perceive performance in the dimensions of integral collaboration between the community and the hospital system, as well as including a public health emphasis (Villard et al., 2005). In Thailand, this aspect is also considered, as can be seen from the hospital performance indicators of the Healthcare Accreditation Institute (2013) in terms of health promotion outcomes, focusing on community collaboration and responsibility, health behavior, and health outcomes of people in the community. This is consistent with Somchart Toraksa (2005), who stated concerning hospital performance that operational measurement should be highlighted as an indicator of value and accomplishment in which inputs, processes, and outputs are likely to be assessed. This assessment can be called the hospital's holistic operational measurement, including operation in the fields of service, service support, service development, and

administration. The measurement of administrative operation should concentrate on the levels of community and/or society satisfaction regarding the hospital's operation.

According to the definition of hospital performance and the review of the components of hospital operation above, four components of hospital performance are synthesized and summarized in Table 2.2

2.1.3 Hospital Accreditation: HA

Hospital accreditation is a process with the goal of providing the hospital with continuous quality improvement. The main concept of hospital accreditation is to ensure that the hospital has an operational system which can facilitate quality service and the patient's safety at the ultimate level. It intends to continually develop quality and to examine itself constantly to create quality, safety and good healt outcome (Healthcare Accreditation Institute, 2007). Therefore, it can be said that hospital accreditation is a key factor that helps increase the hospital's performance.

The development of hospital accreditation can be divided into 3 stages: the first stage focuses on a review after serving patients; the second stage concentrates on monitoring and evaluation; and the third stage pays attention to continuous quality improvement (Anuwat Suphachutikul, 2000).

1) The first stage is the beginning period. It began with the complaints of Florence Nightingale in 1863, which asked for an examination of patient care outcomes among the hospitals in London, which were highly different. This was in the same period as Codman, an important American surgeon, who was a pioneer in the field of hospital accreditation, who noticed the differences of patient care outcomes. Codman consequently developed the end-result system to review his own works. The processes and results of all patients' surgery were recorded and then reviewed one year after the surgery. As a result of this operation, Codman demanded that hospital circles have a systematic evaluation process for quality improvement. It was a fundamental idea for the founding of the American College of Surgeons in 1913. Codman chaired the Committee for Hospital Standardization and announced standardization of American hospitals in 1917.

Table 2.2 Synthesis on the Components of Hospital Performance

Components of Hospital Performance		Raju et al. (2000)	Li et al. (2002)	West et al., 2002	Boselie et al. (2003)	Brown et al (2003)	Villard et al. (2005)	Chen et al. (2006)	West et al. (2006)	Bartram et al. (2007)	Toraksa (2005)	Pathomsirikul (2011)	Healthcare Accreditation Institute (2012)
HR outcome	productivity		✓		✓			✓		✓			
	employee satisfaction				✓		✓	✓		✓	✓	✓	✓
	turnover rate	✓			✓		✓	✓		✓		✓	✓
	employee commitment				✓					✓		✓	✓
Health and patient care outcome	responding to the needs of the patient		✓	✓		✓	✓	✓	✓				✓
	patient's satisfaction	✓	✓					✓			✓	✓	✓
	patient's loyalty			✓					✓			✓	
	Standards of medical services						✓				✓		✓
Financial outcome	net profit	✓	✓					✓			✓	✓	✓
	return on assets	✓	✓			✓		✓		✓			✓
	return on investment	✓	✓					✓					✓
Health promotion and community responsibility outcome	success of health promotion						✓				✓		✓
	community responsibility						✓				✓		✓

2) The second stage was the period of monitoring and evaluation. At this stage, hospital quality standards were developed. During the 1950s and early 1960s, Donabedian, a doctor at Michigan University, collected research studies and created a framework for patient care evaluation, including structure, process, and patient care outcomes which were linked, as well as accepted the hypothesis that if there were appropriate structures and processes, patient care results could be good as well. After that, in the 1980s, there were strong synergies between standard evaluation and epidemiology of infection control resulting in the process of monitoring and evaluation, which was the highlight of this stage of hospital accreditation. In the process of monitoring and evaluation, quality indicators and clinical screening criteria for processing all medical records were defined. The results were compared with minimum acceptable standards. The process of monitoring and evaluation has been carried out regularly and there are activities to improve quality, which is called quality assurance (QA). However, quality assurance still has some weaknesses as it cannot motivate complete development according to the potential of existing knowledge and technology. Further, it is a process that focuses on monitoring measures which may create negative feelings for the hospital employees.

3) The third stage was the period of continuous quality improvement. This stage adopted quality management tools such as Total Quality Management (TQM) and Continuous Quality Improvement (CQI) to be applied in providing health service. This began with the significant work of Berwick and Batalden, who were unsatisfied with existing quality assurance practices, who studied documents related to quality improvement in the industry sector and then criticized that the quality assurance system in health circles aimed at seeking problem practitioners instead of encouraging good practitioners. At that time, Batalden applied Deming's 14 Points to use along with the context of health service consistently. After that, Berwick and Batalden coordinated with the Juran Institute and quality consultants in industry circles launched the National Demonstration Project on Quality Improvement in Health Care (NDP) in 1987. Its conclusion pointed that total quality management and continuous quality improvement could be utilized in healthcare service. Therefore, the concept of quality improvement and assurance at this stage was different from before in terms of proactive and continuous development. Its main principle was "Even

though there is no problem, we will find a way to improve it" while the original concept was to wait for the problem and then handle it. At present, the hospital accreditation is a mechanism that motivates and encourages hospitals to conduct total quality improvement systematically with three main steps of activates; namely, quality improvement, quality assessment, and quality assurance.

Hospital accreditation is a process in which all parties involved in the hospital operation learn together, with the goal of achieving quality and safety of patients. Learning is from self-assessment and the development of the staff in the hospital, together with external surveys which help confirm the self-assessment results of the hospital and also encourage the hospital to perceive development opportunities in wider perspectives, motivating the hospital to continuously improve its quality. Moreover, it encourages social accountability, as public and private hospitals have to assure the society of their service systems by allowing external organizations obtain knowledge and understanding about the patient care system to evaluate the operation based on the frame agreement, provides information needed for consumer's decision making, and creates a knowledge-based society between the management and various professionals in hospitals. In addition, it creates benefits for patients, employees, and hospitals (Hospital Accreditation Institute, 2007) as follows:

1) Patient benefits include reduced risks from treatment, decreased complications, better quality treatment, better patient right advocacy and human dignity practice.

2) Employee benefits include reduced risks from occupational disease, fewer complaints from patients, better work environment and coordination, employee learning and potential development.

3) Hospital benefits include being a learning organization responsive to changes and continuous development enabling a hospital to survive and grow sustainably.

2.1.4 Factors Affecting Hospital Performance

Hospital performance is caused by the influences of both external and internal organizational factors, especially internal factors, which have very strong influences.

Stock, McFadden and Gowen III (2007) suggested that medical error may be associated with organizational culture, total quality management (TQM), and 7 critical success factors (CSF), which are cooperation of management, error reporting, open communication, education and training, culture change, statistical analysis, and computer utilization. After researching to investigate the relationship, it was found that group culture, rational culture, and quality circle technique, namely the quality circle and TQM, had a positive effect on medical error reduction.

When studying 7 critical success factors (CSF) separately, no effect found. However, once those 7 factors were combined into one factor, it appeared to have a significant effect on medical error reduction. Thus, the researcher summarized that the factors affecting medical error which influenced the hospital performance were group culture, rational culture, quality circle, TQM, and all 7 CFS implementations. This research concluded that organizational culture and practices related to human resource management, management, and technology utilization had an effect on hospital performance.

In terms of human resource management, the study of Vinai Panjakajornssak (2009), applying the service profit chain model to examine the relationship between employee satisfaction and loyalty, customer satisfaction and loyalty, and the financial performance of the private hospitals in Bangkok, indicated that the quality of internal service was the origin of hospital performance. The quality of internal service refers to work environment, colleagues, management, and the overall quality of the hospital. Therefore, hospital performance can be achieved once the hospital connects the overall management with human resource management. Policies and human resource practices, reflecting that the management places importance on employees and encourages them to demonstrate their abilities, can create job satisfaction and eventually result in hospital performance (Vinai Panjakajornssak, 2009).

The findings from the above study are similar to the research of Yaowapa Pathomsirikun (2011), who suggested that the factor influencing healthcare service management to gain business achievement of private hospitals in Thailand was human resource practices, such as continuous employee development at all levels, employee retention using marketing strategies to motivate the employees, and effective personnel selection. It was also found that the quality management system that focuses

on cross-functional coordination, participation in policy formulation between management and staff, research promotion in routine work related to services of each unit and in line with business strategy had a strong influence on hospital performance (Yaowapa Pathomsirikun, 2011). These findings indicated that many practices applied to complement each other are the factors affecting hospital performance.

The practices that complement each other and that are linked to the hospital's strategy are the high-performance work system, which confirms the findings of Gittell, Seidner and Wimbush (2009), who studied the effect of the high-performance work system on hospital performance. They developed a high-performance work system using a relational model perspective and found that a high-performance work system can increase the hospital's performance through good relationships between employees that perform different duties, as shown in Figure 2.1.

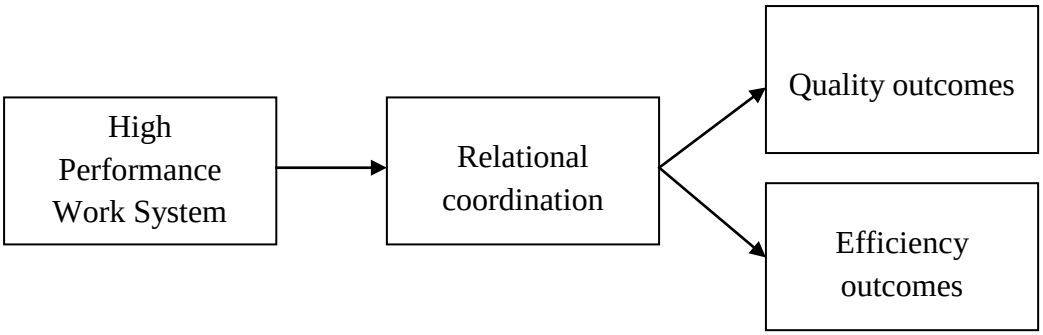


Figure 2.1 Relational Model of High-Performance Work System
Source: Gittell, Seidnern and Wimbush, 2009: 13.

A high-performance work system according to the relational model perspective has the main assumption that the researcher believes that the high-performance work system can be designed to build employee coordination. Thus, operations in the high-performance work system intend to create linked working for employees, such as recruitment, which aims at finding employees with the ability to work as a team and that are good at working across functions, cross functional work evaluation in terms of quality and effectiveness, and reward for cross functional team work. The high-performance work system affects employee relational coordination in the aspects of common goals, knowledge utilization, respect, and better communication,

which have an effect on hospital performance in terms of treatment quality and effectiveness.

It can be noted from these findings that the high-performance work system, causing good relationships among employees, seems to play an important role in the knowledge, skills or human capital improvement resulting from working and solving problems together. Human capital is considered a factor that influences performance, as the study of Chang and Yun (2009) demonstrated. They investigated the performance of hospitals in Taiwan and showed that human resource practices, consisting of recruitment, training and development, performance evaluation, and remuneration, had an effect on human capital and influenced the hospital's performance consequently.

This preliminary review of the literature demonstrates that internal factors, namely organizational culture, a high-performance work system, and human capital, have an effect on hospital performance. These three factors are resource-based view determinants which the present research intends to study. Since leadership is closely related to organizational culture, combining leadership factors for study will make the findings more valuable, academically and practically. This research will also study the mechanisms connecting the relationship of the high-performance work system, which supports the idea that organizational citizenship behavior and human capital are likely to be mediators linking the relationship. Therefore, the concepts relevant to the above factors will be reviewed in the next part, mainly introducing the definitions, components, influencing factors, and effects of each factor.

2.2 Resource-Based View

The resource-based view (RBV) is an organizational performance model focusing on resources and capabilities that are controlled by the organization and are the source of competitive advantage (Barney and Hesterly, 2006: 76). Resources refer to tangible assets, such as industrial factories, products, and studios, as well as intangible assets, such as organizational reputation, teamwork of managers, creativity, and business functions. Capabilities are sub-components of resources and can be both tangible and intangible assets which enable the organization to completely gain a

competitive advantage, for example, marketing skills, teamwork, and the relational coordination of managers. Resources and capabilities can be divided into four groups:

1) Financial resources such as money from various sources that the organization uses for strategic operations

2) Physical resource such as factories, equipment, locations, and channels to access supplies

3) Individual or human resources such as training, education, judgment, intelligence, and intrapersonal relationships

4) Organizational resource such as organizational structure, planning, controlling, coordination system, organizational culture and reputation, and relationship between internal and inter-organizational groups, including environments which are the source of competitive advantage

According to the resource-based view, organizational resources, which can be the source of competitive advantage, need to have the following four attributes:

1) Valuable: The resources must be valuable and can be used to create opportunities or neutralize threats in an organization environment. Once the resources are valuable, they enable an organization to formulate the policy and apply that policy to improve the organizational efficiency and effectiveness. The invaluable resources are not included in the area that resource-based view places importance on.

2) Rare: The resources must be rare among current and potential rivals. This rarity is important. It can be said that if the organization has valuable resources that, however, are general and available for anyone, the organization may survive but can never achieve a competitive advantage.

3) Inimitable: Value and rarity can create a competitive advantage when the resources are inimitable, which results from 3 factors: unique historical conditions, causally ambiguous, and socially-complex resources.

4) Unsubstituted: The resources in the scope of the RVB must not be similar or have equivalent substitutes such as valuable human resources that are not out of date. These cannot be equivalently substituted.

In order to identify which resource can create a competitive advantage, one must question the value of resources and the ability to respond to opportunities or difficulties in the environment, the rarity of resources controlled by a few

organizations, the in terms of resources obtained and developing, and the organization, including policies and management processes that encourage the value, rarity imitability, and unsubstitutability of the resources (Barney and Hesterly, 2006: 78; Barney and Clack, 2007: 70). Wright et al. (2007: 79) further suggest that based on the resource-based view, an organization gains a competitive advantage through human resource architecture, whose components are shown in Figure 2.2.

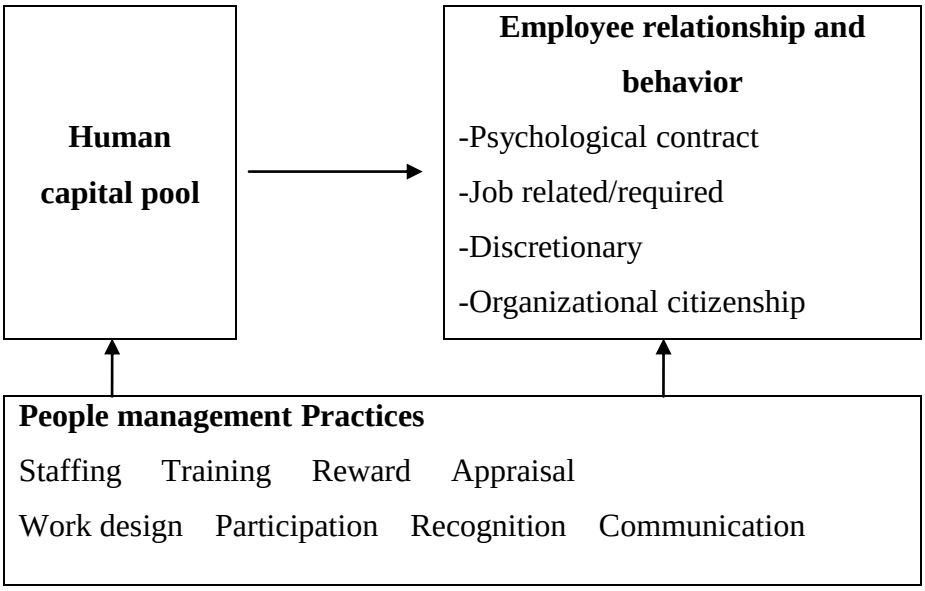


Figure 2.2 Basic Model of the Strategic Human Resource Management Components
Source: Wright, Dunford and Snell, 2007: 80.

The first component is the human capital pool, which refers to the stock of employee skills that exist within an organization that needs to be developed to achieve higher levels of skills or to able to connect with strategic intent. The second component is employee behavior, related to acceptance and free will, resulting in employee behavior. The last component is HR practice or it can be called a high performance work system, referring to a system with multiple practices that impact employees.

2.3 Human Capital

2.3.1 Definition of Human Capital

Human capital is a term that first appeared in an article by Schultz (1961 quoted in Nisada Wedchayanon, 2009; 2011), who defined human capital as various abilities within an individual, both innate and acquired, from cumulative learning. Each individual has specific genes which are indicators of abilities. These abilities are valuable characteristics. The value will increase when there is appropriate investment (Schultz, 1961 quoted in Nisada Wedchayanon, 2009).

Considering the idea of human capital acquired from cumulative learning, this is consistent with the definition of Mincer (1993) suggesting that human capital means the stock of employee skills developed through learning and past experience. The sum of innate abilities and acquired abilities helps an organization to gain learning, adjustment, creativity, and innovation, enabling an organization to achieve long-term survival (Bontis et al., 1999).

Thai researchers such as Pornpavee Kongdaeng (2008) define human capital as the knowledge and ability, including skills or expertise, as well as experience accumulated within each individual. Combining these abilities will result in the organizational potential or vital and valuable resources enabling an organization to create an advantage over competitors. This is consistent with Nisada Wedchayanon (2009), who define human capital as the knowledge, skills, and abilities which are partly innate or take time and money to create, collect, and retain. Thus, it can be said that human capital is the knowledge, skills, and abilities accumulated in an individual. It is valuable and helps to create a competitive advantage for an organization.

2.3.2 Components of Human Capital

Subramaniam and Youndt (2005) Bohlader, Snell and Sherman (2001) Baron and Armstrong (2007), and Bateman and Snell (2009) all agree that human capital consists of the knowledge, skills, and ability existing in a human and used by that human. Capital is the sum of the valuable components that can be used to develop and create innovation and that help to build the organizational potential in the same way. On the other hand, Davenport (1999 quoted in Nisada Wedchayanon, 2011) divided the components of human capital into ability, behavior, and effort and also remarks

that combining the three components with time will indicate the special relationship that is “human capital investment,” as shown in Figure 2.3.

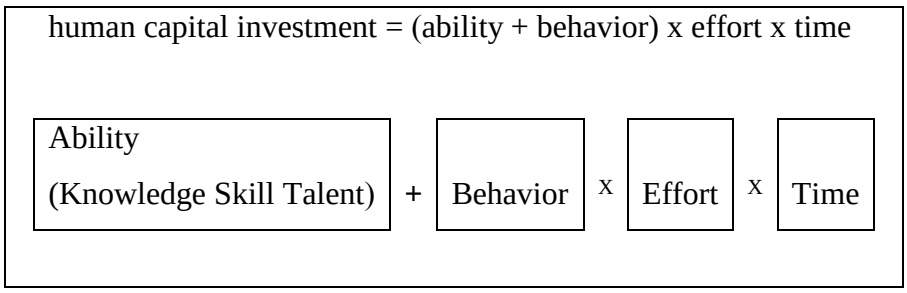


Figure 2.3 Human Capital Equation
Source: Davenport, 1999.

Ability refers to expertise in a series of activities or tasks which can be divided into sub-elements as follows.

1) Knowledge that indicates the mental ability for perform the task or duty. A person that succeeds in that task requires varied knowledge of work and additional information.

2) Skill is expertise such as know-how in work process, operational methods, operational practice, agility at work, and so on. Skill enables any person to achieve their goals.

3) Talent refers to working capability which is innate and may be trained until gaining fluency and proficiency.

When combining ability with behavior that is visible and observable, with the effort that a person dedicates and uses, both physical and psychological resources, to achieve the mission and with the time that considered a resource under the control of a person, the human capital investment and components of human capital can be better clarified. A further survey on the list of items often used as a guideline to measure human capital in the research studying the linkage between human capital and organizational performance (Gimeno, Flota, Cooper and Woo, 1997; Hitt, Bierma, Katshuhiko and Kochlar, 2001; Skaggs and Youndt, 2004; Subramaniam and Youndt, 2005; Chang and Yun, 2009) suggests that most indicators used to measure human capital are employee skill, knowledge, and ability, as shown in Table 2.3. Therefore, the

present research mainly studies the components of human capital, which are knowledge, skill, and ability.

Table 2.3 List of Items and Human Capital Indicators

Author	Journal	Items	Human Capital Indicators
Gimeno et al. (1997)	ASQ	Similar industry experience Relevant work experience Level of education	Professional tenure, Level of education
Hitt et al. (2001)	AMJ	Quality of alma mater Experience accumulated in the organization	Level of education, Organizational tenure
Skaggs and Youndt (2004)	SMJ	Compared to our competitors. Our company: - spends more money on employee training - spends more time training employees - hires employees with work experience - hires employees with previous training in relevant fields - hires employees with high levels of education	Employee skill, Professional tenure, Level of education
Subramania and Youndt (2005)	AMJ	Our employees are highly skill Our employees are widely considered the best in our industry Our employees are creative and bright Our employees are expert in their fields Our employees develop new ideas knowledge	Employee skill, Level of education, Employee ability, Employee professional knowledge
Chang and Yun (2009)	IJHRM	The qualifications of human resources are the best among all our competitor Our employees are expert in their job Our employees are skillful in their job Our employees are continuous acquire new job-related knowledge	Employee ability, Employee skill, Employee professional knowledge

2.3.3 Influencing Factors and Effects of Human Capital

The factors influencing human capital include leadership and a high-performance work system. The behavior of senior management is a key factor enabling an organization to gain benefits from human capital, as Lyles and Schwenk (1992) stated that what senior management has set will be linked to various dimensions associated with members of the organization. Allen (1977) indicated that a leader has an important role in facilitating the organizational innovative capability. Leadership is the motivator that enables learning within the organization. In addition, Edmondson (1996) suggested that leadership is an important factor influencing the development of human capital, which will cause significant changes to the organization. A leader is also a person that provides feedback to subordinates, which can lead the subordinates to gain job satisfaction and to focus on self-improvement. Feedback makes employees feel attached and to want to learn and develop themselves (Jawahar, 2006; Shea and Howell, 1999). As a result, the human capital of the organization as a whole increases (Bontis and Serenko, 2009).

A high-performance work system is directly related with level of collective human capital. Practices that are the components of a high-performance work system can improve the human capital level of an organization. It can be said that the human capital of an organization results from the recruitment, development, and utilization of human resources (Koch and McGrath, 1996) such as recruitment that focuses on identifying employees that have specific skills and that are matched with duties (Lepak and Snell, 1999; Chang and Yun, 2009), seeking potential employees from appropriate training (Way, 2002; Zacharators, Barling and Inverson, 2005), investment in training and development (Bontis and Fit-enz, 2002), an efficient training system (Chang and Yun, 2009; Bontis and Serenko, 2009), a performance evaluation system that lets employees receive performance feedback (Arther, 1994; Huselid, 1995; Guthrie, 2001), compensation and competitive fringe benefits (Arther, 1994; Huselid, 1995; Guthrie, 2001), and a safe work environment (Chang and Yun, 2009).

In terms of the impact of human capital, Nisada Wedchayanon (2011) has compiled the works of scholars that have discussed the influence of human capital on organizational performance and suggested that key attributes of human capital, such as flexibility and adaptability, the ability to improve personal competency, organizational

competency development, and accessibility to new tasks will result in additional value for both individuals and organizations as a whole. Investment in human capital through education, training, and teamwork will increase organizational performance (Seleim, Ashour and Bontis, 2007: 790) and enable the organization to gain a sustainable competitive advantage (Chang and Yun, 2009; Bontis and Fitz-enz, 2002: 224).

2.4 Organizational Culture

2.4.1 Definition of Organizational Culture

Organizational culture is a topic of interest in the study linked to organizational performance (Ogbonna and Harris, 2000). Culture is the way of life that reflects the beliefs, values, and basic assumptions that have emerged and developed within an organization (Foster, 1962). Organizational culture can be transmitted to new members and the members may thoroughly follow it unknowingly (Schein, 1985; 2010). Beliefs, values, and basic assumptions indicate the characteristics of an organization and its members that are resistant to change (Cameron and Quinn, 2006), have an effect on defining the behavior of members and groups in an organization (Nisada Wedchayanon, 2005), and usually set guidelines for conducting business (Barney and Clack, 2007).

2.4.2 Components of Organization Culture

The study of organizational culture is extremely diverse. There are study approaches that are frequently used in qualitative research, such as the organizational culture model of Schein (1985), models preferred to be used in both qualitative and quantitative research such as the organizational culture model of Kotter and Heskett (1992), and models usually used in quantitative research such as the organizational culture model of Cameron and Quinn (2006). These 3 models can be used as a guideline to study the components of organizational culture. Therefore, this section will introduce the concept of these 3 organizational culture models as follows.

2.4.2.1 Schein's Model of Organizational Culture

According to Schein's model of organizational culture (Schein, 1985, 2010), it was found that the level of concepts was used to distinguish concrete and abstract aspects of a culture. This model has three levels, as shown in Table 2.4.

Table 2.4 Levels of Organizational Culture

The Three Levels of Culture
1. Artifacts
- Visible and fellable structures and processes
- Observed behavior
2. Espoused Beliefs and Values
- Ideals, goals, values, aspirations
- Ideologies
- Rationalizations
3. Basic Underlying Assumption
- Unconscious, taken-for-granted beliefs and values

Source: Schein, 2010: 24.

Level 1 is the artifacts representing the culture that is visible when entering a group or an organization, such as buildings, languages, technologies and products, dress codes, emotional expression, myths, organizational storytelling, rituals, traditions, and so on. This level of organizational culture is easy to observe. However, it is difficult to understand the meaning of these artifacts clearly by observation alone. If there are studies of living in a group or an organization for a long enough time, the meaning of the artifacts can be better understood.

Level 2 is beliefs and values, namely ideas, goals, values, aspiration, ideals, and rationalization. This level of culture can be studied through survey or questionnaire with the items of the beliefs and values of the group in an organization. This level of culture usually originates from a leader or founder, and it then carried out through time. When these beliefs and values have been continually achieved, they will transform into an undisputed assumption.

Level 3 is the basic assumptions resulting from continuous success in applying beliefs and values. It is a determinant of the actual guideline for behavioral expression and a pattern that members of an organization use in referring to the perceptions, ways of thinking, and feelings in an organization. If any of the basic assumptions are strong, the members of an organization will feel uncomfortable and unacceptable with the behaviors expressed by the other assumptions.

2.4.2.2 Kotter & Heskett's Organizational Culture

Kotter and Heskett (1992) conducted research to examine how organizational culture affects performance by applying a qualitative study and using case studies from leading organizations such as Hewlett-Packard, Xerox, ICI, Nissan, and so on. Meanwhile, they applied a quantitative study method to determine the relationship between organizational culture and organizational performance from a sample of more than 200 organizations.

Organizational culture based on the concept of Kotter and Heskett (1992) can be divided into 2 levels: shared values, a deep level and difficult to observe and change, and group behavior norms, a level that is easy to observe and change. The findings showed that there are forms of organizational culture that have an impact on financial performance, which can be characterized into 3 groups.

1) Strong culture. It was originally believed that an organization with a strong culture will have a positive effect on organizational effectiveness. However, Kotter and Heskett (1992) suggested that this is not always true, especially if an organization has strong pride due in past success, focuses on the internal, and has a management that is full of rules, regulations, procedures, and processes. This organizational culture will make it difficult to gain adaptability to external change.

2) Ability to determine the strategy that is suitable for the environment. It was found that even though an organization is able to determine the right strategy for its environment, this may not affect the long-term performance if an organization does not have values and norms enabling it to adapt, which is the result of a culture resistant to change. If this organization culture is even stronger, it will result in a more negative effect.

3) It was found that an adaptive culture has a positive impact on performance while an unadaptive culture has a negative effect. An unadaptive

culture is a culture where an organization often considers its own benefits more than customers, shareholders, employees or good leaders. An organization then ignores adaptation to environmental change, resulting in adhering to obsolete, outdated, and inflexible strategies.

Moreover, Kotter and Heskett (1992) suggested that management should closely focus on the environment in order to support change. This should be initiated and gradually accelerate change in order to make it consistent with the reality of the external environment. Table 2.5 demonstrates organizational culture according to this concept.

Table 2.5 Adaptive and Unadaptive Cultures

	Adaptive Culture	**Unadaptive Culture**
Core Value	Management focuses on customers, shareholders, and employees, including a persons and processes affecting change beneficial to the organization.	Management often takes itself into consideration, takes care of specific groups, products, or technologies related to its field of work, concentrates on rules, regulations, and management processes reducing risks rather than being creative.
Common Behavior	Management focuses on all strategic groups, especially customer groups and often creates useful change despite there may be some risks.	Management is narrow-minded, plays office politics, and adheres to rules so strategies hardly change and cannot catch up with the external environment.

Kotter and Heskett (1992) indicated that common behavior is driven by a value system that concentrates on responding to the needs of a strategic group related to organizational performance, such as customers, employees, and shareholders in terms of individuals and processes that cause the change, especially a

leader that can cause change throughout the chain of command, emphasize the importance of customers, which is the source of change, and link the needs of external third parties and employees in an organization based on power basis and the beliefs of a leader.

2.4.2.3 Cameron and Quinn's Organizational Culture

Cameron and Quinn (2006) developed the competing values framework (CVF) to study the relationship between organizational behavior and organizational effectiveness. The questions asked in the study were: What is organizational effectiveness? What are the criteria for determining if an organization is effective or not? The findings showed that organizational effectiveness can be viewed in two competing dimensions; the first dimension is competition between criteria emphasizing flexibility, discretion, and dynamism and criteria that emphasize stability, order, and control. That is, some organizations are viewed as effective if they are changing, adaptable, and possess flexible operations. Other organizations are viewed as effective if they are stable, predictable, and mechanistic.

The second dimension is competition between criteria that emphasize an internal focus, integration, and unity and criteria that emphasize an external focus, differentiation, and rivalry. That is, some organizations are viewed as effective if they have harmonious internal characteristics. Others are viewed as effective if they are focused on interacting or competing with others outside their boundaries. When combining these two dimensions, four quadrants of different performance measurement are formed, dividing the organizational culture into four categories:

1) The clan culture that emphasizes an internal focus and integration with discretion and flexibility

2) The adhocracy culture that emphasizes external focus and differentiation with discretion and flexibility

3) The hierarchy culture that emphasizes an internal focus and integration with control and stability

4) The market culture that emphasizes external focus and differentiation with control and stability, as shown in Figure 2.4

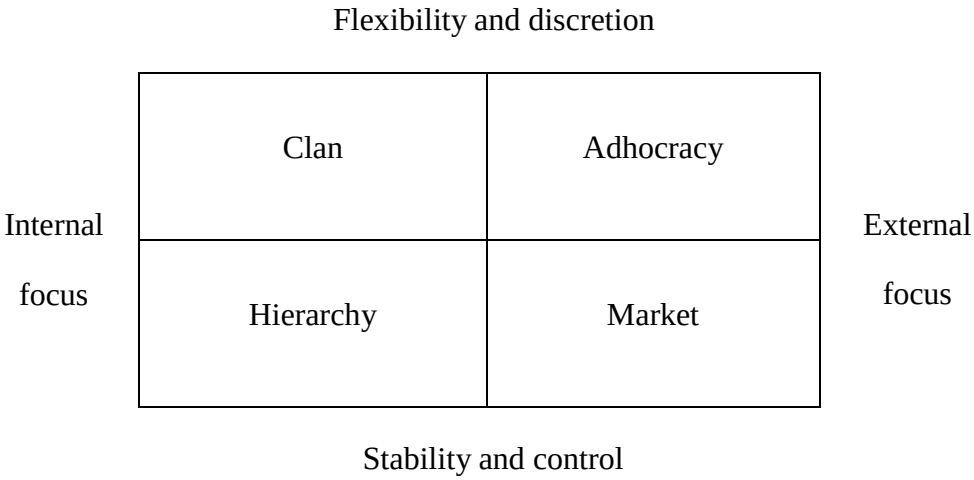


Figure 2.4 Cameron and Quinn's Organizational Culture
Source: Cameron and Quinn, 2006.

Clan culture is an organizational culture that focuses on the key features of an organization. It is similar to the extended family. Employees are generous with each other, and the leader is a role model in providing advice and supporting subordinates. It emphasizes teamwork and mutual decisions. The organizational culture is held together by loyalty and trust. Employees have high commitment. The organization focuses on strategic human resource management and gives employees an opportunity to express their views openly. Success is defined by human development, teamwork, and generosity.

Adhocracy culture concentrates on the external environment and courageous decision making. An organizational leader dares to make a decision. In terms of operation management, it encourages employees to make courageous decisions, and to be innovative and to have freedom. The organization is held together by common goals in developing criteria to measure success, that is, innovation.

Hierarchical culture emphasizes a clear organizational structure. Employees comply with the rules. An organizational leader is a coordinator focusing on supervision to ensure that the operation runs efficiently and smoothly. Management style concentrates on the stability of employees, accepting orders, predictable performance, and emphasis on hierarchical relationship. Policies and formal rules hold the organization together. Maintaining a smooth-running organization and stability are important. Success criteria are having a reliable system.

Market culture focuses on success. Employees prefer competitive work. An organizational leader is rational, performs proactively, and emphasizes success at work. The organization is held together by an emphasis on success or winning in in terms of market share.

When comparing the three organizational culture models from the research studies of leading scholars, it was found that Cameron and Quinn's model indicated the characteristics of the culture which clearly separated. In each category, there are subtleties that are interesting for studying the impacts on organizational performance in order to find the attributes of organizational culture that influence organizational performance concretely. Cameron and Quinn's organizational culture is widely and often used to evaluate the components of organizational culture in hospitals. For example, Zhou et al. (Zhou, Bundorf, Le, Huang and Xue, 2011) developed a tool to assess the organizational culture of hospitals in China called the tool for organizational culture assessment (TOCA). The findings showed that the organizational culture of hospitals in China had three common characteristics: a focus on social responsibility, a sense of competition, and sustainability, while the least characteristics found were ability development, a focus on teamwork, and empowerment. This demonstrates that the organizational culture of hospitals in China concentrates on internal and centralized control, which is a hierarchical culture.

Considering the research in Thailand, Umporn Chantarawibul (2011) studied the forms of organizational culture of private hospitals in Bangkok based on the concept of CVF as well. The results suggested that private hospitals in Bangkok have various cultural forms due to different sub-factors. Most private hospitals in Bangkok have a market and hierarchical culture. The market culture is driven by the external environment and an organizational leader that creates and shapes the culture, making an organization become competitive and prosperous, and helps it to survive. On the other hand, a hierarchical culture is the result of the specific nature of the business and the specific characteristics of medical and public health personnel shown in the form of the management structure, chain of command, and human resource control and management.

In addition, the hospitals in Bangkok have a culture of teamwork and high participation, which is the proper direction for creating harmony and cooperation

in the workplace, causing goal achievement which requires multidisciplinary work. A slight change culture begins to appear in creating innovation because the employees and characteristics of medical tasks require an invention and development of science and technological advancement.

These findings help to confirm the research by Siriporn Lorsuwan (2007), who studied the cultural characteristics influencing the performance of Rajavithi Hospital. It was found that the culture that includes a service mind, organizational commitment, decentralization of patient care, and classlessness among employees facilitate organizational operation. The research results also concluded that the culture of employees that have a service mind, inquisitiveness, and self-development, unity, organizational commitment, punctuality, discipline and enthusiasm in work is a culture that will be required by management in the future.

2.4.3 Influencing Factors and Effects of Organizational Culture

Organizational culture has an intertwined relationship with leadership (Schein, 2010). Leaders are the key factor in the formation, selection, maintenance, and change of an organizational culture. On the other hand, an organizational culture also has an effect on leadership.

Leaders determine and strengthen the norms and behaviors within the culture. Norms are developed from what leaders place importance on, crisis management, guidelines that leaders set as a model, and people whom leaders draw to an organization. Bass (1985) suggested the relationship between a leader and the culture by studying the impact of different leadership styles. The results showed that transactional leadership is likely to perform under the scope and limit of existing organizational culture, while transformational leadership often changes organizational culture to be in line with his vision. This is consistent with the study of Block (2003), who stated that employees perceive that their leader has transformational leadership when they are aware of aspects of organizational culture such as adaptation, participation, integration, and clear mission.

Meanwhile, organizational culture also has an impact on leadership; that is, when organizational culture is formed, it will create value and practice guidelines in the organization resulting in greater autonomy and preventing the top management

from giving itself more power. Decisions on employee recruitment and appointments are the result of the norms and values of the organization so leaders pay attention to the norms, values, and assumption rooted in organizational culture (Bass and Riggo, 2006: 100).

Regarding the influence of leadership on organizational culture, it is still a guiding philosophy, as Robbin (2001) indicates, that the desire and philosophy of an organizational founder are important factors that determine organizational culture. It can be said that the desire and philosophy of an organizational founder affect the criteria for selecting the top management and creating the socialization process. In general, values or beliefs originate from the founders.

Moreover, leaders set the vision and direction of an organization according to their beliefs. Visions determine the characteristics of the organizational members so most organizations tend to recruit new members that have similar values and beliefs (Jones, 2004). This concept is supported by the research of Aswathappa (2003), which suggested that organizational culture can maintain with 3 major activities: recruitment consistent with the culture, the serious practice of the top management, and the socialization processes in an organization.

Wanchai Meechart (2005) divided the factors influencing organizational culture into four categories:

1) Work group. This factor directly affects the characteristics of an organization. The group will discipline its members, influencing their behavior. The norm setting and controlling behaviors of the members in the group will affect organizational culture. The group factors that have strong effect on organizational culture are the member's attachment, morale, and group friendliness.

2) Manager's/supervisor's leadership style. A manager is role model and taking care of the behavior of the members in an organization. The leadership of a manager, thereby, affects the behavior of employees and organizational culture. The leadership factors of a manager affecting organizational culture are intimacy between management and subordinates, sympathy for employees, and so on.

3) Organizational characteristics. Each organization has its own characteristics in terms of size, structure, complexity, centralization, and so on. These characteristics will affect organizational culture for they determine the behavior of

employees in an organization. For example, large organizations often focus on specific expertise and communications are often formal and not personal; all of these characteristics have an impact on organizational culture.

4) Administrative processes. Organizational processes such as communication processes, practice, and work procedures affect organizational culture. For example, the organization with an open communication system allows its members to communicate with each other. This helps create the organizational participation of the members and builds an atmosphere of engagement, which affects performance and influences organizational culture.

Buytendijk (2006) suggested that internal organizational factors or internal environment and external organizational factors or external environment are key factors that are a source of organizational culture. Internal organizational factors include the leaders and employees in an organization. Leaders or managers initiate or establish an organizational culture to be a pattern for employees to follow. However, if employees adopt it but still cannot solve problems or achieve goals, the employees will create a new behavior pattern or organization culture instead. External factors include customers, competitors, technology, and economic and social characteristics. External factors significantly affect an organizational culture because, at present, organizations are facing increasing competition and there is a need for competitive advantage in the changing economy. Thus, an organization must adapt by defining a culture that is suitable and conforms to these factors.

From the literature review above, it can be concluded that internal organizational factors, namely leadership, organizational members and task groups, management process, organizational structure, selection and socialization process, as well as external organizational factors, including customers, competitors, technologies, and social and economic characteristics, are the factors that have a significant effect on organizational culture.

Organizational culture is the factor affects organizational performance (Chan, Shaffer and Snape, 2004: 25; Dyck, Frese, Baer and Sonnantag, 2005: 228; Tsui, Wang and Xin, 2006: 345; Xenikou and Simosi, 2006: 566; Wei, Liu, Zhang and Chiu, 2008: 777; Chow and Liu, 2009: 2301; Katou and Budhwar, 2010: 25). Considering the studies relevant to hospital performance, Zhou et al. (2011) examined

the impact of organizational culture on the hospital performance of public hospitals in China and assessed hospital performance in 6 categories: length of stay, outpatient visit per physician per day, inpatient per physician per day, ratio of operational income to operational expenditure, patient satisfaction, and employee satisfaction. The research results indicated the cultures affecting hospital performance as shown in Table 2.6.

Table 2.6 Culture Affecting Hospital Performance in China

Type of culture	**Hospital Performance**					
	length of stay	**number of out patients**	**number of in patients**	**ratio of operational income to operational expenditure**	**patient satisfaction**	**employee satisfaction**
social responsibility	decreases					
cost control		increases	increases	increases	decreases	
capability development	decreases					
customer focus	increases					decreases

It can be seen that the sub-dimensions of culture affect the hospital performance differently; that is, the culture that emphasizes social responsibility decreases length of stay, which is similar to the culture emphasizing capability development. The culture that emphasizes cost control increases the number of patients and the ratio of operational income to operational expenditure but decreases patient satisfaction, and the culture emphasizing customer focus increases length of stay but decreases employee satisfaction.

2.5 High-Performance Work System

2.5.1 Definition of a High-Performance Work System

Even though a high-performance work system is difficult to define (Datta, Guthrie and Wright, 2005), it was found that most scholars have defined high-performance systems by focusing on the practices related to people management, as the research results show in Table 2.7.

Table 2.7 Definition of High-Performance Work System

Scholars	Definition
Huselid, (1995: 635)	The practices that cover selection, motivational incentive, work design, including training and employee participation which help improve the employee's skill and knowledge, increase motivation, and retain quality employees.
Way, 2002; Comb et al., 2004	A set of interrelated human resource practices that enable employees to gain motivation and participation development contributing to organizational performance.
Takeuchi, Lepak, Wang and Takeeuchi (2007: 1069)	A group of associated human resource practices designed to enhance the skills and efforts of employees.
Liao, Toya, Lepak, and Hong (2009: 373)	A system of human resource practices that are designed to enhance capability, motivation and performance of employees in order to obtain a high quality service for customers.
Messersmith and Guthrie (2010: 242)	A set or bundle of human resource practices associated with the selection, training, performance management, compensation and sharing of information which is designed to attract, retain, and motivate employees.

The variety of definitions of the high-performance work system above conforms to Nisada Wedchayanon (2009: 117), who suggested that there is no

definition of a high-performance work system that is currently agreed upon. However, it was found that the three common characteristics of a high-performance work system are as follows. First is workflow, which concentrates on core processes of the business, with people management focused on teamwork. Second is applying several people management practices such as employment, people development, compensation system, performance management system, and so on. These systems are implemented to enhance the ability of employees, improve morale, as well as provide flexibility to manage people. Third is when organizations apply an HPWS, they often restructure the chain of command down and change the role of high the leader or supervisor, from giving an order to assigning authority, performing as a supporter, solving problems, and applying participatory management to a greater extent.

According to the review of definitions above, most scholars define the high-performance work system by focusing on a set of human resource practices. However, there are some definitions that suggest structures and work systems that have been used to enhance HR outcomes and that have enhanced organizational performance. The researcher of the present study, therefore, defines the high-performance work system as a set of practices that are a combination of structures, human resource practices, and workflows which help enhance the skill, ability, motivation, and participation of employees in order to gain higher organizational performance.

2.5.2 Components of a High-Performance Work System

Armitage and Keeble-Allen (2007) indicated that a high-performance work system is composed of three main themes: 1) an open and creative culture that emphasizes human resources, communication and participation in decision making; 2) investment in people through education and training, loyalty inclusiveness and a flexible and systematic work design; 3) measurable performance outcomes such as benchmarking and setting targets, as well as innovation through processes and best practices.

Bohlander and Snell (2004) on the other hand suggested that a high-performance work system is the combination of work structure, human resource practices, and management processes which enable employees to gain good performance and well-being. As for Bowen and Ostroff (2004), it is believed that the

work system should be driven by the strategic goals and values of an organization such as service strategies and innovative strategies, and then a human resource management approach, emphasizing these strategies, should be designed. This is because without any goal or target, the work system will have no clear direction. Thus, it can be said that the components of a high-performance work system should be selected and designed to achieve organizational goals at a particular time. This makes the components of a high-performance work system very diverse, which is exemplified by the following research.

Huselid (1995) divided the components of a high-performance work system into two groups and applied them to the study of 968 firms in the United States. It was found that high performance work practice has an effect on turnover rate, productivity, and financial performance. The components of high performance work practice in those studies were as follows:

1) Employee skills and organizational structure. This component consists of practices which improve the knowledge, skill and ability of employees, and are mechanisms that utilize the knowledge, skill and ability of employees. These practices include job design, selection, training, working life quality, quality group, teamwork, information sharing, grievance procedures, and margin-based and profit-based compensation plans.

2) Employee motivation. This component is designed to motivate employees to behave as expected. It consists of comprehensive practices, performance measurement associated with compensation, and merit-based promotion. Selection, training, and job design, which are the practices in the first component, have an effect on this second component as well.

According to the research results of Sung and Ashton (2005: 3), a high-performance work system consists of three comprehensive practice areas. First are participation practices such as self-management team, quality group, and organizational information sharing or accessing. Second are human resource practices such as complex recruitment, performance evaluation, new job design, and mentoring system. Third are reward and engagement practices such as various compensations, policies related to employees' families, job rotation, and flexible work hours. In the United Kingdom, it was found that the high-performance work system is linked to

organizational performance, which conforms to the idea of Nisada Wedchayanon (2009: 121), who suggested that the main components of an HPWS can be divided into 3 categories:

1) Engagement practices such as teamwork that employees can manage on their own, conducting quality activities, and information sharing and accessing

2) Human resource practices such as robust recruitment, performance evaluation, job design, and close monitoring system

3) Enhancing performance motivation practices such as various rewards, work-life balance policies and flexible work system

Sun, Aryee, and Law (2007) studied the impact of a high-performance work system on organizational performance in China and suggested that a high-performance work system was related to employee turnover rate as well as productivity. The components used in the study included intensive recruitment, training, internal promotion, employment security, clear job descriptions, a focus on performance evaluation, incentive compensation, and participation.

Liao, Toya, Lepak and Hong (2009), they examined the relationship between a high-performance work system and employee performance and the service quality of banks in Japan and applied the high-performance system framework of Pfeffer (1998) and Zacharators, Barling and Inverson (2005) as a guideline in determining the components of an HPWS. The practices are service training, information sharing, service teams that manage themselves and emphasize participation, compensation based on service quality, quality job design, service quality based on performance evaluation, internal service, intensive selection, employment stability, and reduce status differentiation. It was believed that these human resource-based components will generate service quality. This is similar to the work of Matin-Tepia, Aragon-Correa and Guthrie (2009) using selection, training, performance-based compensation, and employee participation as the components of a high-performance work system.

Wen Chi and Yun Lin (2011) studied the relationship between a high-performance work system and the performance of industrial factories in Taiwan and used the components of a high-performance work system from Applebaum and Berg (2001) and Wright and Boswell (2002), who agreed that a high-performance work system consisted of three categories of human resource practice, as follows:

1) The employee skills category is comprised of the human resource practices designed to attract highly skilled candidates and is also comprised of the practices that help improve the work skill of employees; namely, selective staffing, extensive training, competitive compensation, and internal promotion. These practices enable an organization to draw, select, develop, and maintain knowledge, skills and abilities (KSAs) beneficial for creating competitive advantage.

2) The employee motivation category is the human resource practices that help to create work motivation such as performance-based pay and results-oriented appraisal. These practices help to increase work motivation and decrease the self-interest consideration behavior of employees. They are useful in connecting the goals of employees to those of the organization.

3) The empowerment category is the practices that help employees to express their opinions and decisions, emphasizing the participation of employees in the organization. These practices include employee involvement, formal complaint resolution systems, and teamwork.

The components of a high-performance work system discussed in the review above have both similarities and differences. The HPWS is not a system invented from new attributes but combines methods, tools and existing management concepts so that they work together consistently. It makes employees feel attached and help them to dedicate their ability to achieving organizational goals and visions (Nisada Wedchayanon, 2009: 120). In order to efficiently design the components of a high-performance work system, there should be a human resource work system with a horizontal fit-that is, with practices connecting and supporting each other-and a vertical fit-that is, with practices connecting to organizational strategies (Liao et al., 2009). The components of a high-performance work system on which scholars focus are shown in Table 2.8.

Table 2.8 Components of a High-Performance Work System

Components of High-Performance Work System	Scholars							
	Huselid (1995)	**Sung & Ashton (2005)**	**Sun et al. (2007)**	**Liao et al., 2009**	**Martin-Tapia et al., (2009)**	**Chuang & Liao (2010)**	**Wen Chi & Yun Lin (2011)**	**NisadaNisada NisadaNisada Nisada Wedchayanon (2009)**
job design	✓	✓	✓	✓				✓
selective staffing	✓	✓	✓	✓	✓	✓	✓	✓
employment security			✓	✓				
variety of training	✓		✓	✓	✓	✓	✓	
promotion	✓		✓				✓	
performance appraisal	✓	✓	✓	✓		✓	✓	✓
competitive based pay						✓	✓	
performance- based pay	✓			✓	✓	✓	✓	
varity of compensation		✓	✓			✓		✓
flexible work process		✓				✓		✓
work-life balance	✓	✓				✓		✓
involvement system			✓	✓	✓	✓	✓	
formal complaint resolution systems	✓					✓	✓	
quality team	✓	✓						✓
teamwork	✓	✓		✓			✓	✓
information sharing and accessing	✓	✓		✓		✓		✓

In this present research, the researcher focused on applying the reviewed components of a high-performance work system to the study by dividing the practices into three groups:

1) Involvement practices, including participation system, teamwork, information sharing and accessing.

2) Human resource practices, including recruitment, training, and performance evaluation.

3) Motivation practices, including compensation, promotion, and work-life balance.

2.5.3 Influencing Factors and Effects of High-Performance Work System

Kaminsky (2002) suggested that organizational culture can affect every human resources process starting from recruitment, performance evaluation, coaching, until termination. Qunwei, Liu, Zhang and Chiu (2008: 780) indicated that organizational culture reflects what is deeply embedded in the form of management. It can be said that the culture determines the way things are done, which influences leaders in identifying organizational strategies and operations such as human resource strategies and operations.

Therefore, it can be said that organizational culture is an antecedent of strategic human resource management, which means that organizational culture has an influence on the high-performance work system. According to the empirical research of the above scholars, it was found that clan or group culture and adhocracy or developmental culture have an effect on strategic human resource management at 32 and 35% respectively, while hierarchical culture has an influence at 2%. Moreover, the research showed that development culture affects organizational performance both directly and indirectly, and group culture also indirectly influences organizational performance, as shown in Figure 2.5.

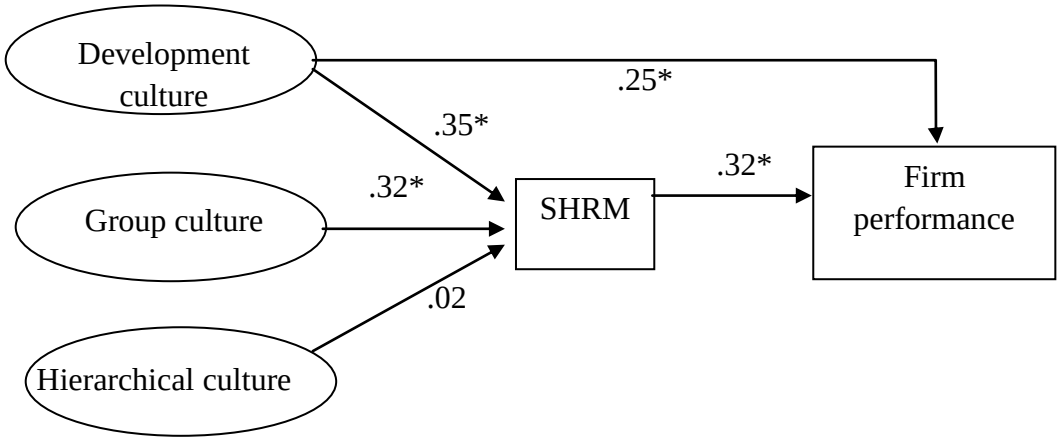


Figure 2.5 Impact of Organizational Culture on Strategic Human Resource Management and Organizational Performance

Source: Qunwei, Liu, Zhang and Chiu, 2008: 780.

The initial objective of high-performance work performance was applied to improve operational and financial performance (Nadler, 1989). In the latter , it was found that a high-performance work system is an important factor that affects productivity, the turnover rate of employees, profitability, innovation, customer service, and the financial outcome of the organization (Arthur, 1994; Huselid, 1995; Cappelli and Neumark, 2001; Guthrie, 2001; Batt, 2002; Way, 2002; Datta et al., 2005). In addition, a high-performance work system also affects organizational citizenship behavior (Yun, Aryee and Law, 2007) and human capital.

Productivity is a determinant of organizational performance (Delery and Shaw, 2001). Many studies have indicated that a high-performance work system can increase productivity (Huselide, 1995). The research of past scholars such as Katz, Kochan and Weber (1985) has suggested that an organization with disciplinary practices and few complaints makes the employee absenteeism rate lower, resulting in higher productivity. Schuster (1983) stated that the quality of the work-life balance program, a quality group, and teamwork make productivity increase. This is similar to Bartel (1994), who suggested a relationship between training programs and increased productivity. Holzer (1987) demonstrated that intensive recruitment has an effect on productivity improvement and also discovered that a compensation system has a direct impact on productivity (Gerhart and Milkovich, 1992; Weitzman and Kruse, 1990).

According to the recent research results of Guthrie, Liu, Flood, Maccurtain (2008), it was found that a high-performance work system helps increase productivity at 2.6%. While the National Centre for Partnership and Performance (2008) indicated that a high-performance work system makes productivity increase at 12.4%. Moreover, the results of Way (2002), Datt, Guthrie and Wright (2005), Yun, Aryee and Law (2007), Guthrie, Flood, Liu and MacCurtain (2009), and Iverson and Zatzick (2011) also suggested that a high-performance work system has an influence on productivity as well.

Regarding job satisfaction, a high-performance work system has an effect on the employee job satisfaction level. Employees will acknowledge organization adopts a high-performance work system in order to improve employees' living, thus making employees have higher job satisfaction. There are many reasons that can explain why a high-performance work system is correlated with satisfaction. Messersmith, Patel, and Lepak (2011) suggested that employees tend to be selected from a strict selection process and to be trained to gain skills that conform to an organization in order to fit employees a job. Employees recognize that they fit the job and perform their duty well, therefore their job satisfaction increases. Besides, a high-performance work system helps to create exchange of information, job stability, and performance-based compensation, and these factors make employees' job satisfaction increase. This suggestion is consistent with the research results of Macky and Boxall (2007), who studied large firms in New Zealand and found a relationship between a high-performance work system and job satisfaction, which is similar to the results of Vandenberg, Richardson, and Eastman (1999), Takeuchi, Chen and Lepak (2009), Wu and Chaturvedi (2009), and Messersmith et al. (2011).

A high-performance work system has a relationship with employee turnover (Arthur, 1994; Huselid, 1995; Guthrie, 2001; Batt, 2002; Yun Sun et al., 2007). Batt (2002) stated that the operations in high-performance work system such as training, employment stability, and high compensation help to create trust, resulting in employee engagement and a reduced employee turnover rate.

Moreover, Huselid (1995) found a significant study indicating that a high-performance work system affects the financial outcome of an organization. He measured two groups of financial outcome: economic profit, which is net cash flow

after the deduction of capital and liabilities that shareholders gain as a return on marketing investment, and accounting profit which the actual operational outcome of an organization that reflects the values from past to present.

A high-performance work system also has an effect on human capital. Many components of a high-performance work system increase the level of human capital accumulation of an organization, that is, a high-performance work system that emphasizes intensive recruitment and comprehensive training makes the level of human capital of employees increase (Huselid, 1995; Way, 2002; Zacharators, Barling, and Inverson, 2005). Competitive compensation and various fringe benefits help draw highly-talented employees to an organization (Huselid, 1995; Guthrie, 2001). Flexible delegation enables employees to have opportunities for learning and skill development, which also make human capital increase (Takeuchi et al., 2007). As for the study of Takeuchi et al. (Takeuchi et al., 2007), it was found that a high-performance work system, which consists of 21 practices, including job design, selection, training, performance evaluation, and compensation makes human capital increase 21%.

Implementing a high-performance work system such as job stability, extensive training, promotion, evaluation that emphasizes working outcome, wide career path, and so on is like a sign that indicates a long relationship between an organization and employees (Yun et al., 2007). The interaction between an organization and employees develops into an atmosphere leading to shared perception in organizational environment (Schneider and Reichers, 1983) That is, a high-performance work system helps to create shared perception in a supportive organizational environment, resulting in employees' behavior, called discretionary behavior, which is literally organizational citizenship behavior.

2.6 Ethical Transformational Leadership

The study of transformational leadership has been extremely popular among researchers since the 1980s. It is considered a new approach to the study of leadership, which is different from traditional studies, for example, the approach to trait leadership, behavioral leadership, and contingency leadership. Transformational

leadership is one of the factors in the full range of leadership theories proposed by Bass (1985), developed from the concept of Burn (1978). The other two factors according to this theory are transactional leadership and laissez-faire leadership.

2.6.1 Definition of Transformational Leadership

Burn (1978, quoted in Bass and Riggio, 2006: 3) suggested that transformational leaders are those that motivate and inspire employees to achieve work outcomes, processes, and leadership ability development by themselves; that is, transformational leadership cause a change and improve the developments of a person (Northouse, 2000: 131). This idea is similar to Bass (1985), who is of the opinion that transformational leaders will act like a change agent regarding motivation and attitude changes, beliefs, and employee inspiration. Transformational leaders will create visions and develop emotional relationships with employees. This conforms to the notion of Bennis and Nanus (1997), who indicated that a great leader influences others to transform their vision into reality and to bring about sustainability. Bennis and generally suggests that transformational leadership is a symbol between leaders and followers, who perform a joint role between the needs of followers and the ability to support the inspiration of leaders, while Muchinsky (2006) defined transformational leadership as the processes influencing attitude and hypothesis change and building the engagement of organizational members in changing organizational objectives and strategies. Transformational leadership is related to the influence of leaders on followers, leading to organizational development.

From the review of the definitions above, it can be concluded that transformational leadership is the processes related to change in attitudes and beliefs that motivate followers to succeed in working and to bring about organizational development.

2.6.2 Components of Transformational Leadership

This research applies the transformational leadership concept of Bass et al. to be used with four subcomponents of transformational leadership, namely: 1) idealized influence (II) 2) inspirational motivation (IM) 3) intellectual stimulation (IS) and 4) individualized consideration (IC) (Bass and Avolio, 1994; Bass and Riggio, 2006).

1) Idealized influence - Leaders can be role models for followers. Leaders receive admiration, respect and trust. Followers have a need to emulate leaders' characteristics. Leaders have an emotional effect on followers' feelings, making followers need to overcome their personal interests for something greater. Besides, the attributes of idealized influence are specific behaviors reflecting the values and beliefs of leaders as well as demonstrating confidence in missions and targets of their own.

2) Inspirational Motivation - Leaders motivate and inspire followers by providing meaningful and challenging tasks, increasing enthusiasm and attention to the work of followers, building loyalty, and stimulating emotion in order to increase the awareness of the importance of mutually-beneficial goals. As for this component, it is needed to raise the expectation of followers and to communicate until followers feel confident that they can achieve higher goals than ever.

3) Intellectual Stimulation - Leaders motivate followers to gain innovative and creative ability by questioning, reframing problems, and viewing situations in a new approach in order to make followers realize the source of problems and to encourage followers to solve the problems intellectually. As for this component, leaders challenge or question the status quo and draw the followers' attention by allowing them to question their assumptions and convincing them to solve problems with new and differentiated methods.

4) Individualized Consideration - Leaders have a special focus on the need for individual achievement and growth by acting as a coach or mentor, emphasizing learning, developing and giving decision-making authority to followers, meeting, and supporting followers to achieve their full potential.

According to the transformational leadership theory of Bass is a state that leaders use to change the situation to a pleasant state, which is different from the study of trait leadership, which focuses on describing the traits or characteristics of leaders, the study of behavioral leadership that needs to examine consideration and initiating structure behaviors of leaders, and the study of contingency leadership that concentrates on explaining how leaders should perform in accordance with the situation. The study of transformational leadership believes that leaders are proactive operators that can use leadership to determine and change a situation.

2.6.3 Influencing Factors and Effects of the Transformational Leader

Personality and trait factors such as extraversion/social ability, ascendency, self-confidence, openness to experience/thinking, including locus of control all affect transformational leadership (Bass and Riggio, 2006), as shown in Table 2.9.

Table 2.9 Personality and Trait Factors That Influence Transformational Leaders

Transformational leadership				
Charisma	Charisma Inspiration	Inspirational Motivation	Intellectual Stimulation	Individualized Consideration
ascendency sociability (less) thinking feeling internal locus of control self-acceptance	Self confidence personal adjustment pragmatism need for change nurturance (less) aggression (less) critical	ascendency sociability sensing internal locus of control	ascendency internal locus of control	ascendency sociability feeling internal locus of control self-acceptance

Source: Bass and Riggio, 2006: 176.

Rowold and Heinitz (2007) pointed that transformational leadership, measured using the Multifactor Leadership Questionnaire *(*MLQ-5X), has a positive effect on organizational performance. Lee, Cheng, Yeung and Lai (2011) stated that transformational leadership has an influence on the organization's morale. In addition, Xenikou and Simosi (2006) investigated the impact of transformational leadership on organizational culture and the performance of large financial firms in Greece and found that transformational leadership has an influence on achievement-oriented culture, which affects financial performance.

2.6.4 Definition of Ethical Leadership

There is confusion about knowledge related to ethical leadership, as Palanski and Yammarino (2007) said that there was great confusion about the definition of ethical leadership. This concept has been defined variously. Some say that ethical leadership is a matter of consistency, wholeness, courage in the face of adversity, general moral behavior, and so on.

Kanuango (2001) developed the concept of ethical leadership based on the altruism approach and suggested that strategic leadership is the tension between the motivation behind altruistic behavior and egoism. According to this concept, ethical leadership is driven by accepted beliefs and appropriate judgments more than self-interest, which is beneficial for followers, organizations, and society. Thus, the actions of leaders toward others are something that should be considered in studying ethical leadership (Kanungo, 2001; Aronson, 2001).

Brown et al. (2005: 117) discussed some unethical practices of leaders in organizations that gave rise to important questions concerning the role of leaders in terms of the ethical conduct that leaders should engage in as a role model in practice, including ethical practices as well. Therefore, ethical leadership is worth studying. However, after reviewing the literature about leadership in the field of behavioral science, Brown et al. (2005) found that the ethical dimension hardly has received any attention. It is often slightly taken into account in the study of charismatic leadership and transformational leadership. Thus, Brown et al. (2005) attempted to understand the concept of ethical leadership and proposed a social learning framework as a basis for study.

Ethical leadership in terms of social learning provides the knowledge that ethical leaders will become a model of ethical conduct. Leaders will become a target to be used as a model to determine followers' identity. As the leaders, who are recognized by followers as ethical leaders and that influence the outcomes related to ethics, they have to be perceived by followers that they have trust, and righteousness with action attached to appropriate behavior such as treating followers equally, awareness of the humanity of followers, and so on. In addition, ethical leaders must get attention or be the center of followers' attention in terms of ethical information translated by clear communication and reinforcement practices such as rewarding and punishment in order to support ethical information (Brown et al., 2005).

From the perspective of social learning, Brown et al. (2005: 120) summarized the meaning of ethical leadership as leaders that have demonstrated the proper implementation of norms through personal actions and interpersonal relationships. Moreover, ethical leadership is expressed through promoting appropriate normative actions among followers by two-way communication, reinforcement, and decision making.

2.6.5 Components of Ethical Leadership

Leadership based on the concept of Brown et al. (2005) refers to leaders that perform proper implementation of norms through personal actions and interpersonal relationships, which means that persons that are perceived as ethical leaders have to act as a role model in order to make followers realize which practice is an appropriate normative practice, such as honesty, trustworthiness, equality, empathy, and so on. This causes leaders to have righteousness to be a trustworthy model. However, there is still ambiguity regarding "normative appropriateness," which is needed to indicate that the expression of appropriate behavior is context-dependent. Normative appropriateness may vary according to different contexts.

Ethical leadership is also expressed through promoting actions to followers by two-way communication, which means that ethical leaders must not only create interest in ethics but also need to make ethical practices become important in the society by clear discussions with followers, announcements, explicit procedures, or interpersonal justice.

As for the term “reinforcement,” it means that ethical leaders must set standards and rewards for followers that comply with the standards and also set penalties for followers that fail to do so, which will affect learning experience through listening, viewing, and reading in an organization. Regarding the term “decision making,” it reflects the fact that ethical leaders make a decision by considering ethical outcomes and principle-based choices that are unprejudiced.

Brown et al. (2005) constructed an ethical leadership scale with uni-dimentional measures through seven interlocking studies until finding the appropriate scale that could measure ethical leadership well. The messages in the scale are shown in Table 2.10. It is currently considered the most popular scale in the study of ethical

leadership (Kalshoven, Den Hartog and De Hoogh, 2011), which comprehensively includes varied leadership behaviors, namely, fairly and honestly, allowing followers' voice, and rewarding ethical conduct. The ethical leadership scale (ELS) is applicable in terms of discriminant validity and have the reliability suitable to measure ethical leadership.

Table 2.10 Ethical Leadership Scale: ELS

No.	Items
1	Listens to what employee have to say
2	Disciplines employees who violate ethical standards
3	Conducts his/her personal life in an ethical manner
4	Has the best interests of employees in mind
5	Makes fair and balanced decisions
6	Can be trusted
7	Discuss business ethics or values with employees
8	Sets an example of how to do things the right way in term of ethics
9	Defines success not just by results but also the way that they are obtained
10	When making decisions, ask "what is the right thing to do?"

Source: Brown et al., 2005: 126.

2.6.6 Influencing Factors and Effects of Ethical Leadership

Brown and Trevino (2006) proposed that the factors influencing ethical leadership can be divided into two categories: 1) situational influences that consist of role modeling and ethical context; and 2) individual characteristics that include agreeableness, conscientiousness, neuroticism, Machiavellianism, moral reasoning, and locus of control. It was found that role modeling, ethical context, agreeableness, conscientiousness, moral reasoning, and locus of control had a positive influence on ethical leadership, while neuroticism and Machiavellianism had a negative influence. In addition, moral intensity, self-monitoring, need for power, inhibition, and moral utilization were variable factors moderating the impact of situational influences and individual characteristics on ethical leadership respectively.

Brown and Trevino (2006) also indicated that ethical leadership had a positive effect on followers' ethical decision making, prosocial behavior, follower satisfaction, motivation and commitment but had a negative impact on counterproductive behavior. Brown and Trevino (2006) suggested that ethical leadership has a great impact on followers' behavior and attitudes. The findings from the empirical research of Avey, Palaski and Walumbwa (2010) supported this suggestion by presenting the relationship between ethical leadership and organizational citizenship behavior and deviant workplace behavior, as shown in Figure 2.6.

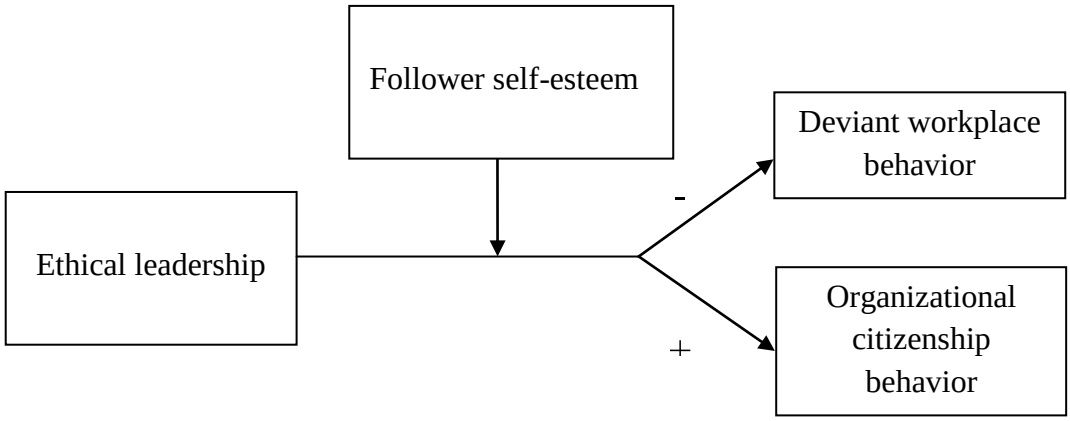


Figure 2.6 Relationships between Ethical Leadership and Organizational Citizenship Behavior and Deviant Workplace Behavior

Avey et al. (2010) adopted the ethical leadership scale developed by Brown et al. (2005) to study the relationship of ethical leadership with employee behavior in two categories: organizational citizenship behavior and deviant workplace behavior. Moreover, they wanted to examine the influence of followers' self-esteem as a moderator of that relationship. After collecting data from 191 samples and testing hypothesis with Structural Equation Modeling (SEM), it was found that ethical leadership had a significant positive influence on organizational citizenship behavior significantly while it had a significant negative impact on deviant workplace behavior. It was also found that the interaction between ethical leadership and follower self-esteem affected these two behaviors significantly. This means that follower self-esteem is a moderator of the relationship between ethical leadership and organizational citizenship behavior and deviant workplace behavior.

2.7 Organizational Citizenship Behavior

The theories related to organizational citizenship behavior gained popularity widely after Organ published the book “Organizational Citizenship Behavior: the Good Solider Syndrome” in 1988. As a result, there have been articles published and disseminated constantly (Podsakoff, MacKenzie, Paine and Bachrach, 2000). This indicates that organizational citizenship behavior is an essential concept in the world of management.

2.7.1 Definition of Organizational Citizenship Behavior

Organizational citizenship behavior (OCB) refers to employee volition that goes beyond the required or assigned role (Organ, 1990). It is extra-role behavior that affects the psychological and social environment promoting task performance of an organization.

2.7.2 Components of Organizational Citizenship Behavior

The components of organizational citizenship behavior have many and different names. According to a review of the literature, there were about 30 names or forms of OCB (Podsakoff et al., 2000). Literature review of LePine, Erez and Johnson (2002) indicated that there are 40 OCB measures. However, researchers often refer to the original work of Organ (1990), who divided the components of OCB into five categories: altruism, conscientiousness, sportsmanship, and courtesy aimed at preventing problems with fellow workers because working in an organization relies on interdependence. The action and decision making of an individual may affect others. Therefore, one needs to respect the rights of others, and civic virtue. Organ, Posakoff and MacKenie (2006) adjusted the components of organizational citizenship behavior by adding individual initiative and self-development, giving organizational citizenship behavior 7 components in total.

According to Borman and Motowidlo (1993), it was remarked that some components of organizational citizenship behavior may suitable for a type of firm but they may not fit others, especially service firms that need different organizational citizenship behavior from industrial firms in order to serve the needs of their

customers. Bettencourt and Brown (1997: 41) developed the concept of organizational citizenship behavior for service firms called service-oriented OCB, which was defined as the behaviors of employees when servicing customers that extend beyond formal role requirements. After that, the concept of service-oriented OCB has been used in the research studies related to the service industry widely (Bettencourt, Gwinner, and Meuter, 2001; Tsai and Su, 2011; Ta-Wei and Ya-Yun, 2011; Jen Lin and Cheng Lin, 2011).

Bettencourt, Gwinner, and Meuter (2001) developed components of service-oriented OCB divided into 3 groups: 1) loyalty service-oriented OCB describes an employee's willingness to promote the products, services, and image of an organization to outsiders; 2) participation service-oriented OCB describes initiatives, particularly in terms of communicating, in order to improve individual, co-worker, and organizational service delivery which is based on the ability of an organization to meet the changing needs of customers; 3) service delivery service-oriented OCB describes conscientiousness in the activities associated with service delivery to customers.

The theory of Bettencourt et al. (2001) has been applied widely. For example, the research of Tsang Tsai and Shusu (2011) developed the organizational citizenship behavior scale according to this concept in order to study the relationship of organizational citizenship behavior with leadership and job satisfaction in Taiwan's aerospace industry. It was found that the scale had validity and reliability. The findings showed that leadership and job satisfaction had a positive influence on service-oriented OCB. Moreover, the effects of job satisfaction acted as a moderator linking the relationship between transactional leadership and service-oriented OCB. Jen and Cheng (2011) investigated the impact of organizational climate on service-oriented OCB and studied the impact of organizational climate as a moderator of the relationship between organizational support and service-oriented OCB based on the concept of Bettencourt et al. (2001) as well. The researchers collected data from 2,869 personnel in the service industry. The findings showed that the organizational support factor perceived by employees on duty affected service-oriented OCB but that organizational climate had no direct impact on service-oriented OCB. However, it was found that organizational climate was a moderator in identifying the impact of

organizational support perception on service-oriented OCB. The research results showed that the concept of service-oriented OCB can be extensively applied to the general service industry.

2.7.3 Influencing Factors and Effects of Organizational Citizenship Behavior on Organizational Performance

There are many factors influencing organizational citizenship behavior such as personal traits, job characteristics, organizational attributes, and leadership (Podsakoff, MacKenzie, Paine and Bachrach, 2000; Chahal and Mehta, 2010). Considering personal traits, it was found that the employee's age was a factor affecting organizational citizenship behavior. Young employees need flexibility from the organization while older employees need strictness. Thus, age differences may lead to differences in organizational citizenship behavior (Chahal and Mehta, 2010). This is similar to role perception, which includes role conflict and role ambiguity. These two variables have a negative impact on organizational citizenship behavior, whereas role clarity and role facilitation have a positive impact (Chahal and Mehta, 2010).

Leadership is another factor influencing organizational citizenship behavior (Chahal and Mehta, 2010; Tsang Tsai and Shu Su, 2011). It affects organizational citizenship behavior and team spirit as well as integrity and employee collaboration, causing organizational commitment. Moreover, leadership has an effect on the perception of organizational fairness or justice, which leads to organizational citizenship behavior. It was found that transformational leadership has a significant impact on organizational citizenship behavior (Tsang Tsai and Shu Su, 2011). It directly affects helping behavior and has an indirect effect on cooperative behavior, tolerant behavior, courtesy behavior, and conscientiousness through job satisfaction and leadership trustworthiness (Organ, Podsakoff and Mackenie, 2006).

In terms of its effects, organizational citizenship behavior is considered a key factor influencing organizational performance (Chahal and Mehta, 2010). An organization with high organizational citizenship behavior can cause a reduced absenteeism rate, a decreased turnover rate, employee satisfaction, and employee loyalty (Meyer, Organ and Graham 1997; Podsakoff and Mackenie, 1997; Klalid and

Ali, 2005; Chughtai and Zafar, 2006; Wang, Law, Hackett, Wang and Chen, 2005; Podsakoff, Whiting, Podsakoff and Blume, 2009; Whitman, Van Rooy and Viswesvaran, 2010), which results in higher organizational performance. In addition, organizational citizenship behavior has a further effect on customer satisfaction (Sivadass and Baker-Prewitt, 2000; Kersnik, 2001) and customer loyalty as well (Gallara and Saura, 2006; Chahal, 2008).

2.8 Hypotheses and Research Framework

This present research applies the resource-based view framework (Barney, 1991; Wright, Dunford and Snell, 2007) to use as a theoretical basis. Apart from the above literature review, the researcher further reviewed the relevant literature and research in order to identify the hypotheses and finalize the research framework as follows.

2.8.1 Influence of Resource-Based View Determinants on Hospital Performance

2.8.1.1 Human Capital and Hospital Performance

Human capital is an important organizational resource and a significant organizational asset (Seleim, Ashour and Bontis, 2007: 790) enabling an organization to gain sustainable competitive advantage (Yang and Lin, 2009; Bontis and Fitz-enz, 2002: 224). An organization focusing on human capital investment, especially knowledge, skills, and abilities (KSAs) development, will result in higher organizational performance.

Empirical evidence of scholars indicates that human capital is related to organizational performance (Huselid, 1995; Boxall, 1996; Terpstra and Rozel, 1997; Hitt, Bierman, Katshuhiko and Kochlar, 2001; Liao et al. 2009; Seleim, Ashour and Bontis, 2007). According to the study of Chen, Cheng, and Wang (2005: 174), intellectual capital, which has human capital as one of its components, is directly related to the financial performance of an organization. The study in hospital organization also shows a similar relationship (Yang and Lin, 2009), which suggests a positive relationship between organizational performance and a high-performance

work system. The research results indicate that when management focuses on human capital accumulation, it makes organizational performance increase.

Additionally, the study of Zhu, Chew, and Spangler (2005: 49) suggests that human capital is a factor increasing the relationship between a high-performance work system and transformational leadership and organizational outcome. From all of this evidence, it can be concluded that human capital is related to the high-performance work system and organizational performance.

2.8.1.2 Organizational Culture and Hospital Performance

Organizational culture is valuable, rare, and unsubstituted so it can help create a competitive advantage (Barney, 1985; Chan, Shaffer and Snape, 2004: 21). Organizational culture is an important factor of the internal organizational environment and is often used in the research relevant to organizational performance (Yeung, Brockbank and Ulrich, 1991; Chow and Liu, 2009: 2296). The research results showed that organizational culture is directly related to organizational performance (Chan, Shaffer and Snape, 2004: 25; Dyck, Frese, Baer and Sonnantag 2005: 228; Tsui, Wang and Xin, 2006: 345; Xenikou and Simosi, 2006: 566; Wei et al., 2008: 777; Chow and Liu, 2009: 2301; Katou and Budhwar, 2010: 25).

The effects of organizational culture type on organizational performance are varied. According to Chen (2004), Silverthorne (2004), and Chow and Liu (2009) there are three types of organizational culture: 1) bureaucratic culture, 2) supportive culture, and 3) innovative culture; and it was found that supportive culture causes environment-supporting organizational commitment (Silverthorne, 2004), innovative culture helps create organizational creativity, challenges, and risks, and bureaucratic culture stimulates competition and improve operating environment (Chow and Liu, 2009: 2296). It is noted that supportive culture can create better outcomes than other cultures (Silverthorne, 2004: 592) since supportive culture causes employee satisfaction and organizational commitment, whereas bureaucratic culture has a minimum effect on employee satisfaction and organizational commitment.

As for the study of hospitals of Wooten and Crane (2003), it was found that constructive organizational culture creates high customer satisfaction. While Gifford (2002) suggested that bureaucratic culture has a negative impact on retention of nurses and working life quality.

Organizational culture based on Denison's model and CVF are often used to assess organizational culture in order to study the correlation with hospital performance (Zhou et al., 2011: 2141). It was found that hospitals with different cultures will have different performance. Hospitals with a mission-oriented culture emphasizing social responsibilities will be interested in the benefits of society as a whole, including the benefits of patients and a hospital. While hospitals with security culture emphasizing rules will make employee satisfaction decrease (Zhou et al., 2011: 2143). Hospitals with a participatory culture cause high customer satisfaction and efficient medical services (Platonova, Hernandez, Shewshuck and Laddy 2006). Hospitals with adaptation ability will respond to the changing environment and organizational strategy well, which will result in better performance (Zhang, Li and Pan, 2009).

2.8.1.3 High-Performance Work System and Hospital Performance

Scholars use the resource-based view of an organization as the main theory to study the relationship between the high-performance work system and organizational performance. The RBV has been recognized as the main theory in studying human resources as a strategic asset of an organization (Wright and McMahan, 1992) and it is considered a strong theory to apply in the studies related to human resource management (Wright, Dunford and Snell, 2007). For example, Liu et al. conducted a meta-analysis study and suggested that human resource management can create value-added to an organization, especially when the human resource management is responsive to organizational strategy (Liu, Comb, Ketchen and Ireland 2007: 503).

According to Karami et al., studying companies in the electronics industry in the United Kingdom, a high-performance work system helps create organizational capacity and is a key to the success that helps an organization achieve high performance. Development and implementation of a high-performance work system developed associated with business strategy will result in organizational effectiveness (Karami, Analad and Cusworth 2004: 50). Many research studies agree that a high-performance work system has a positive relationship with organizational performance, as shown in Table 2.11.

Table 2.11 Studies of the Impact of the High-Performance Work System on Organizational Performance

Researcher	High-Performance Work System
Huselid (1995)	Dimensions of employee skill and organizational structure and dimensions of employee motivation
Pfeffer (1998)	Employment stability, careful recruitment, teamwork and decentralization, performance-based compensation, extensive training, narrow status differentials, development of communication mechanism and information sharing
Liu, Comb, Ketchen and Ireland (2007)	Human resource planning, KSA added practices such as selection, training, compensation, empowerment practices such as grievance procedure, flexible working hours, employment stability and motivational practices such as incentive compensation and promotion
Armstrong (2008)	Drawing, developing and retaining high quality employees, work environment management, job design, learning and development, knowledge and intellectual capital management, commitment and motivation improvement, high-performance management, reward system

In addition, there is empirical evidence investigating organizational performance caused by a high-performance work system, emphasizing human resource practices related to organizational performance. For example, Khandekar and Sharma (2005: 628) studied Indian world-class companies and suggested that human resource capabilities have a positive relationship with performance and are significant variables that help predict sustainable competitive advantage. This is similar to the study organizations in southern Europe (Stavrou-Costea, 2005: 112) and Kenya (Dimba, 2010: 128). The results showed that training and development, labor relations, compensation management, flexibility and an efficient work system significantly affected organizational productivity, making organizational performance increase. The research results of Schneider et al. indicated the relationship of satisfied

compensation with return on investment and revenue sharing (Scheider, Hanges, Smith and Salvaggio, 2003: 836). The findings of Pannitamai (2010: 45) showed that human resource administrators that were able to apply technology for use in human resource management could predict the performance of the human resource department. Gong et al. suggested that performance-oriented HR has a positive relationship with organizational performance (Gong, Law, Chang and Xin, 2009: 263). Ferguson and ReioJr (2010: 471) also indicated that there is significant relationship of HR input, that is, employee skills and motivation, with processes such as strategic planning, recruitment, reward and promotion, training and development, performance review and evaluation and organizational performance.

Considering the research on hospitals, Aungkana Nuipin (2007) indicated that in order to improve the efficiency of hospitals, there should be an employee deliberative system in order to identify work problems and find solutions together, and training that can change employee behavior and implementing the about organizational development, including good organizational relationship improvement. Streerat Jangprajak (2006) suggested that job characteristics, participation, salary and compensation, relationship between colleagues and supervisors, personnel development, evaluation and promotion have an influence on employee turnover, which affects hospital performance. Carignani (2000: 8) indicated that health organizations can have a competitive advantage and gain achievement due to two factors: 1) tangible variables, especially a fair reward system and 2) intangible variables, such as communication, negotiation, contract form, common values sharing, and so on. Empirical research findings confirm that a high-performance work system which consists of job design, training, and performance evaluation has an effect on human resource outcomes (Adler, Riley, Singer, Lee and Satrasala 2003; Halbesleben and Rathert, 2008) and helps improve financial and clinical performance (Preuss, 2003; West et al., 2006). However, there are few studies examining all three practices of a high-performance work system (participatory practices, human resource practices, motivational practices) and hospital performance in many dimensions.

From the literature review above, the researcher intends to examine the influence of resource-based view determinants, namely human capital, organizational culture, and the high-performance work system, on the organizational performance of

hospitals in Thailand, including broader dimensions of performance measurement. Therefore, the hypothesis is identified as follows.

Research Hypothesis 1: Human capital, organizational culture, and a high-performance work system have a positive influence on hospital performance.

2.8.2 Influence of Mediator

2.8.2.1 Influence of Human Capital and Organizational Citizenship Behavior as the Mediator of Relationship between the High-performance Work System and Hospital Performance

The resource-based view of an organization has been applied as the main theory to study the relationship between the high-performance work system and organizational performance. However, although there are many studies that have confirmed this relationship, little is known about the mechanisms of the relationship. This is considered an important weak point because it remains unclear how a high-performance work system affects organizational performance (Delaney and Huselid, 1996; Delery, 1998; Hislop, 2003; Paauwe and Boseli, 2003; Lopez et al., 2005). Priem and Butler (2001) and Becker and Huselid (2006: 901) have argued that the resource-based view of an organization is a highly abstract theory and that the relation between HR architecture and organizational performance is not clear, which is considered as a black box in human resource management. It is difficult to apply which is a limitation related to the theoretical value toward the management in its application (Priem and Butler, 2001: 34). Moreover, research has challenged the validity of the above findings (Wall and Wood, 2005; Wright, Gardner, Moynihan, and Allen, 2005). It was found for example that after controlling for past performance, the positive relationship between the high-performance work system and organizational performance even declines. This means that the relationship between the high-performance work system and organizational performance is more complicated than it appears in the general research.

Considering the weaknesses and limitations of the research above, scholars have turned their attention to the mechanisms that explain the relationship between the high-performance work system and organizational performance and have begun to agree that human factors or employee behavior are the variables that mediate the relationship (Ramsey, Scholarios, and Harley, 2000: 502).

Evans and Davis (2005) proposed a framework of the relationship between the high-performance work system and organizational performance with internal social structure acting as mediating variables, as shown in Figure 2.7.

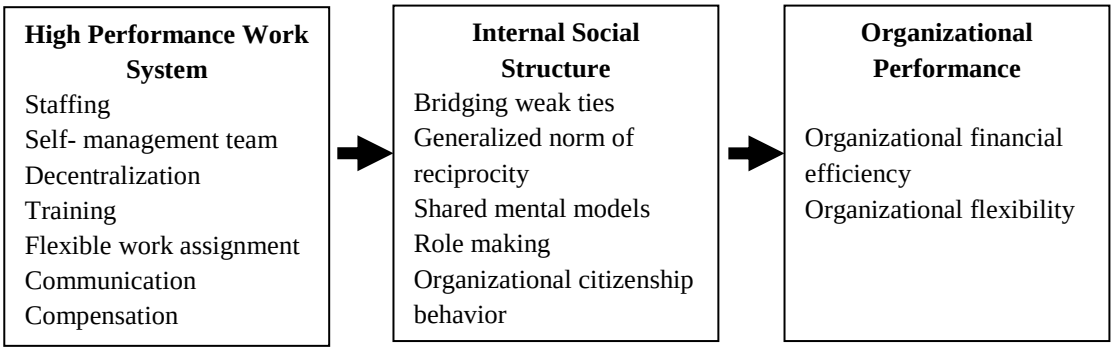


Figure 2.7 Framework of Relationship between the High-Performance Work System and Organizational Performance with Internal Social Structure as Mediating Variables

Source: Evans and Davis, 2005.

The high-performance work system affects organizational performance in terms of organizational financial performance and organizational flexibility through the internal social structure. This internal social structure can be divided into two categories according to the characteristics of the relationship that are bridging weak ties, norms of reciprocity, and shared mental model and the characteristics of mediating behavior that are role-making and organizational citizenship behavior. Evans and Davis's framework suggests that each human resource practice in the high-performance work system has a different effect on the nature of the employee relationship and then further affects organizational performance. Considering organizational citizenship behavior, it was found that a high-performance work system creates an environment that promotes organizational citizenship behavior, including lower task routinization, higher cohesiveness, perception of organizational support, and perception of procedural justice. For example, a flexible work system helps reduce routineness (Way, 2002), a self-management team causes collaborative system and higher cohesiveness (Seers, Petty and Cashman, 1995), co-decision making enables employees to share their voices, which is related to the perception of

procedural justice (Konovsky, 2000). In addition, it was found that training and development can signal employee participation resulting from the perception of organizational support (Rhoades and Eisenberger, 2002). These findings demonstrate that the high-performance work system helps stimulate and encourage organizational citizenship behavior.

The research results suggest the relationship of the components of organizational citizenship behavior with the high-performance work system and organizational performance. According to social exchange theory, a high-performance work system induces special behavior, which is expressed when there is social exchange between employer and employee (Organ, 1990; Pare and Tremblay, 2007: 332). Moreover, it can be said that a high-performance work system can determine or change employee behavior (Wright, McMahan, and McWilliams, 1994). It is a system that creates skill, information, commitment, and employee motivation (Guthrie, 2001), and helps to create an environment supporting organizational citizenship behavior (Evan and Davis, 2005). Its effects are broader than employee job responsibility. It helps to support teamwork and makes employees focus on organizational benefits. Thus, the high-performance work system has an influence on organizational citizenship behavior (Wei, Han, and Hsu, 2010: 1636).

The high-performance work system has an indirect effect on organizational effectiveness through organizational citizenship behavior (Posakoff, MacKenzie, Paine, and Bachrach, 2000). Pare and Tremblay, (2007) and Lam, Chen and Takeuchi (2009) have suggested that organizational citizenship behavior is a variable that mediates the relationship between the high-performance work system and employee turnover intention. Organizational citizenship behavior also has an influence on individual outcomes such as employee performance, turnover and absenteeism rate, as well as organizational outcome such as productivity, profit, cost reduction, and customer satisfaction (Podsakoff, Whiting, Podsakoff and Blume, 2009).

In addition, according to Boerner, Eisenbesis and Griesser (2007), organizational citizenship behavior is related to employee performance by acting as a partial mediator between transformational leadership and employee performance. This is similar to the study of Kasemsarn Chotchakornpant; Napaporn Juntarung and Jaturong Wongchaikittphom (2008), who suggested that organizational citizenship

behavior is a key variable in describing the duty-based performance of the polices. As for hospital performance, it is believed that organizational citizenship behavior can encourage a hospital to achieve its goals and gain higher performance (Chu, Lee, Hsu, and Chen, 2005). This is because organizational citizenship behavior is related to the reduction of employee turnover and absenteeism rate, as well as customer satisfaction and loyalty (Chahal and Metha, 2010).

In another view, scholars have suggested that a high-performance work system affects organizational performance through variables that help to create ability, motivation, and opportunity in working (Batt, 2002; Boxal and Purcell, 2002; Lepak, Liao, Chung and Harden, 2006). Delery and Shaw (2001) stated that knowledge, skill, ability, and motivation are like a pillar that connects the people management system and labor productivity. Additionally, there is research indicating that a high-performance work system has a direct relationship with the level of collective human capital (Wright and Snell, 1991; Arther, 1994; Huselid, 1995; Guthrie, 2001; Takeuchi et al., 2007). It can be said that human capital is a result of organizational investment in employee recruitment. The type of human resource practices which focus on the specific identification of employee skills can make an organization achieve a competitive advantage (Lepak and Snell, 1999). Placing importance on selection and training causes employees to gain higher levels of human capital (Huselid, 1995; Way, 2002; Zacharatos et al., 2005). Enhancing knowledge through the provision of higher education enables employees to have working knowledge and helps improve performance. Organizations that invest in training and development will increase their human capital as well (Bontis and Fit-enz, 2002). It was also found that performance evaluation is another measure that helps increase the levels of human capital. It is a system that allows employees to receive performance feedback, which helps determine the direction of capacity, behavior and performance improvements effectively. While compensation and competitive fringe benefits will help attract and recruit highly-talented employees (Arther, 1994; Huselid, 1995; Guthrie, 2001). Considering the studies of hospitals, Yang and Lin (2009: 974) suggested that human resource management in terms of selection, training and development, and health and safety, has a significant effect on the levels of human capital.

Consequently, scholars have developed a framework and have examined the relationship between a high-performance work system and organizational performance based on the resource-based view of the firm theory, indicating that a high-performance work system helps increase the levels of collective human capital and has a positive impact on organizational performance as a whole (Takeuchi et al., 2007; Takeuchi et al., 2009). Further, Youndt, Subramaniam and Snell (2004) found that the practices of the high-performance work system are related to human capital and also affect organizational performance, as shown in Figure 2.8.

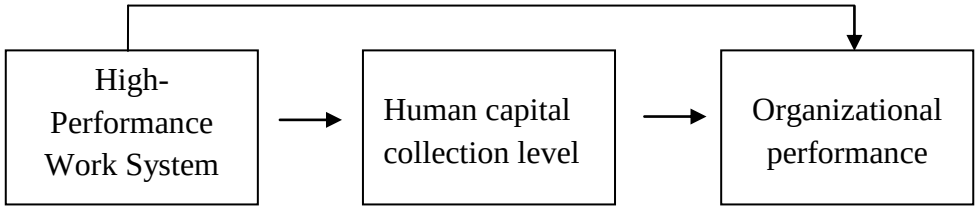


Figure 2.8 Human Capital as Mediator of the Relationship between the High-Performance Work System and Hospital Performance

Therefore, it can be said that organizational citizenship behavior and human capital are variables mediating the relationship between the high-performance work system and organizational performance. In Thailand, there is still little research using employee behavior and human capital variables to explain this relationship. This is a knowledge gap that should be further studied. Thus, in order to verify the above conclusion, the following hypothesis is suggested.

Research Hypothesis 2 A high performance work system has a positive impact on hospital performance through organizational citizenship behavior and human capital.

2.8.2.2 Influence of High-Performance Work System as Mediator of Relationship between Organizational Culture and Hospital Performance

Organizational culture not only affects organizational performance but also has an effect on human resource management, influencing organizational performance. Organizational culture that advocates human resource management systems will lead to better performance. Aycan has stated that management has tended

to apply the human resource management system based on fundamental beliefs and assumptions regarding nature of the job and employees (Aycan, 2005: 1087). Wei et al. suggested that organizational affects the adoption of strategic human resource management and that different types of organizational culture have varied effects on strategic human resource processes (Wei et al., 2008: 777). Therefore, it can be said that organizational culture influences hospital performance through the high-performance work system. This present research aims to investigate this relationship, so the following hypothesis is identified.

Research Hypothesis 3 Organizational culture has a positive impact on hospital performance through a high-performance work system.

2.8.3 Influence of Ethical Transformational Leadership on the Relationship between Resource-Based View Determinants and Hospital Performance

Studies have shown that leadership is closely related to organizational culture (Schein, 1992; Afsaneh, 1993; Bass and Avolio, 1994; Kotter, 1998; Parry and Proctor-Thomson, 2003; Xenikou and Simosi, 2006) and is often used as a covariate to study the relationship with organizational performance. Kilmann (1985) indicated that without leadership, organizational culture is often dysfunctional, which is similar to the idea of Bass (1998), who suggested that an organization will survive or not depending on the organizational culture that identified by effective leaders. Therefore, when examining the relationship between organizational culture and hospital performance, if leadership variables are also taken into account, the results may be more accurate and beneficial. Overseas research has demonstrated that transformational leadership is considered a significant variable influencing organizational performance (Buke and Litwin, 1992). Bass (1985) suggested that transformational qualities will make organizational performance go beyond expectations. There are several empirical findings supporting this suggestion (Lowe, Kroeck and Sivasubramaniam, 1996; Waldman, Ramirez, House and Puranam, 2001).

Considering the research in Thailand, Thanyasunthornsakun (2011) studied the impact of transformational leadership on organizational innovative performance in the medium and large industries in Thailand by applying the transformational leadership

concept of Bass and Avolio (1997), which consists of 4 dimensional components: 1) idealized influence, 2) inspirational motivation, 3) intellectual stimulation, and 4) individualized consideration. The findings showed that transformational leadership had a positive effect on knowledge management ability and organizational learning ability and that transformational leadership had an effect on organizational innovative performance through knowledge management ability.

As for the studies conducted in hospitals, it was found that transformational leadership had a positive impact on hospital performance (Robbins and Davidhiar, 2007), such as working environment (Whiley, 2001) and nurse retention (Kleinman, 2004). From the above findings, it can be concluded that transformational leadership has an impact on hospital performance. However, few studies have investigated the impact of ethical transformational leadership especially on the hospital performance in Thailand. This research studies this impact, so the hypothesis is identified as follows.

Research Hypothesis 4 Ethical transformational leadership has a positive impact on hospital performance.

Moreover, Ogbonna and Harris (2000) demonstrated the joint effect of leadership and organizational culture variables on organizational performance. It was found that participative leadership and supportive leadership had an indirect positive impact on organizational performance through competitive and innovative organizational culture, while task-oriented leadership had an indirect negative impact. These findings support the writing of Lim (1995), who suggested that organizational culture is a filter of leadership impact on organizational performance. Casida and Pinto-Zipp (2008) examined the relationship of theoretical leadership, Avolio and Bass's full range leadership, and Denison's organizational culture concept, regarding the performance of large hospitals in the state of New Jersey in the US. The results showed that transformational leadership and transactional leadership with situational rewards were related to organizational culture which enables a balance between the flexibility and stability of nurses in the hospitals and eventually leads to organizational performance. Thus, it can be said that leadership influences hospital performance through organizational culture.

Considering the relationship between leadership, the high-performance work system, and organizational performance, Zhu, Chew and Spangler (2005) indicated

that leadership affects organizational performance through people management mechanism. For example, powerful vision communication, which is a component of transformational leadership, must rely on a communication mechanism requiring a human resource management system to respond to those needs. Moreover, human resource management practices help to create employee motivation, engagement, and participation according to the vision (Zhu, Chew and Spangler, 2005). Similarly, when considering leaders that emphasize individual consideration, it was found that if leaders want to develop and create employee progress, human resource management mechanisms in terms of attraction, training, and development, performance evaluation, and reward system are essentially needed (Liden, Wayne and Sparrowe, 2000). Therefore, it can be said that leadership affects organizational performance through mechanisms of people management.

According to the literature review above, the researcher has studied the relationship of ethical transformational leadership affecting hospital performance whether the influence of organizational culture and the high-performance work system as a mediator is involved or not. The hypothesis was set as follows.

Research Hypothesis 5 Ethical transformational leadership has a positive impact on hospital performance through organizational culture and the high-performance work system.

2.8.4 Impact of Moderator

Boselie, Dietz and Boon (2005) suggested that if a moderator is not taken into account when studying the relationship between resource-based view determinants and organizational performance, the research results may be inaccurate. Controlling for the variables that affect the relationship between resource-based view determinants and organizational performance will be useful for gaining more accurate results (Huselid, 1995, Bosselie, Paauwe and Jansen, 2001). The review of the literature showed that organizational age and size were often used as the moderator in the studies. Thus, the present research adopted this moderator for the study as well. The hypothesis is as follows.

Research Hypothesis 6 The age and size of an organization is a moderator controlling the relationship between the resource-based view determinants and organizational performance.

According to the review of the literature and related research identifying the research hypotheses, the framework of the relationship between human capital, organizational culture, the high-performance work system, ethical transformational leadership, organizational citizenship behavior, and hospital performance is presented in Figure 2.9.

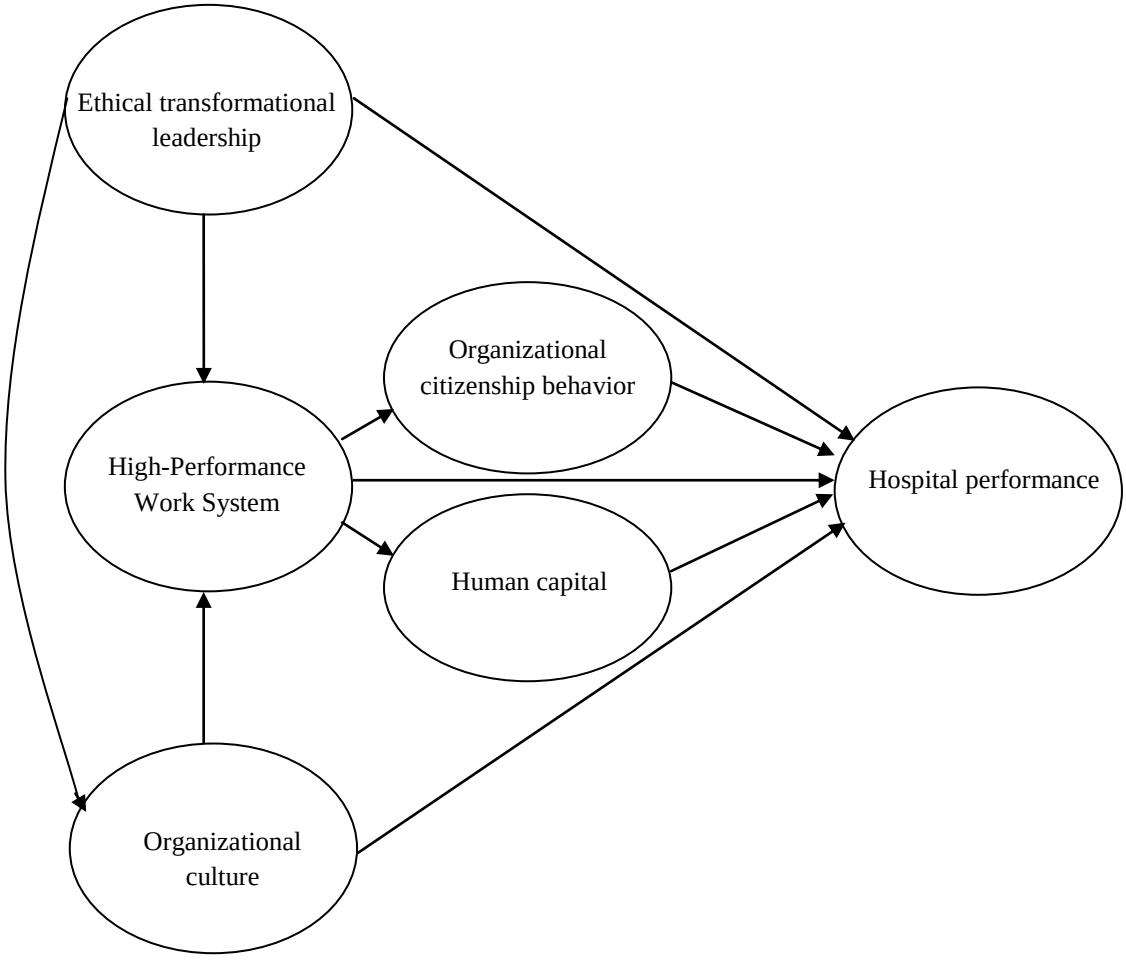


Figure 2.9 Research Framework

The framework demonstrates that 1) the resource-based view determinants, namely human capital, organizational culture, and the high-performance work system, may have an impact on hospital performance; that 2) ethical transformational

leadership may have a direct impact on hospital performance and an indirect impact on hospital performance through organizational culture and the high-performance work system; and that 3) the relationship between the high-performance work system and hospital performance may have organizational citizenship behavior and human capital as mediators. Similarly, the relationship between organizational culture and hospital performance may have an influence of the high-performance work system as mediator, and 4) the relationship between resource-based view determinants and hospital performance may have an influence of organizational age and size as moderators.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

Although research designs can be variously categorized, based on widely-used data collection procedures they are classified into 3 groups, namely quantitative research design, qualitative research design, and mixed-methods research design (Creswell, 2009; McMilland and Wergin, 2005; Neuman, 2003; Ong-art Nayaphat, 2011). In the present research, the researcher applied the mixed-methods research design in order to obtain the information that would be used to answer the research questions. The details are as follows.

The mixed-methods research design was determined. Parallel research was conducted by collecting the quantitative and qualitative data concurrently. The main objective of the quantitative research was to demonstrate the impact of the resource-based view determinants, including high performance work system, organizational culture human capital, on hospital performance. Ethical transformational leadership and organizational citizenship behavior were also studied together to examine the causal relationships. To collect the data from the large sample, a questionnaire was created from the relevant concepts, theories, and research in order to obtain reliable and valid evidence of the relationships that could be generalized to the hospitals in Thailand.

Qualitative research is a particularly important way to increase the strength of the research findings. The principles and concepts used to study empirical phenomena according to the qualitative research approach play an important role in strengthening the research analysis, conclusion, and discussion. Retrospective study was applied in the present study to investigate how the resource-based view determinants (high performance work system, organizational culture, and human capital) affected hospital performance and how the influences of ethical transformational leadership

and organizational citizenship behavior were involved. This research aimed to describe the causes and to indicate the examples, processes, and operations related to those factors. The data were collected from a sample of hospitals with outstanding performance by in-depth interview, focus group discussion, and documentary research.

The data obtained using the qualitative and quantitative methods were combined. The strengths and weaknesses of each method were taken into account and carefully utilized in order to gain the most accurate results (Creswell, 2009: 4). All of the data were processed, analyzed, and synthesized to examine and describe the relationships as well as to exemplify the relevant processes and operations. Then a model of the relationship between the resource-based view determinants, ethical transformational leadership, organizational citizenship behavior, and hospital performance was developed according to the results.

3.2 Population and Sample

3.2.1 Quantitative Research

The target population of this research was 454 public and private hospitals granted Hospital Accreditation (HA) and registered with the Healthcare Accreditation Institute (Public Organization) (Healthcare Accreditation Institute: Public Organization, 2013 Information stated as of February 2013). The Taro Yamane formula was applied in calculating the sample size, as shown below.

Formula $n = \frac{N}{1+ (N(e^2))}$

When n = Sample size

N = Target population size

e = Allowable sampling error

Hence $n = \frac{454}{1+ (454(0.05)^2)}$

= 203 Hospitals

Considering the criteria for the sample size determination of the studies analyzing data using the structural equation model, Gefen, Straub and Marie-Claude (2000) suggested that it should not be less than 150, while Kelloway (1998) and Diamantopoulos and Siquaw (2000) indicated that the sample size of 200 or above is adequate to calculate structural equation model with LISREL program. This is consistent with Thai scholars, who suggested that, in order to analyze the structural equation model which mainly applies Maximum Likelihood (ML), it is generally recommended that the sample size be 100-200 (Seri Chadchaem and Suchada Kornpetchpanee, 2003). Therefore, the sample size of 203 hospitals gained from a simplified formula conformed to the recommendation on determining the sample size to be used in analyzing data with the structural equation model.

However, in order to avoid the problem of a low response rate, which often occurs with collecting data through a mailed questionnaire, especially in organizational-level studies (Pichit Pitaktepsombat, 2005), the researcher sent the questionnaires to 320 hospitals (about 50 percent higher than the calculated sample size) by using stratified sampling. These 320 hospitals were stratified by region so that the sample could be a good representative of the target population across the country. Then the participants from each stratum were selected with the simple random sampling method. The size of the population, sample, and hospitals to which the questionnaires were distributed are shown in Table 3.1.

Table 3.1 Size of Population, Sample, and Hospitals to which Questionnaires Were Distributed, Stratified by Region

Region	Population	Sample	Hospitals to which questionnaires were distributed
Bangkok & Vicinity	57	26	42
Central	87	39	60
Eastern	27	12	20
Western	19	8	14
Northeastern	148	66	103

Table 3.1 (Continued)

Region	Population	Sample	Hospitals to which questionnaires were distributed
Northern	46	21	33
Southern	70	31	48
Total	454	203	320

3.2.2 Qualitative Research

The researcher selected the sample of hospitals for this study based on the purposive sampling technique. The accredited hospitals with 3rd certificate renewal, the hospitals granted the Thailand Quality Award (TQA) (Office of Thailand Quality Award, 2013), and the hospitals awarded Thailand's Most Admired Companies (Brand Age Essential, 2010), which were considered as the hospitals recognized for outstanding performance, included:

1) Chiangrai Prachanukroh Hospital
2) Saohai Hospital
3) Nong Bua Rawae Hospital
4) Queen Savang Vadhana Memorial Hospital
5) Taphanhin Crown Prince Hospital
6) Rajyindee Hospital
7) Smitivej Sukhumvit Hospital
8) Paolo Memorial Phaholyothin Hospital
9) Chaophya Hospital, and
10) Phyathai 2 Hospital.

The key informants were the senior management of those 10 hospitals and the focus group participants, including both hospital quality team and general employees, as the list in Table 3.2 and 3.3 shows, respectively.

Table 3.2 List of Key Informants for the In-depth Interview

No.	Key Informant	Position	Date
1	Ass. Prof. Dr. Viriya Paojaroen	Deputy Director of Paolo Memorial Phaholyothin Hospital	23 Apr 2013
2	Dr. Cherdphan Pattarapongsin	Director of Nong Bua Rawae Hospital	24 Apr 2013
3	Dr. Jitjamlong Harinsut	Deputy Director of Smitivej Sukhumvit Hospital	25 Apr 2013
4	Col. Charnchai Tickkapanyo	Deputy Director, Administration Dept., Fort Suranaree Hospital	3 May 2013
5	Dr. Atchara La-ongnuanpanith	Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital	10 May 2013
6	Major General Pasin Buaseng	Director of Fort Suranaree Hospital	16 May 2013
7	Mr. Pramote Hiranjarawong	Deputy Director of Chaophya Hospital	4 Jun 2013
8	Prof. Emeritus Dr. Chaiyavej Nuchprayul	Director of Queen Savang Vadhana Memorial Hospital	20 Jun 2013
9	Ms. Niruwan Chamnankit	Quality & Risk Management Manager, Phyathai 2 Hospital	2 Jul 2013
10	Dr. Suwat Thanakornnuwat	Director of Saohai Hospital	9 Jul 2013
11	Mr. Bunjobpon Chotsiri	Head of Quality Center, Rajyindee Hospital	19 Jul 2013
12	Dr. Kittichot Tangkitthavon	Director of Taphanhin Crown Prince Hospital	2 Aug 2013

Table 3.3 List of Focus Group Discussion Participants

No.	Hospital	Participant	Position	Date
1	Chiangrai Prachanukroh	Dr. Donruedee Chomphurat Mrs. Yada Rupavichet Ms. Narueporn Pornsawan Ms. Chatchada Sukkasem	Manager of the Quality Center Chief of Officer Head of Personnel Department Nurse of the Quality Center Public Health Technocrat of Learning Management and Research Office	10 May 2013
2	Nong Bua Rawae	Mr. Jaras Saenchai Mrs. Lakkanaporn Saenchai Ms. Jiraporn Chevasukthavorn	Registered Nurse Registered Nurse Dentist Specialized	20 May 2013

Table 3.3 (Continued)

No.	Hospital	Participant	Position	Date
		Mrs. Prayaphat Yamkasipakorn	Outpatient Registered Nurse	
		Mrs. Lampai Sananmueang	Chief of General Management Operation	
3	Fort Suranaree	Lt. Col. La-ongphan Khunkamood	Head of Radiology Nurse	29 May 2013
		Capt. Promhatai Wongphanturak	Asst. Manager of Management	
		Mrs. Ladaporn Nuamkoksoong	System Developing Office Administration Officer	
		Maj. Rumphan Baomano	Ward Chief	
		Lt. Jakkaphan Kruesang	Registered Nurse	
		Maj. Phanumas Inthornkamhang	Ward Chief	
		Mrs. Niparat Sithikod	Registered Nurse	
		Mrs. Rungmanee Rangkrang	Personnel Officer	
4	Queen Savang Vadhana Memorial	Mrs. Juraiphat Watchanaluk	Chief of Officer	20 Jun 2013
		Ms. Veena Raphibumrungrat	Deputy Chief of Finance	
		Mrs. Patita JaroenlapThanakhun	Chief of Public Relation	
		Mrs. Ratchaya Pohchai		
		Mrs. Sasitorn Topattanakhun	Quality Developing Manager Ward Chief	
		Mr. Narong Sukcharoen	Ward Permanent Employee	
5	Chaophya	Ms. Puangthong Tienthong	Quality Development Center Manager	26 Jun 2013
		Mr. Chodrapee Kasilerk	Radiology Manager	
		Ms. Matchareya Tacheun	Registered Nurse	
		Ms. Pohkeaw Sakeaw	Administration Officer	
6	Taphanhin Crown Prince	Dr. Pimpa Abhisitwittaya	Representative of the Developing Quality Center (QMR)	2 Aug 2013
		Ms. Varaporn Yodsoontorn	Registered Nurse, Chief of Traditional Thai Medical	
		Mrs. Vilai Petchtho	Registered Nurse, Chief of Customer Service	
		Mr. Adisai Srithong	Chief of the Office Secretary Office	

3.3 Data Collection

3.3.1 Quantitative Research

The unit of analysis for this study was the hospitals that were considered to be at the organizational level. As the hospitals could not answer the questionnaire themselves, the researcher selected multiple respondents in order to avoid biases in answering the questionnaires. A total of 5 senior executives per hospital was selected from all the senior executives that directly reported to the hospital director in three major areas: medical, nurse, and administration, including the senior executives in charge of quality development and human resource management. As for selecting the senior executives to be the respondents, Bartram et al. (Bartram et al., 2007) suggested that this is an appropriate approach for data collection related to resource-based view determinants. This is because these senior executives were well aware of the hospital performance, policy, procedures, and activities associated with resource-based view determinants. These respondents were also suitable for leadership data collection, as Bass and Riggio (2006) suggested that the executives that reported directly to the top management were considered appropriate respondents for providing information relevant to leadership behaviors. The studies of Jiao, Richards and Zhang (2011) and Jung, Wu and Chow (2008) also supported this idea. In addition, the senior executives from the above five fields were ideal respondents for providing information regarding the behavior of employees under their supervision (Jiao, Richards and Zhang, 2011). Thus, the senior executives from the medical, nurse, administration, quality development, and human resource management fields were considered good respondents for the data collection, which could be generalized at the organizational level (Bartram et al., 2007; Jung, Wu and Chow, 2008; Jiao, Richards and Zhang, 2011; Yidong and Xinxin; 2013). The researcher collected data via postal mail during 17 August-19 October 2013.

3.3.2 Qualitative Research

A variety of methods were applied in the qualitative research with an aim to obtain the information related to the characteristics of a high performance work system, organizational culture, human capital, and leadership and organizational

citizenship behavior in the selected hospitals. Information associated with the establishment and development of a high performance work system, organizational culture, and human capital as well as the operational processes and consequences of these variables contributing to outstanding hospital performance was also collected. The details of each data collection method are as follows.

1) Documentary research: Study the data which had been collected previously or secondary data analysis, including reports, research, annual reports, research papers or reports from the mass media and information from the Internet.

2) In-depth interview: Apply the semi-structured technique with a predetermined set of questions to systematically interview the senior management of public and private hospitals.

3) Focus group discussion: Carry out the focus group discussion with a quality development team and general employees of public and private hospitals.

3.4 Variables, Operational Definitions, and Measurements

3.4.1 Dependent Variable

Hospital performance refers to the hospital's achievement of desirable goals, including health and patient care, human resources, and financial outcome as well as health promotion and community responsibility performance. It was measured using the set of 12 questions adapted from the research studies of Chang Yang and Yun Lin (2009) Datta, Guthrie, and Wright (2005), Ramsay, Scholarios and Harley (2000), West et al. (2002), Brown, Sturman and Simmering (2003), Boselie, Paauwe and Richardson (2003), West et al. (2006) and Bartram et al. (2007).

3.4.2 Independent Variable

1) Human capital refers to the knowledge, skills and abilities accumulated by an individual, which are valuable and help to create a competitive advantage for an organization. It was measured using a set of 5 questions using the 7-point rating scale adapted from the studies of Chang Yang and Yun Lin (2009) and Subramaniam and Youndt (2005).

2) Organizational culture refers to beliefs, values, and basic assumptions that have emerged and developed within an organization. It is influential in directing the behavior of organizational members and indicating the characteristics of an organization and often sets the guidelines for business operations. It was measured using the set of 16 questions with 7-point rating scale developed from the organizational culture model of Cameron and Quinn (2011), which divided organizational culture into 4 types: 1) clan culture 2) adhocracy culture 3) hierarchical culture, and 4) the market culture. The measurement tool was also adapted from the work of Cameron and Quinn (2011) Stock, McFadden and Gowen III (2007) and Watcharapong Intarawong (2009).

3) High-performance work system refers to a set of practices that are a combination of structures, human resource practices and workflows which help to enhance the skill, ability, motivation, and participation of employees in order to gain higher organizational performance. It was measured using a set of 18 questions with a 7-point rating scale covering 3 practices: involvement practices, human resource practices, and motivation practices. This measurement tool was adapted from the work of Sun et al. (2007), Takeuchi et al. (2007), Chang Yang and Yun Lin (2009), Chung and Liao (2010) and Messersmith and Guthrie (2010).

4) Ethical transformational leadership refers to the processes related to the change in attitudes and beliefs that motivate followers to succeed in working and that contribute to organizational development, which reflects appropriate normative practices. It was measured using a set of 22 questions with a 7-point rating scale adapted from the transformational leadership concept of Bass and Avolio (1994), Avolio, Bass and Jung (1999) Bass and Riggio (2006) and the ethical leadership concept of Brown et al. (2005). The measurement tool identified 5 components of ethical transformational leadership, including idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, and leadership ethics.

5) Organizational citizenship behavior refers to employee behavior that goes beyond the required or assigned role. It is an extra role behavior that affects the psychological and social environment enhancing organizational performance. It was measured using a set of 12 questions with a 7-point rating scale covering three

components of service-oriented OCB: loyalty service-oriented OCB, service delivery service-oriented OCB, and participative service-oriented OCB. This measurement tool was adapted from the work of Bentencourt, Gwinner and Meuter, (2001) Tsang Tsai and Shu Su (2011) Jen Lin and Cheng Lin (2011).

6) The controlled variables consisted of age and size of the organization. The size was determined by the number of full-time employees in the hospital. Age was defined by the actual age of the hospital since it was founded. Based on the work of Huselid (1995) Bosselie, Paauwe and Jansen (2001), the measurement tool included 2 ratio scale questions.

Operational definitions and a list of measurements are presented in Table 3.4.

Table 3.4 Operational Definitions and Measurements

Variables	Operational Definitions	Measurements
Hospital Performance	Employee satisfaction, commitment, and turnover. Responding to needs and complaints of patients. Patient satisfaction and loyalty. Profit, return on asset, return on investment. Achievements in health promotion and community responsibility.	1) Employee satisfaction 2) Employee commitment with the hospital 3) Turnover of employees 4) Serving patient needs 5) Responding to patient complaints 6) Patient satisfaction 7) Patient intention to revisit 8) Hospital profits 9) Return on hospital assets 10) Return on hospital investment 11) Hospital achievement in health promotion 12) Hospital achievement in community responsibility

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Human Capital	Knowledge, skills, abilities	Related to the hospital employees 1) Employee qualifications are better than those of the hospital competitors. 2) Employees have skills and working proficiency. 3) Employees always seek knowledge relevant to work. 4) Employees have innovative and creative ideas. 5) Employees understand working process, procedures and practices and also have agility at work.
Clan Culture	Focusing on good relationship between organizational members like a family. Employee are generous, leaders advise and support their subordinates, emphasizing teamwork and shared decision-making	1) Hospital employees work together like a family and always helping each other at work. 2) Leaders give advice and support their subordinates. 3) The focus is on teamwork and shared decision-making. 4) A good relationship between employees is most important.

Table 3.4 (Continued)

Variable	Operational Definitions	Measurements
Adhocracy Culture	Concentrating on external environment. Leaders dare to make a decision. Encouraging employees to make a courageous decision, to create innovation and to have freedom.	5) Work and hospital environment has changed over time. 6) Operational practices are modified regularly. 7) Leaders dare to make a decision and motivate employees to do so. 8) Focusing on creativity and innovation.
Hierarchy Culture	Emphasizing a clear organizational structure. Employees comply with the rules. Leaders are a coordinator focusing on operational control. Focusing on stable and predictable working style.	9) The relationship between leaders and employees conforms to clear hierarchy rules. 10) Employees are strictly compliant with work rules. 11) Leaders coordinate and control the operations. 12) Work is stable and predictable.
Market Culture	Focusing on success. Employees enjoy competition. Organizational leaders are rational, perform proactively, and emphasize success at work. Concentrating on success or winning in terms of market share.	13) The work environment is filled with competition. 14) Leaders are rational and work proactively. 15) The focus is on work achievements. 16) Income and growth of the hospital is a major goal at work.

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Involvement practices	Participation system, teamwork, information sharing and accessing	1) Employees take part in decision making related to work. 2) Employees are rotated and have a chance to adjust their work styles. 3) A quality circle is applied to improve work. 4) There are cross-functional teams and focus is on teamwork in order to develop good service. 5) Employees participate in determining the hospital goals, vision and mission. 6) There is a knowledge management system to improve the service.
Human resource practices	Recruitment, training, and performance evaluation	7) Employees are selected that have characteristics and abilities relevant to service quality and possess learning potential. 8) Existing employees have appropriate qualifications and a chance to get promoted. 9) Extensive training programs are continually provided. 10) Job performance feedback is given for employee improvement. 11) Performance evaluations are carried out based on information from various sources, focusing on performance which can be measured quantitatively. 12) Supervisors and employees set work objectives together.

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Motivation practices	Compensation, flexible work system, complaints, and work-life balance	13) Average employee compensation is higher than that of the hospital competitors. 14) Salary and rewards are given based on the employee performance. 15) Fringe benefits and varieties of welfare are provided. 16) Rewards and compensation are fairly given. 17) A flexible work system and work-life balance programs are provided. 18) The hospital has an employee complaint management system.
Idealized influence	Role modeling for followers. Receiving respect and trust. Leaders have an emotional effect on followers' feelings making followers need to overcome their personal interest. Leaders' behaviors reflect their values and beliefs.	Relate to the top management 1) Employees are proud of their leaders. 2) Leaders do a job without personal gain. 3) Leaders are respectful. 4) Leaders talk about their principal values and beliefs.

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Inspirational motivation	Leaders motivate and inspire followers by providing meaningful and challenging tasks, increasing enthusiasm and attention for work of followers, building loyalty, stimulating emotion in order to increase awareness of the importance of mutually beneficial goals.	5) Attention is paid to missions and common goals. 6) The hospital's future is discussed in a good way. 7) Leaders are enthusiastic and attentive to their work. 8) Leaders encourage employees to recognize the issues and challenges that are important to the hospital.
Intellectual stimulation	Leaders motivate followers to gain innovative and creative ability by questioning, reframing problem, viewing situation in a new approach in order to make followers realize the source of problem and encourage followers to solve the problem intellectually.	9) Initiative ideas are supported to solve problems. 10) Different perspectives are found to deal with problems. 11) Solutions or performing tasks are suggested in different ways. 12) Followers are convinced to handle problems using different methods.

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Individualized consideration	Leaders focus on the needs of achievement and individual growth by acting as a coach or mentor, emphasizing learning, developing and giving decision-making authority to followers, meeting, and supporting followers.	13) Attention is paid and focus is made on the strengths of followers. 14) Leaders act as a coach or mentor. 15) Learning based on the differences of each follower is emphasized. 16) Leaders support and have decision-making authority for the self-development of followers.
Leadership ethics	Appropriate normative practices in terms of personal action and interpersonal relationship	17) Leaders blame whoever violates the ethical standards set forth in the organization. 18) Leaders behave ethically and reliably in everyday life. 19) Leaders are fair and take account employee benefits. 20) Leaders set an example of ethical actions. 21) Leaders do not judge success by looking at the outcome alone but also consider the way it has been done. 22) When the top management needs to make any decision, they always ask everyone what the right thing to do is.

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Loyalty behavior	Employee behavior that reflects willingness to promote product, services and image of the hospital to outsiders.	The hospital employees 1) Employees tell good stories about the hospital. 2) Employees express good intentions toward the hospital. 3) Employees support the products and services of the hospital eagerly. 4) Employees persuade family, relatives, and friends to visit the hospital.
Service delivery behavior	Commitment and enthusiasm for delivering service to customers.	5) Employees follow up and give advice to patients with care. 6) Employees serve the patient needs in a timely manner. 7) Employees intend to work with minimal errors. 8) Employees provide non-discriminating services with courtesy and respect.

Table 3.4 (Continued)

Variables	Operational Definitions	Measurements
Participation behavior	Initiative in working such as communicating and developing service delivery to serve the customer needs	9) Employees communicate with customers regularly in order to enhance good service. 10) Employees give the hospital suggestion concerning service improvement. 11) Employees offer creative ideas for solving problems. 12) Employees motivate their colleagues to share opinions and suggestions for the hospital development.
Controlled variables	The number of employees, age of the hospital	1) The number of full time employees in a hospital 2) The actual age of the hospital (years)

3.5 Research Instruments

3.5.1 Research Instruments

The research instruments applied in this study consisted of 1) a questionnaire and 2) an interview form. As for the questionnaire, which was developed based on relevant theories, conceptual frameworks, and operational definitions, it was divided into three main parts.

The first part aimed to elicit general information about the participants, including gender, age, marital status, educational background, current job title, years they have worked for the hospital, and being in charge of the hospital quality development.

The second part concerned questions about resource-based view determinants, ethical transformational leadership, and organizational citizenship behavior, using a 7-point rating scale. The interpretations of the measurement were as follows.

6.51-7 means that the behavior, situations or operations match the reality at the highest level.

5.51-6.50 means that the behavior, situations or operations match the reality at a high level.

4.51-5.50 means that the behavior, situations or operations match the reality at a somewhat high level.

3.51-4.50 means that the behavior, situations or operations match the reality at a medium level.

2.51-3.50 means that the behavior, situations or operations match the reality at a somewhat low level.

1.51-2.50 means that the behavior, situations or operations match the reality at a low level.

1.00-1.50 means that the behavior, situations or operations match the reality at the lowest level.

The third part dealt with questions about the background of the hospital, namely the type of the hospital, the age of the hospital, the number of beds, the number of full-time employees, and the employee turnover rate in the past year, including the questionnaires associated with four elements of hospital performance:

human resource outcomes, health and patient care outcomes, financial outcomes, and health promotion and community responsibility outcomes. A 7-point rating scale was applied. The interpretations of the measurements were as follows.

6.51-7.00 means that the hospital performance was at the highest level.

5.51-6.50 means that the hospital performance was at a high level.

4.51-5.50 means that the hospital performance was at a somewhat high level.

3.51-4.50 means that the hospital performance was at a medium level.

2.51-3.50 means that the hospital performance was at a somewhat low level.

1.51-2.50 means that the hospital performance was at a low level.

1.00-1.50 means that the hospital performance was at the lowest level.

For the interviewing tool used in this research, the semi-structured method was applied based on the following questions.

Part 1 Hospital performance

1) What are the causes/factors that contribute to the hospital's outstanding performance?

2) What are the sources of those causes/factors?

3) Are there any operational practices associated with those causes/factors? How?

4) What kind of activities does the hospital need to achieve the established goals?

Part 2 Organizational culture

1) What kind of beliefs, values, or organizational cultures does your organization have? Please specify.

2) Why does your organization have those beliefs, values, or organizational culture? Can you suggest the potential causes/factors?

3) How does the hospital build an organizational culture?

Part 3 Human capital

1) What kind of employee knowledge, skills, and abilities are associated with the hospital's outstanding performance?

2) How does the hospital acquire, develop and retain that knowledge and those skills and abilities?

3) Are there any practices or activities that can develop that knowledge and those skills and abilities for the employees?

Part 4 High performance work system

1) How does the employee participation system work? Are there any practices or activities related to employee participation? How have they been carried out?

2) Is there any teamwork within the hospital? How does it work? Are there any practices or activities related to teamwork? How have they been carried out?

3) What is the hospital's knowledge management concept and approach?

4) What does the hospital's human resource management system look like? How does it operate?

5) How does the incentive and rewarding system in the hospital work?

6) How does the work-life balance system in the hospital work?

Part 5 Ethical transformational leadership

1) What are the characteristics and behaviors of your leader?

2) What does your leader pay particular attention to?

3) What criteria are used for selecting the hospital executives at each level?

4) What criteria are used for assessing the performance of the hospital executives?

5) How do the executives implement leadership in daily practice?

6) How does the hospital organize leadership training programs for employees at all levels?

Part 6 Organizational citizenship behavior

1) What kind of employee behaviors can enhance the hospital performance?

2) How does the hospital build, develop, and maintain those behaviors?

3) What kind of activities can facilitate those behaviors?

3.5.2 Measurement of Validity and Reliability

The developed questionnaire was examined in order to ascertain its validity and reliability as follows.

1) The questions for each variable were developed based on the operational definitions obtained from relevant theories and concepts. Then they were examined by the three experts, taking account language accuracy and content validity. This was to ensure that the elements within a measurement tool were adequately representative of the construct that they would be used to measure (Kriangkraiyot Phanthai, 2009) and that they were relevant to the objectives and content of the research (Phornphen Petchsuksiri, 1998). After that, the questionnaire was revised according to the expert's suggestions.

2) The questionnaire was tried out on a sample of 40 people in order to measure the construct validity using factor analysis and to examine the reliability by calculating Cronbach's alpha coefficient.

Construct validity defines how well a research tool measures what it is intended to measure in terms of the theoretical concept (Phornphen Petchsuksiri, 1998). The researcher can use the obtained result to make the questionnaire more appropriate. Confirmatory factor analysis can also be done to determine which variables should be included in the questionnaire with several variables according to the theoretical concept or operational definitions. This technique could prevent the researcher from using personal feelings or opinions to judge factor loading in creating a new variable. The result of the factor analysis would indicate the factor loading of each variable and each item (Suchart Prasertrattasin, 2009). The acceptable factor loading should not be lower than 0.4 (Nunnally and Bernstein, 1994).

The results of the factor analysis applying principle component extraction and varimax rotation of human capital, a high performance work system, ethical transformational leadership, service-oriented organizational citizenship behavior, and hospital performance variables are presented in Table 3.6-3.10. As for organizational culture variable, the researcher analyzed it separately by dividing the factor loading into 4 dimensions according to the Competing Values Framework as shown in Table 3.5.

According to the analysis results, it was found that the factor loadings of all variables were higher than 0.4 so they were qualified based on the criterion of Nunnally and Bernstein, (1994). Hierarchical culture consisting of the relationship between leaders and employees was under clear rules (H_OCULT1), which had the highest factor loading, followed by employees were strictly compliant with working rules (H_OCULT2), leaders coordinated and controlled the operations (H_OCULT3),

and concentration on stable and predictable working (H_OCULT4). The total variance of data was 60.67%, while clan culture was comprised of hospital employees working together like a family and always helping each other at work (C_OCULT1), which had the highest factor loading, followed by leaders gave advice and supported their subordinates (C_OCULT2), employees focused on teamwork and shared decision-making (C_OCULT3), and good relationship between employees was most important. The total variance of the data was 56.84%.

Table 3.5 Descriptive Statistics and Factor Loading of Organizational Culture Variables

Item	**mean**	**S.D.**	**Factor Loading**			
			hierarchy	**clan**	**market**	**adhocracy**
H_OCULT1	5.30	0.853	.877			
H_OCULT3	5.10	0.896	.845			
H_OCULT4	5.38	0.744	.739			
H_OCULT2	5.60	0.841	.616			
C_OCULT2	5.75	.707		.817		
C_OCULT1	5.35	.921		.787		
C_OCULT4	4.90	1.109		.752		
C_OCULT3	6.00	.744		.765		
M_OCULT2	5.55	1.011			.798	
M_OCULT4	4.45	1.338			.768	
M_OCULT3	5.70	1.090			.764	
M_OCULT1	4.15	1.075			.688	
A_OCULT2	5.03	0.946				.792
A_OCULT4	5.45	0.777				.762
A_OCULT3	5.90	1.011				.723
A_OCULT1	4.78	1.143				.594
Eigen values			2.427	2.274	2.285	2.083
% of Variance			60.672	56.844	57.116	52.074

Market culture consisted of the work environment being filled with competition (M_OCULT1), which had the highest factor loading, followed by leaders were rational and perform proactively (M_OCULT2), focusing on work achievements (M_OCULT3), and income and growth of the hospital was a major goal of work (M_OCULT4). The total variance of the data was 57.12%.

Adhocracy culture comprised the ideas that the work and hospital environment had changed over time (A_OCULT1) with the highest factor loading, followed by operational practices were modified regularly (A_OCULT2), leaders dared to make a decision and motivated employees to do so (A_OCULT3), and focusing on creativity and innovation (A_OCULT4). The total variance of the data was 52.07%.

Table 3.6 Descriptive Statistics and Factor Loading for Human Capital Variables

Item	Mean	S.D.	Factor Loading
HU_CAP4	5.00	0.816	0.928
HU_CAP3	4.98	0.733	0.904
HU_CAP2	5.20	0.607	0.881
HU_CAP5	5.24	0.830	0.864
HU_CAP1	5.08	0.916	0.783
Eigen values			3.812
% of Variance			76.241

The results showed that all five variables could be categorized into one factor and all of the variables could be described at 76.24%. The five variables included employees had innovative and creative ideas (HU_CAP4) with the highest factor loading, followed by employees always sought knowledge relevant to work (HU_CAP3), employees had skills and work proficiency (HU_CAP2), employees understood the work process, procedures and practices, and also had agility at work (HU_CAP5), and employee qualifications were better than those of the hospital competitors (HU_CAP1).

Table 3.7 Descriptive Statistics and Varimax Rotated Factors for High-Performance Work System Variables

Item	Mean	S.D	Component		
			Motivation Practice	**Involvement Practice**	**HR Practice**
MP_HPWS2	5.03	1.187	.803		
MP_HPWS1	4.21	1.381	.756		
MP_HPWS4	4.93	1.141	.737		
MP_HPWS6	5.28	1.132	.731		
MP_HPWS3	5.13	1.090	.694		
MP_HPWS5	4.98	1.074	.678		
IP_HPWS4	5.83	.931		.739	
IP_HPWS1	5.38	.868		.707	
IP_HPWS3	5.68	.944		.678	
IP_HPWS5	5.40	1.499		.658	
HR_HPWS6	5.33	.971		.656	
IP_HPWS6	5.48	.751		.616	
IP_HPWS2	4.55	1.239		.494	
HR_HPWS3	5.43	1.107			.818
HR_HPWS2	5.60	.841			.781
HR_HPWS4	5.13	.966			.643
HR_HPWS5	4.95	.876			.631
HR_HPWS1	5.28	.877			.518
Eigen values			7.757	2.085	1.491
% of Variance			23.642	21.056	18.263
Cumulative %			23.642	44.698	62.961

According to Table 3.7, it was found that all 18 variables could be categorized into 3 factors, which described all variables at 62.96%. The factor with highest factor loading was motivation practices, followed by participation practices, and human resource practices.

Motivation practices was comprised of salary and rewards given based on employee performance (MP_HPWS2), compensation was higher than that of the hospital competitors (MP_HPWS1), rewards and compensation were fairly given (MP_HPWS4), employee complaint management system (MP_HPWS6), fringe benefits and varieties of welfare (MP_HPWS3), and flexible work system and work-life balance programs (MP_HPWS5).

Involvement practices consisted of teamwork and cross-functional teams contributing to service improvement (IP_HPWS4), employees took part in decision making related to work (IP_HPWS1), a quality circle was applied to improve work (IP_HPWS3), employees participated in determining the hospital goals, vision and mission (IP_HPWS5), the knowledge management system to improve the service (IP_HPWS6), and job rotation and a chance to adjust working styles (IP_HPWS2).

Human resource practices included the idea that extensive training programs were continually provided (HR_HPWS3), career advancement and job promotion (HR_HPWS2), job performance feedback was given for employee improvement (HR_HPWS4), performance evaluation was carried out based on information from various sources, focusing on performance which could be measured quantitatively (HR_HPWS5), and selecting employees with characteristics and abilities relevant to service quality and possess learning potential (HR_HPWS1).

The results of the service-oriented organizational citizenship behavior analysis shown in Table 3.8 indicated that all 22 variables could be categorized into 3 factors, and these factors could describe all of the variables at 83.04%. The factor with highest factor loading was the first factor consisting of supporting initiative ideas to solve problems (IS_ETL1), paying attention to and focusing on the strengths of followers (IC_ETL1), finding different perspectives to deal with the problem (IS_ETL2), visiting, supporting, and giving decision-making authority for self-development to followers (IC_ETL4), when making any decision, they always asked everyone what was the right thing to do (EL_ETL6), convincing followers to handle the problem with new methods (IS_ETL4), leaders did not judge the success by looking at the outcome alone but also considered the way it had been done (EL_ETL5), and suggesting solution or performing the tasks in a different way (IS_ETL3).

Table 3.8 Descriptive Statistics and Varimax Rotated Factors for Ethical Transformational Leadership Variables

Item	Mean	S.D	Component		
			Ethical intellectual stimulation	**Ethical individualized consideration**	**Ethical inspirational motivation & idealized influence**
IS_ETL1	5.40	1.355	.871		
IC_ETL1	5.05	1.239	.843		
IS_ETL2	5.23	1.291	.793		
IC_ETL4	5.05	1.011	.784		
EL_ETL6	5.03	1.187	.674		
IS_ETL4	5.08	1.457	.604		
EL_ETL5	5.43	.9841	.533		
IS_ETL3	4.95	1.431	.513		
EL_ETL1	4.70	1.418		.800	
IC_ETL2	4.65	1.350		.794	
IC_ETL3	4.78	1.310		.755	
EL_ETL3	5.13	1.017		.754	
IM_ETL4	5.08	1.385		.704	
EL_ETL2	5.08	1.095		.663	
II_ETL2	5.48	1.0374			.851
II_ETL3	5.68	1.118			.708
II_ETL1	5.60	1.150			.637
IM_ETL3	5.53	1.240			.556
IM_ETL2	5.08	1.385			.546
EL_ETL4	5.13	1.159			.504
II_ETL4	5.45	1.568			.445
IM_ETL1	5.67	1.118			.431
Eigen values			15.567	1.594	1.109
% of Variance			34.286	29.252	19.505
Cumulative %			34.286	63.538	83.043

The factor loadings were in descending order. It could be seen that the variables in this category were associated with the decision making and problem solving of the leaders as well as encouraging and supporting the followers to make a decision. According to the transformational leadership concept of Bass and Avolio (1994), Avolio, Bass and Jung (1999) Bass and Riggio (2006), it was found that most of the variables were related to the component of intellectual stimuli (IS), which focused on decision making and problem solving. Although there were some variables in the component of individual consideration (IC), the content was still related to decision making and problem solving. However, decision making and problem solving were also associated with the ethical element according to the ethical leadership concept of Brown et al. (2005). Thus, the researcher named this first factor ethical intellectual stimulation.

The variables included in the second factor were blaming whoever violated the ethical standards set forth in the organization (EL_ETL1), acting as a coach or mentor (IC_ETL2), emphasizing learning based on the differences of each follower (IC_ETL3), being fair and focusing on employee benefits (EL_ETL3), encouraging employees to recognize the issues and challenges important to the hospital (IM_ETL4), and behaving ethically and reliably in everyday life (EL_ETL2). The factor loadings were in descending order.

Based on the transformational leadership concept of Bass and Avolio (1994), Avolio, Bass and Jung (1999) Bass and Riggio (2006), it was found that two variables were in the component of individualized consideration and one variable was in the component of inspirational motivation, which was consistent with individualized consideration, emphasizing the importance of employees. The variables with a high factor loading were related to ethical elements based on the ethical leadership concept of Brown et al. (2005), including blaming whoever violated ethical standards, concentrating on fairness and employee benefits, and role modeling in the ethical aspect. Therefore, the researcher named this second factor ethical individualized consideration.

The third factor consisted of doing a job without personal gain (II_ETL2), leaders were respectful (II_ETL3), employees were proud of their leaders (II_ETL1), leaders were enthusiastic and attentive to their work (IM_ETL3), talking about the

hospital future in a good way (IM_ETL2), setting an example of ethical actions (EL_ETL4), leaders talked about their principal value and belief (II_ETL4), and paying attention to missions and common goals (IM_ETL1). The factor loadings were in descending order.

According to the transformational leadership concept of Bass and Avolio (1994), Avolio, Bass and Jung (1999) Bass and Riggio (2006), it was found that most of the variables were in the component of Idealized influence (II) and Inspirational Motivation (IM), where the leaders had an idealized influence on the followers. This was similar to role modeling and inspiring in terms of the beliefs, values, and mission of the hospitals on the basis of ethical accuracy according to the theoretical concept of Brown et al. (2005). This factor was named ethical inspirational motivation and idealized influence.

The results of the service-oriented organizational citizenship behavior analysis shown in Table 3.9 indicated that all 12 variables could be categorized into 3 factors and that these factors could describe all variables at 75.42%. The factor with highest factor loading was the first factor, service delivery behavior, which comprised communicating with customers regularly in order to enhance good service (PS_OCB1), serving the patient needs in a timely manner (SS_OCB2), non-discriminating and providing services with courtesy and respect (SS_OCB4), following up and giving advice to patients with care (SS_OCB1), and intending to work with minimal errors (SS_OCB3).

The second factor consisted of giving the hospital suggestions for service improvement (PS_OCB2), motivating the colleagues to share opinions and suggestions for the hospital development (PS_OCB4), and proposing creative ideas to solve problems (PS_OCB3).

The third factor included supporting products and services of the hospital eagerly (LS_OCB3), expressing good intentions toward the hospital (LS_OCB2), persuading family, relatives, and friends to visit the hospital (LS_OCB4), and telling good stories about the hospital to others (LS_OCB1).

Table 3.9 Descriptive Statistics and Varimax Rotated Factors for Service-Oriented OCB Variables

Item	Mean	S.D	Component		
			Service delivery behavior	**Participation behavior**	**Loyalty behavior**
PS_OCB1	5.28	.640	.848		
SS_OCB2	5.21	.757	.840		
SS_OCB4	5.38	.807	.782		
SS_OCB1	5.21	.757	.773		
SS_OCB3	5.38	.839	.656		
PS_OCB2	5.00	.817		.758	
PS_OCB4	4.88	.607		.680	
PS_OCB3	5.08	.859		.523	
LS_OCB3	5.18	.844			.894
LS_OCB2	5.65	.580			.729
LS_OCB4	5.33	.762			.604
LS_OCB1	5.30	.687			.526
Eigen values			6.875	1.235	1.040
% of Variance			31.772	23.610	20.039
Cumulative %			31.772	55.381	75.420

The results of the hospital performance analysis shown in Table 3.10 indicated that all 12 variables could be categorized into 4 factors and that these 4 factors could describe all variables at 77.593%. The factor with the highest factor loading was the first one, health and patient care outcome, which consisted of patient satisfaction (PT_OUT3), patient intention to revisit (PT_OUT4), serving patient needs (PT_OUT1), and responding to patient complaints (PTOUT2). The second factor included financial outcome, comprising hospital profits (FC_OUT1), return on hospital assets (FC_OUT2), and return of hospital investment (FC_OUT3). The third factor was health promotion and community responsibility outcomes, which consisted

of hospital achievement in health promotion (PC_OUT1) and hospital achievement in community responsibility (PC_OUT2). The fourth factor was human resource outcome, including employee satisfaction (HR_OUT1), employee engagement with the hospital (HR_OUT2), and employee retention (HR_OUT3), which was scale-reversed from employee turnover rate.

Table 3.10 Descriptive Statistics and Varimax Rotated Factors for Hospital Performance Variables

Item	Mean	S.D	Component			
			Health& Patient care	Finance	Health promotion & Community responsibility	Human resource
PT_OUT3	5.350	0.8930	0.853			
PT_OUT4	5.350	0.8929	0.778			
PT_OUT1	5.250	0.8397	0.716			
PT_OUT2	5.600	0.9819	0.583			
FC_OUT3	4.111	1.5816		0.917		
FC_OUT2	4.056	1.5665		0.915		
FC_OUT1	3.868	1.5626		0.636		
PC_OUT1	5.400	0.8712			0.936	
PC_OUT2	5.525	0.8161			0.922	
HR_OUT1	5.000	1.0378				0.868
HR_OUT2	5.250	1.1712				0.786
HR_OUT3	5.075	1.4392				0.499
Eigen values			4.293	2.425	1.532	1.055
% of Variance			35.773	20.206	12.764	8.795
Cumulative %			35.773	55.980	68.744	77.539

As for testing research reliability by calculating Cronbach's alpha coefficient for all variables, the results are shown in Table 3.11, showing that ethical transformational leadership had the highest reliability score (.977), followed by service-oriented OCB (.931), human capital (.914), high performance work system

(.911), organizational culture (.879), and hospital performance (.806). All of them were higher than the acceptable score, which was 0.50 or above (Sujitra Boonyaratphan, 2003).

Table 3.11 Cronbach's Alpha Coefficient for All Variables

Variables	Cronbach's alpha coefficient
Organizational culture	**.879**
Hierarchical culture	.777
Clan culture	.730
Market culture	.744
Adhocracy culture	.70**6**
Human capital	**.914**
High performance work system	**.911**
Motivation practice	.900
Participation practice	.800
Human resource practice	.826
Ethical transformational leadership	**.977**
Ethical intellectual stimulation	.958
Ethical individualized consideration	.938
Ethical inspirational motivation and idealized influence	.960
Service-oriented OCB	**.931**
Service delivery behavior	.918
Participation behavior	.835
Loyalty behavior	.730
Hospital performance	**.806**
Patient care outcome	**.**819
Financial outcome	.802
Health promotion and community responsibility outcome	.919
Human resource outcome	.733

3.6 Data Analysis

3.6.1 Quantitative Data

As for data preparation, the accuracy and completeness of the data were verified before coding. Then the researcher carried out the initial validation with the structural equation model (SEM). The details of each process were as follows.

Step 1 was conducting a preliminary analysis by showing the distribution of variables with descriptive statistics such as frequency, percentage, minimum value, maximum value, mean, standard deviation, skewness and kurtosis. This was to describe the general characteristics of the subject and to verify the normal distribution of the data.

Step 2 was carrying out the confirmatory factor analysis (CFA) with the LISREL program in order to study the components of the 6 latent variables, including organizational culture, high performance work system, human capital, organizational citizenship behavior, ethical transformational leadership and hospital performance. The validation and reliability of the observed variables on the latent variables were examined.

Step 3 was analyzing the relationship between the variables in the structural equation model. This was to investigate the direct and indirect impact of the developed variables as to whether they were consistent with the empirical data or not. The sub-processes in the analysis of the relationships between the variables in the structural equation model were as follows.

Step 3.1 was determining the specification of the model. The researcher needed to study whether resource-based view determinants, leadership, and organizational citizenship behavior had a direct or indirect effect on hospital performance by using an analysis of the linear structural relationships, which consisted of the latent and observed variables. Considering the basic assumption, all of the relations in the model were linear, additive, and there were recursive relationships between the exogenous variables and endogenous variables (Nonglak Viratchai, 1998). The research model was developed and adapted from relevant theories and research studies, as discussed in Chapter 2.

Step 3.1 was determining specification of the model. The researcher needed to study whether resource-based view determinants, leadership, and organizational citizenship behavior had a direct or indirect effect on hospital performance by using an analysis of the linear structural relationships, which consisted of the latent and observed variables. Considering the basic assumption, all of the relations in the model were linear, additive, and there were recursive relationships between exogenous variables and endogenous variables (Nonglak Viratchai, 1998). The research model was developed and adapted from relevant theories and research studies, as discussed in Chapter 2.

Step 3.2 was applying model identification in order to study the configuration parameters that were unknown in the research model as to whether they conformed to the conditions of the analysis or not (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011) by comparing n(n+1)/2 to the parameters needed to be estimated (n = the number of observed variables in the model, including both x and y). The conditions (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011) were as follows.

When n(n+1)/2 was less than the number of parameters needed to be estimated, it was under identification. The program would report that df was negative and no parameter estimation.

When n(n+1)/2 was equal to the number of parameters needed to be estimated, it was Just Identification. The program would report that df was zero, no SE and t-value.

When n(n+1)/2 was more than the number of parameters needed to be estimated, it was Over Identification. The program would report that df was positive. The estimation value, SE and t-value would also be reported.

Step 3.3 was applying the parameter estimation using Maximum Likelihood (ML), the most-used estimation technique, by estimating all of the parameters in the model then calculating the variance-covariance of the observed variables in the model. Then the results would be presented in the form of a matrix, called the computed covariance matrix.

Step 3.4 was examining the model fit of the research model and empirical data. This process took account of χ^2- test, χ^2/df, Goodness-of-Fit Index

(GFI), Adjusted Goodness-of-Fit Index (AGFI), Comparative Fit Index (CFI), Standardized Root Mean Squared Residual (SRMR), (Root Mean square of Error Approximation (RMSEA) and Q-plot, which was the index commonly used in the estimation. The criteria of each index are shown in Table 3.12.

Table 3.12 Indexes Commonly Used in Evaluating the Fit of Model and Empirical Data

Fit Index	Criteria	Reference
χ^2 - test	Insignificant (p> 0.05)	Diamantopoulos and Siguaw (2000)
χ^2/df	< 2.00 Good Fit	Bollen (1989)
	2.00-5.00 Fair Fit	Diamantopoulos and Siguaw (2000)
CFI	≥0.95 Good Fit	Bollen (1989)
	0.90-0.95 Fair Fit	Diamantopoulos and Siguaw (2000)
GFI	≥0.95 Good Fit	Diamantopoulos and Siguaw (2000)
	0.90-0.95 Fair Fit	
AGFI	≥ 0.95 Good Fit	Diamantopoulos and Siguaw (2000)
	0.90-0.95 Fair Fit	
RMSEA	< 0.05 Good Fit	Diamantopoulos and Siguaw (2000)
	0.05-0.08 Fair Fit	
	0.08-0.10 Rather Poor Fit	
	> 0.10 Poor Fit	
SRMR	< 0.05	Diamantopoulos and Siguaw (2000)
Q-plot	Steeper than the diagonal	(Joreskog and Sorborn (1996) Nongrak Viratchai (1999)

Source: Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011: 29.

Step 3.5 was implementing model modification which would be used when the research model did not fit the empirical data. The modification would take account of Modification Index (MI) in the analysis results because it could roughly indicate if the parameters in the model had increased. Upon reanalyzing, χ^2 would decrease until it was equal to MI. The model with highest AGFI should be selected to be modified (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). Modifying the model structure could be done by data reduction, item parceling, combining errors in variables, and deleting the line between latent variables with too little factor loading (Raengsoongnern, 2011).

The measurement model used the observed variables to measure the latent variables (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). As for interpreting the analysis results, the degree to which the observed variables measure the latent variables should be examined with validity and reliability (Suchart Prasertrattasin, Kannika Sukkasem, Sophit Phongsee and Thanormrat Prasittimate, 2008; Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011).

Validity refers to ability of an observed variable or indicator to measure the latent variable in the model. Validity could be verified via the significance of the factor loading. In an LX or LY matrix the factor loading should be high and the t-value should be more than $\left| 1.96 \right|$ (Diamantopoulos and Siguaw, 2000; Suchart Prasertrattasin, Kannika Sukkasem, Sophit Phongsee and Thanormrat Prasittimate, 2008; Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). In addition, the significance of observed variables can be compared to find out which one measures latent variable best by comparing the standardized loading. The observed variables with high significance would have a high standardized loading.

Reliability refers to the consistency of a measure or error free level of variables. The reliability of a variable can be verified using Square Multiple Correlation (R^2), which is proportion of variance explained by the latent variable. This value should be higher than 0.5 (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011).

Additionally, the measurement model evaluation should take account of the construct reliability of the latent variable or ρ_c and the Average Varian Extracted

(AVE) or ρ_v. Hair et al. (2010) suggested that the construct reliability of the latent variable should be greater than 0.7, while Diamantopoulos and Siguaw (2000) suggested that it should be higher than 0.6 and the Average Varian Extracted (AVE) or ρ_v should be 0.5 or above (Hair et al., 2010; Diamantopoulos and Siguaw, 2000; Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011).

The structural model in the structural equation indicated the relationship of the variables in form of a regression equation between the independent and dependent variables. Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat (2011) made recommendations for assessing the structural model as follows.

1) The direction of the regression coefficient should be consistent with the theory.

2) The regression coefficient should be statistically significant.

3) The regression coefficient of the structural equation should be higher than 0.50.

This is similar to the recommendations of Suchart Prasertrattasin, Kannika Sukkasem, Sophit Phongsee and Thanormrat Prasittimate (2008), who suggested that the following three points should be taken into account.

1) Parameter markers direct the path between latent variables by indicating the direction of relationship.

2) Regarding the size of estimated parameter, the t value of each linear relation should be at least 1.96.

3) For the R^2 of the structural equation explaining variance of the latent variable, as the R^2 value grows higher, the explanatory power will become greater.

Step 4 was implementing the multiple-group analysis in order to study the influence of the moderator variables, including organization size and organization age, on the relationship between resource-based view determinants and hospital performance. It can examine the differences/similarities of the parameters in the structural equation model, including the parameter in structural model, which was the regression coefficient, and the parameters of the measurement model, which was the factor loading, error, factorial relationships (Supamas Angsuchot; Somthawin

Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). The testing process began by defining the same model for each sample. Then the model was adjusted to be consistent with the empirical data. After that, the parameters of each group were constrained equally, beginning with the equal factor loading, the equal regression coefficient, the equal error variance, and the equal factor variance. When the chi-square value of the model with unconstrained parameters was to be not different from the chi-square value of the model with constrained parameters, it could be concluded that the model did not change between the groups (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011).

3.6.2 Qualitative Data

In the analysis of the qualitative data, the three main components that were taken into account included field notes, coding/indexing categories, and data analysis.

Field notes are an important source of raw data, providing details about the circumstances, phenomena and social processes that occur in the field (Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009). In the present study, the researcher took field notes and recorded audio data from the interview and focus group discussions, which not only reminded the researcher of important details but also could be used as traceable evidence in the data analysis, while coding/indexing categories were a process that fractured the data in the form of concepts or conclusions (Strauss, 1987; Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009) in order to match each message with the main topic and to facilitate the data sorting, grouping, searching, linking, and interpretation.

As for the data analysis, it was a process in which the researcher arranged, identified, and categorized the data into sub-units for the preliminary analysis and basic interpretation. When the sub-units were combined to gain a wider meaning, the researcher created a linkage and found the relation of that meaning as well as explained the phenomenon or answered the research questions. This is considered an interpretation and defining process according to the inductive approach (Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009). Based on the key elements of the qualitative data analysis, the main procedures of the data analysis were divided into 7 stages as shown in Figure 3.1.

In terms of the data analysis method and technique, the researcher applied content analysis to interpret and summarize the findings. The content analysis involved reading comprehension capturing the main idea and content to find the pattern leading to pattern-matching, as well as interpreting the findings according to the research questions (Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009). The main data analysis techniques used in this present study included: 1) successive approximation 2) illustrative method, and 3) domain analysis.

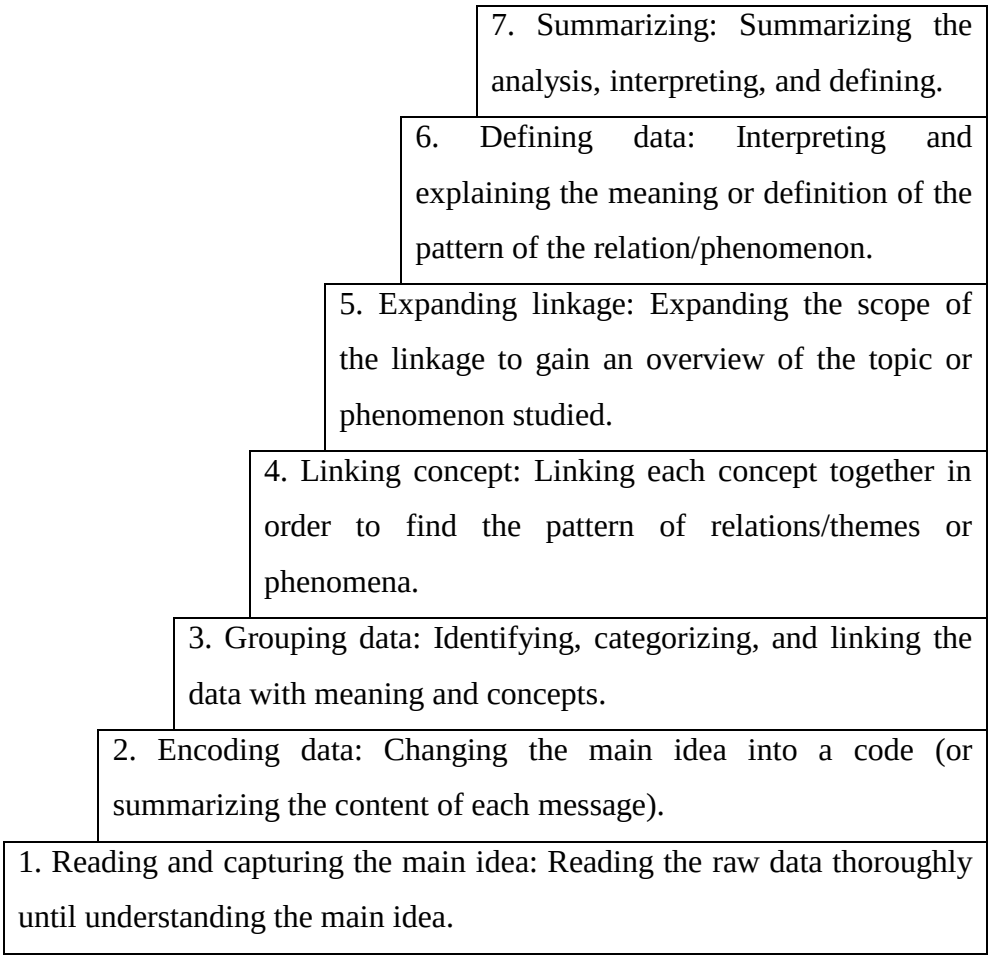


Figure 3.1 Qualitative Data Analysis Procedures
Source: Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009: 39.

1) Successive approximation was used to compile the essence of the research obtained from a preliminary analysis of each datum collected. This technique adjusted the concepts or assumptions that existed before collecting data in order to

make them consistent with the empirical data (Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009). In other words, when more evidence was found in each data collection, the concepts or assumptions should be expanded or adjusted based on that increased evidence (Neuman, 2006; Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009).

2) The illustrative method is a technique that presents the data as an example of a theory or phenomenon. It not only provides a preview but also strengthens the theory or phenomenon (Neuman, 2006; Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009).

3) Domain analysis is applied to identify and categorize the data. It can be divided into 3 aspects. 1) Folk domains refer to sorting the ideas, concepts, or practices that conform to the community members' standards. The researcher can observe from their words, calls, and methods. 2) Analytic domains refer to grouping the ideas practices based on the theory. 3) Mixed domains refer to the method that combines folk domains with the analytic domains categorizing the ideas, concepts, and practices according to the words and meaning of the community members together with the ideas of the researcher based on the theory (Neuman, 2006; Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009).

The researcher applied the triangulation technique to test the validation and reliability of the data (Suphang Jantawanich, 2010). Methodological triangulation was implemented to collect the data by using various methods, including in-depth interviews, focus group discussion, and documentary research. Data triangulation was also applied by considering the different sources of data, including places and informants and comparing whether the obtained data were different or not. For example, the data from the interview with senior management were compared to the data from the focus group discussions with the hospital employees. In addition, the accuracy of the written data report was also verified by the senior management, who were the subjects of this research. This was to examine the linkage and consistency between the evidence and the data responding to the research questions obtained from the data analysis as to whether they were reasonable and possible. In presenting the data, the original words or quotations of the informants were used to confirm the data source, to highlight the interest of the data, to clearly communicate the feelings of the informants, and to enhance reading enjoyment (Creswell, 2009; Benja Yoddamnern-Attige and Kanjana Tangcholthip, 2009).

CHAPTER 4

QUANTITATIVE RESULTS

This chapter discussed general information, basic statistics of the observed variables, and the results of the confirmatory factor analysis. The research results for each variable will be described. Then the results for the structural equation model analysis will also be presented in order to respond to the research hypotheses. The details are as follows.

4.1 General Information about the Respondents

The questionnaires were distributed to 320 sampled hospitals. The total of 5 respondents per hospital included the senior executives in five main departments-medicine, nursing, and administration-as well as quality development and human resource management. After the distribution, 606 respondents returned the questionnaires. Out of this number, only 580 questionnaires from 295 hospitals were completed and could be used for the study, which accounted for 92.19% of all hospitals returning the questionnaires. The demographic information on the respondents and general information about the sampled hospitals are shown in Table 4.1 and 4.2 respectively.

Table 4.1 illustrates the demographic information for the questionnaire respondents, which includes gender, age, educational level, current position, work period, and being in charge of hospital quality development. It can be seen that the majority of the respondents were female (71.90%). As for current position, almost one-third of the respondents that participated in this study were from the department of nursing (30.3%), followed by the department of quality development (22.2%), administration (18.3%), human resources (14.7%), and medicine (14.5%). This shows that the proportion of respondents in each work group was quite similar.

Table 4.1 Demographic Information about the Respondents (n=580)

Demographic Information		Frequency	Percentage
Gender	Male	163	28.1
	Female	417	71.9
Age	Under 30 years	13	2.2
	30-39 years	73	12.6
	40-49 years	207	35.7
	50 years and above	287	49.5
Education	Lower than a Bachelor Degree	5	0.9
	Bachelor Degree	259	44.7
	Master Degree	281	48.4
	Doctoral Degree	29	5.0
Current Position	Head of Administration Dept.	106	18.3
	Head of Medicine Dept.	84	14.5
	Head of Nursing Dept.	176	30.3
	Head of Quality Development Dept.	129	22.2
	Head of Human Resources Dept.	85	14.7
Work Period	3-5 years	47	8.1
	6-10 years	73	12.6
	11-20 years	163	28.1
	21 years and above	297	51.2
Being in Charge of Hospital Quality Development	1) Member of quality development leading team	114	19.7
	2) Unit leader in implementing HA	59	10.2
	3) Facilitator	16	2.8
	4) Member of leading team leader in implementing HA	114	19.7
	5) Member of leading team and facilitator	46	7.9
	6) Unit leader in implementing HA and facilitator	7	1.2
	7) Leading team, unit leader in implementing HA, and facilitator	223	38.4

Table 4.2 General Information Concerning the Sampled Hospitals (n=295)

General Information	Frequency	Percentage
Type of Hospital		
Community	182	61.7
General	45	15.3
Regional	38	12.9
Private	30	10.2
Age of Hospital		
< 10 years	3	1.0
10-29 years	83	28.1
30-49 years	125	42.7
Over 50 years	84	28.5
Full-Time Employees		
< 100 people	12	4.1
100-200 people	87	29.5
201-500 people	87	29.5
Over 501 people	109	36.9
Region		
Bangkok & Vicinities	35	11.9
Northeastern	88	29.8
Northern	32	10.8
Southern	47	15.9
Eastern	20	6.8
Western	14	4.7
Central	59	20.0

In terms of age, almost half of the respondents were 50 years old and above, followed by 40-49 and 30-39 years of age. As for the work period, most of the respondents had worked for the sampled hospitals for more than 10 years, which accounted for 79.3%. Of all 580 respondents, 38.4% used to be both a member of the leading team, unit leader in implementing HA, and facilitator, followed by member of

the leading team and unit leader in implementing HA and a member of the hospital quality development leading team (19.7%). The information about age, work period, and being in charge of hospital quality development shows that most of the respondents were highly experienced and had thorough knowledge of their employing hospitals so they were likely to understand their hospital performance and related factors as well.

Considering the general information about the sampled hospitals, it can be seen that the majority were community hospitals (61.7%), followed by general hospitals (15.3%) and regional hospitals, including university hospitals (12.9%) and private hospitals (10.2%). As for the age of hospitals, 42.7% of the sampled hospitals had been in business for 30-49 years, followed by over 50 years (28.5%), 10-29 years (28.1%), and under 10 years (1%). Regarding the number of full-time employees, 36.9% of the sampled hospitals had more than 501 employees, followed by 201-500 employees and 101-200 employees (29.5%), and fewer than 100 employees (4.9%).

For the regional strata, 29.8% of the sampled hospitals were located in the northeastern region, followed by the central region (20.0%), the southern region (15.9), Bangkok and vicinity (11.9), the northern region (10.8), the eastern region (6.8%), and the western region (4.7%).

4.2 Assessing Respondent Bias

As the collected information was considered individual-level data, but the unit of analysis was at the organization level, the researcher aggregated the data by averaging the mean score of the individual-level data to be the value of that variable at the organization level. The data aggregation was carried out with aggregating function, resulting in the variables in the form of the mean score of the same variables calculated from each respondent in each hospital. The analysis results have had the sample size equal to the number of hospitals and be considered organization-level data.

However, there were 129 sampled hospitals where the distributed questionnaires were completed by one respondent. This might have caused survey bias and have distorted the analysis results. Thus, the researcher applied a self-

reporting approach to examine this problem with the separation of measurements (Podsakoff and Organ, 1986; Kalyarat Krittakorn, 2010), which examined self-reporting bias by collecting data on different occasions, in different places, and with different methods. After that the obtained data were analyzed to find the differences in the reporting.

An example of the research examining bias based on the above approach was the study of Tanriverdi (2008), where the samples were divided into: 1) respondents and non-respondents, 2) early respondents and late respondents, and 3) web-based survey and paper-based survey. The answers of each sample group were analyzed for statistical differences with a t-test. When the statistical results did not demonstrate a significant difference no matter which sample group was tested, the answers of the respondents were considered to have no bias.

This was similar to the work of Isobe, Shige and David (2008), who applied this approach to examine survey bias. The subjects were divided into early respondents and late respondents. Then the differences between the answers of these two groups were analyzed according to the variables, which were studied with a t-test. The results showed that the answers of these two groups for each variable had no statistical difference, suggesting that the questionnaires were answered without bias (Isobe et al., 2008).

For the present study, the researcher also applied the above approach to examine the bias by dividing the 129 sampled hospitals into 2 groups: 1) early respondents, including executives that responded and returned the questionnaires before November (82 hospitals), and 2) late respondents, including executives that responded and returned the questionnaires after October (47 hospitals).

These two groups were examined with a t-test to find the differences according to each variable. The results shown in Table 4.3 indicated that there was no statistically significant difference, reflecting that the subjects of this study answered the questionnaires without bias.

Table 4.3 Results of Respondent Bias Assessment

Variable	Sample	mean	S.D.	T - value	Sig.	Variable	Sample	mean	S.D.	T - value	Sig.
CLAN	Early	5.90	0.762	-0.059	0.953	IIM_ETL	Early	5.88	1.137	0.791	0.430
	Late	5.91	0.784				Late	5.72	1.109		
ADHOC	Early	5.55	0.805	0.166	0.869	HU_CAP	Early	5.28	0.773	1.306	0.194
	Late	5.52	0.856				Late	5.09	0.804		
HEIR	Early	5.45	0.738	0.269	0.789	SS_OCB	Early	5.62	0.810	0.852	0.396
	Late	5.41	0.704				Late	5.50	0.816		
MARKET	Early	5.01	0.870	-0.895	0.372	PS_OCB	Early	5.40	0.854	1.417	0.159
	Late	5.15	0.854				Late	5.17	0.968		
IP_HPWS	Early	5.60	0.769	1.643	0.103	LS_OCB	Early	5.52	0.865	1.188	0.237
	Late	5.36	0.893				Late	5.33	0.944		
HR_HPWS	Early	5.52	0.820	0.889	0.376	HR_OUT	Early	5.15	0.872	0.582	0.561
	Late	5.37	1.109				Late	5.06	0.826		
MP_HPWS	Early	4.99	0.995	-0.421	0.675	PT_OUT	Early	5.50	0.756	0.513	0.609
	Late	5.06	0.920				Late	5.43	0.788		
IS_ETL	Early	5.56	0.869	1.045	0.298	FC_OUT	Early	3.92	1.357	-1.035	0.302
	Late	5.38	1.043				Late	4.19	1.421		
IC_ETL	Early	5.44	1.062	0.996	0.321	PC_OUT	Early	5.60	0.872	0.057	0.954
	Late	5.24	1.161				late	5.60	0.882		

4.3 Results of the Preliminary Statistical Analysis of the Observed Variables

This part describes the mean, standard deviation, skewness, kurtosis, and the interpretation of the observed variables, including 1) organizational culture, 2) high-performance work system, 3) ethical transformational leadership, 4) human capital, 5) organizational citizenship behavior, and 6) hospital performance. The results are presented in Table 4.4.

Table 4.4 Mean, Standard Deviation, Skewness, and Kurtosis of Variables (n=295)

Latent Variables	Observed Variables	No.	Mean	S.D.	Skewness	Kurtosis	Interprete
Organizational culture	CLAN	4	5.96	0.637	-0.549	0.845	High
	ADHOC	4	5.56	0.634	-0.611	2.113	High
	HEIR	4	5.49	0.580	-0.406	0.642	Fairly High
	MARKET	4	5.10	0.687	-0.497	0.998	Fairly High
High performance work system	IP_HPWS	7	5.58	0.631	-0.667	1.907	High
	HR_HPWS	5	5.47	0.712	-0.764	1.829	Fairly High
	MP_HPWS	6	5.06	0.776	-0.644	1.297	Fairly High
Ethical transformational leadership	IS_ETL	8	5.47	0.776	-0.795	1.633	Fairly High
	IC_ETL	6	5.38	0.842	-0.949	1.613	Fairly High
	IIM_ETL	8	5.79	0.898	-1.228	1.977	High
Human capital	HU_CAP	5	5.27	0.631	0.104	0.356	Fairly High
Organizational citizenship behavior	SS_OCB	5	5.61	0.669	-0.410	0.721	High
	PS_OCB	3	5.32	0.715	-0.239	0.852	Fairly High
	LS_OCB	4	5.48	0.728	-0.582	1.669	Fairly High
Hospital performance	HR_OUT	3	5.18	0.709	-0.288	0.150	Fairly High
	PT_OUT	4	5.51	0.593	-0.500	0.774	High
	FC_OUT	3	3.92	1.243	-0.304	-0.253	Medium
	PC_OUT	2	5.59	0.696	-0.452	0.822	High

According to Table 4.4 and the Table A in Appendix C, the results of the preliminary statistical analysis of the observed variables can be described as follows.

4.3.1 Organizational Culture

In the present study, the competing values framework was applied to analyze organizational culture, which was a latent variable. Organizational culture was divided into 4 categories: clan culture, adhocracy culture, hierarchical culture, and market culture. Four questions reflecting the dominant characteristics, organizational leadership, management style, and organizational glue of each culture were assigned to each category. The results of preliminary statistical analysis indicated that the data distribution was normal, and the skewness and kurtosis values were also normal. The descriptive details are as follows.

According to the results in Table 4.4, it was found that clan culture was more dominant than other cultures, with the highest mean score of 5.96. This kind of dominance was not quite different in each hospital (standard deviation = 0.637). Considering the details of the measurement, they reflected that the dominant characteristics of the hospitals in Thailand included the view that the hospital was like an extended family, that the hospital employees were like family members, sharing and helping each other at work (mean = 6.00), had a supportive and attentive leader (mean = 5.98), applying teamwork and shared decision making as the main approach of the hospital management (mean = 5.65), and enhancing engagement and good relations in the hospital, which was considered the organizational glue sticking the organization together (mean = 6.19).

Adhocracy culture was visible at a high level (mean = 5.56) and was not quite different for each hospital (standard deviation = 0.634). It was found that the dynamic, which was a dominant characteristic of adhocracy culture, was visible at a high level, considering the question about the frequent changes of work environment in the hospital (mean = 5.42). As for organizational leadership, the hospital leader was considered an entrepreneur, which was reflected from the fact that the leader dared to make decisions and encouraged the employees to do so (mean = 5.67). This was consistent with the hospital’s focus on creativity and innovation at a high level (mean = 5.91). Regarding management style, the ability to always adjust the work style and practice was visible at a fairly high level (mean = 5.24).

Hierarchical culture and market culture were visible at a fairly high level, with mean scores of 5.49 and 5.10, respectively, and were not quite different in each hospital (standard deviation 0.580-0.687). Hierarchical culture had a clear structure and control system, which was reflected from the questions about the relationship between leaders and employees that was under rigid rules (mean = 5.53), the leader's coordinating and controlling the operations (mean = 5.59), the employees' strict compliance with work rules (5.19), and stable and predictable work (mean 5.59).

Market culture was result oriented and represented the dominant characteristics of this culture at a high level. This was reflected from the questions about focusing on work achievements (mean = 5.80), the leader's rationality and proactive performance (mean = 5.54). These two variables were at a high level. The organization glue, the income and growth of the hospital was a fairly high level (mean = 4.87). It should be noted that competitive work environment was at a medium level (mean = 4.18) reflecting that the management style of the hospital, focused on internal employee competition and success at work, was not clearly visible.

4.3.2 High-Performance Work System

The analysis results shown in Table 4.4 suggest that among the sets of practices, which were the observed variables of a high performance work system, involvement practices were found to be at a high level (mean = 5.58) and the results of each hospital were rarely different (standard deviation = 0.631). On the other hand, human resource practices and motivation practices were at a fairly high level with mean scores of 5.47 and 5.06, the results of each hospital were also no different (standard deviation = 0.712 and 0.776). The preliminary statistical analysis results indicated that the data distribution, skewness, and kurtosis were normal. The descriptive results were as follows.

Participation practices were reflected from the hospital's focus on teamwork and cross-functional teams for service improvement at the highest level (mean = 5.94), followed by employees' participation in determining the vision, mission, and goals of the hospital (mean = 5.89), applying a quality circle to improve work (mean = 5.83), supervisors and employees' participation in setting common goals (mean = 5.77), and implementing knowledge management to improve service (mean = 5.62).

The hospitals allowed the employees to take part in decision making and provided them with job rotation and a chance to adjust their work styles at a fairly high level (mean = 5.47 and 4.55).

Human resource practices were reflected from the fact that existing employees with appropriate qualifications had a chance to get promoted at the highest level (mean = 5.64), followed by selecting employees with characteristics and abilities relevant to service quality and possessing learning potential attend to extensive training programs (mean = 5.53), giving job performance feedback for employee improvement (mean = 5.34), and assessing performance based on information from various sources, and focusing on performance which could be measured quantitatively (mean = 5.29).

Motivation practices were reflected from applying an employee complaint management system at the highest level (mean = 5.60), followed by giving fair compensation (mean = 5.24), implementing a flexible system and work-life balance programs (mean = 5.17), providing fringe benefits and varieties of welfare (mean = 5.11), providing salary and rewards based on employee performance (mean = 5.09), and the hospital's average employee compensation was higher than that of the hospital competitors, which was at a medium level, with the lowest mean score of 4.18. It should be noted that the practices associated with compensation and fringe benefits were different in each hospital (standard deviation = 1.005-1.224). This might be because the compensation of private hospitals was higher than that of the public hospitals or was perhaps due to the differences among public hospitals regarding organization size. It was found that the larger public hospitals provided higher incentives due to additional work in special clinics and gave more varieties of welfare to employees than the small public hospitals.

4.3.3 Ethical Transformational Leadership

Table 4.4 shows that ethical intellectual stimulation, ethical individualized consideration, and ethical idealized influence and inspirational motivation were at a high level (mean = 5.47, 5.38 and 5.79 respectively) and were not different in each hospital (standard deviation 0.776-0.842). The preliminary statistical analysis results suggested that the data distribution, skewness, and kurtosis were normal. Considering the details of each factor, the descriptive results were as follows.

Ethical intellectual stimulation was reflected from supporting initiative ideas to solve problems at the highest level (mean = 5.82), followed by paying attention to and focusing on the strengths of the followers (mean = 5.64), and finding different perspectives to deal with problems (mean = 5.57). These last two items were visible at a high level while suggesting solutions or performing tasks in a different way, visiting, supporting, and giving decision-making authority for self-development to followers, convincing followers to handle problems with different methods, judging the success of work from outcomes and the way in which they had been done, and asking followers what was the right thing before making a decision were at a fairly high level (mean = 5.22 – 5.43). Considering individualized ethical consideration, it was reflected from behaving ethically and reliably in everyday life at the highest level (mean = 5.79), followed by encouraging employees to recognize the issues and challenges that are important to the hospital (mean = 5.57), which was visible at a high level, being fair and taking account of employee benefits (mean = 5.48), emphasizing learning based on the differences of each follower (mean = 5.31), and acting as a coach or mentor (mean = 5.18), which were at a fairly high level,.

Idealized ethical influence and inspirational motivation were reflected from the leader's behavior talking about the hospital's future in a good way at the highest level (mean = 5.96), followed by paying attention to missions and common goals (mean = 5.92), being respectful (mean = 5.87), employees were proud of their leaders (mean = 5.83), being enthusiastic about and attentive to work (mean = 5.69), talking about their principal values and beliefs (mean = 5.67), and setting an example of ethical action (mean = 5.65).

4.3.4 Human Capital

The analysis results shown in Table 4.4 suggested that the skill, ability, experience and qualifications of employees, which were observed variables, indicating latent human capital variables, were at a fairly high level (mean = 5.27) and were no different in each hospital (standard deviation = 0.631). The preliminary statistical analysis results showed that the data distribution was normal. The skewness and kurtosis values were normal. The descriptive details were as follows.

The skill and work proficiency of employees was the variable that had the highest mean score (5.46), followed by always seeking knowledge relevant to work and understanding the work process, procedures and practices, and also having agility at work (mean = 5.29), having innovative and creative ideas (mean = 5.16), and better qualifications than those of the hospital competitors (mean = 5.15). All of these variables were at a fairly high level.

4.3.5 Organizational Citizenship Behavior

The analysis results shown in Table 4.4 indicated that service delivery behavior, which was the observed variable of organizational citizenship behavior, was at a high level (mean = 5.61) and was not rather different in each hospital (standard deviation = 0.669), while participation behavior and loyalty behavior were at fairly high level, with mean scores of 5.32 and 5.48 respectively and were not different in each hospital (standard deviation = 0.715-0.728). The preliminary statistical analysis results suggested that the data distribution was normal, and the skewness and kurtosis values were normal. The descriptive details were as follows.

Service delivery behavior, with the highest mean score, was reflected from being non-discriminating and providing services with courtesy and respect (mean = 5.74), followed by intending to work with minimal errors (mean = 5.67), following up and giving advice to patients with care (mean = 5.62), and communicating with customers regularly in order to enhance good service (mean = 5.55). The values of these 4 items were at a high level. Serving the patient needs in a timely manner was at fairly high level (mean = 5.49).

Participation behavior with the highest mean score was reflected from giving the hospital suggestions for service improvement (mean = 5.43), followed by presenting creative ideas to solve problems (mean = 5.31) and motivating their colleagues to share opinions and suggestions for the hospital development (mean = 5.23). The values of these 3 items were at a fairly high level. Similarly, loyal behavior was reflected from expressing good intentions toward the hospital, telling good stories about the hospital, and persuading family, relatives, and friends to receive medical service at the hospital with mean scores of 5.75, 5.57, and 5.53 respectively. The values of these 3 items were at a high level, while supporting products and services of the hospital eagerly was at a fairly high level (mean = 5.07)

4.3.6 Hospital Performance

The analysis results shown in Table 4.4 suggested that health promotion and community responsibility outcome and patient care outcome, which were the observed variables of hospital performance, were at a high level, with mean scores of 5.59 and 5.51 respectively and were rarely different in each hospital (standard deviation = 0.696 and 0.593 respectively). On the other hand, financial outcome was at a medium level (mean = 3.92) and was slightly different in each hospital (standard deviation = 1.243). The preliminary statistical analysis results suggested that the data distribution was normal. The skewness and kurtosis values were normal. The descriptive details were as follows.

Health promotion and community responsibility outcome were considered from achievement in community responsibility (mean = 5.65) and achievement in health promotion (mean = 5.53). Patient care outcome was reflected from responding to patient complaints (mean = 5.64), which was at a high level, followed by patient intention to revisit, patient satisfaction, and serving patient needs, whose mean scores were in descending order, while human resource outcome was observed from employee engagement with the hospital (mean = 5.35) and employee satisfaction (5.12), which were at a high level, and employee turnover which was at a fairly low level (mean = 2.93). As for financial outcome, it was reflected from return on hospital assets, return of hospital investment, and hospital profits, which were at a medium level with mean scores of 4.02, 4.01 and 3.72 respectively.

4.4 Results of Confirmatory Factor Analysis of Observed Variables

This part of the study shows the results of the confirmatory factor analysis, which analyzed the confirmatory factors on the observed variables or a set of six questions concerning six variables: organizational culture, high performance work system, ethical transformational leadership, human capital, organizational citizenship behavior, and hospital performance. The data were interpreted by assessing the validity and reliability of the observed variables. Validity was verified according to the significance of the factor loading, which should be high and have statistical significance, while reliability was examined using the square multiple correlation

(R^2), which was the proportion of variance explained by the latent variables. In addition, the researcher further assessed the construct reliability of the latent variables (ρ_c) and Average Varian Extracted or AVE (ρ_v). All of these were to investigate how well the observed variables could be used to create the latent variables, which would be beneficial for analyzing the structural equation model in the next steps. The analysis results were as follows.

4.4.1 Confirmatory Factor Analysis of Organizational Culture

The confirmatory factor analysis was carried out on organizational culture of hospitals in Thailand, which consisted of 4 categories: clan culture, adhocracy culture, hierarchical culture, and market culture, reflected from 4 main attributes: dominant characteristic, organizational leadership, management style, and organizational glue. The results of the first analysis suggested that the research model did not fit the empirical data. Then the research model was modified according to the Modification Index and was reanalyzed. The results are shown in Table 4.5.

Table 4.5 Results of the Confirmatory Factor Analysis of Organizational Culture

Organizational culture	**Internal factor**	**Factor loading**				**R^2**	**ρ_c**	**ρ_v**
		b	**B**	**SE**	**t**			
CLAN	C_OCUL1	0.60	0.80	0.04	16.01*	0.65	0.8731	0.6333
	C_OCUL2	0.60	0.80	0.04	15.94*	0.64		
	C_OCUL3	0.73	0.85	0.04	17.53*	0.73		
	C_OCUL4	0.45	0.72	0.03	13.81*	0.52		
ADHOC	A_OCUL1	0.32	0.36	0.06	5.74*	0.13	0.6556	0.3355
	A_OCUL2	0.44	0.51	0.05	8.45*	0.26		
	A_OCUL3	0.62	0.76	0.05	12.83*	0.51		
	A_OCUL4	0.53	0.67	0.05	11.64*	0.44		
HEIR	H_OCUL1	0.35	0.46	0.05	7.73*	0.21	0.7291	0.4110
	H_OCUL2	0.44	0.57	0.04	9.66*	0.33		
	H_OCUL3	0.58	0.76	0.04	13.92*	0.57		

Table 4.5 (Continued)

Organizational culture	Internal factor	Factor loading				R^2	ρ_c	ρ_v
		b	B	SE	t			
	H_OCUL4	0.53	0.73	0.04	13.45*	0.53		
MARKET	M_OCUL1	0.26	0.25	0.07	3.65*	0.06	0.6429	0.3401
	M_OCUL2	0.70	0.79	0.05	14.08*	0.63		
	M_OCUL3	0.52	0.68	0.04	11.73*	0.46		
	M_OCUL4	0.52	0.46	0.07	7.52*	0.21		
χ^2= 104.76, df = 85, P-value = 0.072, CFI = 0.99, GFI = 0.96, AGFI = 0.93 RMSEA = 0.028, SRMR = 0.041, and the Q-Plot had a slope equal to a diagonal line								

Note: *Statistical significance at 0.01 ($p<0.01$)

According to the results of the confirmatory factor analysis of the 4 types of organizational culture in Thai hospitals-clan culture, adhocracy culture, hierarchical culture, and market culture, as shown in Table 4.5-it was found that result of confirmatory factor analysis describing a significantly well data fit (χ^2= 104.76, df = 85, P-value = 0.072, χ^2/df = 1.232, CFI = 0.99, GFI = 0.96, AGFI = 0.93 RMSEA = 0.028, SRMR = 0.041, and the Q-Plot had a slope equal to a diagonal line). The results indicated that clan culture was the most predominant culture in Thai hospitals. Considering the internal factor loadings, it was found that all of them were positive, sized 0.45-0.73, and were statistically and significantly different from zero at 0.01. For the standardized factor loading, the variable with the highest factor loading was management style, observed from teamwork and the shared decision-making of employees in the hospital (C_OCUL3) with a standardized factor loading of 0.85 and a clan culture covariance of 73% (regression coefficient R^2 = 0.73). The variable with the second highest factor loading was the hospital's being like an extended family, reflecting that the hospital employees were like family members, sharing and helping each other at work (C_OCUL1) and having a supportive and attentive leader (C_OCUL2) with a standardized factor loading equal to 0.80 and a culture covariance of 65% and 64% respectively, followed by focusing on good relationships among

employees (C_OCUL4) with a standardized factor loading equal to 0.72 and a culture covariance of 52%. Regarding the analysis results of construct reliability (ρ_c) and the Average Varian Extracted or AVE (ρ_v), it was found that the internal factors of clan culture had high construct reliability ($\rho_c > 0.6$) and a high AVE ($\rho_c > 0.5$).

Considering adhocracy culture, it was found that all of the internal factor loadings were positive, sized 0.35-0.58, and were statistically and significantly different from zero at 0.01. For standardized factor loading, the variable with the highest factor loading was the characteristics of the leader that dared to make a decision and encouraged the employees to do so (A_OCUL3), with a standardized factor loading of 0.76, followed by the hospital's focus on creativity and innovation (A_OCUL4), always adjusting work styles and practices (A_OCUL1), and frequent changes of work environment in the hospital, with standardized factor loadings of 0.67, 0.51, and 0.368 respectively. Regarding the regression coefficient (R^2) of the variables, it should be noted that only A_OCUL3 passed the criteria (more than 0.50), indicating that adhocracy culture was only found in the hospitals in Thailand in the dimension of organizational leadership, with the covariance of this culture accounting for 51%. The internal factors of this culture had high construct reliability ($\rho_c > 0.6$) but a low AVE ($\rho_c < 0.5$).

As for hierarchical culture, it was found that all of the factor loadings were positive, sized 0.36-0.61, and were statistically significantly different from zero at 0.01. For the standardized factor loading, the variable with the highest factor loading was the characteristics of the leader that coordinated and controlled the operations (H_OCUL3), with a standardized factor loading of 0.76, followed by focusing on stable and predictable work (H_OCUL4), employees' strict compliance with work rules (H_OCUL2), and the relationship between leaders and hospital employees was under rigid rules (H_OCUL1), with standardized factor loadings of 0.73, 0.57 and 0.46 respectively. Regarding the regression coefficient (R^2) of the variables, it was found that only H_OCUL3 and H_OCUL4 passed the criteria, indicating that hierarchical culture was only found in the hospitals in Thailand in the dimensions of organizational leadership and organizational glue, with the covariance of this culture accounting for 57% and 53% respectively. The internal factors of this culture had high construct reliability ($\rho_c > 0.6$) but a low AVE ($\rho_c < 0.5$).

Regarding market culture, it was found that all of the factor loadings were positive, ranged from 0.26-0.70, and were statistically and significantly different from zero at 0.01. For the standardized factor loading, the variable with the highest factor loading was the characteristics of the leader that were rational and proactive (M_OCUL2), with a standardized factor loading of 0.79, followed by focusing on work achievements (M_OCUL3), emphasizing income and growth of the hospital (M_OCUL4), and competitive work environment (M_OCUL1), with standardized factor loadings of 0.68, 0.46 and 0.25 respectively. Regarding the regression coefficient (R^2) of the variables, it should be noted that only M_OCUL2 passed the criteria, indicating that market culture was only found in the hospitals in Thailand in the dimension of organizational leadership, with the covariance of this culture accounting for 63%. The internal factors of this culture had high construct reliability ($\rho_c > 0.6$) but a low AVE ($\rho_c < 0.5$).

The results of the confirmatory factor analysis showed that clan culture was predominant in most hospitals in Thailand. Its main characteristics were that the hospital was like an extended family, the hospital employees were like family members that supported each other at work, focusing on teamwork and shared decision-making, the the leaders gave advice and support to the employees, and enhancing good relationships among employees, which was considered the organizational glue sticking the organization together. Hierarchical culture was also found in the hospitals, and it was reflected from the leader's coordinating and controlling the operations for stable and predictable work. As for adhocracy culture and market culture, they were slightly visible in the dimension of organizational leadership, which was reflected from the characteristics of leaders, including daring to make decision and encouraging the employees to do so, and being rational and working proactively.

4.4.2 Confirmatory Factor Analysis of High-Performance Work System

The confirmatory factor analysis was conducted on the high-performance work system of hospitals in Thailand consisting of 3 components: involvement practices (IP_HPWS), human resource practices (HR_HPWS), and motivation practices (MP_HPWS). The results of the first analysis suggested that the research

model did not fit the empirical data. Then the research model was modified according to the Modification Index and was reanalyzed. The results are shown in Table 4.6.

Table 4.6 Results of the Confirmatory Factor Analysis of the High-Performance Work System

HPWS	Internal factor	Factor loading				R^2	ρ_c	ρ_v
		b	B	SE	t			
IP_HPWS	IP_HPWS1	0.56	0.76	0.04	15.03*	0.57	0.9126	0.6008
	IP_HPWS2	0.58	0.59	0.06	10.54*	0.34		
	IP_HPWS3	0.62	0.81	0.04	16.33*	0.66		
	IP_HPWS4	0.55	0.76	0.04	14.83*	0.58		
	IP_HPWS5	0.58	0.73	0.04	14.19*	0.54		
	IP_HPWS6	0.58	0.75	0.04	15.11*	0.57		
	IP_HPWS7	0.66	0.83	0.04	16.98*	0.69		
HR_HPWS	HR_HPWS1	0.64	0.78	0.04	14.89*	0.61	0.8879	0.6143
	HR_HPWS2	0.68	0.78	0.04	15.52*	0.61		
	HR_HPWS3	0.77	0.83	0.05	16.77*	0.68		
	HR_HPWS4	0.72	0.84	0.04	17.10*	0.70		
	HR_HPWS5	0.57	0.68	0.04	12.85*	0.47		
MP_HPWS	MP_HPWS1	0.56	0.46	0.07	7.72*	0.21	0.6143	0.5614
	MP_HPWS2	0.81	0.80	0.05	15.74*	0.64		
	MP_HPWS3	0.87	0.81	0.05	15.97*	0.66		
	MP_HPWS4	0.81	0.82	0.05	16.64*	0.68		
	MP_HPWS5	0.61	0.76	0.05	15.16*	0.58		
	MP_HPWS6	0.69	0.78	0.05	14.16*	0.60		
χ^2= 126.02, df = 103, P-value = 0.061, CFI = 1.00, GFI = 0.95, AGFI = 0.92 RMSEA = 0.028, SRMR = 0.036, Q-Plot has a slope steeper than a diagonal line								

Note: *Statistical significance at 0.01 ($p<0.01$)

Table 4.6 demonstrates the results of the confirmatory factor analysis of the high performance work system in Thai hospitals, which comprised involvement practices, human resource practices, and motivation practices. It was found that the model fit the empirical data well (χ^2= 126.02, df = 103, P-value = 0.061, χ^2/df = 1.223, CFI = 1.00, GFI = 0.95, AGFI = 0.92, RMSEA = 0.028, SRMR = 0.036, Q-Plot had a slope steeper than a diagonal line). As for the internal factor loadings, it was found that all of them were positive, ranged from 0.46-0.77, and were statistically and significantly different from zero at 0.01. Considering the standardized factor loading (B) of each component, the results were as follows.

Involvement practices: The variable with the highest factor loading was setting common goals of supervisors and employees (IP_HPWS7), with a standardized factor loading of 0.83 and the covariance of involvement practice (IP_HPWS) accounting for 69% (regression coefficient R^2 = 0.69), followed by applying a quality circle to improve work (IP_HPWS3), with a standardized factor loading of 0.81 and the covariance of this component accounting for 66%, allowing the employees to take part in decision-making (IP_HPWS1) and focusing on teamwork and cross-functional teams for service improvement (IP_HPWS4), with an equal standardized factor loading of 0.76 and the covariance of this component accounting for 57% and 58%, implementing knowledge management to improve service (IP_HPWS6), employees' participation in determining the vision, mission, and goals of the hospital (IP_HPWS6), providing employees a job rotation and a chance to adjust work styles (IP_HPWS2) with standardized factor loading of 0.75, 0.73 and 0.59 and the covariance of this component accounting for 57%, 54% and 34% respectively. The seven internal factors of this component had high construct reliability and a high AVE.

Human resource practices: The variable with the highest factor loading was giving job performance feedback on employee improvement (HR_HPWS4), with a standardized factor loading of 0.84 and the covariance of human resource practices (HR_HPWS) accounting for 70% (regression coefficient R^2 = 0.70), followed by continually providing extensive training programs (HR_HPWS3), with a standardized factor loading of 0.83 and the covariance of human resource practices accounting for 68%, selecting employees with characteristics and abilities relevant to service quality

and possessing learning potential (HR_HPWS1), and giving employees with appropriate qualifications a chance to get promoted (HR_HPWS2), with an standardized factor loading of 0.78 and the covariance of human resource practices accounting for 61%. The variable with the lowest factor loading but still at a high level was assessing performance based on information from various sources and focusing on performance, which was measured quantitatively (HR_HPWS5)) with standardized factor loading of 0.70 and the covariance of human resource practices accounting for 47%. The internal factors of this component had high construct reliability and a high AVE.

Motivation practices: The variable with the highest factor loading was giving fair compensation (MP_HPWS4), with a standardized factor loading of 0.82 and the covariance of motivation practices (MP_HPWS) accounting for 68% (regression coefficient R^2 = 0.68), followed by providing fringe benefits and varieties of welfare (MP_HPWS3), providing salary and rewards based on the employee performance (MP_HPWS2), applying an employee complaint management system (MP_HPWS6), and implementing a flexible system and work-life balance programs (MP_HPWS5) with standardized factor loadings of 0.81, 0.80, 0.78, 76 and the covariance of motivation practices accounting for 66%, 64%, 60%, 58% respectively. The variable with the lowest factor loading was the hospital's average employee compensation was higher than that of the hospital competitors (MP_HPWS1), with a standardized factor loading of 0.46 and the covariance of motivation practices accounting for 21%, which was considered rather low. The internal factors of this component had high construct reliability and a high AVE.

4.4.3 Confirmatory Factor Analysis of Ethical Transformational Leadership

The confirmatory factor analysis was conducted on ethical transformational leadership, consisting of 3 components: ethical intellectual stimulation, ethical individualized consideration, and ethical idealized influence and inspirational motivation. The results of first analysis indicated that the research model did not fit the empirical data. The Modification Index recommended that the variable behaving ethically and reliably in everyday life (IC_ETL6) should be moved to the ethical

idealized influence and inspirational motivation component. The researcher reconsidered the content and relevant literature and agreed that this variable was consistent with the recommended component rather than the ethical individualized consideration component. Therefore, the research model was modified according to the Modification Index and was analyzed. The results are shown in Table 4.7. It was found that the model fit the empirical data well (χ^2= 176.20, df = 149, P-value = 0.063, χ^2/df = 1.183, CFI = 1.00, GFI = 0.95, AGFI = 0.91, RMSEA = 0.025, SRMR = 0.023, and the Q-Plot had a slope equal to a diagonal line). As for internal factor loadings, it was found that all of them were positive, ranged from 0.59-1.02, and were statistically and significantly different from zero at 0.01. Considering the standardized factor loading (B) of each component, the results were as follows.

Table 4.7 Results of the Confirmatory Factor Analysis of Ethical Transformational Leadership

Ethical transformational leadership	Internal factor	Factor loading				R^2	ρ_c	ρ_v
		b	B	SE	t			
IS_ETL	IS_ETL1	0.59	0.78	0.04	15.84*	0.61	0.9422	0.6715
	IS_ETL2	0.65	0.79	0.04	16.08*	0.62		
	IS_ETL3	0.68	0.83	0.04	17.14*	0.69		
	IS_ETL4	0.75	0.81	0.05	16.61*	0.65		
	IS_ETL5	0.76	0.76	0.05	15.21*	0.58		
	IS_ETL6	0.81	0.85	0.04	17.97*	0.72		
	IS_ETL7	0.87	0.84	0.05	17.60*	0.71		
	IS_ETL8	0.85	0.89	0.04	19.51*	0.79		
IC_ETL	IC_ETL1	0.68	0.58	0.06	10.75*	0.34	0.8975	0.6408
	IC_ETL2	0.82	0.81	0.05	16.63*	0.65		
	IC_ETL3	0.81	0.86	0.04	18.20*	0.73		
	IC_ETL4	0.82	0.85	0.05	18.13*	0.73		
	IC_ETL5	0.84	0.87	0.05	18.64*	0.75		

Table 4.7 (Continued)

Ethical transformational leadership	Internal factor	Factor loading				R^2	ρ_c	ρ_v
		b	B	SE	t			
IIM_ETL	IC_ETL6	0.83	0.86	0.04	18.39*	0.73	0.9714	0.7743
	IIM_ETL1	0.88	0.86	0.05	18.52*	0.74		
	IIM_ETL2	0.93	0.91	0.05	20.19*	0.83		
	IIM_ETL3	1.02	0.94	0.05	21.39*	0.89		
	IIM_ETL4	0.88	0.90	0.04	19.80*			
	IIM_ETL5	0.77	0.82	0.05	19.35*	0.68		
	IIM_ETL6	0.89	0.91	0.04	20.15*	0.83		
	IIM_ETL7	0.80	0.82	0.05	17.21*	0.68		
	IIM_ETL8	0.85	0.89	0.04	19.17*	0.78		
χ^2= 176.20, df = 149, P-value = 0.063, CFI = 1.00, GFI = 0.95, AGFI = 0.91 RMSEA = 0.025, SRMR = 0.023, and the Q-Plot had a slope equal to a diagonal line								

Note: *Statistical significance at 0.01 ($p<0.01$)

Ethical intellectual stimulation: The variable with the highest factor loading was suggesting solutions or performing tasks in a different way (IS_ETL8), with a standardized factor loading of 0.89 and the covariance of ethical intellectual stimulation (IS_ETL) accounting for 79% (regression coefficient R^2 = 0.79), followed by convincing followers to handle problems with different methods (IS_ETL6), judging the success of work from outcomes and the way in which they had been done (IS_ETL7), finding different perspectives to deal with problems (IS_ETL3), visiting, supporting, and giving decision-making authority for self-development to followers (IS_ETL4), paying attention and focusing on the strengths of the followers (IS_ETL2), and supporting initiative ideas to solve problems (IS_ETL1), with a standardized factor loading of 0.85, 0.84, 0.83, 0.81, 0.79, 0.78 and the covariance of ethical intellectual stimulation accounting for 72%, 71%, 69%, 65%, 62%, and 61% respectively. The variable with the lowest factor loading but still at a high level was asking followers what was the right thing before making a decision

(IS_ETL5) with standardized factor loading of 0.76 and the covariance of ethical intellectual stimulation accounting for 58%. The internal factors of this component had high construct reliability and a high AVE.

Ethical idealized influence and inspirational motivation: The variable with the highest factor loading was the employee being proud of the leader (IIM_ETL3) with a standardized factor loading of 0.94 and the covariance of ethical idealized influence and inspirational motivation (IIM_ETL) accounting for 89% (regression coefficient $R^2 = 0.89$), followed by being a respectful leader (IIM_ETL2), and setting an example of ethical actions (IIM_ETL6), with an standardized factor loading of 0.91 and the covariance of ethical idealized influence and inspirational motivation accounting for 83%, being enthusiastic and attentive to work (IIM_ETL4), paying attention to missions and common goals (IIM_ETL8), with standardized factor loadings of 0.9 and 0.89 and the covariance of ethical idealized influence and inspirational motivation accounting for 81% and 78%, doing a job without personal gain (IIM_ETL1), behaving ethically and reliably in everyday life (IC_ETL6), with an equal standardized factor loading of 0.86 and the covariance of ethical idealized influence and inspirational motivation accounting for 74% and 73%. The variable with the lowest factor loading was talking about principal value and belief (IIM_ETL7) and talking about the hospital future in a good way (IIM_ETL5) with equal standardized factor loading of 0.82 and the covariance of ethical idealized influence and inspirational motivation accounting for 68%. The nine internal factors of this component had high construct reliability and a high AVE.

4.4.4 Confirmatory Factor Analysis of Human Capital

The confirmatory factor analysis was conducted on the human capital of hospitals in Thailand, which consisted of better employee qualifications than those of the hospital competitors, work skills and proficiency, knowledge relevant to work, innovative and creative ideas, and understanding work processes, procedures and practices, and possessing agility at work. The results of the first analysis indicated that the research model did not fit the empirical data. Then the research model was modified according to the Modification Index and was reanalyzed. The results are shown in Table 4.8.

Considering the results of the confirmatory factor analysis, it was found that the model fit the empirical data well (χ^2= 1.74, df = 2, P-value = 0.4189, χ^2/df = 0.870, CFI = 1.00, GFI = 1.00, AGFI = 0.98, RMSEA = 0.000, SRMR = 0.007, and the Q-Plot had a slope equal to a diagonal line). In terms of internal factor loadings, it was found that all of them were positive, ranged from 0.46-0.70, and were statistically and significantly different from zero at 0.01. As for the standardized factor loading (B), the variable with the highest factor loading was knowledge relevant to work (HU_CAP3), with a standardized factor loading of 0.94 and the covariance of human capital (HU_CAP) accounting for 88% (regression coefficient R^2 = 0.88), followed by understanding work processes, procedures, and practices and possessing agility at work (HU_CAP5) with a standardized factor loading of 0.89 and the covariance of human capital accounting for 78%, innovative and creative ideas (HU_CAP4), work skills and proficiency (HU_CAP2), and better employee qualifications than those of the hospital competitors (HU_CAP1), with standardized factor loadings of 0.87, 0.67, 0.57 and the covariance of human capital accounting for 75%, 49%, and 31% respectively. The internal factors of this component had high construct reliability and a high AVE.

Table 4.8 Results of Confirmatory Factor Analysis of Human Capital

Human capital	**Internal factor**	**Factor loading**				**R^2**	**ρ_c**	**ρ_v**
		b	**B**	**SE**	**t**			
HU_CAP	HU_CAP1	0.49	0.57	0.05	10.16*	0.31	0.7972	0.6358
	HU_CAP2	0.46	0.67	0.04	12.47*	0.49		
	HU_CAP3	0.70	0.94	0.04	19.39*	0.88		
	HU_CAP4	0.70	0.87	0.04	17.33*	0.75		
	HU_CAP5	0.63	0.89	0.05	13.37*	0.78		
χ^2= 1.74, df = 2, P-value = 0.4189, CFI = 1.00, GFI = 1.00, AGFI = 0.98 RMSEA = 0.000, SRMR = 0.007, and the Q-Plot had a slope equal to a diagonal line								

Note: *Statistical significance at 0.01 (p<0.01)

4.4.5 Confirmatory Factor Analysis of Organizational Citizenship Behavior

The confirmatory factor analysis was conducted on the organizational citizenship behavior of hospitals in Thailand, which consisted of 3 components: service delivery service-oriented OCB, participation service-oriented OCB, and loyalty service-oriented OCB. The results of first analysis indicated that the research model did not fit the empirical data. Then the research model was modified according to the Modification Index and reanalyzed. The results are shown in Table 4.9.

Table 4.9 Results of Confirmatory Factor Analysis of Organizational Citizenship Behavior

Organizational citizenship behavior	Internal factor	Factor loading				R^2	ρ_c	ρ_v
		b	B	SE	t			
SS_OCB	SS_OCB1	0.70	0.89	0.04	17.32*	0.79	0.9418	0.7643
	SS_OCB2	0.62	0.82	0.04	17.08*	0.68		
	SS_OCB3	0.66	0.88	0.03	18.95*	0.77		
	SS_OCB4	0.69	0.93	0.03	20.74*	0.86		
	SS_OCB5	0.63	0.85	0.03	17.97*	0.72		
PS_OCB	PS_OCB1	0.72	0.88	0.04	18.61*	0.77	0.8920	0.7336
	PS_OCB2	0.63	0.83	0.04	16.93*	0.69		
	PS_OCB3	0.64	0.86	0.04	17.92*	0.74		
LS_OCB	LS_OCB1	0.72	0.83	0.04	17.11*	0.69	0.9054	0.7053
	LS_OCB2	0.62	0.81	0.04	16.33*	0.66		
	LS_OCB3	0.70	0.85	0.04	17.65*	0.72		
	LS_OCB4	0.68	0.87	0.04	18.16*	0.75		
χ^2= 53.43, df = 39, P-value = 0.0618, CFI = 1.00, GFI = 0.97, AGFI = 0.94 RMSEA = 0.035, SRMR = 0.020, and the Q-Plot had a slope equal to a diagonal line								

Note: *Statistical significance at 0.01 ($p<0.01$)

According to the results of confirmatory factor analysis shown in Table 4.9, it was found that the model fit the empirical data well (χ^2= 53.43, df = 39, P-value = 0.0618, χ^2/df = 1.370, CFI = 1.00, GFI = 0.97, AGFI = 0.94, RMSEA = 0.035, SRMR = 0.020, and the Q-Plot had a slope equal to a diagonal line). In terms of internal factor loadings, it was found that all of them were positive, ranged from 0.62-0.72, and were statistically and significantly different from zero at 0.01. Considering the standardized factor loading (B) of each component, the results were as follows.

Service delivery service-oriented OCB: The variable with the highest factor loading was following up and giving advice to patients with care (SS_OCB4) with a standardized factor loading of 0.93 and the covariance of service delivery service-oriented OCB (SS_OCB) accounting for 86% (regression coefficient R^2 = 0.86), followed by communicating with customers regularly in order to enhance good service (SS_OCB1), with a standardized factor loading of 0.89 and the covariance of service delivery service-oriented OCB accounting for 79%, being non-discriminating and providing services with courtesy and respect (SS_OCB3), and intending to work with minimal errors (SS_OCB5), with standardized factor loadings of 00.88 and 0.85 and the covariance of service delivery service-oriented OCB accounting for 77% and 72% respectively. The variable with the lowest factor loading but still at a high level was serving the patient needs in a timely manner (SS_OCB2), with a standardized factor loading of 0.82 and the covariance of service delivery service-oriented OCB accounting for 68%. The internal factors of this component had high construct reliability and a high AVE.

Participation service-oriented OCB: The variable with the highest factor loading was giving the hospital suggestion for service improvement (PS_OCB1), with a standardized factor loading of 0.88 and the covariance of participation service-oriented OCB (PS_OCB) accounting for 77% (regression coefficient R^2 = 0.77), followed by presenting creative ideas to solve problems (PS_OCB3) and motivating colleagues to share opinion (PS_OCB2), with a standardized factor loading of 0.86 and 0.83 and the covariance of participation service-oriented OCB accounting for 74% and 69% respectively. The internal factors of this component were found to have high construct reliability and a high AVE.

Loyalty service-oriented OCB: The variable with the highest factor loading was telling good stories about the hospital (LS_OCB4), with a standardized factor

loading of 0.87 and the covariance of loyalty service-oriented OCB (LS_OCB) accounting for 75% (regression coefficient $R^2 = 0.75$), followed by persuading family, relatives, and friends to receive medical service at the hospital (LS_OCB3), supporting products and services of the hospital eagerly (LS_OCB1), and expressing good intentions toward the hospital (LS_OCB2), with standardized factor loadings of 0.85, 0.83 and 0.81 and the covariance of loyalty service-oriented OCB accounting for 72%, 69%, and 66% respectively. All of the internal factors of this component had high construct reliability and a high AVE.

4.4.6 Hospital Performance Confirmatory Factor

The confirmatory factor analysis was conducted on hospital performance in Thailand, which consisted of 4 components: human resource outcomes, patient care outcomes, financial outcomes, and health promotion and community responsibility outcomes. As the employee turnover rate was a negative variable and had an inverse relationship with the other variables in the human resource outcome component, this variable was reversed before analysis in order to make the direction of the variables consistent. The emerging variable was called employee retention. The results of first analysis indicated that the research model did not fit the empirical data. Then the research model was modified according to the Modification Index and was reanalyzed. The results are shown in Table 4.10.

According to the results of the confirmatory factor analysis shown in Table 4.10, it was found that the model fit the empirical data well (χ^2= 45.74, df = 33, P-value = 0.069, χ^2/df = 1.386, CFI = 0.99, GFI = 0.97, AGFI = 0.94, RMSEA = 0.036, SRMR = 0.040, and the Q-Plot had a slope equal to a diagonal line). In terms of the internal factor loadings, it was found that all of them were positive, sized 0.-30-1.25, and were statistically and significantly different from zero at 0.01. Considering standardized factor loading (B) of each component, the results were as follows.

Human resource outcome: The variable with the highest factor loading was employee satisfaction (HR_OUT1) with standardized factor loading of 0.92 and the covariance of human resource outcome (HR_OUT) accounting for 84% (regression coefficient $R^2 = 0.84$), followed by employee engagement with the hospital (HR_OUT2), and employee retention (HR_OUT3), with standardized factor loadings

of 0.74 and 0.23 and the covariance of human resource outcome accounting for 55% and 5% respectively. It should be noted that the employee retention variable, which was reversed from employee turnover rate, explained the covariance of human resource outcome at a low level. This might be because the turnover rate of each hospital was considerably different (S.D. = 1.321) or it was probably due to the inappropriateness of the questions, considering the error value, which was relatively high (0.95). As for construct reliability and the Average Varian Extracted (AVE) analysis, it was found that all three internal factors of this component had high construct reliability (0.6960) and a high AVE (0.4812).

Table 4.10 Results of Confirmatory Factor Analysis of Hospital Performance

Hospital performance	**Internal factor**	**Factor loading**				$\mathbf{R^2}$	$\boldsymbol{\rho_c}$	$\boldsymbol{\rho_v}$
		b	**B**	**SE**	**t**			
HR_OUT	HR_OUT1	0.67	0.92	0.04	16.21*	0.84	0.6960	0.4812
	HR_OUT2	0.60	0.74	0.05	13.02*	0.55		
	HR_OUT3	0.30	0.23	0.08	3.73*	0.05		
PT_OUT	PT_OUT1	0.47	0.67	0.04	11.64*	0.49	0.8067	0.5123
	PT_OUT2	0.53	0.65	0.05	11.08*	0.42		
	PT_OUT3	0.55	0.80	0.04	13.87*	0.64		
	PT_OUT4	0.52	0.74	0.04	12.90*	0.54		
FC_OUT	FC_OUT1	1.11	0.79	0.07	16.42*	0.62	0.9438	0.8498
	FC_OUT2	1.13	0.97	0.05	22.64*	0.94		
	FC_OUT3	1.25	0.99	0.05	23.69*	0.99		
PC_OUT	PC_OUT1	0.66	0.90	0.04	16.66*	0.80	0.8985	0.8158
	PC_OUT2	0.66	0.91	0.04	17.53*	0.83		
χ^2= 45.74, df = 33, P-value = 0.069, CFI = 0.99, GFI = 0.97, AGFI = 0.94 RMSEA = 0.036, SRMR = 0.040, and the Q-Plot had a slope equal to a diagonal line								

Note: *Statistical significance at 0.01 ($p<0.01$)

Patient care outcome: The variable with the highest factor loading was patient satisfaction (PT_OUT3), with a standardized factor loading of 0.80 and the covariance of patient care outcome (PT_OUT) accounting for 64% (regression coefficient R^2 = 0.64), followed by patient intention to revisit (PT_OUT4), serving patient needs (PT_OUT1), and responding to patient complaints (PT_OUT2), with standardized factor loadings of 0.74, 0.67 and 0.65 and the covariance of patient care outcome accounting for 54%, 49% and 42% respectively. As for construct reliability and the Average Varian Extracted (AVE) analysis, it was found that all of the internal factors of this component had high construct reliability and a high AVE.

Financial outcome: The variable with the highest factor loading was return on investment (FC_OUT3), with a standardized factor loading of 0.99 and the covariance of financial outcome (FC_OUT) accounting for 99% (regression coefficient R^2 = 0.99), followed by return on assets (FC_OUT2), and hospital profits (FC_OUT1), with standardized factor loadings of 0.97 and 0.79 and the covariance of financial outcome accounting for 94% and 62 % respectively. As for construct reliability and the Average Varian Extracted (AVE) analysis, it was found that all of the internal factors of this component had high construct reliability and a high AVE.

Health promotion and community responsibility outcome: The variable with the highest factor loading was community responsibility (PC_OUT2), with a standardized factor loading of 0.91 and the covariance of health promotion and community responsibility outcome (PC_OUT) accounting for 83% (regression coefficient R^2 = 0.83), followed by achievement in health promotion (PC_OUT1), with a standardized factor loading of 0.90 and the covariance of health promotion and community responsibility outcome accounting for 80%. As for construct reliability and the Average Varian Extracted (AVE) analysis, it was found that all of the internal factors of this component had high construct reliability and a high AVE.

4.5 Results of Confirmatory Factor Analysis of the Latent Variable

According to information obtained from the first phase of the confirmatory factor analysis examining the observed variables in terms of the validity and reliability of questions, it was found that all of the questions were valid. This meant

that every question was indicative of the latent variables in the model (the significance of factor loading or t-value higher than $\left| 1.96 \right|$). However, the reliability values of some of the questions that could confirm representativeness or consistency were still not appropriate, notice from square multiple correlation (R^2), which should be higher than 0.50. Thus, the researcher removed the questions with an R^2 lower than 0.50 but the questions with $R^2 = 0.49$ were still kept. After that, all of the questions that passed the criteria of validity and reliability were gathered together to form the measurement items that would be used in the next phase of the confirmatory factor analysis. The results of the confirmatory factor analysis on latent variable items were as follows.

4.5.1 Organizational Culture

The results of confirmatory factor analysis in phase 1 suggested that the organizational culture of hospitals in Thailand, based on the Competing Values Framework, was mostly clan culture, while hierarchical culture, adhocracy culture, and market culture were slightly visible, as mentioned before. The set of questions passing the criteria of validation and reliability was divided into 4 factors: dominant characteristics, organizational leadership, management style, and organizational glue, as presented below. The researcher determined the code of each factor in order to facilitate the analysis as culture1, culture2, culture3, and culture4 respectively. The details were as follow.

1) The dominant characteristics of organizational culture (culture1) included hospital employees working together like a family and always helping each other at work.

2) Organizational leadership (culture2) included leaders giving advice and supporting their subordinates, leaders daring to make decisions and motivating employees to do, leaders coordinating and controlling the operations, and leaders being rational and working proactively.

3) Management style (culture3) included concentrating on teamwork and sharing decision-making.

4) Organizational glue (culture4) included focusing on good relationships among employees and emphasizing stable and predictable work.

The researcher combined the items in the organizational leadership factor with the items in the organizational glue factor, which had more than 2 items, and then calculated the mean score. After that, the obtained data together with the other two factors were used to assess the appropriateness of the organizational culture measurement model for the confirmatory factor analysis. The results are shown in Table 4.11.

Table 4.11 Results of Confirmatory Factor Analysis of Organizational Culture Measurement Items

Organizational culture	**Internal factor**	**Factor loading**				**R^2**
		b	**B**	**SE**	**t**	
Culture	Culture1	0.51	0.73	0.04	13.47*	0.54
	Culture 2	0.54	0.83	0.03	16.03*	0.69
	Culture3	0.65	0.76	0.05	14.14*	0.58
	Culture 4	0.45	0.81	0.03	15.55*	0.66
χ^2= 0.84, df = 1, P-value = 0.3622, CFI = 1.00, GFI = 1.00, AGFI = 0.99 RMSEA = 0.000, SRMR = 0.005, and the Q-Plot had a slope equal to a diagonal line						

Note: *Statistical significance at 0.01 ($p<0.01$)

The results of the confirmatory factor analysis assessing the appropriateness of the organizational culture measurement model indicated that the goodness of fit index passed all of the criteria (χ^2= 0.84, df = 1, P-value = 0.3622, CFI = 1.00, GFI = 1.00, AGFI = 0.99, RMSEA = 0.000, SRMR = 0.005, and the Q-Plot had a slope equal to a diagonal line). Therefore, it could be concluded that the organizational culture measurement items fit the determined theoretical model at an acceptable level.

4.5.2 High-Performance Work System

According to the results of the confirmatory factor analysis in phase 1, the set of questions passing the criteria of validation and reliability for the three components-involvement practices (IP_HPWS), human resource practices (HR_HPWS), and motivation practices (MP_HPWS)-was as follows.

1) Involvement practices included allowing employees to take part in decision making related to work, applying a quality circle to improve work, setting cross-functional team and teamwork in order to develop good service, encouraging employees to participate in determining the hospital goals, vision, and mission, implementing knowledge management to improve service, and determining common goals between supervisors and employees.

2) Human resource practices included selecting employees with characteristics and abilities relevant to service quality and possessed of learning potential, providing existing employees with appropriate qualifications with a chance to get promoted, continually providing extensive training programs, and providing job performance feedback for employee improvement.

3) Motivation practices included giving salary and rewards based on employee performance, providing fringe benefits and varieties of welfare, fairly giving compensation and incentives, applying a flexible work system and balanced work-life programs, and implementing an employee complaint management system.

The researcher combined all of the items from each component and then calculated a mean score. After that, the obtained data were used to assess the appropriateness of the high-performance work system measurement model with confirmatory factor analysis. The results are shown in Table 4.12.

Table 4.12 Results of Confirmatory Factor Analysis of the High Performance Work System Measurement Items

High Performance Work System	**Internal factor**	**Factor loading**				**R^2**
		b	**B**	**SE**	**t**	
HPWS	IP_HPWS	1.00	0.93	0.02	13.21*	0.87
	HR_HPWS	1.00	0.82	0.02	10.72*	0.68
	MP_HPWS	1.00	0.74	0.03	9.57*	0.54
χ^2= 0.24, df = 1, P-value = 0.6261, CFI = 1.00, GFI = 1.00, AGFI = 1.00 RMSEA = 0.000, SRMR = 0.011, Q-Plot has a slope equal to diagonal line						

Note: *Statistical significance at 0.01 ($p<0.01$)

The results of confirmatory factor analysis assessing the appropriateness of the high-performance work system measurement model suggested that the goodness of fit index passed all criteria (χ^2= 0.24, df = 1, P-value = 0.6261, CFI = 1.00, GFI = 1.00, AGFI = 1.00, RMSEA = 0.000, SRMR = 0.011 and the Q-Plot had a slope equal to a diagonal line). Thus, it could be concluded that the high-performance work system measurement items fit the determined theoretical model at an acceptable level.

4.5.3 Ethical Transformational Leadership

According to the results of the confirmatory factor analysis in phase 1, the set of questions passing the criteria of validation and reliability for the three components-ethical intellectual stimulation (IS_ETL), ethical individualized consideration (IC_ETL), and ethical idealized influence and inspirational motivation (IIM_ETL)-was as follows.

1) Ethical intellectual stimulation included supporting initiative ideas to solve problems, convincing followers to handle problems using different methods, suggesting new solutions or performing tasks in a different way, asking followers what the right thing to do was before making a decision, judging the success of work according to the outcome and the way in which it had been done, paying attention to and focusing on the strengths of the followers, and providing decision-making authority for the self-development of followers.

2) Ethical individualized consideration included acting as a coach or mentor, emphasizing learning based on the differences of each follower, encouraging employees to recognize the issues and challenges that were important to the hospital, and being a fair leader and focusing on employee benefits.

3) Ethical idealized influence and inspirational motivation included behaving ethically and reliably in everyday life, doing a job without personal gain, paying attention to missions and common goals, being enthusiastic about and attentive to work, talking about one's principal values and beliefs, talking about the hospital's future in a good way, and being a respectful leader that employees are proud of.

The researcher combined all of the items from each component and calculated a mean score. Then the score was used to assess the appropriateness of the ethical transformational leadership measurement model with confirmatory factor analysis.

The results are shown in Table 4.13. The results of the confirmatory factor analysis assessing the appropriateness of the ethical transformational leadership measurement model suggested that the goodness of fit index passed all of the criteria (χ^2= 0.48, df = 1, P-value = 0.4876, CFI = 1.00, GFI = 1.00, AGFI = 0.99, RMSEA = 0.000, SRMR = 0.013 and the Q-Plot had a slope equal to a diagonal line). Thus, it could be concluded that the ethical transformational leadership measurement items fit the determined theoretical model at an acceptable level.

Table 4.13 Results of the Confirmatory Factor Analysis of the Ethical Transformational Leadership Measurement Items

Ethical transformational leadership	**Internal factor**	**Factor loading**				**R^2**
		b	B	SE	t	
Leadership	IS_ETL	1.00	0.97	0.02	14.98*	0.95
	IC_ETL	1.00	0.87	0.02	9.46*	0.75
	IIM_ETL	1.00	0.84	0.03	8.56*	0.70
χ^2= 0.48, df = 1, P-value = 0.4876, CFI = 1.00, GFI = 1.00, AGFI = 0.99 RMSEA = 0.000, SRMR = 0.013, Q-Plot has a slope equal to diagonal line						

Note: *Statistical significance at 0.01 (p<0.01) **Statistical significance at 0.05 (p<0.05)

4.5.4 Human Capital

According to the results of the confirmatory factor analysis in phase 1, there were four measurement items passing the criteria of validation and reliability: 1) knowledge relevant to work 2) work skills and proficiency 3) understanding the work process, procedures, and practices and having agility at work, and 4) innovative and creative ideas. As the first item was indicative of knowledge, the research determined the code of this item as knowledge in order to facilitate the analysis. Similarly, the second and third items were indicative of skill so their given code was skill. The fourth item was indicative of ability so the researcher determined its code as ability.

In conclusion, human capital was comprised of 3 factors: knowledge, skill, and ability.

The researcher combined two items in the skill factor and calculated a mean score. Then the obtained data together with the other two factors were used to assess the appropriateness of the human capital measurement model with confirmatory factor analysis. The results are shown in Table 4.14. The results of the confirmatory factor analysis assessing the appropriateness of the human capital measurement model suggested that the goodness of fit index passed all of the criteria (χ^2= 1.71, df = 1, P-value = 0.1904, CFI = 1.00, GFI = 1.00, AGFI = 0.98, RMSEA = 0.049, SRMR = 0.024 and the Q-Plot had a slope equal to a diagonal line). Thus, it could be concluded that the human capital measurement items fit the determined theoretical model at an acceptable level.

Table 4.14 Results of the Confirmatory Factor Analysis of the Human Capital Measurement Items

Human capital	**Internal factor**	**Factor loading**				**R^2**
		b	**B**	**SE**	**t**	
Human Capital	Knowledge	1.00	0.77	0.04	9.79*	0.59
	Skill	1.00	0.94	0.03	12.53*	0.88
	Ability	1.00	0.74	0.05	9.40*	0.55
χ^2= 1.71, df = 1, P-value = 0.1904, CFI = 1.00, GFI = 1.00, AGFI = 0.98 RMSEA = 0.049, SRMR = 0.024, Q-Plot has a slope equal to diagonal line						

Note: *Statistical significance at 0.01 ($p<0.01$) **Statistical significance at 0.05 ($p<0.05$)

4.5.5 Organizational Citizenship Behavior

According to the results of the confirmatory factor analysis in phase 1, the set of questions passing the criteria of validation and reliability for the three components-service delivery service-oriented OCB (SS_OCB), participation service-oriented OCB (PS_OCB), and loyalty service-oriented OCB (LS_OCB)-was as follows.

1) Service delivery service-oriented OCB included communicating with customers regularly in order to enhance good service, providing non-discriminating and providing services with courtesy and respect, serving the patient needs in a timely manner, following up and giving advice to patients with care, and intending to work with minimal errors.

2) Participation service-oriented OCB included giving the hospital suggestions for service improvement, motivating colleagues to share opinions and comments for the hospital's development, and presenting creative ideas for solving problems.

3) Loyalty service-oriented OCB included supporting the products and services of the hospital eagerly, expressing good intentions toward the hospital, telling good stories about the hospital, and persuading family, relatives, and friends to receive medical service at the hospital.

The researcher combined all of the items from each component and calculated a mean score. Then the results were used to assess the appropriateness of the organizational citizenship behavior measurement model using confirmatory factor analysis. The results are shown in Table 4.15.

Table 4.15 Results of the Confirmatory Factor Analysis of the Organizational Citizenship Behavior Measurement Items

Organization citizenship behavior	**Internal factor**	**Factor loading**				**R^2**
		b	**B**	**SE**	**t**	
OCB	SS_OCB	1.00	0.90	0.01	24.98*	0.81
	PS_OCB	1.00	0.87	0.01	22.55*	0.75
	LS_OCB	1.04	0.87	0.02	22.55*	0.76
χ^2= 1.02, df = 1, P-value = 0.3120, CFI = 1.00, GFI = 1.00, AGFI = 0.99 RMSEA = 0.009, SRMR = 0.021, Q-Plot has a slope equal to diagonal line						

Note: *Statistical significance at 0.01 ($p<0.01$)

The results of the confirmatory factor analysis assessing the appropriateness of the organizational citizenship behavior measurement model suggested that the goodness of fit index passed all of the criteria (χ^2= 1.02, df = 1, P-value = 0.312, CFI = 1.00, GFI = 1.00, AGFI = 0.99, RMSEA = 0.009, SRMR = 0.021 and the Q-Plot had a slope equal to a diagonal line). Thus, it could be concluded that the organizational citizenship behavior measurement items fit the determined theoretical model at an acceptable level.

4.5.6 Hospital Performance

According to the results of the confirmatory factor analysis in phase 1, the set of questions passing the criteria of validation and reliability for the three components-human resource outcome (HR_OUT), patient care outcome (PT_OUT), financial outcome (FC_OUT), and health promotion and community responsibility (PC_OUT)-was as follows.

1) Human resource outcome included employee satisfaction and employee engagement with the hospital.

2) Patient care outcome included responding to patient needs, patient satisfaction, and patient loyalty reflected in the question about the intention to revisit.

3) Financial outcome included return on assets and return on investment.

4) Health promotion and community responsibility outcome included achievements in health promotion and community responsibility.

The researcher combined all of the items from each component and calculated a mean score. Then the results were used to assess the appropriateness of the hospital performance measurement model with confirmatory factor analysis. The results are shown in Table 4.16.

Table 4.16 Results of the Confirmatory Factor Analysis of the Hospital Performance Measurement Items

Hospital performance	Internal factor	Factor loading				R^2
		b	B	SE	t	
Performance	HR_OUT	0.47	0.67	0.05	10.35*	0.45
	PT_OUT	0.50	0.77	0.04	11.61*	0.59
	FC_OUT	0.32	0.26	0.08	3.90*	0.07
	PC_OUT	0.41	0.58	0.04	9.18*	0.34
χ^2= 1.00, df = 2, P-value = 0.6066, CFI = 1.00, GFI = 1.00, AGFI = 0.99 RMSEA = 0.000, SRMR = 0.012, Q-Plot has a slope equal to diagonal line						

Note: *Statistical significance at 0.01 ($p<0.01$)

The results of the confirmatory factor analysis assessing the appropriateness of the organizational citizenship behavior measurement model suggested that the goodness of fit index passed all of the criteria (χ^2= 1.02, df = 1, P-value = 0.312, CFI = 1.00, GFI = 1.00, AGFI = 0.99, RMSEA = 0.009, SRMR = 0.021, and the Q-Plot had a slope equal to a diagonal line). Thus, it could be concluded that the hospital performance measurement items fit the determined theoretical model at an acceptable level.

4.6 Results of the Structural Equation Model Analysis

In order to analyze the structural equation model for assessing the impacts of the resource-based view determinants on hospital performance in Thailand, the researcher divided the model into three groups: 1) 182 community hospitals were analyzed, 2) 265 public hospitals consisting of the community hospitals in the first group plus general hospitals and regional hospital were analyzed, and 3) 295 hospitals consisting of 265 public hospitals in the second group plus 30 private hospitals were analyzed. The results of the structural equation model analysis, the direct and indirect effect, the total effect of the independent variables on the dependent variables, and the moderator effect were as follows.

4.6.1 Evaluating the Appropriateness of the Structural Equation Model

Group 1 Community hospitals: based on the first analysis results, it was found that χ^2= 403.76, df = 160, P-value = 0.000, χ^2/df = 2.524, CFI = 0.97, GFI = 0.82, AGFI = 0.76, RMSEA = 0.092, SRMR = 0.072 and the Q-Plot had a slope slightly less steep than a diagonal line. This suggested that the model obtained from this data analysis did not fit the theoretical model. Therefore, the researcher adjusted the model by tracing the relationship pathway between the variable's tolerance and covariance. Then, the researcher traced the relationship pathway from human capital to organizational citizenship behavior according to the recommendation of the Modification Index. After that, it was reanalyzed and resulted in an acceptable structural equation model, as presented in Figure 4.1. It was found that χ^2= 203.28, df = 142, P-value = 0.00057, χ^2/df = 1.43, CFI = 0.99, GFI = 0.90, AGFI = 0.90, RMSEA = 0.049, SRMR = 0.044 and the Q-Plot had a slope equal to a diagonal line. It could be seen that only the chi-square value did not pass the criteria. This was probably due to the large number of samples and therefore a relative chi-square (χ^2/df) should be considered instead (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). It was recommended that the relative chi-square value obtained should be lower than 2.00. Based on the results, the relative chi-square value was 1.44, indicating that this model was not significantly different from the theoretical model.

Group 2 Public hospitals: based on the first analysis results, it was found that χ^2= 458.36, df = 160, P-value = 0.000, χ^2/df = 2.524, CFI = 0.98, GFI = 0.85, AGFI = 0.81, RMSEA = 0.084, SRMR = 0.058 and the Q-Plot had a slope slightly less steep than a diagonal line. This suggested that the model obtained from this data analysis did not fit the theoretical model. Therefore, the researcher adjusted the model by tracing the relationship pathway between the variable's tolerance and covariance. Then, the researcher traced the relationship pathway from human capital to organizational citizenship behavior according to the recommendation of the Modification Index. After that, it was reanalyzed and resulted in an acceptable structural equation model, as presented in Figure 4.2. It was found that χ^2= 194.23, df = 127, P-value = 0.0001, χ^2/df = 1.53, CFI = 0.99, GFI = 0.93, AGFI = 0.90, RMSEA

= 0.047, SRMR = 0.039 and the Q-Plot had a slope equal to diagonal line. It could be seen that only the chi-square value did not pass the criteria. This was probably due to the higher number of samples and therefore a relative chi-square (χ^2/df) should be considered instead (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). It was recommended that the relative chi-square value obtained should be lower than 2.00. Based on the results, the relative chi-square value was 1.53, indicating that this model was not significantly different from the theoretical model.

Group 3 Hospitals in Thailand: based on the first analysis results, it was found that χ^2= 515.52, df = 160, P-value = 0.000, χ^2/df = 3.222, CFI = 0.97, GFI = 0.85, AGFI = 0.80, RMSEA = 0.087, SRMR = 0.059 and the Q-Plot had a slope slightly less steep than a diagonal line. This suggested that the model obtained from this data analysis did not fit the theoretical model. Therefore, the researcher adjusted the model by tracing the relationship pathway between the variable's tolerance and covariance. Then, the researcher traced the relationship pathway from human capital to organizational citizenship behavior according to the recommendation of the Modification Index. After that, it was reanalyzed and resulted in an acceptable structural equation model, as presented in Figure 4.3. It was found that χ^2= 231.56, df = 137, P-value = 0.000, χ^2/df = 1.69, CFI = 0.99, GFI = 0.93, AGFI = 0.90, RMSEA = 0.048, SRMR = 0.039 and the Q-Plot had a slope equal to diagonal line. It could be seen that only the chi-square value did not pass the criteria. This was probably due to the higher number of samples and therefore a relative chi-square (χ^2/df) should be considered instead (Supamas Angsuchot; Somthawin Vijittwanna and Ratchaneekoon Pinyopanuwat, 2011). It was recommended that the relative chi-square value obtained should be lower than 2.00. Based on the results, the relative chi-square value was 1.69, indicating that this model was not significantly different from the theoretical model.

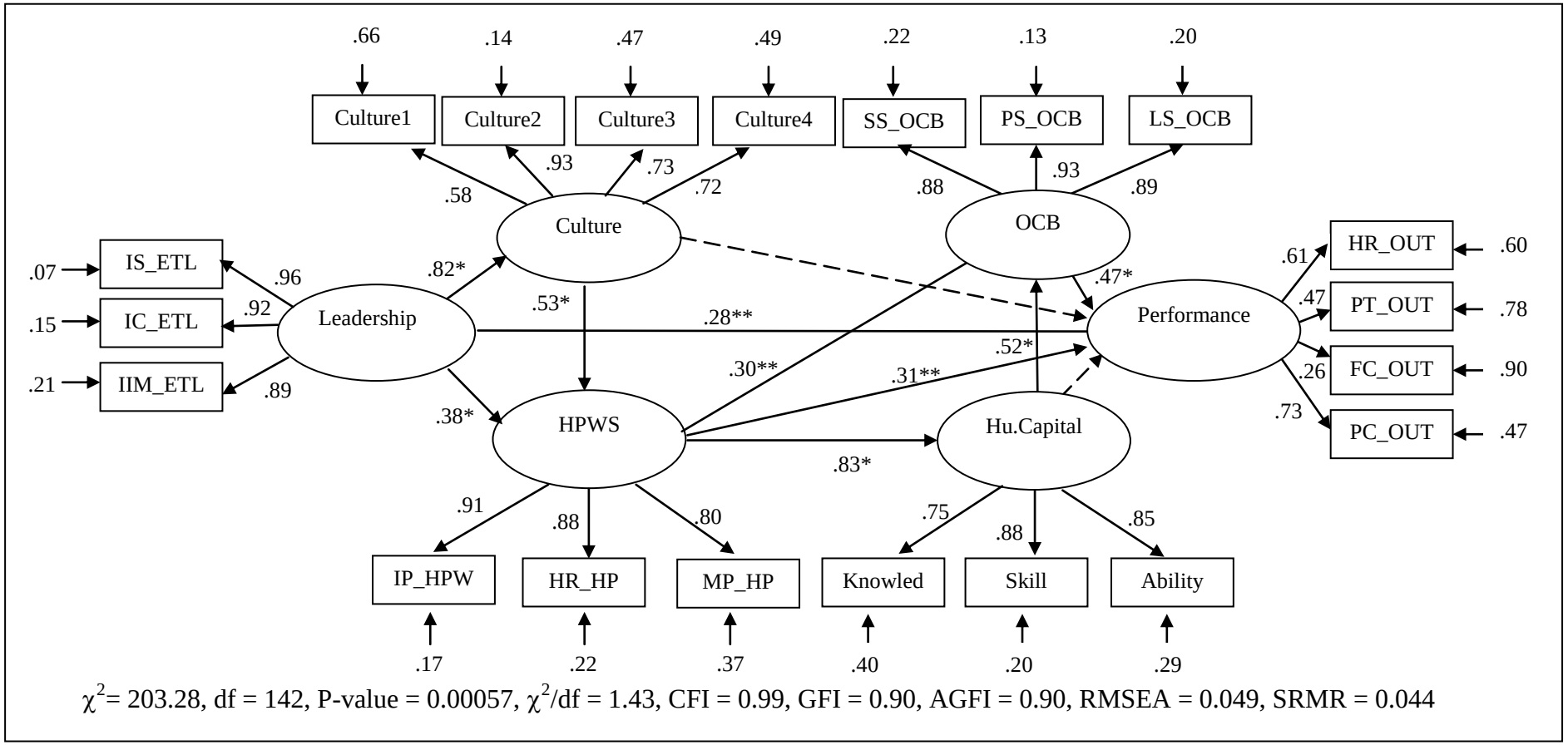


Figure 4.1 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of Community Hospitals

Note: ———— Relationship pathway with statistical significance - - - - - - - - - - Relationship pathway with no statistical significance *p< .01, **p< .05

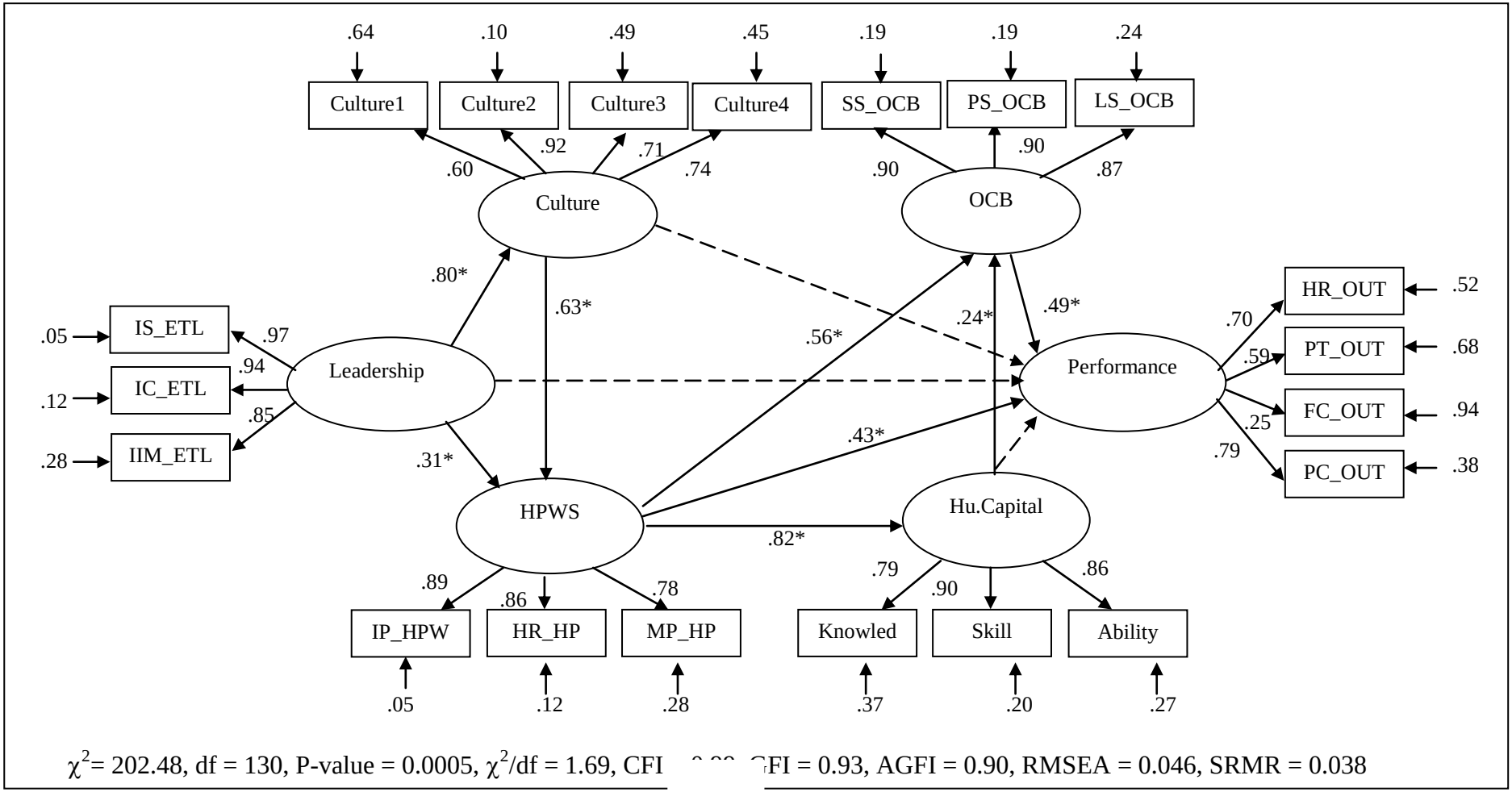
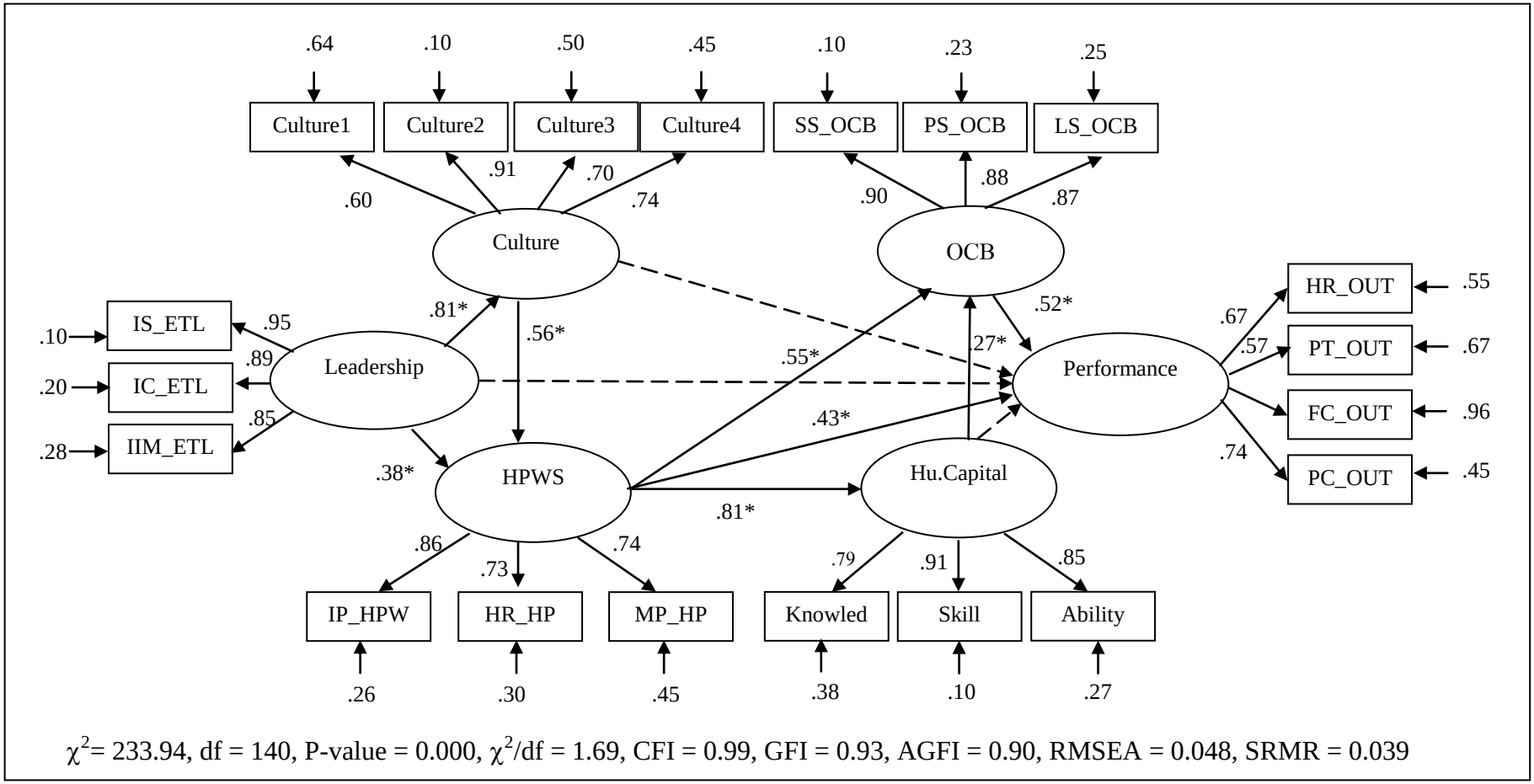


Figure 4.2 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of Public Hospitals

Note: ———— Relationship pathway with statistical significance - - - - - - - - - Relationship pathway with no statistical significance, *p< .01



χ^2= 233.94, df = 140, P-value = 0.000, χ^2/df = 1.69, CFI = 0.99, GFI = 0.93, AGFI = 0.90, RMSEA = 0.048, SRMR = 0.039

Figure 4.3 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of Hospitals in Thailand

Note: ———— Relationship pathway with statistical significance - - - - - - - - Relationship pathway with no statistical significance, *p< .01

Table 4.17 Square Multiple Correlation of Latent Variables Used in the Analysis

Correlations			Group 1			Group 2			Group 3		
Independent variables		**Dependent variables**	**B**	**S.E.**	**t-value**	**B**	**S.E.**	**t-value**	**B**	**S.E.**	**t-value**
Ethical	→	Culture	0.82	0.05	7.02*	0.80	0.04	8.63*	0.81	0.04	9.18*
Transformational	→	HPWS	0.38	0.06	3.69*	0.31	0.05	3.77*	0.38	0.05	4.57*
Leadership	→	Performance	0.28	0.05	2.34**	-	-	-	-	-	-
Organizational	→	HPWS	0.53	0.16	4.51*	0.63	0.14	6.13*	0.56	0.12	5.80*
Culture	→	Performance	-	-	-	-	-	-	-	-	-
HPWS	→	Human Capital	0.83	0.08	10.37*	0.82	0.07	12.06*	0.81	0.07	11.88*
	→	OCB	0.30	0.13	2.25**	0.56	0.12	5.14*	0.55	0.11	5.64*
	→	Performance	0.31	0.11	2.07**	0.49	0.07	5.23*	0.43	0.08	4.66*
Human Capital	→	OCB	0.52	0.15	3.74*	0.24	0.11	2.18**	0.27	0.10	2.87*
	→	Performance	-	-	-	-	-	-	-	-	-
OCB	→	Performance	0.47	0.08	4.37*	0.49	0.07	5.81*	0.51	0.08	5.37*
R^2 of latent variables			Culture = 0.68, HPWS = 0.69, Human Capital = 0.76, OCB = 0.63, Performance = 0.91			Culture = 0.63, HPWS = 0.82, Human Capital = 0.68, OCB = 0.59, Performance = 0.74			Culture = 0.66, HPWS = 0.80, Human Capital = 0.66, OCB = 0.62, Performance = 0.78		

Note: *p< .01, **p< .05

The relationships of the variables in each group of hospitals are shown in Figure 4.1-4.3 and Table 4.17. The details are described below.

Group 1 Community Hospitals: It could be seen that ethical transformational leadership affected organizational culture at a significance level of 0.01 with a standardized factor loading of 0.82. This meant that once ethical transformational leadership increased 1 unit, organizational culture would accordingly increase 0.82 of a unit. In addition, the R^2 for the Structural Equation was 0.68, indicating that ethical transformational leadership could explain the variance of organizational culture at 68%. Ethical transformational leadership also affected the high-performance work system at a statistical significance level of 0.01 with a standardized factor loading of 0.38. Moreover, the high-performance work system was affected by organizational culture with a standardized factor loading of 0.53. Ethical transformational leadership could explain the covariance of the high-performance work system at 69%.

The high-performance work system affected human capital and organizational citizenship behavior at a statistical significance level of 0.01, with a standardized factor loading of 0.83 and 0.30 respectively. This meant that once the high-performance work system increased 1 unit, human capital would increase 0.82 of a unit and organizational citizenship behavior would increase 0.30 of a unit. The R^2 for the Structural Equation of human capital was 0.76, indicating that the variables affecting human capital in the model could explain the covariance of human capital at 76%. Similarly, the R^2 for the Structural Equation of organizational citizenship behavior was 0.63, suggesting that variables affecting organizational citizenship behavior in the model could explain the covariance of organizational citizenship behavior at 63%.

As for hospital performance, it was affected by ethical transformational leadership, the high-performance work system, and organizational citizenship behavior at a statistical significance level of 0.05, 0.05, and 0.01 respectively. Ethical transformational leadership affected hospital performance with a standardized factor loading of 0.28, while the high-performance work system and organizational citizenship behavior affected hospital performance with a standardized factor loading of 0.31 and 0.47 respectively. Considering the R^2 for the Structural Equation, it was found that ethical transformational leadership, the high-performance work system,

and organizational citizenship behavior could explain the variance of hospital performance at 91%. Organizational culture and human capital had no significant direct effect on hospital performance. In Group 2 and Group 3 were found to have some differences in terms of ethical transformational leadership affecting hospital performance. In other words, the effect of ethical transformational leadership on hospital performance had no statistical significance. The relationship of the other variables could be similarly concluded as follows.

Group 2 Public Hospitals: It could be seen that ethical transformational leadership affected organizational culture at a statistical significance level of 0.01 with a standardized factor loading of 0.80. The R^2 for the Structural Equation was at 0.63, revealing that ethical transformational leadership could explain the covariance of organizational culture at 63%. It was found that ethical transformational leadership also affected the high-performance work system at a statistical significance level of 0.01 with a standardized factor loading of 0.31. Additionally, the high-performance work system was affected by organizational culture with a standardized factor loading of 0.63. Ethical transformational leadership and organizational culture could explain the variance of hospital performance at 82%.

The high-performance work system affected human capital and organizational citizenship behavior at a statistical significance level of 0.01, with a standardized factor loading of 0.82 and 0.56 respectively. The R^2 for the Structural Equation of human capital was at 0.68, revealing that variables affecting human capital in the model could explain the covariance of human capital at 68%. Similarly, the R^2 for the Structural Equation of organizational citizenship behavior was at 0.59, indicating that the variables affecting organizational citizenship behavior in the model could explain the covariance of organizational citizenship behavior at 59%.

As for hospital performance, it was affected by the high-performance work system and organizational citizenship behavior at a statistical significance level of 0.01 with an equal standardized factor loading of 0.49. Considering the R^2 for the Structural Equation, it was found that all of the variables affecting hospital performance in the model could explain the covariance of hospital performance at 74%. Organizational culture and human capital had no significant direct effect on hospital performance, similar to that of the hospitals in Group 1.

Group 3 Hospitals in Thailand: It could be seen that ethical transformational leadership affected organizational culture at a statistical significance level of 0.01 with a standardized factor loading of 0.81. The R^2 for the Structural Equation was at 0.66, indicating that ethical transformational leadership could explain the covariance of organizational culture at 66%. It was also found that ethical transformational leadership affected the high-performance work system at a statistical significance level of 0.01 with a standardized factor loading of 0.38. Moreover, it could be seen that the high-performance work system was affected by organizational culture with a standardized factor loading of 0.56. Ethical transformational leadership and organizational culture could explain the covariance of the high-performance work system at 80%.

The high-performance work system affected human capital and organizational citizenship behavior at a statistical significance level of 0.01, with a standardized factor loading of 0.81 and 0.55 respectively. The R^2 for the Structural Equation of human capital was at 0.66, revealing that the variables affecting human capital in the model could explain the covariance of human capital at 66%. Similarly, the R^2 for the Structural Equation of organizational citizenship behavior was at 0.62, indicating that the variables affecting organizational citizenship behavior in the model could explain the covariance of organizational citizenship behavior at 62%.

As for hospital performance, it was affected by the high-performance work system and organizational citizenship behavior at a statistical significance level of 0.01, with a standardized factor loading of 0.43 and 0.51 respectively. Considering the R^2 for the Structural Equation, it was found that all of the variables affecting hospital performance in the model could explain the covariance of hospital performance at 78%. Organizational culture and human capital had no significant direct effect on hospital performance, similar to that of the hospitals in Group 1 and Group 2.

4.6.2 Analyzing the Direct and Indirect Effect of Variables

In this part of the study, the direct effect, indirect effect, and total effect of the independent variables on the dependent variables were analyzed as shown in Table 4.18.

Table 4.18 Direct Effect, Indirect Effect, and Total Effect of the Independent Variables on the Dependent Variables

Independent Variables	Effect	Dependent Variables														
		Organizational culture			HPWS			Human capital			OCB			Performance		
		Group1	Group2	Group3	Group1	Group2	Group3	Group1	Group2	Group3	Group1	Group2	Group3	Group1	Group2	Group3
Ethical	DE	0.82*	0.80*	0.81*	0.38*	0.31*	0.38*	-	-	-	-	-	-	0.28**	-	-
transformational	IE	-	-	-	0.44	0.51	0.44	0.68	0.67	0.68	0.60	0.62	0.65	0.54	0.65	0.69
leadership	TE	0.82	0.80	0.81	0.82	0.82	0.84	0.68	0.67	0.68	0.60	0.62	0.65	0.82	0.65	0.69
Organizational	DE	-	-	-	0.53*	0.63*	0.56*	-	-	-	-	-	-	-	-	-
culture	IE	-	-	-	-	-	-	0.44	0.52	0.45	0.39	0.48	0.43	0.35	0.51	0.46
	TE	-	-	-	0.53	0.63	0.56	0.44	0.52	0.45	0.39	0.48	0.43	0.35	0.51	0.46
HPWS	DE	-	-	-	-	-	-	0.83*	0.82*	0.81*	0.30**	0.56*	0.55*	0.31**	0.43*	0.43*
	IE	-	-	-	-	-	-	-	-	-	0.44	0.19	0.22	0.35	0.37	0.39
	TE	-	-	-	-	-	-	0.83	0.82	0.81	0.74	0.75	0.77	0.66	0.80	0.82
Human capital	DE	-	-	-	-	-	-	-	-	-	0.52*	0.24**	0.27*	-	-	-
	IE	-	-	-	-	-	-	-	-	-	-	-	-	0.25	0.12	0.14
	TE	-	-	-	-	-	-	-	-	-	0.52	0.24	0.27	0.25	0.12	0.14
OCB	DE	-	-	-	-	-	-	-	-	-	-	-	-	0.47*	0.49*	0.51*
	IE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TE	-	-	-	-	-	-	-	-	-	-	-	-	0.47	0.49	0.51

Note: DE = Direct Effect, IE = Indirect Effect, TE = Total Effect

*p< .01, **p< .05

The analysis results of the direct effect, indirect effect, and total effect of the variables are shown in Table 4.18. The details are described below.

In Group 1, it was found that ethical transformational leadership had the strongest effect on hospital performance, followed by the high-performance work system, organizational citizenship behavior, organizational culture, and human capital. Ethical transformational leadership and high-performance work system were the variables that had both a direct and indirect effect on hospital performance, while organizational citizenship behavior had only a direct effect and organizational culture and human capital had only an indirect effect.

These results were different from the hospitals in Group 2 and Group 3, where it could be seen that hospital performance was not directly affected by ethical transformational leadership and there only an indirect effect was found. The variable with the strongest direct and indirect effect on hospital performance was the high-performance work system. However, it was found that the hospital performance in Group 2 and Group 3 was affected by organizational citizenship behavior, organizational culture, and human capital, similar to that of the hospitals in Group 1.

As for organizational citizenship behavior, it was found that the results for all three groups of hospitals were similar. Organizational citizenship behavior was affected by the high-performance work system at the strongest level, followed by ethical transformational leadership, human capital, and organizational culture. The variable with both a direct and indirect effect was the high-performance work system, while the variable with only a direct effect was human capital. Ethical transformational leadership and organizational culture had only an indirect effect.

In terms of human capital, it was found that the human capital in the three groups of hospitals was directly affected by the high-performance work system at the highest level, followed by indirect effect from ethical transformational leadership and organizational culture. Similarly, it could be seen that the high-performance work system was directly affected by organizational culture and ethical transformational leadership. Organizational culture was also affected by ethical transformational leadership.

4.6.3 Analyzing the Effect of Controlled Variables

To study the effect of organization size and organization age as a moderator influencing an effect of the resource-based view determinants on hospital performance, multiple group analysis was applied by examining the invariance of the regression coefficients. The details are as follows.

4.6.3.1 Effect of Organization Size

Upon testing the invariance of the regression coefficient, the moderator was seen to be organization size, which was determined by the number of full-time employees in each hospital. The researcher categorized the hospitals by using the criteria of García-Zamora, González-Benito and Muñoz-Gallego (2013), which suggested that a service organization with a small organization size had fewer than 250 employees while a large organization size had more than 250 employees. Therefore, the hospitals were divided into 2 groups: 1) 140 hospitals with a small organization size and 2) 155 hospitals with a large organization size.

In the initial stages (same pattern), the invariance of the model was examined by not fixing a parameter across groups. In other words, it was an assessment investigating whether the model fit the empirical data in each group or not. The results showed that χ^2= 542.79, df = 296, P-value = 0.000, χ^2/df = 1.833, CFI = 0.98, NFI = 0.98, RFI = 0.95, RMSEA = 0.075. As the chi-square value here had a statistical significance, it was concluded that the model had form invariance. Thus, the researcher separately carried out a structural equation model analysis according to organization size in order to find the model that fit each group. The analysis results are presented in Figure 4.4-4.5. The direct effect, indirect effect, and total effect of all variables are shown in Table 4.19.

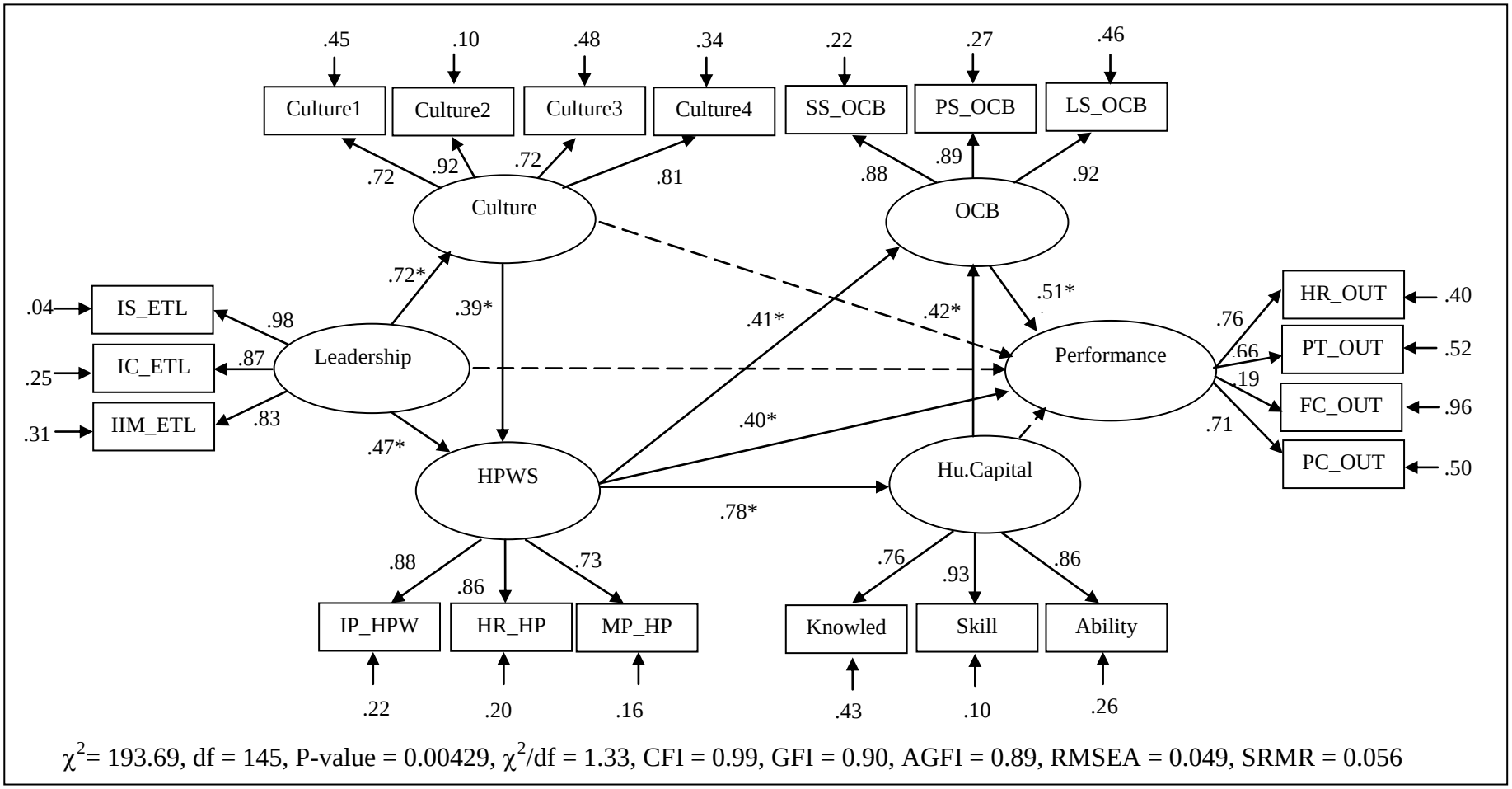


Figure 4.4 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of Small Hospitals

Note: ———— Relationship pathway with statistical significance – – – – – – – Relationship pathway with no statistical significance, *p< .01 **p<.05

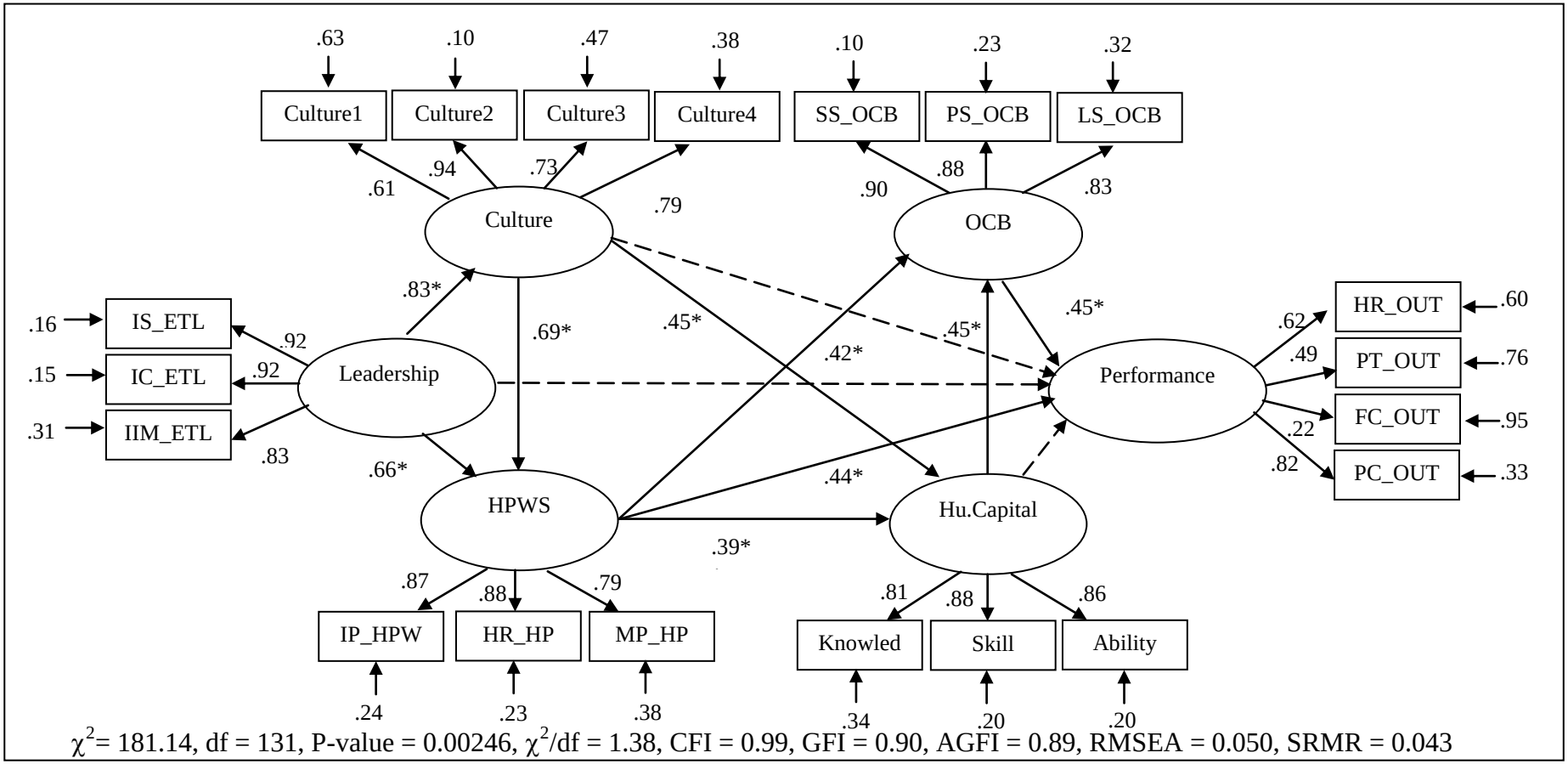


Figure 4.5 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of Large Hospitals

Note: ———— Relationship pathway with statistical significance – – – – – – – Relationship pathway with no statistical significance, *p< .01 **p<.05

Table 4.19 Direct Effect, Indirect Effect, and Total Effect of Independent Variables on Dependent Variables Categorized By Hospital Size

Independent variables	Effect	Dependent variables									
		Organizational Culture		HPWS		Human Capital		OCB		Performance	
		small	large	small	large	small	large	small	large	small	large
Ethical Transformational Leadership	DE	0.72*	0.83*	0.47*	0.66*	-	-	-	-	-	-
	IE	-	-	0.28	0.25	0.59	0.73	0.55	0.72	0.58	0.72
	TE	0.77	0.83	0.75	0.91	0.59	0.73	0.55	0.72	0.58	0.72
Organizational Culture	DE	-	-	0.39*	0.69**	-	0.45*	-	-	-	-
	IE	-	-	-	-	0.31	0.12	0.29	0.39	0.30	0.31
	TE	-	-	0.39	0.69	0.31	0.57	0.29	0.39	0.30	0.31
HPWS	DE	-	-	-	-	0.78*	0.39**	0.41*	0.42*	0.40*	0.44*
	IE	-	-	-	-	-	-	0.33	0.18	0.37	0.27
	TE	-	-	-	-	0.78	0.39	0.74	0.60	0.77	0.71
Human Capital	DE	-	-	-	-	-	-	0.42*	0.45*	-	-
	IE	-	-	-	-	-	-	-	-	0.21	0.20
	TE	-	-	-	-	-		0.42	0.45	0.21	0.20
OCB	DE	-	-	-	-	-	-	-	-	0.51*	0.45*
	IE	-	-	-	-	-	-	-	-	-	-
	TE	-	-	-	-	-	-	-	-	0.51	0.45
R^2 of latent variables		Small hospitals: Culture = 0.52, HPWS = 0.64, Human Capital = 0.61, OCB = 0.61, Performance = 0.71									
		Large hospitals: Culture = 0.69, HPWS = 0.85, Human Capital = 0.66, OCB = 0.69, Performance = 0.70									

Note: DE = Direct Effect, IE = Indirect Effect, TE = Total Effect, *p < .01, **p < .05

The results shown in Figure 4.4-4.5 and Table 4.19 suggested that the model had a form variance. In the group of large hospitals, it was found that organizational culture had a significant direct effect on human capital while that kind of effect was not found in the group of small hospitals. This was probably because when an organization grows bigger, the human capital of employees might increase due to the effect of teamwork and shared decision-making culture, which enables higher sharing of knowledge, skills, and the ability of employees.

4.6.3.2 Effect of Organization Age

In order to assess the invariance of regression the coefficient, the moderator was organization age, which was determined from the actual age of the hospital since founded. The researcher categorized the hospitals based on the median, which is frequently used to separate a sample in order to study the impact of organization age on organizational performance (Hui, Radzi, Jenatabadi, Kasim and Radu, 2013). The hospitals were consequently divided into 2 groups: 148 new hospitals and 147 old hospitals.

In the preliminary analysis (same pattern), the invariance of the model was examined by not setting a parameter across groups, which was actually testing whether the model fit the empirical data in each group or not. The results showed that χ^2= 542.79, df = 296, P-value = 0.000, χ^2/df = 1.833, CFI = 0.98, NFI = 0.98, RFI = 0.95, RMSEA = 0.075. As the chi-square value here had a statistical significance, it was concluded that the model had form invariance. Thus, the researcher separately carried out a structural equation model analysis according to organization age in order to find the fitted model for each group. The analysis results are presented in Figure 4.6-4.7. The direct effect, indirect effect, and total effect of all variables are shown in Table 4.20.

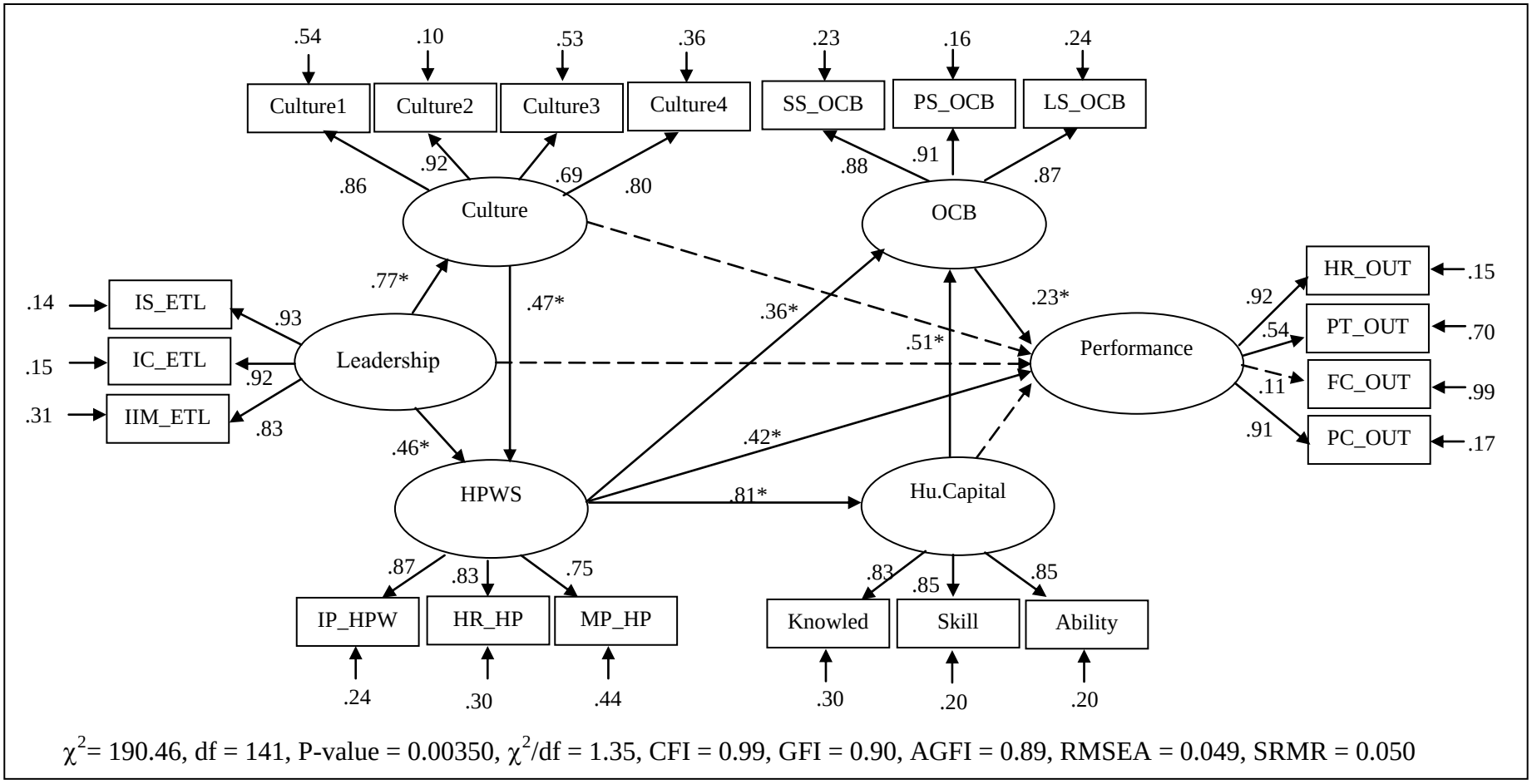


Figure 4.6 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of New Hospitals

Note: ———— Relationship pathway with statistical significance – – – – – – – Relationship pathway with no statistical significance, *p< .01 **p<.05

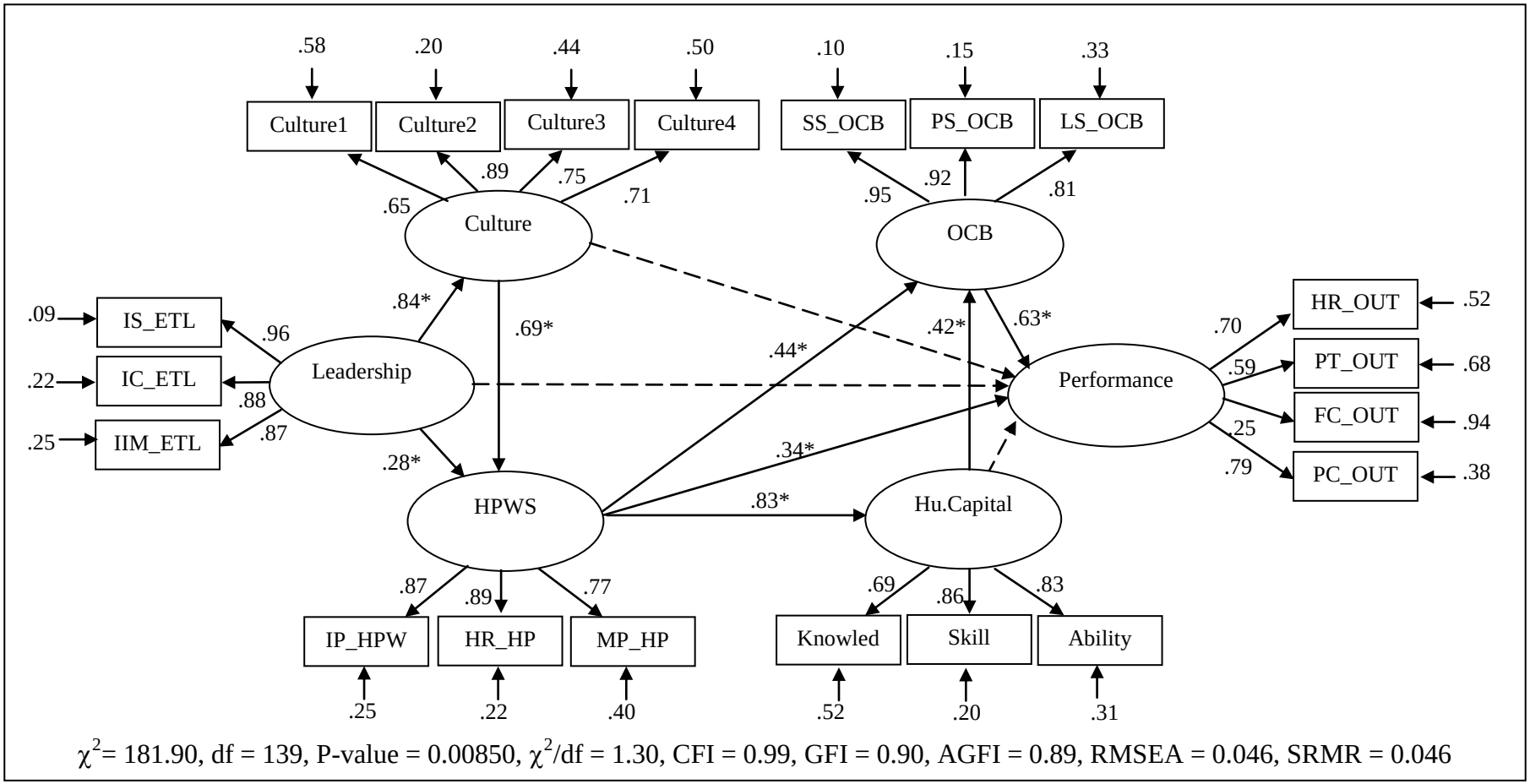


Figure 4.7 Structural Equation Model of the Resource-Based View Determinants, Ethical Transformational Leadership, and Organizational Citizenship Behavior affecting the Performance of Old Hospitals

Note: ———— Relationship pathway with statistical significance – – – – – – – Relationship pathway with no statistical Significance, *p< .01

Table 4.20 Direct Effect, Indirect Effect, and Total Effect of Independent Variables on Dependent Variables Categorized By Hospital Age

Independent variables	Effect	Dependent variables									
		Organizational culture		HPWS		Human capital		OCB		Performance	
		new	old	new	old	new	old	new	old	new	old
Ethical transformational leadership	DE	0.77*	0.84*	0.46*	0.28*	-	-	-	-	-	-
	IE	-	-	0.36	0.58	0.66	0.71	0.63	0.68	0.49	0.71
	TE	0.77	0.84	0.82	0.86	0.66	0.71	0.63	0.68	0.49	0.71
Organizational culture	DE	-	-	0.47*	0.69*	-	-	-	-	-	-
	IE	-	-	-	-	0.38	0.57	0.36	0.54	0.28	0.57
	TE	-	-	0.47	0.69	0.38	0.57	0.36	0.54	0.28	0.57
HPWS	DE	-	-	-	-	0.81*	0.83*	0.36*	0.44*	0.42*	0.34*
	IE	-	-	-	-	-	-	0.41	0.35	0.18	0.49
	TE	-	-	-	-	0.81	0.83	0.77	0.79	0.60	0.83
Human capital	DE	-	-	-	-	-	-	0.51*	0.42*	-	-
	IE	-	-	-	-	-	-	-	-	0.12	0.26
	TE	-	-	-	-	-		0.51	0.42	0.12	0.26
OCB	DE	-	-	-	-	-	-	-	-	0.23**	0.63*
	IE	-	-	-	-	-	-	-	-	-	-
	TE	-	-	-	-	-	-	-	-	0.23	0.63
R^2 of latent variables		New hospitals: Culture = 0.59, HPWS = 0.75, Human Capital = 0.65, OCB = 0.69, Performance = 0.38									
		Old hospitals: Culture = 0.71, HPWS = 0.87, Human Capital = 0.69, OCB = 0.67, Performance = 0.84									

Note: DE = Direct Effect, IE = Indirect Effect, TE = Total Effect, *p < .01, **p < .05

The results shown in Figure 4.6-4.7 and Table 4.20 indicated that the model had a slight form variance. In the group of new hospitals, it was found that the variables used in the model had no significant effect on financial outcome., while there was a significant effect in the group of old hospitals. This meant that organization age significantly affected the financial outcome of the hospitals. Further, it should be noted that all of the variables could explain the effect on hospital performance in the group of old hospitals more than the group of old hospitals. This was probably due to the result of the effect of organizational culture and the high-performance work system, as can be seen from the R^2 of the 2 latent variables-organizational culture and the high-performance work system-which were obviously different.

CHAPTER 5

QUALITATIVE RESULTS

This chapter describes the findings of the qualitative research based on the in-depth interviews with senior executives, employee focus group discussion, and documentary research. The results showed that leadership, organizational culture, human capital, high-performance work systems, and organizational citizenship behavior significantly affected hospital performance. The details and examples of the antecedents, processes, and operations related to these factors can be demonstrated as follows.

5.1 Leadership

The results showed that the leaders played a vital role in leading a hospital to achieve its goal and were also key drivers of hospital performance through leadership behavior and the leadership process. Some senior managers made the following comments: "[t]he leader is indeed the most important part. If the leader does not have the vision, he will not be able to drive the organization" (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview) "[i]n terms of quality development, I found that organizational leadership system rather has the most important effect" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview) "[a]s for the factor influencing hospital performance, I think it is a matter of organizational leadership and teamwork building which links to the people" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview). These comments are consistent with information obtained from the focus group participants, who stated the following: "[i]t is a matter of leader's policy formation, vision, and the ways to convey policy that have a team to support" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion) "[o]ur hospital is being like this or going forward. Leader, like the commander, is the most important thing. In order to get the

hospital moving forward, leadership is a very important factor" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion).

The visible behavior of the leader is indicative of ethical transformational leadership, which consists of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. These four components are all controlled by ethics, while the leadership process can be seen in the hospital leadership system, which covers establishing a vision and shared values, determining strategies and operational plans, translating and communication, and monitoring and evaluation. The leadership behavior and process are key factors related to establishing and changing directions or making employees work in harmony with the goals of the hospital. They also help build the trust, faith and engagement of employees, making the hospital gain outstanding performance (Van Velsor and McCauley, 2004).

5.1.1 Ethical Transformational Leadership

The leaders of the hospitals with outstanding performance are those that have idealized influence, can motivate and inspire followers, can intellectually stimulate followers, develop and support employees with regard to the individual, and express ethical behavior. All of these behaviors are components of ethical transformational leadership.

5.1.1.1 Idealized Influence

Idealized influence behavior is reflected when leaders discuss their beliefs and values with followers. The values and beliefs spoken are beyond self-interest and have underlying morality and ethics. Idealized influence is a matter of a role model that followers can perceive. Followers have positive feelings and trust in leaders as well as respect for them as a role model. Therefore, when leaders express their commitment to improve a hospital, it will cause followers to have commitment just like their leaders. This can be seen from the focus group discussion data at Fort Suranaree Hospital and in the following passage:

> "When receiving the first HA in 2001, our leader said that we had to accomplish. Once the leader said he would go, he determined to do something, it would surely succeed…When the big boss took an

> action, the rest had to follow. We had to go together…The leader ordered us to seize that hill and we had to burn all our boats. Thus, we could not be indifferent. We were encouraged and active. Our hospital was in military level. We needed to move forward" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion).

The leader role model is enables employees to have trust and faith and to get ready to struggle and collaborate to improve the hospital quality until it is recognized. According to the data, it can be noted that during the initial stage of hospital quality improvement, the diligent efforts of leaders and collaboration of employees are considerably required. The leaders will seriously focus on hospital improvement. They are willing to work hard, get down to work, and completely actively participate.

The Director of Queen Savang Vadhana Memorial Hospital is an example of an idealized influence leader. He is a role model for patient safety-oriented work. He always emphasizes that employees should adhere to the principles of the Three Knowledges and the Eightfold Path. He believes that these dharmic principles can be applied to reduce patient risks. His role as a model and inculcation make his followers aware of patient safety in the same way. When the leader emphasizes his beliefs and values frequently, they can be conveyed to the employees. These beliefs can also be continually used as operational guidelines, as the focus group participants stated in the following:

> "He has instruction about the Three Knowledges and the Eightfold Path. He teaches those principles wherever he goes. He told us to carefully use dharmic principles in workplaces and watch out the risks that can occur to patients. He has repeated this so many times as if emphasizing that the employees should take care of patient safely…All employees could realize and adhere to the guidelines all along" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Similarly, the Director of Nong Bua Rawae Hospital has beliefs and values concerning the patient-oriented. Therefore, he instills these beliefs and values into the followers by focusing on considerate service providing and close patient care. This can be analyzed from the minutes of monthly meeting no. 6/2013 on March 22, 2013, recording that the video presentation of "Trustworthy Organizations" was introduced and discussed in the meeting room in order to be transcribed as a useful lesson for hospital practices. According to the minutes of the meeting, the director said the following:

> "Don't be so careless about any learning. We should learn through watching, thinking, and analyzing the efficient cause. It all depends on us…Patients come to us with trust. They entrust their lives to the doctors. We should provide them with quality service which is worthy to their trust, including attentive caring, appropriate and accurate remedies, family-like treatments, and patient supporting" (Director of Nong Bua Rawae Hospital, 2013, interview).

In addition, one focus group participant also discussed the idealized influence characteristics of the director as a role model of dedication, responsibility, and focusing on employee work-life balance. Although falling on hard times, he will not neglect but provide full support.

> "He is a role model of dedication. He has higher responsibility than other…He has never missed the monthly meetings. Despite having a provincial meeting, he would hurriedly return to the meeting with employees. Sometimes he was late yet he still came" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

Another participant said:

> "Looking back at the last 10 years, the hospital was very poor to the extent that there was no money to pay overtime to employees. He even borrowed some money and advanced it to the employees in order not to affect their obligation to raise a family. Even though our hospital was so poor, we have never owed the employees the overtime pay and never lacked sufficient welfare" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion).

The leadership role model is also related to such aspects of self-reliance or daily living as punctuality, dress, speaking, and enthusiasm in knowledge sharing. The senior manager of Paolo Memorial Phaholyothin Hospital suggested about early morning work and the punctuality of the senior management as behavior that employees should perceive and regard as a role to follow: "Here, the senior management works on time. They can be role model because they always arrive before 7.00 a.m. and get off late. The employees perceive that and most of them act accordingly…In terms of working time, we can be role model" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview). This is similar to data collected from the focus group discussion at Taphanhin Crown Prince Hospital. The focus group participants spoke of the director of the hospital in the following:

> "He is a role model in all aspects. In terms of work arrival time, he said that the hospital employees had to start working before working hours. He also comes early in the morning. Either dressing, politely speaking, respecting, or employee knowledge sharing, he always participates together with the employees" (Registered Nurse, Taphanhin Crown Prince hospital, 2013, focus group discussion).

Idealized influence are perceived and applied in the workplace by employees. This is considered a significant part of hospital performance improvement. Interestingly, it was found that if the idealized influence behaviors of the leaders are attached to ethics, the outcome will not only make followers feel good but will also create great power of faith. Consequently, it will bring about employee commitment and full collaboration, as the senior manager of Fort Suranaree Hospital stated in the following: "Being a good person causes strong faith making the co-workers support us. It drives the hospital or the unit to progress. Being a role model, being good person can support this aspect" (Director of Fort Suranaree Hospital, 2013, interview).

5.1.1.2 Inspirational Motivation

Leaders of hospitals with outstanding performance are the motivators inspiring followers by emphasizing internal motivation with shared vision and through the mechanism of delegation and compliment. In order to create inspirational motivation, leaders need to establish challenging visions and express the confidence and determination to achieve the goals or the expected future. In the first stage of hospital development, visions are usually related to hospital quality improvement in order to gain hospital accreditation (HA). It was considered a new great challenge for people in hospital industry at that time, as can be seen from the statement of the senior manager at Saohai Hospital in the following:

> "At the early stage, we attached our success with standards. We would do whatever it took to accomplish new assurances. It was like we had challenging things to do despite the fact that the country system did not force us to do so. It was considered as a challenge. If we achieved first, we could rest first. We were committed to encouraging others to join. It worked" (Director of Saohai Hospital, 2013, interview).

According to information from Saohai Hospital, inviting the hospital employees to work along with the management shows that the leader had developed shared vision in the employees' minds, which helps to create inspiration for hospital performance improvement. These findings are similar to those regarding Nong Bua

Rawae Hospital, reflecting that the directors are leaders that can exceptionally inspire their employees. The important behaviors are communicating their predetermined visions, constantly informing their employees about the hospital's future direction, as well as provoking employees' thought and convincing them to realize their roles in achieving those visions.

> "Good leaders have to work harder than others. If we have visions, we will know what we have to do. If we do not have the organizational image, we do not know what to do and when…We try to convey our thought showing what we need, what the organization needs, what the direction is, and what their roles in the future are. This is to make them see the overall image" (Director of Nong Bua Rawae Hospital, 2013, interview).

Inspirational leaders stimulate team spirit, communicate expectations and acquire employees' faith by pointing out the outcome of hospital improvement and using examples of best practices to create motivation driving hospital performance. For example, when Saohai Hospital achieved its first hospital accreditation, the director indicated the quality work and took his employees to visit Nong Bua Rawae Hospital, one of the first community hospitals achieving hospital accreditation. These actions motivated the employees to improve their hospital. The director regarded this inspiration as "faith," which was one of the success factors in Saohai Hospital's outstanding performance.

> "After the first achievement, we got the key success factors. The first one is faith which we need to build first. If there is no faith, no matter how many years pass, what we do is meaningless because there is no driver. If employees feel that the system does not support them or even hurts them, they will work with negative mind, that is, having no faith. Thus, faith must not be shaken…There are many ways to acquire faith from employees such as telling them how good it was, giving examples to make them feel it, accompanying them to visit

> successful organizations, and stimulating them to realize the outcome of quality working" (Director of Saohai Hospital, 2013, interview).

After the first successful period of hospital accreditation, the director changed his perspectives or visions during the second stage. He thought that the success attached to challenges or rewards from accreditation was not real success; real success was happiness from within, which was patient-oriented. "When we passed that point or maintaining the success with several re-accreditations, it became more difficult. However, the external challenges or rewards taken as the main issues were not the real success" (Director of Saohai Hospital, 2013, interview). Hence, the second stage of hospital improvement focused on success all along the line, which mainly refers to success in patient care.

> "In the second period, we thought that success was along the line. We looked at one patient case, we injected a patient. After three years passed what changes we had seen. We were injecting or seeing the patientness. We saw motherhood, fatherhood, or childhood of the patient. If we could determine the value of working case, the real success occurred" (Director of Saohai Hospital, 2013, interview).

It can be seen from the above information that in terms of maintaining outstanding performance, the hospital changed its perspective—from emphasizing certified accreditation to success all along the line, focusing mainly on medical service operations. Therefore, creating inspiration among hospital employees in the second period was making employees concentrate on caring about patient service, building service-minded behavior, and driving the hospital to be a spiritual hospital that places importance on the people. This can be done, as stated during an interview:

> "Everybody says that this hospital is like a good friend. This hospital feels like home. When they come here, they feel that they receive a good care and also sense the generosity. These are internal organizational power reflecting from working. It is the second period

> of building internal success, making them have service mind, public mind, generosity and spirit" (Director of Saohai Hospital, 2013, interview).

In addition, inspirational motivation is carried out through the mechanism of recognition and challenging delegation, as a senior manager of Nong Bua Rawae Hospital suggested:

> "We do not have money so we have to work with heart. It means that we have to understand the employees and the working systems. We have to win the employees' hearts. If they do it poor, we need to cheer them up. If they do it well, we need to compliment them…We give them opportunities to express their abilities and let them do specific project." (Director of Nong Bua Rawae Hospital, 2013, interview)

Stimulating employees and paying attention to their work, listening to employees' opinions, and giving employees opportunities to express their ability are factors motivating employees and their commitment in driving hospital performance. The researcher will discuss the details of this topic later in the section on the high-performance work system.

5.1.1.3 Intellectual Stimulation

The leaders of the hospitals with outstanding performance stimulate and give employees opportunities to present innovative ideas. They also support those ideas to be fully applied in work development. These intellectually-stimulating behaviors were found in the interview data, as can be seen from this passage: "He is a stimulator. He guides us to think something new all the time. In every manager meeting, he always says that if we think the same thought we will get the same outcome. We must think something new" (Dentist Specialized, Nong Bua Rawae Hospital, 2013, focus group discussion).

This is similar to information obtained from a focus group participant at Fort Suranaree Hospital: "The director acts as a facilitator that would rather encourage than tell us what to do. He just tells what he needs roughly and gives

employees a chance to continue thinking. He also provides suggestion and gives fully support" (Ward Chief Registered Nurse Ward Chief, Fort Suranaree Hospital, 2013, focus group discussion). These leader behaviors are an essential part of encouraging followers to seek for new ways to solve problems or handle rising challenges. This will result in creativity or out-of-the-box thinking, which can be applied in hospital performance improvement. Two focus group participants at Nong Bua Rawae Hospital added the following in this regard: "Community radio can broadcast to other districts. The other districts can receive the signal. It can reach the community in another level" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

> "He stimulates us to think and give us opportunities to propose the ideas…The example of the director's out of the box is when he asked us to promote the knowledge about health systems or set health campaign, encouraging people to take care of themselves…How we would communicate this information to people in the community. We thought about fermented liquid, why it sold extremely well and found that it was promoted via community radio every day until the people were convinced. Then, we had ideas to buy the community radio airtime. Some of our employees including public health officers, nurses, pharmacists, and public relation officers rotated to be the DJs. Finally it was accessible to the public…This is an example to the out of the box" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion).

5.1.1.4 Individualized Consideration

The leaders of the hospitals with outstanding performance will focus on achievement and employee growth to drive hospital performance simultaneously, as a senior manager at Saohai Hospital stated: "Leaders must have vision and use them lead people to reach the goals by various methods. The superior leadership looks for the successor. He must build potential people and provide basis for the next leader"

(Director of Saohai Hospital, 2013, interview). This is similar to a statement by a focus group participant at Chiangrai Prachanukroh Hospital:

> "The director is interested in watching and developing people as the first priority. The first day he came, he said that people were very important and had to be developed together with service tasks. The resulting benefits will belong to the people" (Head of Personnel Department, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

This is consistent with a statement by a senior manager at Samitivej Sukhumvit Hospital:

> "Our top leader has given policy in terms of growing people. It refers to developing human resource to reach or exceed the limit of their possible potential… If you are in our organization, you need not to be a doctor or a nurse to become important. All parts, which can be called organism, are like all organs in the organization. They are all equally important. Like a clock, if a small gear does not move, a clock will not work" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Leaders will emphasize learning, consulting, and coaching so that followers can solve the problems occurring in the workplace. One focus group participant at Queen Savang Vadhana Memorial Hospital said the following: "Our leader has the leadership and can be the consultant for subordinates. When the subordinates face problems, he will not abandon them and try to find the solution. If there are some issues, he will teach them" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

The result showed that the leader's coaching is based on employee differences. Leader tries to improve the weaknesses and to highlight the strengths of

each employee, allowing them to show their potential completely, as one focus group participant, who was a Head Nurse at Fort Suranaree Hospital, indicated:

> "As a leader, we believe that everyone has potential. Each individual has different potentials that are not equal. We need to identify and make them acknowledge themselves. One employee may be notable about one thing while others can be outstanding at another thing. They are not notable does not mean they are inferior. We can improve them. Therefore, we have to identify potential and ability of each subordinate. If they can express themselves and become distinguished, they may receive outstanding employee award" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion).

The leaders also combine dharmic principles in coaching, as one focus group participant at Nong Bua Rawae Hospital indicated:

> "He will tell the stories and teach us to understand people through dharmic principles. He teaches us to understand that everyone is different and has individual basis. Although we are in the same organization, we have somewhat different opinions. But how we can stay together and work together happily" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

These behaviors further highlight the ethical and moral values that leaders emphasize. Employees perceive that they can also be used as a guideline in working to achieve the goals of the hospital. A focus group participant at Queen Savang Vadhana Memorial Hospital stated the following in this connection:

> "He is the teacher. I have never called him the director. I call him teacher because he likes to teach about the ethics, virtue, and code of conduct. He emphasizes this in order to achieve the goals and policies.

> Then, he adds the dharma…He focuses on the Three Knowledges and Eightfold Path and emphasizes that work planning, verifying, and monitoring are required" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Coaching and empowerment that combine ethical and moral values are essential to employee growth and advancement, as one senior manager at Fort Suranaree Hospital mentioned:

> "I try to teach them that everything has its value. Value of people depends on their work. Each work is different. We graduated like this. We learned this much. We have a chance to work progressively and successfully. If we have diligence and be a good person, we can be promoted" (Director of Fort Suranaree Hospital, 2013, interview).

Moreover, individualized consideration is a matter of information sharing. Leaders share information about the trends or current changes related to working with employees and encourage them to think and make decisions on how to apply it to their work. This is like empowerment, gradually making employees adjust themselves. Hence, leaders always follow up on whether and how employees are adjusting or changing at work. This is considered the monitoring of employee learning and development as to whether they can adjust their working style and solve the problems at work or not, as one focus group participant at Chiangrai Prachanukroh Hospital said about the hospital director:

> "He lets us take care of our own jobs under his supervision. In case we cannot make a decision or do not know what to do next, he will give advice. If we have any problem, he will report it in order to support us…He has done that gradually. He allows us to review and adjust our jobs so that we can develop ourselves and improve our jobs" (Public Health Technocrat of Learning Management and Research Office, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

Therefore, it can be said that individualized consideration was a behavior focusing on employee growth through the mechanisms of consulting, coaching, and empowerment, thus contributing to employees' potential improvement according to individual differences, which leads to higher hospital performance.

5.1.1.5 Leadership Ethics

The hospital leaders have characteristics and behaviors that are indicative of ethical leadership. This is reflected in the morality, transparent integrity, employee recognition, and ethical guidance according to ethical leadership concept of Brown et al. (Brown et al., 2005). Morality can be determined by the lack of arbitrariness in the actions of a leader. Whatever the results turn out to be, a leader will always be responsible for the consequences of his/her actions. In other words, it can be called good governance action, creating employee confidence, trust in the leader, and commitment, which contributes to outstanding hospital performance. This is because whenever leaders ask for cooperation, they will always get full support from employees. A focus group participant at Taphanhin Crown Prince Hospital gave more information in the following:

> "Someone once told me that the personnel here are the best. They can be shifted throughout an organization. This does not happen groundlessly. It is partly because of communication ability that catches employees' hearts. The director is quite open, transparent, and accountable" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

Another participant said:

> "The hospital has been developed partly because of good corporate governance. The transparent management makes we have no problem. We receive full support from staffs…Our internal communication system between the management and staffs hardly have a gap. Our management communicates directly. This is very important. It enables them to be respected and accepted by the staff" (Registered

Nurse, Chief of Traditional Thai Medical, Taphanhin Crown Prince hospital, 2013, focus group discussion).

Integrity and transparency, which are very important characteristics for organizational management and leadership, are clearly visible, as the senior manager of Fort Suranaree Hospital mentioned in the following: “I focus on three things; to be proficient, good, and diligent. I would like to further define the term “good”, to be good means you must have morality and ethics, especially integrity, honesty, transparency” (Director of Fort Suranaree Hospital, 2013, interview). This is similar to a focus group participant at Queen Savang Vadhana Memorial Hospital speaking about the hospital director, saying that “[h]e is fair, honest and ethical. He always taught that our works required integrity and accountability” (Deputy Chief of Finance, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Ethical leadership is also reflected when leaders allow followers to make a decision, and listen and pay attention to followers’ thoughts, which show that the leaders are respectful and friendly to their followers. In addition, leaders allow followers to demand something that may affect the well-being of employees and patient services. A senior manager of Paolo Memorial Phaholyothin Hospital mentioned the top management of the hospital in the following statement: “When he needs to give the policy that widely affect people, he will talk about it repeatedly. He has to be careful with everything including trivial details. He needs to think hard, especially financial issues” (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview). This is similar to data obtained from the focus group at Queen Savang Vadhana Memorial Hospital; the participant mentioned the hospital director in the following: “He considers the impact that may happen to employees. All policies will be taken into board meetings. Then the management will discuss about the impacts, for example, if we use this regulation, will there be any affect to employees or patients” (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). Leaders also give employees ethical guidance, which appears to have been clearly determined as an operational policy. This was exemplified at Fort Suranaree Hospital; the director established the policy that “[w]e are happy when the jobs are completed. We focus on serving the

military personnel and their families with quality standards as well as ethical values" (Director of Fort Suranaree Hospital, 2013, interview). Additionally, he set the standard for ethical practice in the workplace, which is an important mechanism determining ethical behaviors. Specific surveillance units such as medical and nursing organizations are set up to control the medical and nursing ethics. These units monitor the problems or report on the progress to leaders in case of ethical problems in order to solve problems and so that they will not occur again.

5.1.2 Organizational Leadership System

The organizational leadership system is a key factor of hospital success. Leading the organization consists of significant processes, namely determining hospital visions, missions and shared values, identifying strategies and operation plans, translating and communication, monitoring and evaluation, and learning and reviewing. The core of organizational leadership is that each process in organizational leadership system focuses mainly on responding to stakeholders' expectations, as can be seen in Figure 5.1.

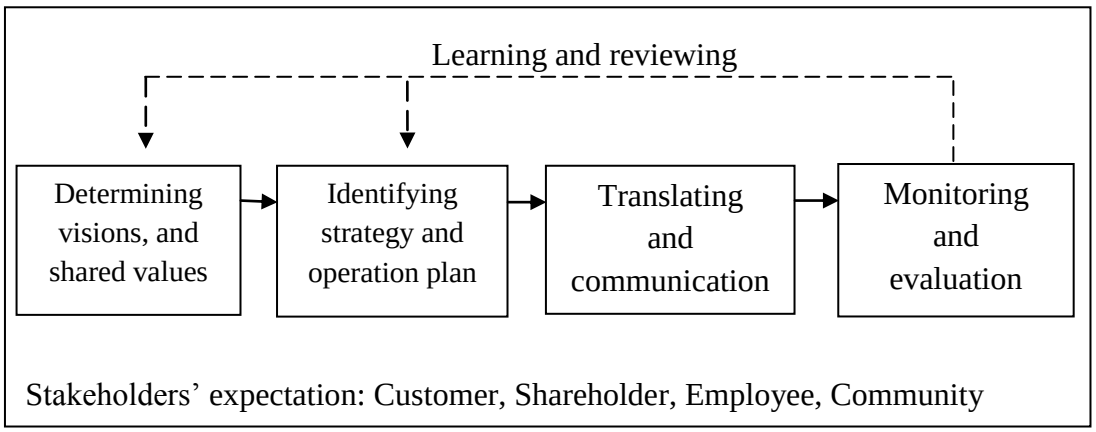


Figure 5.1 Organizational Leading Systems

5.1.2.1 Determining Vision and Shared Value

Vision is a driving force for hospital success. Good vision helps create cooperation and responsibility toward the common success of employees. When leaders demonstrate a strong and clear vision, it can lead employees and the hospital

to achieving outstanding performance. Regarding the ways in which to establish vision, hospitals emphasize three elements:

1) intent or main purpose of the hospital
2) future image of the hospital
3) shared value

Most of the visions that represent the intent or main purpose of the hospital aim to respond to multiple stakeholders such as customers (patients), employees, shareholders, and the community. They intend to answer the question of how stakeholders want the hospital to be. A sample of hospital visions is as follows.

1) Nong Bua Rawae Hospital "We focus on impressive service, academic knowledge, compliance with standards, and overall happiness."

2) Fort Suranaree Hospital "To be leading healthcare service provider - general hospital in Thailand"

3) Chiangrai Prachanukroh Hospital "Excellent quality service, modern learning center, happy people"

4) Taphanhin Crown Prince Hospital "We are a community hospital with national quality excellence that is loved by the people."

5) Samitivej Sukhumvit Hospital "We aim to be the leader of leading hospitals in Thailand. We provide comprehensive medical services with modern technology, efficient management system, continuous quality improvement, and ethical and highly skilled personnel in order to create recognition and highest satisfaction to customers, physicians, personnel, shareholders, and community.

The above visions, which were established to respond to multi-stakeholders' expectation, will create power, determination, and trust. Employees can feel "what they have to do and why," which makes them want to participate in driving the vision to become reality. Vision with intent and significant purpose is like a compass that guides the decision or other operations of the hospital in the same direction.

Determining vision usually starts when the leader or a senior management team considers the context of the hospital. After that the hospital will give employees an opportunity to take part in establishing the vision. Employee comments will be collected to create acceptance and a common ground until it the

results of the shared vision are crystallized as the future image of the hospital. One senior manager at Fort Suranaree Hospital stated that "[w]e let the lower-level propose the ideas and offer them an incentive in return. We asked them to think how the hospital would look like in the future" (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview). The established vision is certainly related to ambition, far-sightedness, and challenge. A senior manager at Taphanhin Crown Prince Hospital mentioned that:

> "As for the vision, we viewed the future image what we want to be, whether to expand the hospital to be the community hospital, or to have patient transfer capability in what level. Meanwhile, we also emphasized at the national forefront. After that we shared it together. We showed employees the things the management had established and asked whether they agreed or not and if they had any suggestion, in order to find conclusion and move forward together" (Director of Taphanhin Crown Prince Hospital, 2013, interview).

This is similar to information from the focus group discussion, where one stated the following:

> "Vision is determined by the Executive Committee. Where did it come from? Firstly, it was taken from the expectations of stakeholders. For example, our important stakeholder is Crown Prince Hospital Foundation requiring that all hospitals in Crown Prince Hospitals Network must become excellence community hospitals. Besides, it came from expectations of people in the neighborhood. At first we said that we were the hospital with excellent national quality but it might not meet the needs of the people who were considered the important stakeholder. Thus, we asked for employee opinions about this issue and received many suggestions. We analyzed it together and found that the hospital should not be good at only one thing. We had to change the definition of quality to be virtue. Hence, we got this

> vision. We are the community hospital with national quality excellence that is loved by the people" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

When the vision is established, the hospital will set up the core value to serve. Identifying the value depends on employee participation as well. Examples of hospital values are shown in Table 5.1.

Table 5.1 Values Consistent with the Visions and Expectations of Stakeholders

Hospitals	Values
Nong Bua Rawae	RAWAE: Relative service, Appropriate behavior, Working team, Achievement, Expert
Fort Suranaree	Patient-oriented, Teamwork, Lifelong learning, Continuous improvement
Chiangrai Prachanukroh	5S: Solitude, Sincerity, Solidarity, Serenity, Stimulating
Chaophya	STEP: Service mind, Teamwork, Effective communication, Patient safety
Taphanhin Crown Prince	The patient is the most important. The staff is always ready to learn and improve. Everyone works together like relatives. We love and feel proud to work in the hospital.

The value resulting from employee participation becomes the shared value that employees accept, as a senior manager at Samitivej Sukhumvit Hospital stated the following: "For the value, we had a contest for gathering ideas from employees. Finally we got our DNA" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview). This was consistent with the statement of a senior manager at Fort Suranaree Hospital, who stated the following: "After we got the vision, we brainstormed to determine the value. We set up staff meetings in many levels including department meeting and head meeting. The result was taken into

consideration so many times until it was accepted and practically used" (Director of Fort Suranaree Hospital, 2013, interview).

From Table 5.1, it can be said that the content of values is related to the employees' work style, which reflects the organizational culture such as teamwork, safety and being service oriented, also responding to the customers' and stakeholders' expectations such as being customer-oriented, having excellent service, and staff learning. Many hospitals try to think of simple words linked to the hospitals' names. These values can be translated to routine work, as a focus group participant at Fort Suranaree Hospital stated:

> "Regarding customer-oriented, teamwork, lifelong learning, and continuous improvement, these 4 elements can be applied to routine work. After implementing the value, the routine work is also improved. It is like we have a tangible target and goal to achieve. Then we applied it to patient creating benefits for them" Asst. Manager of Management, Fort Suranaree Hospital, 2013, focus group discussion).

5.1.2.2 Identifying Strategy and Operation Plan

After establishing the hospital's vision and shared values, the hospital management committee jointly determined the strategy and action plan. The vision and shared value were taken into account together with the SWOT analysis. The committee considered the external environment such as governmental policy, public health policy, general economic information, advancement of medical technology, and the expectations of society, partners, dealers and customers. As for the internal environment, the essential data were derived from the strategic plan, the quality improvement plan, financial status, human resource information, and reports such as the risk report, the customer satisfaction report, and the patient complaints summary report. Interestingly, apart from the data from various sources, the hospital carried out an information exchange between the hospital and community in order to gain useful information for determining the hospital strategy and operation plan. The focus group participant at Nong Bua Rawae Hospital stated the following:

> "Before we set up the plan, we listened to the opinions of customers and community. We provided suggestion boxes in the hospital. As for medical practice task groups and district health promoting hospitals, we conducted the information exchange section with community. They said they wanted specialist doctor in the hospital which we still never had" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

The hospital used this information to identify the plan and invited a psychiatrist and cardiologist from Chaiyaphum Hospital to verify it in order to respond to the specific needs of the community. For example, the information from the knowledge-sharing section suggested that the district health promoting hospitals required some drugs from the hospital. At present, the hospital has set up a system to deliver drugs to every district health-promoting hospitals on a monthly basis: "We try to satisfy the customers as much as possible. We do not only focus on ourselves but also satisfy the customers and the community…This information is very useful for setting up the hospital action plan" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion). Another focus group participant added the following:

> "When we focused on customer-centered, we used this information to establish strategic plan. We listened to people's voices in order to achieve the needs of customers. The director had a strategy to open the clinic to hear patient's voices. Then he used those voices to be information suggesting the current situation. He would reflect what he listened in the meeting" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

This information shows that the hospital collected data for determining strategic and operation plans, both formally and informally. This enables the hospital to provide appropriate service that exactly meets the needs of stakeholders, the heart of the organizational leadership system. The strategy and

operation plans related to the hospital's visions reflected the competitive advantage according to a senior manager of Chaophya Hospital:

> "Our vision is to be leading international hospital. The word 'leading' can refer to many things. Being recognized can be called 'leading'. As for 'international', it means that we are certified with international standards. We already fulfilled this because our hospital received JCI standard certification. As for being the leading hospital of Chaophya, we apply differentiated strategy. We are the first to initiate midnight clinic. This makes our hospital become widely well known" (Deputy Director of Chaophya Hospital, 2013, interview).

The differentiation strategy was selected based on the business context and the competitive environment. Chaophya found that night admission was very important so a 24- hour hospital was opened, as discussed by a senior manager:

> "As for heart disease, when people have chest pain, they will rush to the hospital. Besides, why we set up the 24-Hour Children Center; it is because parents love their children more than themselves. When the children feel just a little bit unwell, the parents will take them to the hospital immediately" (Deputy Director of Chaophya Hospital, 2013, interview).

Moreover, changing customer behavior makes the hospital create a difference, as can be seen from the fact that the hospital opened a 24-Hour Dental Center after a 24-Hour Heart Center and Children's Center:

> "Do you know why the 24-Hour Dental Center which was opened later is always busy? It is because customer behavior is changing. As for some people, they finish work at 5 p.m., wait for the bus until 7 p.m., and arrive home at 8 p.m. Therefore, rather than returning home immediately, they appoint the doctor, have dinner and get their teeth

> done before going home" (Deputy Director of Chaophya Hospital, 2013, interview).

This is similar to Paolo Memorial Phaholyothin, where the strategic plan was carried out based on the business context. Paolo Memorial Phaholyothin Hospital had many affiliates so the hospital positioned each affiliate differently. Pricing strategy was used, as stated by a senior manager:

> "Our hospital has affiliates. The hospitals will not compete against each other. For example, Phyathai 1 and 2 are only one or two BTS stations apart so we have to plan the brand position correctly. For Paolo Memorial Phaholyothin, we target the lower to middle income customers so we have patient rights social security. This is why it becomes a selling point. We become the hospital that general people can access. We are broadly recognized in the market due to pricing strategy and positioning" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview).

As for the operation plan, one aspect that should be taken into consideration is translating and communicating predetermined plans throughout the organization. Although the visions and values are well established, they are useless if they cannot be communicated to employees. Employees should not only take part in determining visions and values but should also interpret them repeatedly until employees understand them deeply in terms of practice, behaviors, beliefs and values, and feel ownership (Wijarn Phanich, 2008). Hence, translating and communicating visions, strategies, or action plans is another important process of the organizational leadership system.

5.1.2.3 Translating and Communication

The key of translating and communication is that leaders show how the vision and strategy can be practically implemented and how they are related to employee operations. Translating and communicating are the processes that help establish a shared vision in the hearts of employees and encourage a hospital to gain

outstanding performance, as indicated in a statement by a senior manager at Samitivej Sukhumvit Hospital: “To be the hospital recognized for outstanding performance, we have to know what our objectives are. Thus, vision and mission are so important. Creating linkages between policy, strategy and operations supporting the vision are also important” (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Similarly, the director of Queen Savang Vadhana Memorial Hospital used a metaphor to point out the importance of translating and communicating visions and strategies in the following: “Our principle is simple. Firstly, we need to flag what we are going to do. Secondly, determine the direction. Thirdly, gradually stack up the bricks. It is simple like that. Do not do anything complicated” (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview).

The balanced scorecard was used as a tool for translating strategy. The main reason was that the balanced scorecard makes the determined vision and strategy transform to an output that can be clearly measured. It enables employees to see the link between what the hospital expects and behavior or what employees should do. During the first stage of adopting the balanced scorecard, most hospitals did not fully apply it. They started from determining the indicator at the department level because the management thought that applying the balanced scorecard fully from the beginning might cause difficulties in implementation as employees might be unfamiliar or lack knowledge. Therefore, in the beginning the management provided employees with training in order to make them understand. In addition, the management considered that gradual implementation can reduce employee resistance. Gradual implementation made employees become familiar with the system and finally understand how each KPI requiring employees to perform was consistent with the hospital goal, mission, and vision. This enabled employees to look in the same direction. Subsequently, an individual-level indicator, higher concentration, and comprehensiveness in all aspects of the balanced scorecard were added. In the case of Taphanhin Crown Prince Hospital, the hospital decided to use the balanced scorecard at the hospital level first. Then the mission board considered the organizational balanced scorecard was set followed by personal BSC eventually.

Considering the communication channels that the hospital used, apart from hierarchical communication, the leaders also used various opportunities to

understand the operational problems of employees, which were considered two-way communication, both formal and informal. A senior manager at Phyathai 2 Hospital stated that:

> "For manager level, the meetings were conducted quite often. While in the staff level strategies were transmitted by the 100% meeting between senior management and staffs which completely received feedback from the staffs. There were suggestion boxes and opinions proposing through the managers" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

This statement is similar to that of a focus group participant at Queen Savang Vadhana Memorial Hospital: "All staff members were invited to join. It was like showing the same movie repeatedly. Also it was passed on through managers, document, and many channels" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). A senior manager at Samitivej Sukhumvit Hospital mentioned the following:

> "All of the management staffs including the director have breakfast and lunch at the doctors' resting room every day. We are happy to talk to the doctors whenever they want to give their feedback…Mostly, we have lunch together. We have a welfare restaurant that all level staffs can sit down and have lunch together. We talk and exchange our opinions there. Sometimes we take that chance to communicate what we want them to know or listen to their problems. We have more than 1,000 staffs so we may not perceive all their problems through the meeting only" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

The most effective channel is direct communication to employees through monthly meetings or occasional meetings held according to big change events in hospital operation and management. A focus group participant at Nong Bua Rawae

stated that "[w]e hold a staff meeting every month allowing our staffs to receive message from the director directly" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion). This is similar to Taphanhin Crown Prince Hospital, as the focus group participant indicated: "The hospital has many communication channels but our main channel is face to face meeting. We always hold the meeting when we have big event or change, or apply new tools. We will appoint the meeting for staffs 100%" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion). This is consistent with Fort Suranaree Hospital; the director not only communicated to employees but also passed on the hospital's vision and goals to the community, which was an important stakeholder, as he commented in the interview:

> "I hold the meeting in many levels. The initial one is board of directors meeting which consists of deputy directors and all division directors. Then department head meeting is carried out…The channel directly communicating to staffs is discipline restoration meeting. We use this channel to inform our staffs about the vision, organizational leading or organizational goals…Let them know what we are going to do…Besides, in the first and third week of every month, we conduct a community survey which is considered a chance to present our vision and organizational goals" (Director of Fort Suranaree Hospital, 2013, interview).

In addition, the management has informally conducted an internal survey. This on-site visit was conducted with a small group so that it was accessible to the practitioners. It was used to monitor whether employees truly understand the communicated message as well as enabled the management to understand the employee's problem. A focus group participant at Taphanhin Crown Prince Hospital stated the following:

> "Apart from presenting the report to the director, the management go to visit each department in order to examine how each unit adopts

> what have been said in the meeting to implement in working hours, to investigate the problems and to check whether the staffs understand in the same way. On-site staffs will give feedback if they disagree or cannot do anything. They will also inform if they need any support to accomplish their tasks" (Registered Nurse, Chief of Customer Service, 2013, focus group discussion).

The internal survey was a channel for communicating and learning about operational problems, which enables management to discover solutions or directions to improve work quickly and accurately, as a senior manager at Fort Suranaree Hospital said:

> "The visit makes us aware of the problems and needs that lower-level staffs do not dare to inform us along the chain of command or do not dare to coordinate. If we visit them, we can understand and get to the bottom of the problems. Therefore, the problems will be solved quickly and accurately" (Director of Fort Suranaree Hospital, 2013, interview).

It was also found that the unit visit makes the management aware of the needs of employees, not only about work but also about trivial things that employees have not mentioned in the meeting. Recognizing and responding to trivial needs may be a small thing but it can create great happiness for practitioners. This plays a significant role in performance improvement. A senior manager at Saohai Hospital told his story:

> "While visiting a unit, we found an old radio. A staff asked us for a new one because he used that old radio for so long and now he could hardly open his favorite radio station…We paid 1,500 Baht to get him the new. After that, he worked even harder with fighting spirit. This incident cannot be worked by any mechanism. We have to experience it at the particular site…Internal survey makes us learn so many

> things. The unit visit is very meaningful" (Director of Saohai Hospital, 2013, interview).

5.1.2.4 Monitoring and Evaluation

Monitoring and evaluation are considered a mechanism enabling predetermined strategies, objectives, goals, and operational plans to be achieved. The key performance indicator according to the balanced scorecard approach was used to monitor and evaluate as well as integrate various processes in order to promote success and achieve strategic goals. The hospital takes data from multiple sources to monitor and evaluate the success of the organizational leadership system. In addition, the information obtained from monitoring and evaluation can also be used to set up operation plans for the next year, as a senior manager at Phyathai 2 stated:

> "Performance monitoring is important task to investigate if the predetermined plan is successful or not. The hospital has daily, weekly and monthly monitoring which are very strict. The monitoring results will be reviewed to identify new strategies for the next year. This also enables us to see whether what that the management determined can be passed on to implementation or not" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

As for Taphanhin Crown Prince Hospital, it has set up a mission board and mission card which are key performance indicators of individuals in performance monitoring, as already mentioned. This task enables the hospital strategy to be implemented through employee participation, which can be measured, as can be seen in Table 5.2.

Table 5.2 Setting a Cross-Functional Team to Review Hospital Performance

Key performance indicator	Reviewer	frequency
BSC's point at the hospital level	Executive committee	Every quarter
BSC's point at the unit level	Executive committee	Every quarter
Operation plan	Executive committee	Every quarter
Quality process development	QMC	Every month
Patient outcome	Clinical committee	Every month
KPI for quality management plan	Department/task unit	Every month
Financial indicator	CFO	Every month
Customer voice	Executive committee	Every month
Employee performance appraisal point	HRT/ Executive committee	Every 6 months
Risk in operation	Department/task unit	Every day

The hospital distributes the indicators through a cross-functional team according to the consideration of the executive committee as to whether each indicator is related to each task unit. The hospital also establishes a team to review the performance indicators separately. A formal meeting is the mechanism that the senior management uses to monitor performance. Each unit has to present its operational report in the executive committee meeting held every month. As for Chaophya Hospital, it established the Qnet Quality Network Committee consisting of representatives from every department, approximately 50 people. Apart from being a channel for communicating the vision and strategy of the hospital, it is also an important platform for monitoring hospital performance, as one focus group participant mentioned:

> "Apart from hierarchical communication, we have a meeting called Qnet that all staffs can communicate. It is formed when representatives from each department join the meeting informally. We use this time to communicate, monitor, and receive report from each department. If anybody has a problem, it will be shared together"

> (Quality Development Center Manager, Chaophya Hospital, 2013, focus group discussion).

In addition, the hospital has informal monitoring mechanisms such as internal surveys. This mechanism is used to monitor and evaluate the data in order to improve the hospital performance effectively. It enables the hospital to obtain insightful performance information about employees' needs, which the management may never gain from the meeting channel, as a senior manager at Saohai Hospital stated: "A walking survey is our routine job. It is a way to evaluate the system. The staffs can communicate what they want to share and we will acknowledge something we never find out the answer in the meeting" (Director of Saohai Hospital, 2013, interview). He also gave a concrete example about the restructuring of the delivery room, which was a result of the internal survey, as follows:

> "We used to restructure the delivery room, which was initially included in the in-patient department. Since we believed that if it was separated to be specific field, we could treat the patients better. We then separated it to be patient department and delivery room department. After visiting the delivery room with four separated staffs, we found out from their on-going conversations that they suffered from working too many shifts instead of handling the case together. All of them had to work more hours. Some had to work every day. Some of them were married; although they did not have children, they had to deliver someone else's babies. They felt they should have time to take care of their own health. Consequently, we combined the two departments together again. This was the result of internal visit" (Director of Saohai Hospital, 2013, interview).

Hence, it can be concluded that leadership characteristics and the behavior contributing to the hospital's outstanding performance is ethical transformational leadership. Leaders can stimulate and inspire the followers, act as a coach, and focus on employee learning in order to promote employee commitment to

success. Leaders are also a role model in terms of thought based on morality and ethics. As for the leadership process, it refers to the process that the hospital conducts through the organizational leadership system by determining vision and strategy, emphasizing the needs of all stakeholders, communicating and translating, controlling the implementation, and continually monitoring and evaluating the performance to constantly benefit the learning and development of the hospital.

5.1.3 Leadership Development

As leadership is a significant factor for the hospital's outstanding performance, the hospital conducts leadership development with the aim to strengthen the leadership attributes and behaviors associated with the organizational leadership system. The leadership development not only focuses on the management team but also intends to improve employees at all levels, as a senior manager at Saohai Hospital stated in the following: “We have to educate all employees about leadership, including management team, executive committee, head of quality team, head of unit, and head of event and activity. All employees have to be leader in their own job” (Director of Saohai Hospital, 2013, interview). The development approach that the hospital selected to use was competency-based leadership development. It is considered a strategic approach enabling leadership development to respond to the core competencies which align the vision, mission, and goals of the hospital. Therefore, it makes leadership development truly meet the needs of the hospital.

These findings can be seen from the example of Phyathai 2 Hospital; the senior manager there discussed a case where the employees were sent to attend a 7 Habits of Highly Effective Leaders training course and Formula One management course at PacRim in order to improve their leadership competencies as determined: teaching, planning and implementing, supervision and monitoring, and management skills called TEAM.

> “The program focuses on leadership development according to competency that is TEAM…T refers to teaching. E is Execute representing planning and implementing. A is Active supervisor including supervision and monitoring. M is Manage to go which we

> have coordination with PacRim providing management training specifically. As for supervision, coaching, active supervisor, another company will take care of them" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

This is similar to an example at Queen Savang Vadhana Memorial Hospital, where leadership development according to the competency approach was carried out as well. The hospital focused on developing leadership competencies in three key areas: vision, inspiration, and managerial skills, as a senior manager stated in an interview:

> "Leaders must possess at least three things. Firstly, vision which enables them to know what to do now and in the future. Secondly, commitment which makes them contribute to the hospital. We have to look at inspiration, motivating employees to do good things and offering them an opportunity to do so. Thirdly, managerial skill refers to manageability…in order to create hospital values" (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview).

Regarding competency in the managerial skill, the development is conducted according to the difference of managerial levels divided into the senior operational level, first-level management, middle-level management, and top-level management. The development program is based on the management skill development program of the Thai Red Cross, as shown in Figure 5.2.

Considering new employee development, level 5 which is an operational level, focuses on improving core competency and functional competency by establishing training road map and individual development plan (IDP) to be a tool responding to the requirement. Then, employees at level 6 and upward will prepare to become managers. They need to attend the Supervisory Skill Development program (SSD Program), which aims to promote general knowledge about the personnel management of the Thai Red Cross, the performance evaluation and competency system, applying human relations in service providing, enhancing creativity and good

habits for leadership, coaching skills, improvement ability, and planning and conducting a project.

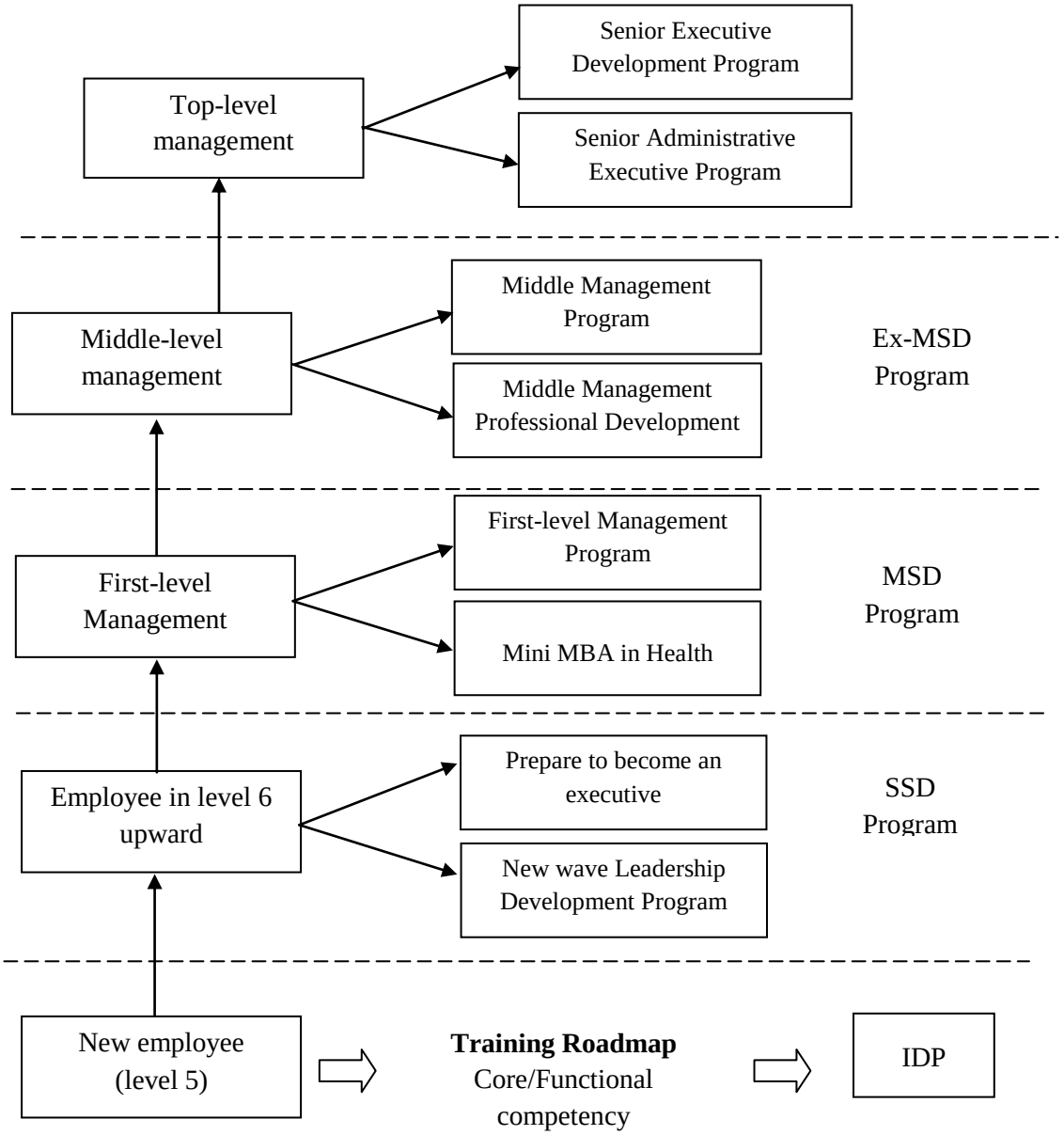


Figure 5.2 Thai Red Cross Management Skill Development Program

Moreover, employees will be sent to join the New Wave Leadership Development Program conducted by the Office of the Civil Service Commission. The first-level management, including the supervisor/manager and head nurses, has attended the Manager Skill Development program (MSD Program). The training consists of various methods, such as lectures, practical workshops, group activities,

and study tours. The first-level management also determined to study Mini MBA in health conducted by the Faculty of Medicine at Chulalongkorn University for improve competency.

As for the development program for middle-level management, employees at the level of department heads, assistant directors, chief nurses, and nurse inspectors are assigned to attend Executive Manager Skill Development (EX- MSD Program) and will be sent to attend the program called Middle Management Professional Development of the Ministry of the Interior. These developments aim to improve competency in managerial skill, especially regarding change management and strategic ability. The methods used are lectures, workshops, knowledge sharing by brainstorming, group discussions, and study reports. In addition, there is a study tour to visit and study the best practice of both public and private organizations in the country in order to enhance the operational potential.

The top-level management is assigned to attend the Senior Executive Development Program conducted by the Office of the Civil Service Commission and Senior Administrative Executive Program conducted by the Office of the Permanent Secretary for Interior. These programs aim to enhance transformational leadership as well as ethical leadership. The trainings consist of various techniques: experience-sharing with successful and recognized executives, lectures by experts, group discussions, learning from practice, learning from case study, and study tours both inside and outside the country.

Considering the examples of the above leadership development program, it was found that the hospital uses off-the-job training by sending its employees to attend training carried out by external organizations. The key advantage of this is that employees will gain new perspectives, see new things, and develop an experience-sharing network. This approach is also applied in other hospitals, as a focus group participant at Taphanhin Crown Prince Hospital stated:

> “We provide leadership trainings. Some of them are outsourced while others are carried out by our team. We have to do it concurrently… Usually, we will send them to train with the private sector because we want them to broaden their views and see what the outside world is

> doing…We send them outside so that they have connection, know others and know how we are doing compared to others" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

However, leadership development with training alone is not sufficient to obtain proper leadership due to the different context of each hospital. Therefore, on-the-job development is also applied at the hospital. Supervisors and mentors are provided guidance and collaborative learning for improving leadership behaviors. A senior manager at Saohai Hospital mentioned that:

> "Training is important. It makes us get some ideas and have a chance to practice doing. When we learn Tai Chi, we get Chinese leadership style. Learning at NIDA, we get NIDA leadership style. We can join any training based on what leadership style we want. Unfortunately, it feels good for a very short moment. We finally get back to the same old thought and same style. Thus, we should do this repeatedly through the supervisor and collaborative learning…I rely on employee participation. We do not do it alone. We use common faith. What to do first is learning a good point. Then we narrate and accompany them to receive positive power" (Director of Saohai Hospital, 2013, interview).

The hospital established a committee to oversee ethics specifically. This ethics committee functions as the main conductor in providing knowledge and in promoting ethical behavior as well as controlling ethical misconduct regarding medical services, which is similar to other hospitals. It is interesting that promoting ethics through role models is a method of making leadership more complete. Ethical role models affect hospital improvement significantly, as a senior manager at Fort Suranaree Hospital stated in the interview:

> "I think that if we stay like boss-subordinates alone without faith and friendliness as colleague, it will be terrible. Being good, honest and transparent will result in faith. People will support us and our hospital will be more progressive…We said that we are health promotion hospital, we have to be healthy. We need to exercise. Every Wednesday, I go to aerobics. In terms of disciplines, I am a role model. If we could work practically, it will result in trust and faith" (Director of Fort Suranaree Hospital, 2013, interview).

The role model behaviors of the director of Fort Suranaree Hospital reflect morality and ethics, which are the beliefs and values that the director adheres to. Behaving honestly and transparently can be perceived by employees. It makes employees follow. Thus, the leadership role model is a proper way to develop the ethical characteristics of leaders.

From the above information, the approach of hospital leadership development for enhancing hospital performance can be summarized as shown in Figure 5.3. It can be seen that the hospital adopts a competency-based leadership development approach to apply in the process of leadership development, whose main objective is to enhance hospital performance. The development relies on the formal training taking place away from the workplace and consisting of various methods, lectures, case study, group activities, practice workshops, and study tours. In addition, it can be seen that the hospital uses on-the-job methods to develop effective leadership. The applied methods include coaching, a mentor system, delegation, and the use of role models. Particularly, role models are very important in the process of ethical transformational leadership enhancement, which can lead to the hospital's outstanding performance.

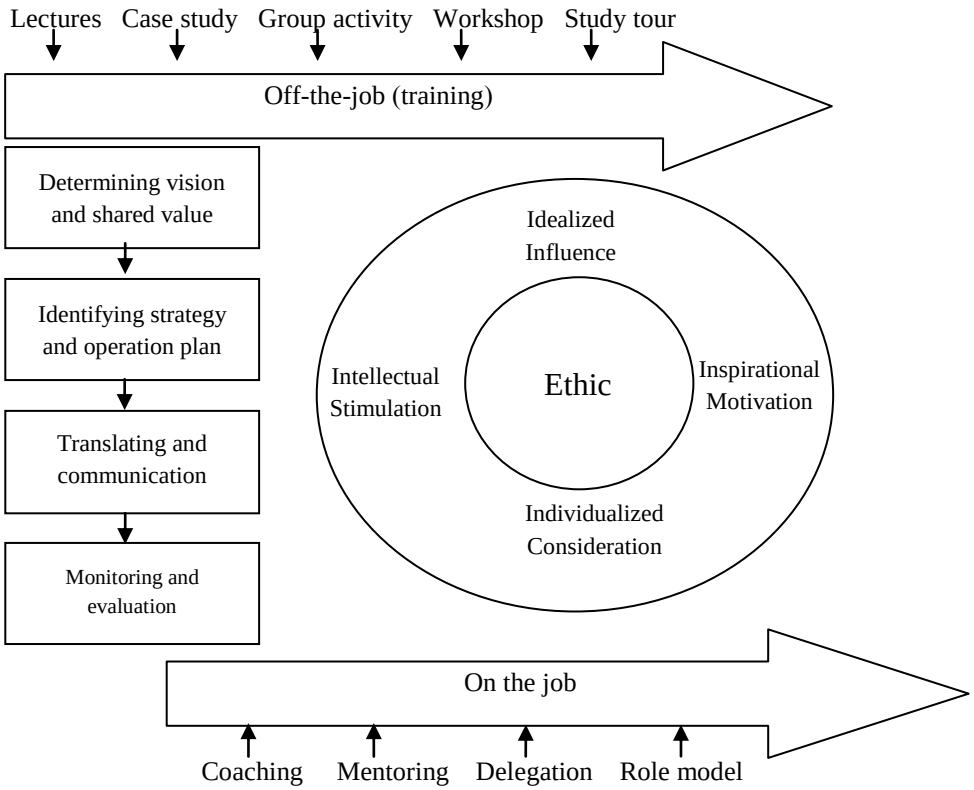


Figure 5.3 Leadership Development to Enhance Hospital Performance

5.2 Organizational Culture

Culture is a way of life shared by members of a society (Foster, 1962). It reflects employees' common beliefs, which have a strong effect on determining the employee's behavior and contribute to the hospital's performance, which leads to a competitive advantage eventually.

5.2.1 Types of Organizational Culture

The results showed that the cultures contributing to hospital outstanding performance were clan culture and professional culture, which are reflected in the way of life of people in the hospital. All employees cooperatively work together, give support and conjointly solve problems, focus on teamwork, provide medical service emphasizing patient-orientation, adhere to quality and safety, and aim to create innovation.

5.2.1.1 Clan Culture is a Way of Life of People in the Hospital

Clan culture is the main culture of the hospitals recognized for outstanding performance. The dominant characteristics of this culture are reflected in the cooperation, generosity, and helpfulness of employees that treat each other like members of a family. The senior management of Fort Suranaree Hospital gave the following information: “Here, we support each other. When someone has difficulty or gets sick, we will give support. If anyone has problem, we will discuss it together. I like this culture. Everybody works as a team, enabling the given policy to be achieved faster and easier” (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview).

This is consistent with the focus group participant at Queen Savang Vadhana Memorial Hospital, who discussed the work life of employees at the hospital: “With the brotherhood culture, we help each other like we are in the same family. We are friendly, simple, and solve the problem together” (Ward Permanent Employee, 2013, focus group discussion). This information suggests that clan culture makes coordination and policy implementation run smoothly and effectively. Further, it helps create cooperative problem solving. If employees have a problem and cannot solve it, their colleagues will join to solve the problem together. Apart from problems at work, the cooperative problem solving covers the personal problems of employees as well. A focus group participant at Chiangrai Prachanukroh Hospital mentioned the following in this context:

> “Cooperation is our culture. We live together like relatives. We help each other in working and whenever problem occurs. For visiting the sick, each unit has the common money to support. Although my unit is small but we collect the money every month until it becomes a large sum of money. We start it like this and expand to larger group. For example, each ward in nursing department will take care of its members. Then, head of nursing department will take care of every ward” (Nurse of the Quality Center, 2013, focus group discussion).

Clan culture that is a way of life of employees can also be seen in management style, focusing on teamwork. This is seen when employees in the hospital concentrate on achievements of their team or the hospital more than their own needs, as stated in the following: “We have the culture of working together. We got a big picture that is ‘We before me” (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview). Moreover, it can be seen when the hospital administrative team and medical service team were set up and have been continuously operated, as stated in the following: “When working, we cooperate with administrative team. We do it as a team because we take care of patients based on field team…Here, we work as a team. We help each other. When someone has problem, others will always come to help” (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

Regarding organizational leadership characteristics, one of the components in determining the type of organization according to the competing values framework, the information from several hospitals reflects that leaders are friendly with employees; they focus on equality and good relations among employees. These characteristics are also indicative of clan culture. The senior manager at Saohai Hospital stated the following:

> “The principle of coexisting here is equality. We do it here for so long. Everyone wants the dignity of equality. No matter how high their positions are, they must have humanity and equality. All employees know we focus on relation. If there is any quarrel, it will become serious issue. We live together with good relation and work as a team, making the hospital a warm home” (Director of Saohai Hospital, 2013, interview).

This is similar to Taphanhin Crown Prince Hospital, as a focus group participant stated: “We have no class in workplace. Our culture has no VIP. Our leader will let staffs come first. Lower staffs will be taken in to account first. There is no special room or table provided only for executives” (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group

discussion). Thus, it can be said that coexisting based on equality accounts for the close relationship between the senior management and lower-level employees created employee motivation and enabled a good atmosphere in the workplace.

In addition, the characteristics of high performance hospital leaders that are friendliness, willingness to work with the team, and encouraging employees to have trust, commitment, and faith in the leaders also make employees devote themselves to work, as a focus group participant at Fort Suranaree Hospital stated: "When the senior executives get close to lower-level staffs, it makes staffs have trust and faith in the leaders. Once they have faith, they can fully devote their lives to the work" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion). Hence, the characteristics of clan culture are the significant factors bringing about trust, faith, and good relations among employees. Clan culture is like organization glue that holds the whole organization together and also the key factor, making the hospital recognized for outstanding performance.

5.2.1.2 Quality and Safety, Innovation, and Being Patient-Oriented Represent the Culture to Which the People in the Hospital Adhere

Organizational culture was developed from the traditional custom and practice of professional groups in the hospital (Shaw, 2002). These groups aim to create innovation and focus on quality and the safety of patients (Carroll and Edmondson, 2002; Narine and Persaud, 2003). Further, the hospital culture usually results from the needs of patients (Shaw, 2002). This makes the interdisciplinary team in the hospital concentrate on providing patient-oriented medical service. These characteristics reflect the professional culture embedded in the way of work of all professionals in the hospital and are also significant factors contributing to the hospital's outstanding performance.

1) Patient-Oriented Medical Service.

For this medical service, apart from diagnosing and healing disease, which is considered understanding the dimensions of the disease affecting the patient, the doctors or service providers need to understand the whole person. They must take time to understand the background of the patient, for example, age, occupation, family, biography, including society, environment, and the community of

the patient which enables them to thoroughly analyze the patient's problem and to be aware of the true problem resulting in holistic treatment (Stewart, Brown and McWhinney, 2003; Saipin Hutteerat, 2006).

Considering the hospital with outstanding performance, the professional culture reflected in patient-oriented medical service is clearly visible until it is widely recognized by general customers, as a senior manager at Saohai Hospital stated: "Everybody says that this hospital is like a good friend. This hospital feels like home. When they come here, they feel that they receive a good care and also sense the generosity" (Director of Saohai Hospital, 2013, interview). The professional culture not only creates patient or customer satisfaction but also provides service that exceeds expectations, as a senior manager at Smitivej Sukhumvit Hospital suggested:

> "Our customers are diverse. There are patients who are deathly sick or end of life care and normal people who want to be more beautiful. Therefore, they have very different needs. We have to understand our customers, their relatives, and stakeholders because each of them has different expectations of the hospital, services, and doctors" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Patient orientation is visible when the hospital determines customer focus as the shared value of the hospital. Then it becomes a part of the employees' DNA. This shared value not only indicates action but also creates a service mind, which is an important factor making patients and their relatives feel impressed. This conclusion can be seen with reference to Phyathai 2 Hospital, where a senior manager mentioned taking care of patients like family members:

> "I think we treat patients like a family member. Our staffs know and understand the patients. It can be sensed. Our transfer staffs at the front office recognize the patients. This is one thing causing good impression. The assistant officers and the nurses remember and friendly greet their regular patients when they come. Our staffs remember the patients' diseases and know what they like or dislike.

> The doctor is not included. In that case, the patients got attached to the doctor for so long. They feel impressed with this doctor" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

When patient-oriented service culture is embedded in the way of life, the behaviors of providing service with a human heart will become visible. Employees enthusiastically provide service and think of ways to fully support the patients, even though the patients may not have requested it. This is clearly shown at Nong Bua Rawae Hospital, where Jintana Chaleewong and Thanyakorn Satangput (2013) talked about the service-providing behavior of the pharmacy officer in the following:

> "One day, while working at the outpatient dispensary, I saw an elderly patient who could not walk sit on wheelchair waiting for the drugs alone. So, I went off to dispense medicine to her outside. I sit down beside her and gently massage her legs. I asked what the matter with her and if her legs hurt. I told her to take medicines and she would get better soon. I had just said a few words when I saw her tears. She said even her children had not spoken like this. That time, I did not explain much about the use of drugs but rather focused on the patient's feeling. Considering the indicator and patient's impression, it seems like we place the indicator on patient's head and look only at the indicator so we do not see the patient's feeling. It like the proverb 'A strand of hair before the eye shuts off the whole mountains'. We forget that most times the obvious answer is the correct answer" (Jintana Chaleewong and Thanyakorn Satangput, 2013).

In addition, the patient-oriented culture is reflected in the fact that the hospital has set up a system to track and monitor the patient continuously. This is not just a matter of medical services. The continuous patient monitoring system continues to promote quality patient care and a better life in terms of physical condition and mental condition, including other patient condition. This can be

exemplified by the paralyzed-patient monitoring case of the interdisciplinary team at Fort Suranaree Hospital, as a senior manager stated:

> "We go to take care of the patients at their homes. Paralysis case is an example. Our interdisciplinary team will visit the patients at home. The nurses will look at their community and check if they return home how they will live, their live upstairs or downstairs, and how their toilets are. We take care of it holistically. As for mental condition, we have a psychiatrist to support" (Director of Fort Suranaree Hospital, 2013, interview).

The continuous patient monitoring system is considered a patient-oriented service mainly based on professional culture. This kind of service has been carried out continuously until it can be said that patient-oriented service has become the value that hospital employees adhere to as a way of life. This makes the hospital become recognized for its outstanding performance because patient-oriented services are not only a formula for creating patient satisfaction but also building trust, reliability, word of mouth, and a sustainable relationship between the hospital and patients, as a senior manager at Phyathai 2 indicated:

> "We provide continuous patient care. Some patients need to take a long stay at the hospital; we provide these cases with a continuous care. We set up a nursing team to visit them at homes. If they have physical problem, our physiotherapist come visit them. If they have nutrition problem, we provide them with the nutritionist. We visit them as a team and take care of various cases including patients with brain disease, hypertension, heart disease, as well as postpartum case that we give an advice about postnatal care. This is to build the relationship with the patients, their relatives, and also create word of mouth. We call this action as community relation which is varied according to the role of each employee. The results are quite good, the patients appreciated our work. One case even praised the doctor as the

> angel" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

2) Quality and Safety.

Professionalism in terms of the focus on quality and safety is another aspect of hospital culture that influences the hospital's outstanding performance. Similar to other cultures, this culture is reflected in the main value that the hospital determines as the operational roadmap. It is also reflected in the fact that the hospital leader seriously focuses on quality and safety and always reminds the employees to realize and comply with quality and safety in their work. A focus group participant at Queen Savang Vadhana Hospital talked about the director in the following:

> "He has the same teachings that he has always emphasized that are the Three Knowledges and Eightfold Path. Wherever he goes, he will teach us to be careful and apply dharmic principles in working. He usually tells our staffs to be aware of the risks that may occur with patients and repeats on how to treat the patient safely" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Quality and safety are embedded in the work and operational processes until they seem to become a familiar task and a part of life in the hospital, as a focus group participant at Nong Bua Rawae Hospital stated:

> "A nearly-retired staff in her fifties is an example. When we asked her about quality development, she could not answer. But, when we changed the question to how she could do her job well. She was able to explain it step by step. This shows that it is embedded and absorbed in her work. She already knew how to do a good job" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

The important mechanism of quality and safety culture reflecting the professional culture of the employees in the hospital originated when the hospital applied the quality management concept to the continuous improvement. It helps reduce the risks that may occur to the patients and enables the patients to receive better service, as a senior manager at Phyathai 2 Hospital said:

> "As for patient service, if someone feels dissatisfied or has complaints about something, we will immediately use PDCA. The PDCA can be used to determine everything; what kind of quality we want to develop, what risks may occur, and what risks we want to close. For example, in a reception job if the receptionist hardly smiled and identified the patient incorrectly, we would review the case by using PDCA to investigate what step she did wrong, what she should develop, what the cause could be, what we should plan and monitor, and what the results were. The cycle would continue constantly" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

3) Innovation-Focused.

Innovation is something that every professional emphasizes and was used as an operational guideline (Hall, 1998). This can be seen in the fact that the hospital determined related values, innovation occurred in the working unit, there was an agency responsible for innovation, and the senior management seriously supported innovative ideas. Fort Suranaree Hospital has determined the continuous learning and development as one of the common values of the hospital and has continually encouraged a creative and innovative atmosphere in patient care. "This value causes further and continuous learning, resulting in continuous learning improvement. We have disease stories to share with each other. Thus, the frequently encountered problems can be solved and improved constantly" (Director of Fort Suranaree Hospital, 2013, interview).

The hospital adopts continuous quality improvement (CQI) to be used as the key operational principle. The Bureau of Administration Development

takes the main responsibility for implementing with collaboration of cross-functional teams. This field of work operates consistently until it can be transmitted to the daily operations. It can be said that innovation has permeated all departments.

The results can be seen in the statistics in the problem reports and development roadmaps of the department, including increasing activities related to continuous quality improvement, as a focus group participant said: "We have continually conducted the CQI. The department or individual's accomplishments have been presented to the Royal Thai Army Medical Department. Many of our staffs got rewards from the Medical Department" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). Another participant said:

> "We consider the frequently reported statistics. It shows that the staffs pay more attention to information sharing and disclosure. In another channel of CQI process, we encourage each unit to explore an innovation. During the festival period to propose innovative ideas, every unit had to think. The newcomers would learn that they could not be idle and sometimes they came up with the good ideas…In the past several years there were many comments and innovative ideas beneficial for organizational improvement presented from the bottom up. All staffs dare to share opinion. We listen and adapt those ideas. Things they reported will lead to the improvement" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Consistently implementing the principle of continuous quality improvement in routine work enables creativity in the workplace. Small innovation was created and making a change for better medical services.

> "It encourages the staffs to be responsible and creative which is useful for working. For my job, the questionnaires can be exemplified. At first we used paper. Now, the questionnaires are completed via

> computer system which can reduce a great amount of time" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Moreover, continuous quality improvement helps change what has been done in the past for the better. This kind of change is called adoptive innovation. It means that the continuous quality improvement that the hospital has achieved results in innovation. The apparent innovations are innovations in process and service, as a senior manager at Nong Bua Rawae hospital stated:

> "Innovation is necessary…not only for competition but it also reduces waste in operational process. For example, to reduce cost, we must find a new patient care process in order to achieve the goal. How should we work with the community? This helps create a new way of working" (Director of Nong Bua Rawae Hospital, 2013, interview).

In addition, the data reflecting the hospital culture based on various professional groups in the hospital with a focus on innovation can be observed when the senior management strongly concentrated on encouraging employees to produce creative ideas. According to information from Saohai Hospital, the management encouraged employees to present their ideas, resulting in better operational system improvement.

> "Here, everyone is trained to deal with the changes in life by motivating creativity, innovation, and thinking new ideas. We create a space for the staffs to present their idea and reinforce the positive power by giving additional points and incentive when they come up with an innovation or new system. The staffs then feel alert to improvement" (Director of Saohai Hospital, 2013, interview).

The findings from Saohai Hospital were similar to the results from Fort Suranaree Hospital, where employees were encouraged to present their

innovation on the conference such as the innovative exhibition carried out by the Royal Thai Army Medical Department and HA national forums. Apart from stimulating innovation in the department, it enables employees to be proud and helps create motivation at work, as a focus group participant stated:

> "The staff on duty can write down the problem and enter their own problem-resolving process. The supervisors do not meet to point out the solution since the staffs can do it on their own. This accomplishment can be spread out…to the Royal Thai Army Medical Department and in HA national forum held every year. The hospital also gives value and honor as well as provides plaques and rewards in order to encourage the lower-level staffs to invent something. It is the pride of people in the organization" (Asst. Manager of Management, Fort Suranaree Hospital, 2013, focus group discussion).

Smitivej Sukhumvit Hospital is another hospital committed to continually developing medical and service innovation such as connecting the healthcare system with supporting services equipped with recent news and information. The hospital set up a Wi-Fi network covering all hospital areas under the concept "Connected Hospital" in order to optimize and elevate the medical service by boundless technology. The network connected all departments of the hospital together and was consistently suitable for the daily life of customers in modern times. In 2010, the hospital launched an innovative service called "Samitivej Go Mobile."

This service makes it easy for users to contact the hospital to get news and information through special programs on mobile phones. The hospital also developed a service called "My Health Profile" so that users can use their computers to connect to health information easily and quickly (Smitivej Hospital, 2010). In terms of innovation process, Smitivej Sukhumvit Hospital has been focused on providing holistic care to patients both physically and mentally, which is also known as holistic care. The hospital has developed a delicate and diligent service system with a psychological dimension and a healing environment covering preventive care, treatment, and rehabilitation solutions.

In summary, it can be said that the aspects of the hospital culture contributing to the hospital's outstanding performance include clan culture, which reflects cooperation, teamwork, and solving problems together, and professional culture, which is an important basis for patient-oriented medical services, quality and safety culture, and innovation culture.

5.2.2 Antecedents of Organizational Culture

The leader and socialization are the antecedents of organizational culture. Leadership initiates or establishes organizational culture to be the pattern for employees to follow, while socialization plays an important part in building a strong organizational culture.

5.2.2.1 Leader

The leader establishes an organizational culture through the philosophy of life. The main philosophy that the leaders and hospital employees adhere to and use in working can be seen in a statement by HRH Prince Mahidol of Songkla: "Let consideration of personal gain take second place for the overall benefit of mankind. Prestige and wealth are natural rewards for a just and sincere dedication to work." This philosophy has been used as an operational guideline until it becomes organizational culture that focuses on quality and patient orientation. The philosophy makes employees, including doctors, nurses, supporting employees, and patient transport officers, know the quality of their work. Every management executive has a clear objective to continuously improve the quality of healthcare and service.

Chiangrai Prachanukroh Hospital has adopted the 5S principle (Solitude, Sincerity, Solidarity, Serenity, Stimulating) of Prof. Dr. Sem Pringpuangkeo, the first director, to be an operational guideline until it becomes the common belief of the hospital. This information suggests that the philosophy of life, values or beliefs of the leaders play an important role in determining the organizational culture, as a senior manager stated: "Our value or belief is called 5S. It is the principle of Dr. Sem. Actually, we changed the value several times but this one suits us the most" (Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital, 2013, interview).

This is similar to information offered by a focus group participant: “Our hospital sticks to 5S principle of the first director. We adhere to this in working and living. Dr. Sem is an example, a role model for doctors and general people” (Nurse of the Quality Center, 2013, focus group discussion). Moreover, considering the article that the Resident wrote about Prof. Dr. Sem Pringpuangkeo, it confirms that the leader’s philosophy of life has an effect on the value and belief of employees until it has now become the main value of Chiangrai Prachanukroh Hospital.

> “Although the old buildings of Chiangrai Prachanukroh Hospital may not remain, one thing never changed is seedlings that he has cultivated here. They continue to grow indefinitely. Almost 2,500 people here still follow his way of working with commitment and willingness. His prestige, biography, and achievements are still engraved in the memories and remain the story which the descendants will always take as a role model” (Intaralawan and Intaralawan, 2011).

Similarly, it was found at Nong Bua Rawae Hospital that the leader plays an important role in building a patient-oriented and teamwork organizational culture. The leader communicates to employees, making them realize the importance of the organizational culture on various occasions, especially during meetings.

> “We teach the staffs to look at others’ minds and look what the patients want. In simple words, have you ever been a patient? During the meeting, we will insert these things to make the staffs realize…In terms of teamwork, we try to point out that you cannot work alone and everyone has to work together, in order to emphasize the importance of each profession” (Director of Nong Bua Rawae Hospital, 2013, interview).

The leader’s encouragement and communication strongly affect the behavior of hospital members. The findings from these two hospitals are consistent with the attitude communicated at Fort Suranaree Hospital. It was found that the

leader realizes the importance of teamwork, as he always emphasizes operational guidelines based on the principle of "efficiency, happiness, and relationship" (Fort Suranaree Hospital, 2011). Therefore, activities to enhance employee relations have been carried out in order to create an atmosphere of collaboration and unity among employees. These activities include annual sports competition, singing contests, a music corner for patients to relax by singing and social dancing, and other leisure activities.

This is similar to Saohai Hospital where it was found that the hospital leader plays an important role in promoting a teamwork culture. The director fosters teamwork culture called "corporate power" through the mechanism of sports competition. Once the teamwork culture is cultivated, every task can be achieved, no matter how difficult it is:

> "The teamwork culture was built through the mechanism of sports competition. I created a sports team because I believed that it would nurture the sense of responsibility and hospital representation. Cheering team would come to give supports. If their friends had to practice, the staffs would work for them and also buy them some foods and drinks. The corporate power was increasing until Saohai Hospital could win the provincial cup. We are just a small hospital with a hundred staffs but we could beat the regional hospitals and general hospitals with two to three thousands staffs and got dozens of trophies. If the corporate power is successfully built, any difficult job can be done. When we conducted 5S, HA, or off-season robes offering, the staffs gathered and thoroughly worked together" (Director of Saohai Hospital, 2013, interview).

Similarly to other organizational cultures, the leader plays a vital role in cultivating quality and a safe culture. This can be observed when the leader realizes the risks that may occur in patient healthcare. The risk management principle is implemented to ensure the highest quality and safety of patients. For example, the senior management of Fort Suranaree Hospital established policy and determined the

direction of management for the hospital's operation as "speed, safety, and holistic quality" (Fort Suranaree Hospital, 2011) to be a direction to provide quality service and build customer satisfaction. The key indicators measuring these operations have been monitored regularly. The results of the complaint reviews collected from every channel are monitored monthly. Moreover, the leader also gives feedback on each complaint if the contact details are provided.

5.2.2.3 Socialization

Socialization is applied in the hospital in order to create organizational culture through the mechanisms of orientation, role models, integration of the work process, and activities related to employee relations. Leaders of all levels and colleagues from various departments also play an important role in socializing the culture, as a focus group participant at Queen Savang Vadhana Memorial Hospital stated: "The supervisors, the unit heads, the department heads including friends and seniors help create cooperation. We focus on discussion. With brotherhood culture, there is lots of generosity in workplace and we can cultivate the culture" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

1) Orientation

Orientation is a process that provides an occasion to share knowledge and that indicates the work environment as well as regulations**.** It is an effective way to train new employees in the organizational culture, as a senior manager of Fort Suranaree mentioned: "I think the first impression is very important. The introduction has a vital role in building the organizational culture. We have the staff to educate, relay disciplines and tell stories" (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview). This is similar to Chiangrai Prachanukroh Hospital, where a senior management the following:

> "We take three weeks for the orientation. The first two weeks is under the responsibility of the provincial public health while the hospital provides an intensive training in the last week. The new staffs will be inculcated about organizational commitment, quality work, disciplines, and collaboration. The orientation is very important in

cultivating the quality work" (Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital, 2013, interview).

The information obtained from the focus group discussion was similar. A focus group participant indicated that the orientation played an important part in building an organizational culture for new employees joining the hospital.

"The orientation introduces everything they need to do. For example, we inform them we are in which step of HA and what they need to know to take part in…As for new staff orientation, we will educate them about quality management in hospital, unit, and group level…The orientation gives information about organizational structure, rules and regulations, benefits, and teamwork" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

Another participant said:

"Sometimes the new staffs proposed innovative ideas because they learnt it from the unit. In the orientation, we informed them clearly what kind of organization we are…When they started working at the unit; we had an activity to support. This constantly contributes to innovation" (Asst. Manager of Management, Fort Suranaree Hospital, 2013, focus group discussion).

2) The Role Model

The role model is another means of socialization that helps strengthen the organizational culture. A focus group participant at Queen Savang Vadhana Memorial Hospital talked about the role model of a senior employee that could build clan culture for new employees in the following:

> “I believe that being a good example or a role model to younger staffs helps strengthen the organizational culture. The new generation or Gen Y was raised differently so they have different attitudes from the previous generation. In my department there are many new generation staff. They will see me as a role model and look at what I do. Consequently, they become kind and generous. If they go out to have a meal, they will ask if I want anything. It is like what we want them to be, we should show it to them first” (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

3) Integration into the Routine Work.

Apart from orientation, socialization through the mentoring system is another important method that the hospital uses to cultivate organizational culture. The mentoring help strengthen the organizational culture, as a focus group participant at Chiangrai Prachanukroh mentioned: “As for doctors, the senior doctors will come to share knowledge. They use mentoring method, demonstrating how to do and being good example. This will result in cooperation” (Nurse of the Quality Center, 2013, focus group discussion). This is similar to information obtained from the interview with a senior manager at Smitivej Hospital, who suggested that the critical socialization process is on-the-job training with the mentoring system functioning as key mechanism in cultivating the organizational culture.

> “Once we let them in, we need to teach them well. This can be generally done by the orientation but the most important method is on the job training. In some special units such as ICU, we frequently provide residency program. The new staffs have to work closely with their mentor during the first 3-6 months. The mentors have to articulate and teach them all the time” (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

In addition, Smitivej Sukhumvit Hospital has also implemented "Khun Yindee," where a program of human resource development has been extended to routine work. It is meant to encourage employees to provide excellent service. Program attendees are scattered in professional groups of employees, including nurses, pharmacists, nursing assistants, receptionists, and front-office employees. This program applies the concept of providing good service to all points (touch point) with the trained employees acting as mentors. This program plays an important part in enhancing a patient-oriented culture.

The heart of the service is to make every touch point become a service that exceeds expectations. It is based on the principle that service providers need to understand their customers' demands and to give customers more than they expect, according to the hospital slogan "We Care." The Khun Yindee program have made the employees attentive, respectful, supportive, and friendly with their customers, enabling the hospital to provide better customer care.

The Khun Yindee program helps make the service ingrained in organizational culture and significantly contributes to the hospital's outstanding performance improvement, as a senior manager said in an interview:

> "I must say the most important part of human life is being alive and good quality of life. In terms of service, we have to understand what we sell. We sell healthy life and good feeling not disease treatment. If we sell disease treatment, the patients can go to any other hospital. But the service is what makes the difference. It is something people cannot buy anywhere" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Phyathai 2 Hospital characterized the organizational culture in terms of the slogan "We Before Me," consisting of 5 components: We open, We can, We serve, We change, We own, and We happy. This culture stemmed from the challenging questions on how to improve competitive advantage. After the management's brainstorming, considering the needs of customers, the problems in the

workplace and the characteristics of practitioners, the answer was to restructure the Phyathai network by changing the organizational culture, including the hospital logo to be We Before Me.

During the period of implementation, the hospital began by communicating the organizational culture to the employees through orientations, training, and various forms of organizational development activities in order to make the employees acknowledge and understand the culture. After that the culture was molded through learning in routine work, as can be seen in the following statement:

> "We built all of this into the performance evaluation process. But before taking the assessment, we held the orientation first. We carried out the training and used OD to conduct activities in accordance with specific purpose such as business game. We found that the younger staffs rarely knew what kind of business we do and what the components are. They only did each of their parts. Therefore, we let them know the role in business establishment. We provided business games letting them be the bakery shop owner. This helps to improve the communication with employees" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

What is interesting is that the hospital integrated the culture into performance evaluation harmoniously. Phyathai 2 started with We Open, which makes the employees dare to think and speak creatively as well as open their minds to accept new things. The performance indicators associated with employee responsibilities were also set for the evaluations. This is considered a key success factor in shaping the organizational culture due to the clear communication of expectations and integration into daily operations, resulting in the acceptance and trust of employees. After that it was expanded to the other 'We' campaigns, which ultimately led to the overview of cooperation and collaboration culture or "We before Me." A senior manager suggested this in the following statement from an interview:

> "Then implement it with each responsible task because each task is different, we cannot do it the same. The 'We Open', for example, we encourage the staffs to dare to speak productively and be open-minded but we do not allow HR team to open about the salaries. Therefore, it needs to be implemented in consistent with employee jobs. When we conduct the evaluation, they can achieve. As the "We Open" becomes successful and the trust is created, we continue to carry out We Can, We Serve, We Change, We Own and then We Happy" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

4) Team Building

Strengthening relationships among employees with various activities occurred both in and outside of work can be used to shape the organizational culture. Nong Bua Rawae hospital uses this method to build teamwork culture and has conducted many forms of team-building activities, as a senior manager suggested in an interview: "Building organizational culture need to take some time. We have built it with collaboration and activities such as planting trees together, eating together, and developing the hospital together" (Director of Nong Bua Rawae Hospital, 2013, interview).

This is consistent with the information obtained from a focus group discussion, indicating that small activities in the workplace that have persisted for a long time immensely contribute to building a teamwork culture.

> "We make everyone here feel the ownership by doing joint activities. We started this very early when we built the pioneer team to set a small park and workplace environment together. Then we continue to do so until the staffs have strong sense of teamwork…Since the hospital was still small, due to limited budget we have collaborated in making display boards, constructing a road, planting grass, and painting. It is small loyalty that continues to grow steadily" (Dentist

> Specialized, Nong Bua Rawae Hospital, 2013, focus group discussion).

Similarly, Paolo Memorial Phaholyothin has engaged in social activities such as mobile medical units. These activities make employees have a chance to work together. Once the employees feel comfortable with their colleagues, it results in a strong team and then eventually becomes a teamwork culture, as a senior manager stated in an interview: "Working at mobile units does help because it makes them work together such as building a school or doing CSR projects. Everybody can join the mobile units. It is a technique letting them work together" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview).

As for Taphanhin Crown Prince Hospital, it bound team-building activities to organizational structure by determining the policy that all employees must attend these activities. Apart from cultivating the hospital culture, it is useful for maintaining organizational culture as well, as a focus group participant indicated:

> "We carry out activities for new generation staffs to join. We believe that the team-building activities will help create organizational commitment…All staffs have to draw lots to decide their group. They must belong to a group and join activities between groups. We conduct OD followed by 7-on-7 football. It helps a lot. It makes the staffs know each other outside office hours…There is individual indicator measuring the activity participation that the staffs must receive at least 80 points. It is considered as using both administration and soft side…When they meet next to football field, the friendly atmosphere occurs. If they coordinate the work alone, they are likely to have conflict. If they are friends, they can help each other" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

In summary, it can be said that organizational culture is tangible and has a significant influence on hospital performance. Considering the types of culture according to the competing values framework, it was found that the clan culture is the dominate organizational culture, which is reflected in teamwork showing the key characteristics of hospital members, which are cooperation, generosity, and readiness to solve problems together, like members of the same family. As for the characteristics of hospital leaders, it was found that the leaders are friendly, focus on equality, and receive trust and faith from employees. It also reflects that the hospital concentrates on creating a close relationship among employees, which is like the glue that holds the organization.

When analyzing the culture according to the organizational culture concept of Kotter and Heskett (1992), it can be concluded that the clan culture has become a strong culture, a form of common beliefs or values that hospital employees strongly adhere to, which has a positive effect on the success of the hospital. However, the data also revealed patterns of other cultures, including patient-oriented medical service, quality and safety, and innovative culture. These cultures drive the hospital to achieve outstanding performance as well.

The researcher found that the clan culture tends to support the existence and continuous improvement of other cultures. In other words, the family-like beneficence among hospital members can be forwarded to patients as family-like patient care. It is continually linked to quality and a culture of safety, as well as creativity and innovation in patient care. These cultural aspects seem to be derived from the guiding principle of HRH Prince Mahidol, the expectations of the hospital leaders that established norms and behaviors within the cultures, the things that the interdisciplinary teams in the hospitals emphasize, and the needs of customers, which are external factor with a strong influence.

In addition, it was found that the mechanism of socialization helps mold and instill the cultures into the thoughts and beliefs of employees, resulting in the hospital's outstanding performance. An overview of the types and antecedents of the organizational cultures of the hospitals is summarized in Figure 5.4.

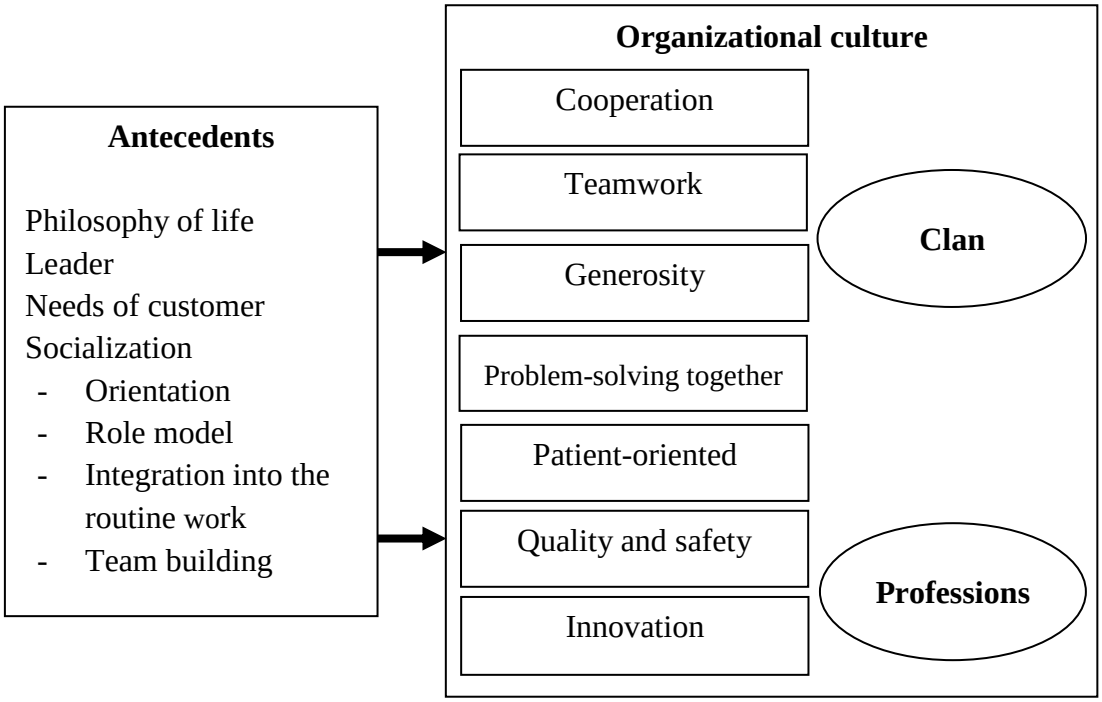


Figure 5.4 Types and Antecedents of Organizational Cultures of the Hospitals with Outstanding Performance

5.3 Human Capital

Human capital is the stock of knowledge, skills, and abilities that exists within an individual, reflecting the value of the ability of an individual. The human capital can be invested and accumulated through education, training, and various other forms of development, which will provide increased productivity and higher quality outcomes (Nisada Wedchayanon, 2011). The hospitals with outstanding performance have human capital as a key factor. It can be said that human capital in the form of the knowledge, skills, and abilities of employees contributes to the development of the work system in order to deliver services to patients. A senior manager at Queen Savang Vadhana Memorial Hospital discussed this idea in an interview: “The staff is the most important thing. The root of hospital performance is safety and happiness of patients…The staff will create working process and working process will serve the patients” (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview). The focus group participant also said that: “The staffs are the most important

thing…and I must say that everyone is equally important whether that person is a senior executive, gardener, or security guard. Everyone plays important role in making our hospital to be as intended" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). This is similar to Samitivej Sukhumvit Hospital. The senior management emphasized that the important thing in doing any business was that they must know how to deliver the product or service. He pointed out that in order to make a difference in the product or service delivery, the hospital is required to use technology. However, the more important thing is human capital, which consists of the knowledge, skills, and abilities of employees, which leads to work system and patient care improvement.

> "A how-to is important. Therefore, we have to understand that in addition to product differentiation, we need to consider how to deliver the product as well… Regarding the delivery methods, we actually need to take account of two things. The first one is technology but technology can be bought by money and can be overtaken. If we sell with service differentiation or sell human stuffs which cannot be bought, it is a matter of human capital" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

5.3.1 Valuable Human Capital

Employees with knowledge and skills in working are considered valuable human capital of the hospital and are very critical to the hospital's outstanding performance. Knowledge is meaningful (Turban et al., 2004), indicating the scope of wisdom in a task or mission of an individual. To gain success at work, knowledge in various areas is needed (Nisada Wedchayanon, 2011). For hospitals, the knowledge of medical services is considered a very valuable human capital, as a senior manager at Paolo Memorial Phaholyothin Hospital stated:

> "We can say that we are one of the first private hospitals in the country. In those days, there were only a small number of doctors. The doctors leaving public hospitals had few private hospitals to

> work. Therefore, we had reasonably amount of highly performance doctors. We guarantee the treatment outcomes because we have good quality treatment. Moreover, we provide medical services covering all diseases. It helps create patients' trust" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview)

This is consistent with the statement of a focus group participant at Chaophya Hospital's: "Our doctors here are in professor level. This is good because the younger doctors will be selected to train with the seniors. The knowledge can be transferred" (Quality Development Center Manager, Chaophya Hospital, 2013, focus group discussion). The visible knowledge can be seen not only in the group of doctors; it is also found in employees at all levels. A focus group participant at Nong Bua Rawae hospital gave an example by suggesting that the hospital employees not only seek knowledge but also are able to "think," which means that they can apply various kinds of knowledge in their work.

> "Talking about the organization, apart from the top leader and the leadership team, all staffs are emphasized that they need to have a good thought and critical thinking. We focus on being the learning organization so everyone is thirst for knowledge and comply with the concept of good thought and critical thinking" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion)

This can be analyzed from the information obtained from the focus group at Chiangrai Prachanukroh Hospital as seen in the following statement: "So far I have heard people talking about Chiangrai Prachanukroh Hospital that the hospital staffs are capable and have good quality. It may be because we give priority to people, academic subject, and quality" (Public Health Technocrat of Learning Management and Research Office, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

The information obtained from the interview with the senior management and focus group discussion suggests that the hospital employees have various kinds of knowledge that can be applied to work in order to effectively improve the hospital's

performance. Variety in knowledge results from staff members that are capable of learning and can adopt the knowledge for better work, as a senior manager at Fort Suranaree Hospital indicated: “The doctors contribute greatly to the achievements. They have agility or ability to adapt quickly. They are smart and easily adapt. If we suggest anything, they can apply it well. This adaptation and application are the prominent attributes” (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview).

Learning ability also depends on the characteristics of an individual, who thirsts for knowledge and wants to learn new things in order to constantly develop his/her knowledge of work, as a focus group participant at Nong Bua Rawae Hospital stated: “Every staff seeks for knowledge. Good thought is related to mind perception and morality while critical thinking is about professional principle and capability” (Dentist Specialized, Nong Bua Rawae Hospital, 2013, focus group discussion). This is similar to a statement of a senior manager at Fort Suranaree Hospital: “People here are thirst for knowledge. They want to learn new things. Doctors, nurses, all professions including general officers try to improve themselves and seek for further knowledge. They update their knowledge all the time” (Director of Fort Suranaree Hospital, 2013, interview). This is also similar to a statement by a focus group participant at Queen Savang Vadhana Memorial Hospital: “I notice that the staffs are interested in their jobs and need additional knowledge. They are very enthusiastic. These characteristics encourage them to work well” (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). Connecting knowledge or systematic knowledge integration is considered essential for performance improvement. This means that although knowledge is important for patient care or medical service, scattered knowledge cannot make the medical service completely efficient or effective because the systems of medical service or patient care are coherent. Thus, “coherent knowledge” becomes more important, as the director of Saohai Hospital indicated:

> “Knowledge and understanding is important but scattered knowledge may create a gap. Therefore, coherent knowledge is more important. For example, diabetes and alternative medicine or whatever, the

> coherence will integrate the knowledge into patient care…Even though we say that our drug management system is good, if each point is incoherent, the drug dispense may be duplicated" (Director of Saohai Hospital, 2013, interview).

Chiangrai Hospital has adopted knowledge management to be used as a key guideline to increase human capital. The hospital uses various knowledge management styles and tries to retrieve the personal knowledge of an individual in order to add work knowledge to other individuals, as a focus group participant suggested:

> "Apart from internal and external training, coaching, and mentoring system, knowledge management is very important. We have morning talk, a conference that teaches and talks to the staffs in forms of learning from working…To do KM, we extract tacit knowledge from many old staffs here and transfer it to younger staff members" (Nurse of the Quality Center, 2013, focus group discussion).

Furthermore, determining whether the employees can connect their knowledge or not is essential as well. The director of Saohai Hospital believes that talking to the employees through internal surveys is an approach responding to that need. "Therefore, the process of knowledge creation, getting people to understand knowledge, and connecting stages such as discussions and visits, to verify if that knowledge can be connected is necessary" (Director of Saohai Hospital, 2013, interview). As for the details of knowledge management and other means to increase employee knowledge, the researcher will further discuss this in the topic of the high performance work system.

Skill is another component of human capital that contributes to the hospital's outstanding performance. Skill refers to expertise such as the ability to understand work processes, procedures, and practices (Nisada Wedchayanon, 2011). It is accumulated within the employees through their work experience, which is very important for medical services, as a senior manager at Paolo Memorial Phaholyothin

Hospital stated: “In medical field, knowledge alone is not enough. We need to have skills and experiences as well because the patients do not come out of textbooks. When diagnosing, the doctors have to apply their experiences” (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview). This is consistent with the statement of a focus group participant at Chaophya Hospital: “The senior will train the younger doctors until they become proficient. In terms of skills such as surgery, the professor will accompany them as a mentor because this profession is practice and surgery is skill” (Quality Development Center Manager, Chaophya Hospital, 2013, focus group discussion). This information shows that the skills or expertise of doctors are an important variable that enables the hospital to achieve outstanding performance. It can be said that having highly-skilled doctors helps to build the reputation of the hospital and also a competitive advantage according to the value criteria of the resource-based view, as a focus group participant at Chaophya Hospital suggested:

> “For our hospital, most doctors come from Siriraj Hospital. They came to raise funds and built the hospital. The founder is Doctor Kowit who already passed away. However, a group of his friends still administers the hospital. The medical team includes several well-known doctors such as Dr. Suphachai, a nationally recognized cardiologist, and Dr. Charoen, an experienced orthopedist. Our advantage is that we have medical specialists in all fields. This is considered the strength of the hospital” (Quality Development Center Manager, Chaophya Hospital, 2013, focus group discussion).

Consistency with other professional in hospital, the skills of employees contribute to the efficiency of medical services, as a focus group participant at Taphanhin Crown Prince Hospital stated with a concrete example:

> “We realize that we have experienced staffs. A service job requires customer service skills. You can see wherever you go. As for nurses, an old nurse can give a painless injection and can draw blood without

> leak because she is experienced. Therefore, these skills are nice. Every staff has knowledge…A small hospital like us can be survived not by technology but service skills and knowledge of the staffs" (Registered Nurse, Chief of Traditional Thai Medical, Taphanhin Crown Prince hospital, 2013, focus group discussion).

5.3.2 Investment in Human Capital

Investment in human capital makes employees gain the knowledge, skills, and abilities required for work and is a primarily cause of the hospital's outstanding performance. The major conditions of human capital investment include the ideas that 1) employees are bound to work and 2) employees are committed to the hospital.

Employees that are bound to work will be attentive to their work and will happily join related activities. This could be because the employees appreciate the value of each task at every level. A patient caregiver provided information during the focus group discussion at Queen Savang Vadhana Hospital related to this: "Our task needs collaboration. Safety is the primary focus. I have been working like this. Everyone properly fulfill his own duty. The senior staffs do their senior jobs while the juniors do the junior jobs" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). The director of Saohai Hospital similarly mentioned the value of work that reflects the commitment to humanized healthcare.

> "Humanity is meaningful and can be felt inside. As I said earlier that an injection becomes more meaningful once ten years passed. When a staff takes care of a broken-leg female patient, he perceives the motherhood. He feels that he must heal her quickly since her 3-year-old child is waiting for her at home. He must hurriedly find different methods or innovations to treat her such as providing a cane for walking practice. If he does not perceive the motherhood, he will see only a broken leg. He will say that it is not the right time for surgery, the patient needs to wait. When the patient asks, he will insist that she

> needs to wait. This dimension is dry and has no improvement" (Director of Saohai Hospital, 2013, interview).

While the hospital engagement indicates that employees accept the goals, values, and operational direction of the hospital and have an unwaveringly desire to be a part of the hospital, a focus group participant at Chiangrai Prachanukroh Hospital stated the following with an expressive face and eyes, indicating his pride in working at the hospital:

> "I am really proud to work for the hospital…Considering the context of Chiangrai, working here is nice if compared to other firms. We feel that working at Chiangrai Prachanukroh Hospital is secure. We can proudly tell anyone that we work at this hospital" (Public Health Technocrat of Learning Management and Research Office, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

This is consistent with an answer of a focus group participant at Queen Savang Vadhana Memorial Hospital when asked why she want to work at this hospital. "It is charitable organization, working here is like making merit every day. We also have service mind without expecting anything in return. We love the organization and work happily. It does not conflict with our way" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). The focus group participant also added an example regarding the doctor that was dedicated to patient care with a generous mind, which indicated the consistent value of the employees and the charitability of the hospitals under the supervision of Thai Red Cross.

> "One thing contributing to outstanding performance is Thai Red Cross. We take account of organizational trust and faith. The doctors here do not have DF so they work dedicatedly and charitably. They will fully heal a patient…Dr. Atthaphorn is an example. He studied about gynecologic cancers. He is very dedicated and has a lot of patients. The patients are attached to him. His reputation of

> proficiency is spread out by word of mouth, from one to ten, from ten to others" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

This information suggests that the focus group participant is very proud to work with Queen Savang Vadhana Memorial Hospital. Similar to Nong Bua Rawae Hospital, it can be interpreted from the information that community hospital taking care of people in the community area, including employees' relatives and neighbors, working at the hospital is viewed as creating benefits for the people in the community. The contributes to the dedication to and engagement in the development of hospital improvement.

> "Nong Bua Rawae is a small northeast community. We are generous and simple-minded. The staffs are people in the community. Even though they come from other provinces, the culture is similar. From the perspective of practitioner, they view that they work for their families and relatives so all staffs cooperate with each other in improving their task and the hospital. The resulting benefits will return to the community" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

In addition, the commitment to the hospital is a result of the team work experiences in the hospital, especially during the times that employees need to overcome obstacles or difficulties together, for example, the development period of Nong Bua Rawae Hospital called "Tam It Tam Koh" as discussed in the following:

> "When I moved here, hospital looked like a forest with no facility. At that time, the hospital was just expanded to 10-bed hospital. The road was still non-asphalt. When it was raining, the nurse uniform was stained with red dirt. The food was troublesome because we lived far from the market. Although the working environment was difficult, we lived together like siblings. We have siblings who used to eat together

> and face difficulties together. It resulted in an attachment, even though time has passed" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

Another participant said:

> "Our hospital is lucky. Since its establishment, the hospital has one and only director. He treats us like his own children. He tells and teaches us everything. We live like a family and can do any task. Whatever tasks we do including working, planting trees, clearing forest, the director always comes to help. When it was lunch time, he refused to eat at the table we set but join the meal with the staffs. It is an image I will never forget" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion)

The experiences gained during the "Tam It Tam Koh" period of Nong Bua Rawae Hospital we considered the moment that molded the team in the hospital. Spending time to overcome difficulties and to develop the hospital together created commitment. When the employees are committed to the hospital, they are willing to accumulate human capital for themselves in order to completely respond to the need for the improvement of the hospital. Investment in human capital is not only brought about by the employees' own investment as a result of commitment to their tasks and commitment to the hospital, the hospital also gives support to the human capital accumulation of employees. This is based on the mechanism that when the hospital responds to the needs and expectations of employees, the employees will be committed and work hard in order to achieve the common goals. These needs and expectations result from the exchange between the hospital and the employees. This kind of psychological contract is called the volunteer model (Nisada Wedchayanon, 2011). Therefore, the hospitals focus on human capital development, as can be seen when the senior managers of several hospitals gave an interview in the same way: "The staff is the most important. We can find any other things but we are done if there is no staff. I think it is the most important factor." The senior manager of Smitivej

Sukhumvit Hospital said that "[t]he most significant thing for us is growing people. We develop our human resources to achieve the potential they think they can do" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview). This is consistent with a statement by the senior manager of Nong Bua Rawae Hospital:

> "We use the concept 'develop people, develop work, develop hospital'. We learn that we want to do many things but we are limited by non-supportive environment. Once we work here, we try to utilize the potential of people here. As a small hospital, how can we empower their potential" (Director of Nong Bua Rawae Hospital, 2013, interview).

Hospitals can invest in human capital through a high performance work system, which consists of acquisition, development, and retention practices, whose details will be described in the next section. An overview of the human capital that affects the hospital's performance is summarized in Figure 5.5.

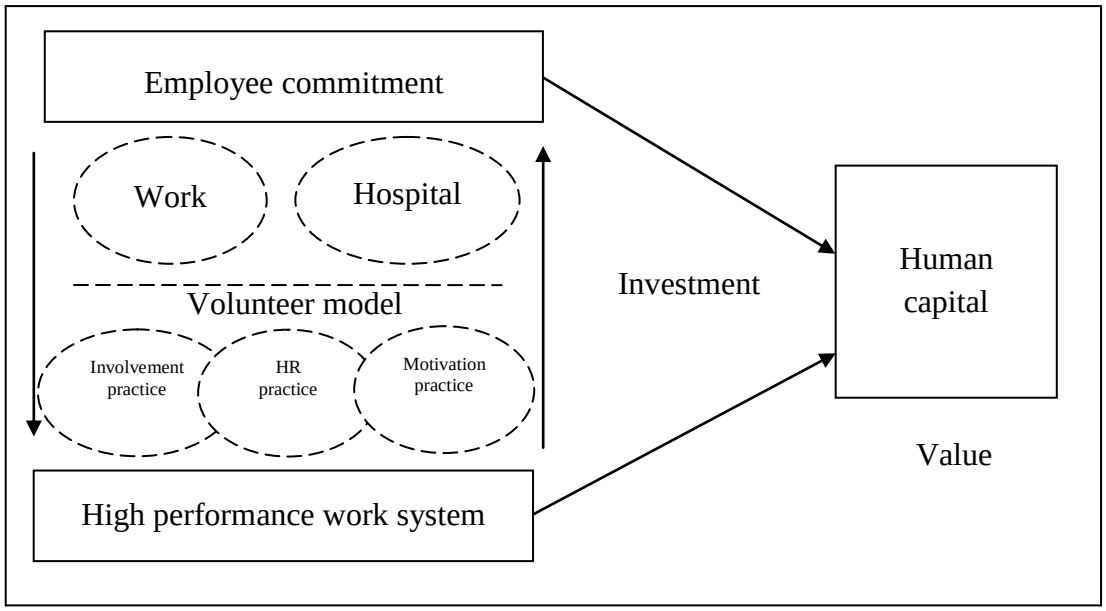


Figure 5.5 Human Capital Investment for the High Performance Hospital

5.4 High-Performance Work System

The results show the high-performance work system, which consists of participation practices, human resource practices, and reward and engagement practices as factors contributing to outstanding performance. This section discusses some examples and operations associated with these practices. The details are as follows.

5.4.1 Involvement practices

The components that help enhance the participation of employees include system design and work procedure, teamwork, and knowledge management.

5.4.1.1 System Design and Work Procedure

The system design and work procedure transform the strategies or action plans of the hospital into pragmatic practices. The important strategy for system design and work procedure is delegating work to representatives of the hospital units in the form of a committee called the cross-functional team, such as the Patient Care Team (PCT). The system design and work procedures in the form of the cross-functional team make the conducts of hospital activities consistent and effectively coordinated.

When people from different functional areas work together as a team, the different knowledge and abilities of members are gathered together in order to solve the problem. Moreover, it enables the sharing of experience and changing information, which affect the work. This is helpful in enhancing the knowledge, skills, and abilities of employees. It also makes employees engaged in solving a particular problem even better. The information that the hospital uses for the system design and work procedures comes from many sources. As for Taphanhin Crown Prince Hospital, it determined the system design and work procedures by considering significant information in 4 aspects:

1) Strategic objectives and action plans of the hospital
2) Needs, suggestions, or complaints of patients
3) Problems from a performance evaluation, an analysis of problems at work, overall performance of the hospital, units, and individuals as well as recommendations of employees

4) Requirements about professional standards including organizational requirements that accredit professional standards

This information was used to analyze the need for system design and to develop better work procedures. The process is shown in Figure 5.6.

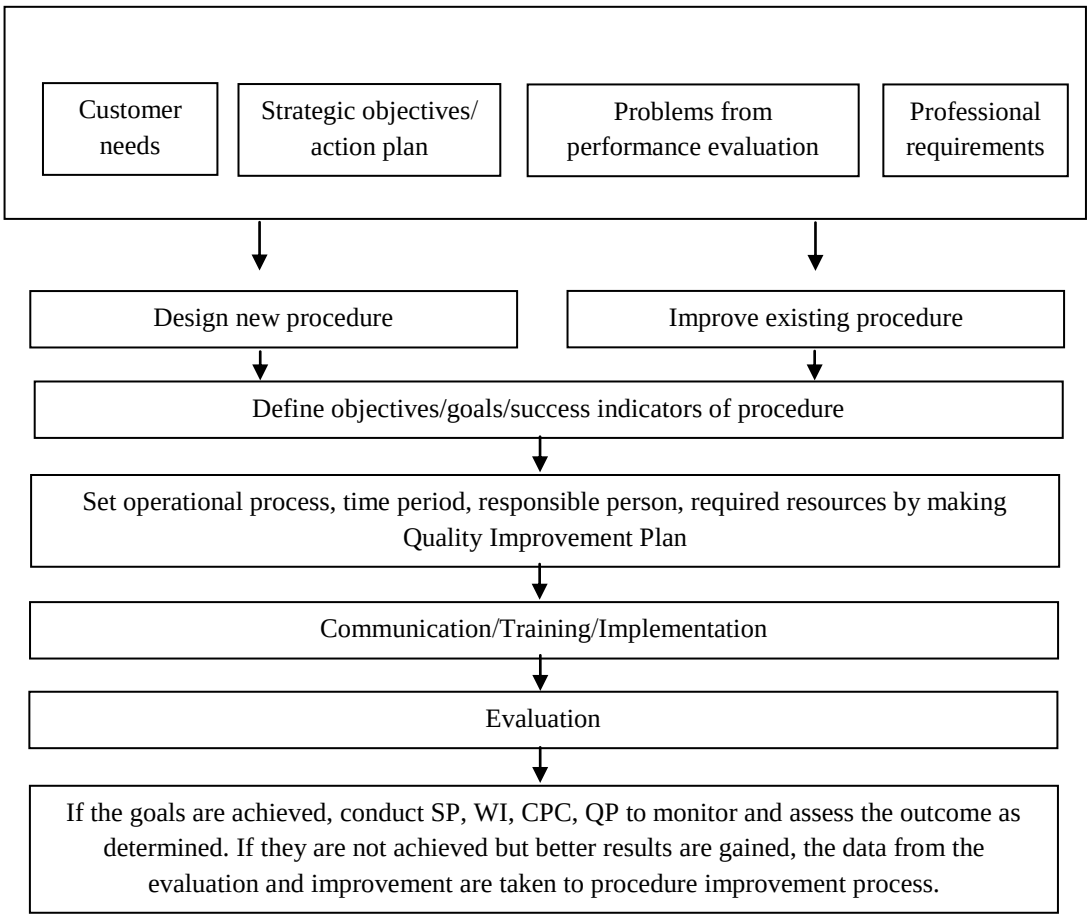


Figure 5.6 System Design and Work Procedure Improvement of Taphanhin Crown Prince Hospital

The designed system and work procedure reflect the value that the patients and stakeholders of the hospital expected. The objectives and goals of each system or procedures are clearly defined and can be verified by indicators determined to assess the success of the system or procedure. Then the requirements associated with the system and procedures are written. The time period, responsible persons, and resources required are also determined and collected in the quality improvement plan of the hospital.

In the process of implementing the designed system or procedure, the hospital communicates, provides knowledge related to the system, and evaluates and monitors performance concerning whether it meets the objectives or not. This operation is to ensure and measure the success of that system or procedure. The information from the evaluation will also be introduced into the improvement process in the next cycle. In order to improve a system and procedure, the hospital lets customers take part in improvement by listening to their suggestions and complaints. The employees easily collect these data from various channels, for example phone and Internet. The most effective channel is the suggestion boxes located in each hospital building. The planning and evaluation team will collect and summarize the suggestions and complaints and then present them to the board of directors in order to identify the areas that need improvement or solution guidelines. After receiving approval from the board of directors, the quality management department will monitor and report the progress of the operation.

As for Fort Suranaree Hospital, a client and stakeholder satisfaction survey was conducted in order to improve the operational process. The PMQA Class 3 team was in charge of this project. They determined the survey method together with the hospital's office of management system development. The format of satisfaction measurement was designed to match each group of clients and stakeholders. The sample of this survey was determined according to the statistical principles. The data collection method was carefully applied in order to avoid bias (Fort Suranaree Hospital, 2011). After conducting the survey, the hospital assessed and analyzed the data in order to make proposals to the management and the working group involved in the next operational improvement.

In addition, the hospital has developed a system to receive feedback from internal customers, which are hospital employees at all levels. This is because the hospital believes that in improving operational processes and service processes in order to satisfy the customers, the employees must be aware of the problems and causes of the problems the most. A focus group participant at Queen Savang Vadhana Memorial Hospital gave the following example "As for quality improvement activities, the problems were mostly picked from employees in operational level. They would give information and suggestion to improve working"

(Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

The internal feedback system gives employees a chance to take part in designing the system and procedure. It also raises an awareness of continuous quality improvement by making related employees aware of comments and compliments from customers. This will make employees enthusiastic about receiving and applying the feedback for operational improvement all the time. An example of the internal feedback system of Taphanhin Crown Prince Hospital is shown in Figure 5.7.

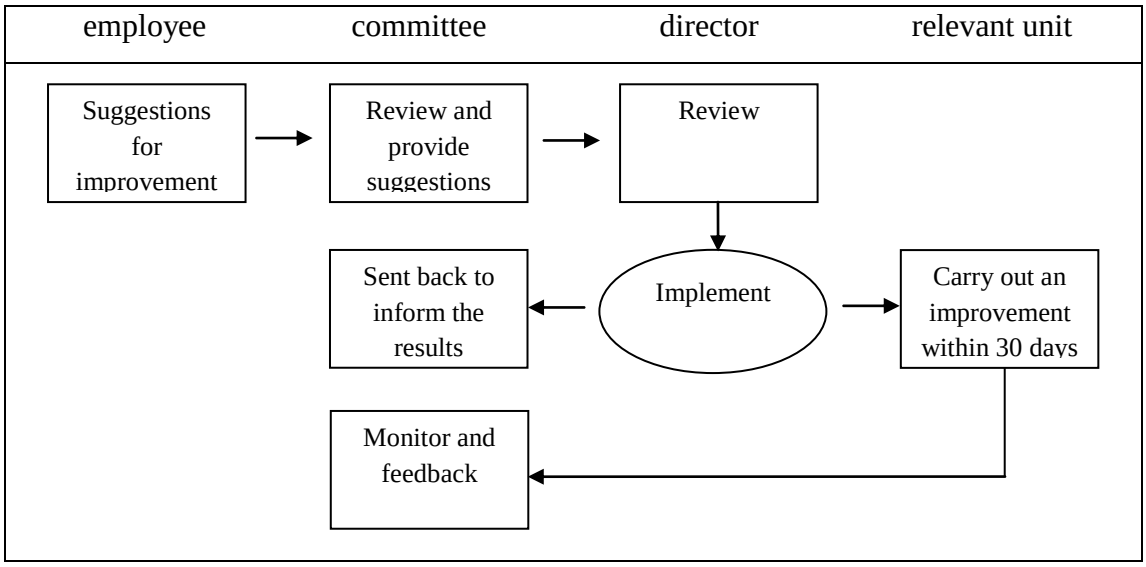


Figure 5.7 Internal Feedback System of Taphanhin Crown Prince Hospital
Source: Thailand Productivity Institute, 2001: 4.

According to Figure 5.7, a suggestion from employees will be submitted to the hospital executive committee for review before being sent to the hospital director. The director will consider whether the suggestion should be implemented or not. If the director agrees to implement it, the suggestion will be sent to a relevant unit. The relevant unit will carry out an improvement within 30 days. Then the hospital executive committee will monitor the operational improvement outcome and report the result to the employee that gave the suggestion. However, if the director does not agree to implement the suggestion, it will be sent back to the

hospital executive committee in order to inform the employee that provided the suggestion. When the senior executives get involved and act as the main responsible unit, it is considered a success factor for continuous system and procedure improvement. The process of the system design and procedure improvement of Taphanhin Crown Prince Hospital, which listens to customers and operational employees' voices, therefore, can truly respond to the needs of the hospital.

5.4.1.2 Teamwork

Teamwork is a significant factor contributing to the hospital's outstanding performance, as a senior manager at Fort Suranaree Hospital stated "Good patient care comes from teamwork…we can see that hospital wards with outstanding quality have a good teamwork" (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview). Teamwork has been used in the hospital operations both for routine jobs and project tasks. Regarding routine jobs, teamwork has been implemented until it becomes the workplace culture that appears in form of cross-functional teams. The interdisciplinary team also works with the cross-functional team and serves the patients, as mentioned before. As for project tasks, the hospital has set up a team to oversee and conduct a project to achieve specific objectives such as "Team Sakura" of Smitivej Sukhumvit Hospital. Team Sakura is an example of implementing teamwork in a project task. The project is intended to respond to the hospital strategies in order to increase its Japanese customer base. Upon conducting Team Sakura, a team of doctors and relevant employees were encouraged to develop knowledge of Japanese language and culture. The employees were sent to learn Japanese customs and cultures at Saopaolo Hospital, Japan (Suran Chanasittipul, 2010). The obtained knowledge would be applied in the hospital to provide Japanese patients with comfortable and quick health services and to build confidence on the part of the patients and their relatives.

As for Nong Bua Rawae Hospital, it gives employees at all levels an opportunity to take part in teamwork, especially new-generation employees that the hospital encourages to join project tasks. This can be seen from the special teams which were set up to organize hospital events such as organizational development activity team and recreation activity teams. New-generation employees can join a team and collaborate well, as a focus group participant at Nong Bua Rawae Hospital said:

> "The opportunity here will open up for employees at all levels. They can propose ideas or design activities such as OD activities and recreation activities. We allow the junior staff to think and find their team members not limited to a leader group or doctors and nurses. The director encourages the staff at all levels to join. The juniors will think and form a team. They not only find a team member in their department but also in the different departments" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

The success of the teamwork above occurred because employees that are members of the team change their perspective, focusing on their professions in order to take care of patients and improve the hospital together, as a senior manager at Fort Suranaree Hospital stated:

> "It is important to know what the team is and paying attention to each profession as a piece of jigsaw for perfect patient care and hospital quality improvement. This is the significant turning point. The staff used to know only in their textbook but teamwork makes them see wider and work better. It contributes to the patients' benefits and the hospital improvement" (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview)

Moreover, the information obtained from the focus group discussion at Nong Bua Rawae reflected that teamwork will become successful if it receives serious support from the senior management in terms of providing a chance to think and take action without blocking it. This is consistent with Fort Suranaree Hospital, which is considered a very successful hospital in terms of applying teamwork for patient care and hospital improvement. The significant factor for teamwork effectiveness is that the leader takes part in working with the employees side by side. He or she coaches and goes works with the employees as well as acts as a role model at work. A senior manager at Fort Suranaree Hospital said the following in this regard:

> "I used to watch him at work. The director took an action and worked with the staff. He would take care and act as an example. When he went down to work he would not mind if it was the staff's job and sincerely helped them. Teamwork has been created since then" (Director of Fort Suranaree Hospital, 2013, interview)

5.4.1.3 Knowledge Management

Knowledge drives and improves organizational performance and is a key factor in organizational success. Knowledge management begins by seeking knowledge, building knowledge, and storing and retrieving knowledge in order to transfer and use it. This process must be done constantly and the knowledge cycle must be steadily increased. According to the information obtained from the hospitals with outstanding performance, it was found that knowledge management was adopted to be used in the hospital successfully, as a focus group participant at Chiangrai Prachanukroh Hospital stated: "There are several KM cycles, covering a small cycle and a serious cycle. We have conducted a lot of KM. We have Doctor Prasert Palitponganpim, who has carried out KM and disseminated the knowledge nationwide" (Manager of the Quality Center Chief of Officer, 2013, focus group discussion). A senior manager at Fort Suranaree Hospital stated:

> "KM strongly affects the performance. To improve our patient care unit, knowledge is extremely needed. We have to update knowledge. For example, knowledge about a cold, there is not only the 2009 Influenza A/H1N1 but also H7N9. Besides, the doctors need to study an outbreak of hemorrhagic fever and malaria. The pharmacists need to study about medicine. Previously, this drug had not been reported to have complications. Later it was reported to have complications in some countries. We need to share this kind of knowledge" (Director of Fort Suranaree Hospital, 2013, interview).

When asking how to make knowledge management success, one answer was to clearly define the purpose of knowledge management and to know why

knowledge management is needed. It was found that the purpose of the knowledge management of general hospitals is used to increase the abilities of employees, to improve the work system, and to respond to the visions and strategies of the hospital, as a focus group participant at Taphanhin Crown Prince Hospital indicated:

> "Our KM objective is to have knowledge sharing throughout the organization. It is because service job needs service skills. Have you ever noticed an old nurse can give a painless injection and can draw blood without leak. This skill can be shared. Every staff has knowledge. A small hospital like us can be survived not by technology but service skills and knowledge of the staff" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

The information suggests that the hospital wants to apply knowledge management to improve the knowledge and skills of employees through tacit knowledge sharing, which is very important in providing medical services. Similarly, Nong Bua Rawae Hospital applies knowledge management for employee development. However, the hospital emphasizes that the hospital knowledge management has the main objective to improve the hospital's operational system. It is considered a process innovation that improves the medical services, resulting in higher hospital performance, as a senior manager at Nong Bua Rawae Hospital indicated:

> "We implement KM to enhance knowledge and create a channel for the staff to learn and improve their work. Apart from employee development, the main purpose of KM is to apply knowledge in the hospital performance improvement. KM is like a process innovation to modify the task output" (Director of Nong Bua Rawae Hospital, 2013, interview).

It was also found that the objectives of the knowledge management of the hospital were linked to the vision or strategy of the hospital, as a focus group participant at Chiangrai Prachanukroh Hospital stated: “Our goal is clear. It is geared toward the vision of the hospital” (Manager of the Quality Center Chief of Officer, 2013, focus group discussion). This is consistent with a statement of a senior manager at Queen Savang Vadhana Memorial Hospital, who suggested that:

> “knowledge is important. It plays an important role. However, sometimes we only defined the KM to do list but we have not achieved the expected goal. Therefore, when conducting KM we need to answer what we are going to do leads to what goal. We should mainly consider the objectives of the hospital” (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview)

As for Taphanhin Crown Prince Hospital, it has created a connection between knowledge management and the vision of the hospital by integrating knowledge management into the hospital plans and with a supportive plan that enhances the determined vision, as a focus group participant indicated:

> “Our KM aims to achieve the vision to be the good and proficient organization and focuses on knowledge sharing. We apply KM to operational plans or whatever plans. But we need to identify the need and knowledge first. If there is any, we need to find who possesses it. If there is no knowledge, how we need to do next. When our KM linked to the plans, KM can encourage the plans to become successful” (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

Determining the objective of knowledge management that is linked with the vision and strategy of the hospital is very important. It is because a clear objective linked to the needs of hospital makes employees aware of the expectations of the knowledge management operation. This encourages them to fully collaborate

and to be engaged. Considering the strategies that the hospital has adopted to be used in knowledge management, it mostly focuses on the knowledge management strategy that views knowledge management as a person or a community, called the personalization strategy. This strategy concentrates on the learning process caused by the social relationships of the employees in the hospital. It intends to seek knowledge, build new knowledge, and share and utilize the derived knowledge. These findings can be observed from the activities that the hospital has conducted as a case conference, Community of Practice: CoP, After Action Review: AAR, Success Story Technique: SST, and Routine to Research: R2R. These activities will be referred to in the study as knowledge drivers, which will be discussed later.

However, apart from the knowledge management approach which focuses on the personalization strategy, the hospital also used a knowledge management strategy that views knowledge management as technology. In other words, this strategy views that knowledge within an individual can be coded, collected, and transferred. Therefore, it is also known as a codification strategy. A focus group participant at Queen Savang Vadhana Memorial Hospital stated the following in this connection: "KM can increase the performance. The hospital has developed the computer-based system that the staff can access to find the knowledge they want. We have the intranet to exchange knowledge" (Deputy Chief of Finance, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). This is similar to the information obtained from an interview with a senior manager at Saohai Hospital, who said that:

> "In the hospital we have a learning center and website room which have been developed consecutively. In the twentieth year, we gathered the accumulated knowledge to be a series of learning center knowledge to celebrate the 20th anniversary of the hospital. Besides, we sometimes collect the knowledge in form of books" (Director of Saohai Hospital, 2013, interview).

This strategy was also applied at a private hospital, as a senior manager at Smitivej Hospital stated:

> "We have the clear KM system on a desktop screen of every counter and on every desk of managers and assistant managers. We provide a laptop for the staff at the manager level. This helps our staff to easily access KM to find information and share knowledge. The nursing department, health center, and HRD take care of this together" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview)

Fort Suranaree Hospital set up a community for practitioners on the Intranet system of the hospital under the name "Learning Center, Fort Suranaree Hospital" in order to collect information and be a place for employees to share knowledge as well as to disseminate the knowledge to outsiders. People can access the knowledge through the website http://km.fsh.mi.th. The knowledge collected in the Learning Center can be divided into 5 categories:

1) Military Knowledge.

This category gathers knowledge related to regulations and guidelines associated with military operations such as a guideline to enhance military equipment for the combat readiness of the Second Regional Army 2013, a guideline to guard and pay respect to the Royal Family of the Second Regional Army 2013, and a guideline for the medical corps.

2) Professional Knowledge.

This category gathers knowledge relevant to various professions, especially medical and nursing services such as Mother-Child Bond, the skill development of evaluation of children development personnel, humanization services, and the rehabilitation of nurse practitioners.

3) The Operational Approach.

This category gathers the operational procedures in routine work which are documented as an operations manual including documents that the employees used to attend the training programs with external parties, for example, a procedure for Medication Reconciliation: MR, giving fluids to normal children, laboratory diagnosis, diagnosis of Dengue Antigen & Antibody, and criteria and guidelines for Thailand Public Service Awards.

4) Lessons from Practice and Wisdom.

This category collects the innovations, which are mostly process and product innovations, including guidelines for patient care such as bed exercise, DIY spacer, and safety in transferring totally dependent patients.

5) Others.

This category collects knowledge related to the promotion and protection of health problems such as hidden food allergens, unforeseen health hazards, green tea: how to drink healthily, eating local fruits to prevent disease, and high sensitive troponin T that yields better results.

This approach of knowledge management strategy makes it easy to access knowledge. It is a channel that enhances employee participation, employee knowledge development, and hospital performance improvement.

As for the knowledge management process, it was found that in the first process which is seeking knowledge, the hospital focuses on finding knowledge beneficial for the operations from both internal and external sources. Knowledge within the hospital appears in the form of documents such as operational manuals, practice guidelines, treatment guidelines, quality documents, as well as tacit knowledge on the part of the hospital employees at all levels and all professions. There are also external sources of knowledge which include knowledge from customers (patients and relatives), including subsidiary hospitals and the community which the hospital has to take care of. The knowledge from these two sources is very useful for operational improvement and is considered a factor contributing to the participation of employees, customers, and external networks. It was found that there were many channels for obtaining knowledge from customers. An example from Taphanhin Crown Prince Hospital is shown in Table 5.3.

Table 5.3 Channels to Obtain Knowledge from Customers

Channels	**Work unit**			**Complain**
	Treatment and rehabitation	Health promotion	Health protection and control	
Direct contact	✓	✓		✓
website				✓
Medical mobile		✓	✓	✓
Home visit	✓	✓	✓	✓
Suggestion box	✓	✓	✓	✓
Mobile/ Hot line		✓		✓
Out and in patient service	✓	✓		✓
Opinion survey	✓	✓	✓	✓

Source: Health Promotion Center, Taphanhin Crown Prince Hospital, 2009: 17.

Considering knowledge building, it was found that the hospital focuses on the generative knowledge derived from a profound understanding of employees through routine jobs linked to the needs of customers using various methods. In order to easily utilize the knowledge, the hospital carries out knowledge collection and retrieval, including setting up a hospital knowledge database, operational manuals, practice guidelines, treatment guidelines, and quality documents. As for transferring knowledge, the hospital focuses on sharing both tacit and explicit knowledge in order to utilize the knowledge in solving operational problems, improving services, and responding to the needs of patients, which is considered the most important process of knowledge management. All of the processes permeate the following activities.

1) Case Conference.

The hospital holds meetings to review medical treatments in terms of case study. The treatments and patient care are reviewed and shared, especially interesting case studies such as a group with fewer incidents and a group with a high mortality rate. A case conference helps to create knowledge sharing,

learning and problem solving together. This makes the development of medical services improve continuously. The case conferences were conducted by using 2 practices: 1) they were divided by task groups and specific professions such as the doctor group, the nurse group, and other profession group: 2) Inter-conference, which is an overall meeting of the hospital that any interdisciplinary professional can attend. These two practices have been continually conducted covering treatment at the hospital to home care. A focus group participant at Fort Suranaree Hospital gave the following information in this regard:

> "For the medical task group, we hold the meeting based on each specific profession such as the medicine has a review treatment meeting every Monday, the surgery has a meeting every Tuesday, the obstetrics and pediatrics has a weekly meeting every Friday. We also have inter hospital which is interdisciplinary task related to several departments and professions. Some patients undergo a surgery, which is related to the surgery unit, and also have medical diseases such as heart disease and require drug treatment which is related to the pharmacy unit. When they get better they may need additional equipment for rehabilitation which is related to physical therapy and occupational therapist. When they go back home how they live. The PCU and nurses have to visit them and look at their environment" (Asst. Manager of Management, Fort Suranaree Hospital, 2013, focus group discussion).

From this information, it can be seen that conducting a case conference in the manner of interdisciplinary tasks requires teamwork and the participation of several related parties. It also brings about the integration of solutions, collaborative learning, and holistic patient care.

2) Community of Practice

Community of Practice helps enhance the capabilities of employees because it is a technique that creates a supportive environment for questioning, aesthetic discussion, and knowledge sharing. This helps transfer the tacit

knowledge to other members in the hospital. The community of practice enables employees to contribute to the hospital achievement and plays an important role in driving the hospital vision. This can be seen from the development of community practice at Queen Savang Vadhana Hospital, an outstanding hospital that uses community of practice as a knowledge management guideline in order to drive knowledge building which will contribute to the operational system and patient healthcare improvement.

In the past the community of practice was a small group scattered in the nursing unit. Since the hospital determined the vision to be "the leading health service provider in Eastern Thailand" and implemented strategy by establishing 8 branches of special task centers, including the Industrial Medical Center, the Accident Center, the Cardiac Center, the Newborn Center, the Senior Center, the Minimally Invasive Surgery Center, and the Cancer Center, the community of practice received support from the hospital in order to respond to its vision and strategy. Later, the strong communities of practice rapidly increased and each community now has more members. One focus group participant at Queen Savang Vadhana Hospital said:

> "KM greatly contributes to performance improvement, especially in matters related to patient care. Some matter is small but important because it links to the vision of our hospital. For example, we sent some nurses to get training about the wounds. The trained nurses would share the obtained knowledge with others. The surgery building used to lack of nurses specialized in wound dressing, now we can make a phone call to ask for some advice or invite the trained nurses to help. They will come and give suggestion to the juniors" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Another participant said:

> "Here, we conduct CoPs for each subject. Previously, we had CoPs for patient pain management, wound dressing, pressure sores, and health promotion. Currently, we have additional CoPs for chemotherapy patient care, stroke patient care, and senior care which has members from various professions to participate" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

As for observations of the CoP case study at Queen Savang Vadhana Memorial Hospital, it was found that the content or domain which was mostly used for knowledge sharing in the community was related to routine work and frequently-occurring problems at work as well as patient high-risk issues. Therefore, apart from sharing knowledge among members for the main purpose of conducting accurate treatment and patient care, the community of practice was also helpful in responding to customer satisfaction and creating operational efficiency. Hence, it can be said that the investment in the community of practice resulted in the knowledge sharing of employees and led to the development of the proficiency of patient care.

3) After Action Review

After Action Review is a simple and powerful way to share knowledge (Wijarn Phanich, 2007). The hospital adopts this method to seek, build, and share knowledge. It is conducted in terms of morning talks focusing on action review, discussion of problems and solutions, and risk prevention in the workplace. The morning talk is considered the knowledge management within a department which is useful in providing better service and patient care, as a focus group participant at Fort Suranaree indicated in the following:

> "Pre-post conference held in the morning will discuss about problems and operations. If there is a serious and life-threatening case, we will raise that to discuss what we are going to do with the case and how to prevent further risks so that the patient will not worsen. In other

> words, we have to sustain or make the patient better" (Ward Chief, Fort Suranaree Hospital, 2013, focus group discussion).

The success factor of the after-action review concerns the perspectives of employees. The employees need to always think that an after-action review is not conducted to find those that do wrong or to blame anyone; it is a review to share work experience in order to solve and prevent the problems from occurring again until it eventually leads to work development. This perspective enables employees to have a positive attitude towards the operation. Employees dare to speak and provide comments. It is beneficial for creating a collaborative learning environment. Aside from creating better work, a supervisor also uses this channel as a communication tool to listen to the problems of employees. It is considered a participation system causing a positive relationship in the workplace and becomes a workplace culture. A focus group participant at Queen Savang Vadhana Memorial Hospital stated that:

> "The hospital has a culture to join a daily morning talk. The staff will inform their problem or discuss and help each other. Each department has its own morning talk to listen the problems of lower-level staff members. Then the results will be taken to develop the work" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion)

4) Routine to Research.

Similar to other activities that are used in the knowledge management of the hospital, Routine to Research (R2R) is an activity to build knowledge sharing among employees and an activity that utilizes knowledge in providing medical services. It considerably contributes to the hospital's performance improvement because the research stemming from the routines will create a combination of knowledge that can be practically applied, as a focus group participant at Queen Savang Vadhana Memorial Hospital suggested in the following:

> “We apply KM to patient care. It works well. We may not good at some things so we need to listen to others. The conduct of routine to research helps create knowledge sharing and combination of knowledge in our jobs. We do not need to start from scratch. We can immediately apply that knowledge” (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

This can be exemplified by the Bedtime Prayer Project and good morning exercise project at Fort Suranaree Hospital, which received R2R innovation awards. These projects were caused by experiencing problems at work and using the research to solve the problems. When the benefits were visible, they were further used throughout the hospital. The nurse, who is the project owner, provided information during the focus group discussion, saying that the good morning exercise project happened due to the problems of many patients. It was found that the patients that underwent the surgery returned to the hospital with a problem of ankylosis. The medical ward recorded the statistics and sought the cause of the problem until it could be found that the patients kept lying on their beds because they had so much pain. They did not want to do anything since they were afraid of the pain. The medical ward then initiated the good morning exercise project to solve this problem. This activity helped train the patients so that when they returned home they would not be afraid and could move their body, thus reducing the problem of ankylosis.

Similarly, the Bedtime Prayer Project originated from the observation that the patients that were about to undergo surgery felt stressed. The results from the questionnaires also suggested that the patients were under stress. The medical ward then arranged prayer in order to make the patients’ mental condition better and so that they were not stressed about the treatment. The results were quite good. The patients with high stress got better or changed to low stress.

Apart from Fort Suranaree Hospital, the other hospitals also conducted routine to research. The examples of R2R that have already been introduced at the HA National Forum are shown in Table. 5.4. These activities have been used to enhance the quality of service and patient care.

Table 5.4 Routine to Research (R2R)

Hospitals	Routine to Research
Chiangrai Prachanukroh	Reducing the incidence of ET tube slippage, quality care for non-surgical hip fracture patients, drug delivery by Thailand post, checking on remaining drug, caring, reducing medical service cost, community health centers, physician-led tour of the province, quality system management
Saohai	Suffering and spiritual skills of patients with chronic diseases Saohai Village, Saraburi Province
Smitivej Sukhumvit	Driving organization with compassion and goodwill., good team work great saving dekdek can do, The efficacy of tepid sponge to reduce fever in children
Queen Savang Vadhana Memorial	The development of a pharmaceutical care system for patients taking Warfarin by an interdisciplinary team, The amount of reserve blood and blood components suitable for Queen Savang Vadhana Hospital, Thai Red Cross

5) Success Story Technique

Success Story Technique is a technique that uses small successes in order to create collaborative learning. A small success can produce greater results in general if there is powerful and positive storytelling, forums for knowledge sharing, discussion, questioning with admiration, and knowledge extraction making use of various sources of information to create knowledge for the hospital (Wijarn Phanich, 2007). The hospital has implemented this concept to be a stage for knowledge sharing and has been extended to be applied in the workplace.

For example, Rajyindee Hospital has conducted the GURU firsthand knowledge project and the service champion project, letting employees with excellent service behavior from each unit discuss and share information with other employees in the hospital. These projects have greatly contributed to performance improvement because they make other employees understand the methods or

techniques for taking care of customers, which can be adapted for use in their units. This is consistent with Nong Bua Rawae Hospital, which conducts a "Good Work Be Seen Project" on a monthly basis. This project aims to provide a forum for employees to share the good things that occurred in the workplace and learn together. It makes fellow employees aware of good practices, which can be adapted and extended to other units. The important by-product of this project is that it can boost employees' morale, making them work better and continuously improve their performance, as a focus group participant said:

> "Sometimes he helped support from below but others did not see how good he was. Once his good job was seen, they would tell us a story, praise and give him a reward. For example, when the IC committee rounded the ward, they found that the juniors kept the tools very neatly so they give a reward to those juniors…As for 5S principles, if someone does well, he will be shown and rewarded. The reward supports being role model and good morale. The certain thing we get is sharing of knowledge among the employees in the hospital" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

The success of knowledge management would not be complete without the help of knowledge management enablers. The significant knowledge management enablers are the organizational culture that creates trust among the hospital members, receives support from senior management and technologies supporting the operations. In the clan culture in which organizational members are like a family, employees have a good relationship and the focus on teamwork is extremely conducive to knowledge management.

The culture that focuses on collaboration and reliability enables the employees to participate in activities related to knowledge management voluntarily. When employees take the mutual benefits of the hospital into account and speak the same language, it will result in smooth and successful knowledge management operations. A focus group participant at Nong Bua Rawae Hospital

stated that: “[f]or knowledge management, it is important that all staff members think good thought and think critically. When they think good thoughts and think critically, they will look at their colleagues in a positive way and trust each other” (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion). This makes the employees exchange knowledge well.

Taphanhin Crown Prince Hospital has adopted a reward learning strategy to cultivate a culture of learning for the employees at an early stage. The hospital attempts to create a learning motivation mechanism by providing points for employees that participate in activities related to knowledge management as part of the performance evaluation. A focus group participant addressed this issue in the following:

> “We determined that the staffs must receive 40 learning points. Learning points come from exchanging knowledge with others and sharing knowledge obtained from training. The staff members that relay the knowledge will get double points than the attendants. We have several learning groups, many CoPs both regular and specific… Everyone has a notebook to keep points record” (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Regarding the support from senior management, it was found that if knowledge management operations are supported by senior management, the implementation of the concepts or activities in the hospital will become even more successful. The information obtained from the hospitals with outstanding performance showed that the senior management seriously took part in knowledge management by determining operational guidelines in the form of related policies, as a focus group participant at Fort Suranaree Hospital mentioned: “The hospital has a policy of pre-post conference in every unit. The unit leader will report and monitor the progress according to the context of each medical ward” (Registered Nurse, 2013, focus group discussion).

Additionally, information from the focus group discussion at Nong Bua Rawae Hospital suggested that “The director gave a policy that every area must be a source of learning. He ordered the internet connection throughout the hospital. The staff members whose houses are nearby and whoever stays at the residence can use the Internet” (Dentist Specialized, Nong Bua Rawae Hospital, 2013, focus group discussion). It is noteworthy that the involvement of senior management in knowledge management is not in the form of controlling but it aims at empowerment. The senior management not only supported the budget and equipment related to the operations but also provided a space for knowledge sharing and made time to join the knowledge management completely. A senior manager at Fort Suranaree Hospital stated the following in this connection:

> “Aside from the conference, sending staff members to training, and practitioners community, now I am looking for innovation. I will create an academic market in the kitchen opening the stage during 12.30-13.00. Whoever attended the training, learned any knowledge, or possessed useful information can share with others here. I already proposed this to the strategic committee. We are waiting for the building to be finished. I determined to hold at least 3 topics per week. It is considered as a diet menu that we can decide the meal plan for each week. Over half of the hospital staff will have a meal here. I will also attend” (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview).

These operations make employees realize and engage with knowledge management, thus contributing to the strong and continuous implementation of projects and activities. It was also found that technology is another variable enabling the success of knowledge management, especially in terms of accessing and sharing knowledge. Technology helps connect the members that may be unable to meet face to face. Therefore, applying information technology makes employees disseminate knowledge to the other members easily and quickly. Technology has been used to support knowledge management in the form of Intranet web boards, which results in more productive operations.

In summary, it can be said that the operations associated with knowledge management are practices enhancing employee participation and capability improvement. This eventually leads to the development of operational systems and patient care, which affect the hospital performance in the end. The significant point of knowledge management is to establish a link between the objectives of knowledge management and the hospital's vision and strategies by focusing on meeting the needs of customers (patients), which can be achieved through the knowledge management processes that occur from routine work. Knowledge management process including seeking, building, sharing, and utilizing knowledge can be attained by knowledge management strategies that focus on individuals and that are complemented by technology.

A variety of knowledge management projects or activities such as case conferences, communities of practice, after action reviews, success story techniques, and routines for researching require support from information technology; especially Intranet help enhances knowledge access and sharing. This can ultimately create a knowledge spiral converting between explicit knowledge and tacit knowledge. Moreover, it was found that knowledge management will have better success if there are organizational cultures conducive to knowledge management, support from leaders, and technological support. An overview of knowledge management that enhances the hospital's performance is provided in Figure 5.8.

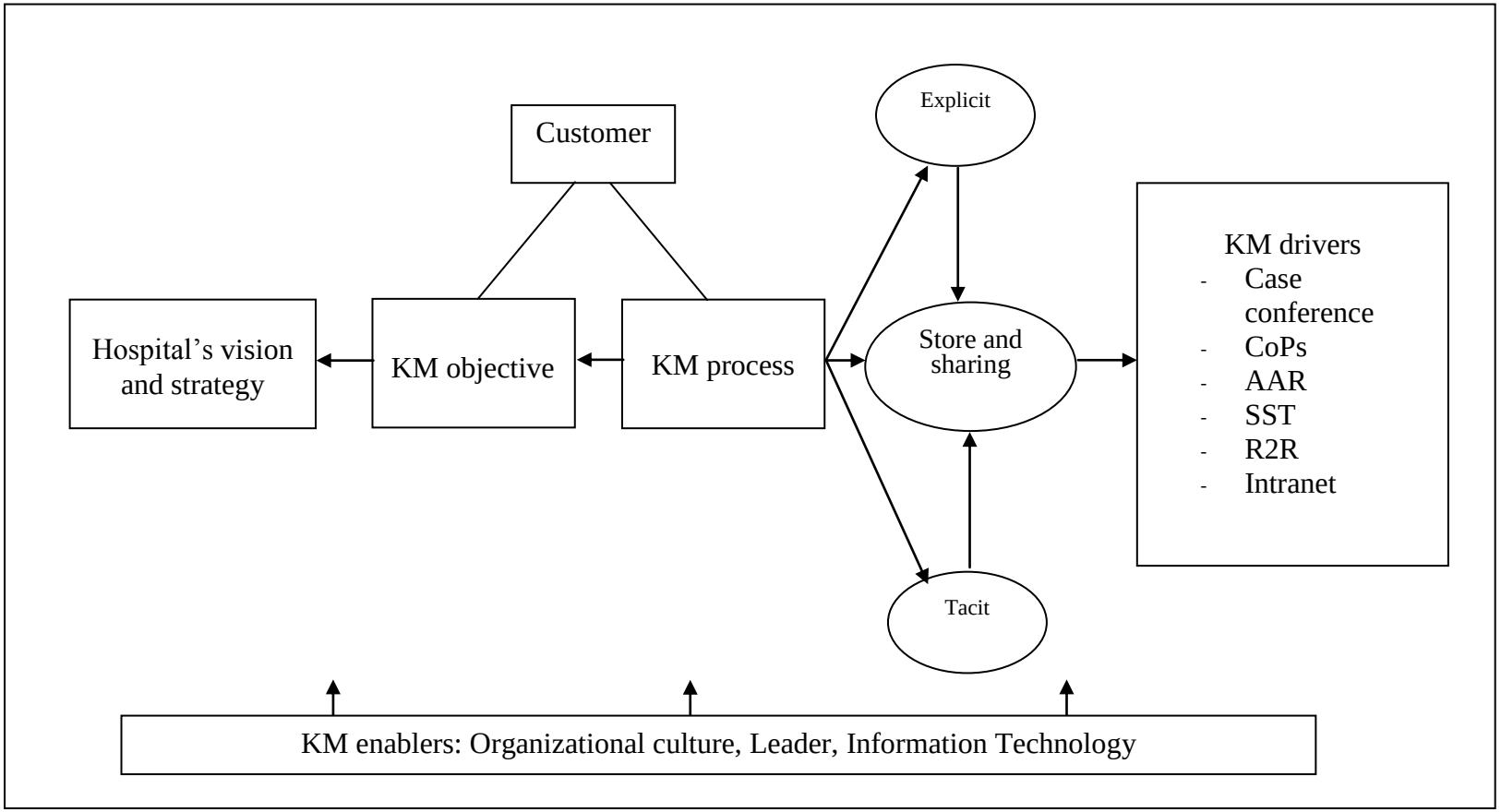


Figure 5.8 Knowledge Management for Hospital Performance Improvement

5.3.2 Human Resource Practices

The components of human resource practices include recruitment and selection, human resource development, and performance management.

5.3.2.1 Recruitment and Selection

Recruiting a talent with knowledge, skills, abilities, and behavior consistent with a job and an organization is a factor that helps improve hospital performance. Hospitals have an open door policy providing competent and qualified candidates with an opportunity to apply these equally. Additionally, they give current employees a chance to be promoted and to be placed in vacant positions as well. The recruitment process is robust and concentrates on selecting suitable candidates. However, there are limitations in some positions, especially doctor shortages in specific field. A senior manager at Samitivej Sukhumvit Hospital said that "[w]e do not need to accept all of them. It is unlike the past that was a lot harder. We had to almost beg them to apply. But now we are able to choose" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Additionally, a focus group participant at Chiangrai Prachanukroh provided the following information: "Here, we can select, for example, specialist doctors in some fields" (Head of Personnel Department, Chiangrai Prachanukroh hospital, 2013, focus group discussion). The information from a senior manager indicated that "[w]e have selection process only in the field that we can choose such as pediatrics and medicine. In some fields that we have a shortage of doctor such as surgery, we cannot choose. We have to accept al because we desperately need them" (Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital, 2013, interview). While community hospitals still have a lot of limitations in recruitment and selection, as a senior manager at Nong Bua Rawae stated that "[i]f we can choose, we try to recruit the talent. This is based on the regulations. We cannot decide for ourselves. They might be sent or might possibly be recruited by us" (Director of Nong Bua Rawae Hospital, 2013, interview).

Considering the concept of recruitment and selection, it was found that the congruence between people and jobs (person-job fit) was adopted as the key concept in recruitment. The person-job fit aims to find employees that are qualified for the positions, and that passed the process of analyzing and determining the

capabilities corresponding to the positions. This can be considered from a sample of job advertisements from Chiangrai Prachanukroh Hospital specifying job descriptions and qualifications for the positions as shown in Table 5.5.

Table 5.5 Sample of Job Descriptions and Qualifications

Position	Job Descriptions	Qualifications
Financial and Accounting Technical Officer	Accountable for the financial and accounting operations associated with finance, budget, and general accounting of administrative agencies. Study, analyze, monitor, and evaluate spending on the analysis of financial and accounting status, budget analysis, and financial system development. Verify the accuracy of account types and perform other related tasks.	Bachelor's degree in accounting administration or economics or equivalent certificate. Must have studied accounting for at least 6 credits.
Public Health Technical Officer	Accountable for the public health operations associated with the analysis, research, and diagnosis of public health problems such as health education, health promotion, sanitation and disease control in order to present policy, set up plan, and conduct public health implementation, measure and evaluation. Determine system and supervision practice, active supervision, public health education and training evaluation, and perform other related tasks.	Bachelor's degree in Public Health or equivalent certificate. Have at least 1-year experience in working with operational reporting summary or gathering public health academic information to support the operational planning and developing database information related to public health.

A senior manager at Chaophya Hospital also gave the following example:

> "To recruit a financial officer, we need to focus on the integrity. If we recruit a marketing officer who has to communicate with customers but a candidate speaks very slowly or hardly speaks, we will not accept him because he is not suitable for marketing. We need ask first whether this job needs what kind of people" (Deputy Director of Chaophya Hospital, 2013, interview).

This is consistent with Queen Savang Vadhana Memorial Hospital, which exemplifies the person-job fit recruitment theory by applying competency principles. The hospital determines functional competency as a guideline on responding to the needs, as a focus group participant stated:

> "I am responsible for the hospital quality and have to perform many duties. I need to manage things and involve all professions in the hospital. Therefore, the main qualifications of the staff here are having multi-tasking skill, getting along well with others, and being able to coordinate and handle a problem. We also have to consider the customer complaints so we need to have this kind of competency including professional knowledge and knowledge about continuous quality improvement. The hospital has applied competency for several years" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Apart from the person-job fit, the hospital takes account of the person-organization fit considering whether the value of an individual is consistent with the value of the organization (Nisada Wedchayanon, 2011). The hospital tried to recruit an employee according to this principle, as the information obtained from an interview with a senior manager at Samitivej Sukhumvit Hospital indicated:

> "Attitude is very important. We cannot easily change it because it has been molded since young age. Therefore, we select the attitude first. If they need to join us and have good attitude to the organization and be able to blend in with the organization culture, we will select them first" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Moreover, it was found that the hospital focuses on employees with interpersonal and teamwork skills, as a senior manager at Paolo Memorial Hospital mentioned:

> "Firstly, we need to see if their qualifications match with the jobs. Secondly, we focus on interpersonal skill. If they are competent but do not get along with others, they cannot work with anyone. I believe in interpersonal relations and personal traits" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview).

Considering the person-organization fit, it was found that the interpersonal and teamwork characteristics are consistent with the clan culture of the hospital. The hospital uses several methods to recruits an employee that matches with a job and an organization. The general methods used are job posting in various media such as newspapers, medical journals, the Internet, and using word-of-mouth. Interestingly, it was found that employer brand, providing scholarships, head hunting, and internal recruitment were considered recruitment methods strongly enhancing the hospital performance.

1) Employer Brand

Employer brand is a valuable benefit that the hospital intends to provide to current and potential employees. Employer brand contributes to the recognition and acceptance of the hospital and has an effect on attracting talented candidates to join it. In other words, employer brand is a strategy that has been effectively used in hospital recruitment. This can be seen from the data obtained from an interview with a senior manager at Samitivej Sukhumvit Hospital: "Currently, even though the competition in the market is increasing, more people want to join our

hospital due to our better reputation. Therefore, the first-stage selection becomes stricter" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview). This is consistent with Paolo Memorial Phaholyothin Hospital, as a senior manager gave the following information "Since the hospital was founded a long time ago, it is one of the first private hospitals in Thailand. Owing to this reputation, we have a certain amount of skilled doctors" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview). The information obtained from interviews with the senior management of the two private hospitals shows that the former reputation of the hospital is a key element building the employer brand and attracting talented candidates to join the hospital. These findings are similar to information obtained from the public hospital as well, as a focus group participant at Chiangrai Prachanukroh stated:

> "Literally, the young staff work here and even say that working here is good. It might be because the long history of the hospital, the accumulated reputation, and the hospital size that is not small. The staffs are quite proud to be a part of this hospital" (Public Health Technocrat of Learning Management and Research Office, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

Aside from the hospital reputation that has been accumulated from past years, considering an employment and a job, it was found that employment stability and a job that gives employees a chance to express and develop themselves were two other reasons affecting the employer brand. It makes the hospital achieve the image of a great place to work and attracts more talented people to join the organization, as a focus group participant at Chiangrai Prachanukroh stated: "We have a staff that moved from a private hospital because he wants to be a government official and wants to work in a regional hospital where he can learn many things" (Manager of the Quality Center Chief of Officer, 2013, focus group discussion).

Another participant said:

> "We feel that working in Chiangrai Hospital is stable. We can tell anyone that we work at CRH. It seems like a social status. The outsiders positively consider it as a great and stable workplace for a person…Based on the interviews with candidates so far, they need job stability, the hospital welfare, fringe welfare from the government, and healthcare" (Public Health Technocrat of Learning Management and Research Office, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

These findings are consistent with data obtained from the focus group at Queen Savang Vadhana Memorial Hospital. However, it was also found that apart from employment stability, welfare, especially in terms of healthcare, was also a factor that attracts job candidates. A focus group participant stated that "[a]ccording to the younger staff, what motivates them to join our hospital is the stability of the Thai Red Cross and healthcare cost welfare" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

In terms of organizational value and culture, it was found that the hospital value, focusing on social responsibility, helps to attract more candidates because the candidates that like to help other people tend to choose to work with an organization that aims at social contribution. As with organizational culture, the hospital that focuses on interpersonal relations between its members like a family will attract more candidates, as a senior manager at Rajyindee Hospital indicated:

> "We live simply here. It is a matter of happy working. There is a large hospital with national brand opened after our hospital. New graduates are likely to work there. Sometime even our staffs had moved to work at that hospital. However, they asked us to let them come back because they felt that working here was warm and they could loosen up" (Head of Quality Center, Rajyindee Hospital, 2013, interview).

Value and culture are two other factors enhancing the employer brand and creating the hospital's uniqueness. Employer brand not only attracts candidates but also plays an important role in building employee commitment and is considered a key strategy for retaining competent and good employees, as a focus group participant at Queen Savang Vadhana Memorial Hospital suggested:

> "We love and have faith in the organization because it has a long history and has charitable mission, providing services as to help poor people. This is an outstanding point enabling the staff to have commitment and want to do something good for the organization" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Another participant said:

> "I confirm that it results from Thai Red Cross identity because it is the charitable organization and also the King's hospital. This hospital was found by the grandmother of His Majesty. The hospital reputation and history makes all staff members proud to work here" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

When considering the hospitals seriously applying the concept of corporate social responsibility (CSR) to their operations, it was found that social responsibility was another factor greatly contributing to the employer brand. The hospitals perform a variety of activities related to the medical profession, such as mobile medical units, free heart surgery, blood donations, and volunteer projects as well as general donations.

The Project "One Love Changes One Life" of Paolo Memorial Phaholyothin Hospital is a social-responsibility program under the concept of creating a great opportunity for those that are disadvantaged in the society in various forms, especially providing mobile medical units and building schools in the backcountry.

This project causes strong employer brand because this brand is emerging from the collaboration of stakeholders from all sectors of the hospital, as the Vice-President of Administration and Services stated in an interview with the Siam Turakij newspaper:

> "We studied the patients who received medical services in Paolo network and found that one of the top activities they wanted to do after leaving the hospital was making merit. This reason helps support the emerging project and respond to our needs wanting all employees to participate and build the brand image together."

Samitivej Sukhumvit Hospital has implemented CSR activities that are a result of the collaboration of employees at all levels as well. The activities have been conducted in various forms (Samitivej Sukhumvit Hospital, 2010) as follows.

(1) Voluntary and social Ddvelopment programs. The hospital joined Bonkai community rehabilitation by providing a group of doctors and medical staff, medicines, and medical supplies to take care of 250 people in the community. A health check-up service was provided in order to restore the health and morale of the people in the Bonkai community affected by the political crisis in Bangkok.

(2) Healthy Ccmmunity program (2^{nd} Year) is a program where a group of doctors and medical staff provide a health check-up service as well as health care, nutrition, and disease prevention knowledge to students and school personnel at Lamplaimat Pattana School and Mechai Pattana School, Buriram province.

(3) Operation smile week program. The hospital partnered with the Operation Smile Foundation to hold a piano concert and to invite customers and the public to donate money to support the surgeries of children born with facial paralysis.

(4) Samitivej new life bone Marrow transplants fund. The hospital performed bone marrow transplants for children beginning in 2005 and the results were quite satisfactory. However, the high expense of the treatment

resulted in some of the Thai children being unable to receive bone marrow transplants. The hospital consequently established the “Samitivej New Life Bone Marrow Transplants Fund” to conduct charitable activities and to provide supportive funds for bone marrow transplant to underprivileged children that require treatments for genetic disorders, blood disease, and cancers. It started operation in January 2010. The voluntary and social development programs of Samitivej Sukhumvit Hospital enhance a stronger employer brand. This information is consistent with Phyathai 2 Hospital and Chaophya Hospital. It was found that corporate social responsibility activities, especially volunteer projects, help to obtain more customers and to become a key strategy attracting talented candidates to join.

A senior manager at Phyathai 2 Hospital said that the hospital has conducted many forms of corporate social responsibility activities, including general projects such as donations, which still have not received concrete results: “I felt satisfied, like we are a part of this world” (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview). Clear results were caused by voluntary activities such as a resuscitation tutorial program, a free heart surgery program, and especially the great flood relief project where the hospital provided full support to flood victims: “We set up medical teams to serve people almost every flooded area throughout Bangkok. We spent a lot of budget” (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview). After the flood, the hospital gained more customers due to word of mouth. The people perceived that although Phyathai 2 was a private hospital, it returned benefits to the society. This image attracted more candidates to join the hospital. These findings are similar to those of Chaophya Hospital, as a senior manager stated:

> “We did it on behalf of the hospital. More people recognized us during the big flood…Besides, some of our staff members volunteered to do charitable works on their own behalf. They joined the Por Tek Tung Foundation or Ruamkatanyu Foundation which enhances the hospital image. People recognize that they work for Chaophya Hospital…My subordinate goes to teach at the foundation. It is useful in creating a good image and word of mouth. CSR has to be done

> without the aim of making a profit. It is like we just want to off some helps" (Deputy Director of Chaophya Hospital, 2013, interview).

2) College Recruiting

College Recruiting is a recruitment strategy that has become increasingly popular. To recruit new employees, the hospital opened recruitment booths at colleges and created a memorandum of understanding (MOU) to provide college students with a chance to do internships, fulfill job quotas, and take advantage of scholarships, as a senior manager at Chaophya Hospital stated:

> "In terms of healthcare personnel, we recruit them from the applications they submitted and sometimes we select them directly at the colleges because the personnel in some fields are rare such as nursing and medical technology. We provide them with the annual quota…Do you know how did the nursing department do? They had to open recruitment booth at nursing colleges and convinced how good Chaophya Hospital was" (Deputy Director of Chaophya Hospital, 2013, interview).

Providing a scholarship is an effective recruiting strategy, especially in professional areas that have a shortage of personnel. This can be exemplified by the project "One Doctor One District: ODOD" of Chiangrai Prachanukroh Hospital, which is an important channel for recruiting new medical graduates. The ODOD project is a joint project between the Ministry of Public Health and the Ministry of University Affairs to solve the problem of doctor shortages and doctor distribution to rural areas. The hospital allocated scholarships to Mathayom 6 students in Chiang Rai province that had good grades and passed an examination to attend pre-clinical courses (Year 1-3) at the Faculty of Medicine, Chiang Mai University and to attend clinical courses (Year 4-6) at the Medical Education Center, Chiangrai Prachanukroh Hospital. The medical students had a chance to study and learn about the organization culture of Chiangrai Prachanukroh Hospital. After

graduation and a scholarship repayment, most of them often returned to work at Chiangrai Prachanukroh Hospital, as a senior manager stated:

> "We have ODOD project at which our recruitment process starts. We select the qualified students in our province. After repaying the scholarships, these students usually want to work at our hospital…Besides, we sent some doctors to further study in specific fields. When they graduated, they returned to work with us" (Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital, 2013, interview).

This is similar to the nursing profession, which as experienced a shortage of personnel. Chiangrai Prachanukroh Hospital has given scholarships to nursing students in order to add more recruitment channels, as a senior manager stated: "We had shortage of nurses. We applied giving scholarship method and sought for candidates at nursing colleges. We made a promise with them and specified the period of work" (Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital, 2013, interview). This recruitment method is not only applied in public hospitals but also in private hospitals, as a senior manager of Chaophya Hospital stated: "The hospital gave scholarships to nursing colleges with a commitment that after graduation the students must repay the scholarship at the hospital for 3 years. We had a written agreement with the colleges" (Deputy Director of Chaophya Hospital, 2013, interview).

3) Head Hunter

Apart from employer brand and college recruiting, head hunting is another strategy that can be effectively applied in the hospitals. Head hunting is used to recruit specialist doctors and doctors that specialize in rare diseases. The senior manager at Paolo Memorial Pha holyothin Hospital indicated that: "As for medical specialists, it is my duty to select. The management team needs to consider what field of specialists we want more and whoever has competent skill. We know the industry. We can detect this" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview).

4) Internal Recruiting

Internal recruiting is another strategy that has been used in employee recruitment, which is generally done in the form of promotion. In the case of public hospitals, internal recruiting is assigning a temporary employee to be a regular employee or government official. Internal recruiting is not only a method to acquire competent employees that understand the operating system and organizational culture well, but these employees can also act as a mentor teaching new employees. This is its advantage over external recruitment. In addition, encouraging and providing the hospital employees with opportunities to become promoted or to be put in better positions can boost the morale of the employees to a great extent. On the other hand, it can be said that internal recruiting is an effective retention strategy of the hospital, as a focus group participant at Fort Suranaree Hospital stated:

> "We focus on external recruitment according to person-job fit concept. Then we try to retain them by promoting and assigning to a new position. It causes better results… For example, we assigned some nurses who were still temporary employees to be military officers…We have taught them since they were young and they have to teach their juniors as well. Therefore, we need to find ways to retain them which includes expanding their opportunities to become government officials such as sergeant and military officers" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion).

Considering the selection process, it was found that the hospital used three main factors to evaluate whether the candidates if they matched the jobs and the organization;

(1) Educational Background: Level of education, qualifications, and grade point average (GPA) are considered.

(2) Job Experiences: Taking account of working experiences in related positions as well as experiences in activities while they were studying, such as club activities, student organizations, volunteer camps, and other relevant activities.

(3) Personal Attributes: This includes commitment, attitude, value, and personality corresponding to the position or functional competency. Some hospitals intend to evaluate the personal attributes congruent with the core competency of the hospital. For example, Phyathai 2 Hospital aimed to evaluate the attributes of built-up for excellence, effective communication, service happiness, and together we win which called BEST.

It was also found that the hospital intended to recruit employees with learning potential and specially focused on quality of service, which was considered complementary practice, as a senior manager suggested in the following statement:

> "We want people who have potential to get further cultivated and trained. We also focus on patient-care attitude. We have to do this since the beginning. We want what kinds of employees; we need to select those kinds of people" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

As for recruitment methods, it was found that the hospital used various recruitment methods to confirm that the prospects employees matched with a job and an organization. The common methods were: 1) an ability test, 2) a personality test, 3) a job interview, 4) a work sample test, and 5) a work trial.

The ability test covers both general knowledge and job specific information. Some hospitals also have English tests, which is a basic criterion that every employee has to pass. Many positions require work sample tests. The personality test not only screens candidates that are suitable for the job but also enables the hospital to acquire candidates that are suitable for the organizational dimension as well. This can be exemplified by a case at Taphanhin Crown Prince Hospital. The hospital focused on the interpersonal skill of the candidates and determined it as one of the selection criteria. The candidates had to pass a period of probation in order to confirm that they were suitable for their jobs and matched the organizational culture (Thailand Productivity Institute, 2001: 69). This means that probation is an effective way to evaluate a person's suitability for the organizational

dimension. Taphanhin Crown Prince Hospital used a probationary period to specifically assess the suitability of an employee in this regard, as discussed in the following statement: “We continue monitoring them during a probationary period. We consider if they can blend in with the colleagues and what kind of values they possess until they pass the probation” (Registered Nurse, Chief of Customer Service, 2013, focus group discussion).

The interview is widely used for recruitment and selection. Aside from general interviews, the hospitals also use behavioral-based interviews and situational interviews. For the behavioral-based interviews, questions are created to examine how a candidate will behave, aiming to explore the candidate’s possible behavior, as a senior manager of Chaophya Hospital indicated: “There are general interview and questions drilling down to assess a candidate’s behavior” (Deputy Director of Chaophya Hospital, 2013, interview). On the other hand, the situational interview provides questions on specific situations in order to evaluate the person-job fit, as a senior manager at Rajyindee Hospital suggested:

> “We use situational interviews. When we want a nurse who can speak English, we create a situation for the candidates to describe the patient illness in English…To assess their specific ability and verify if they match with the job” (Head of Quality Center, Rajyindee Hospital, 2013, interview).

A work sample test on the other hand is often used to assess the work skills of a candidate, especially regarding medical-support positions, as a focus group participant at Fort Suranaree Hospital discussed:

> “For the administrative staff, we provide basic job knowledge test and practical test such as computer literacy test. If they apply for a programmer position, we will let them write a program. If they apply for an accountant, we will let them do accounting” (Personnel Officer, 2013, focus group discussion).

Then, during a period of probation the hospital continues to evaluate candidates in terms of knowledge, abilities, behaviors, and other attributes in order to find the person that best matches the job and the organization, as a senior manager of Phyathai 2 Hospital indicated:

> "During a probationary period we let their mentors evaluate them. For example, in terms of service behavior, they have to serve customers with bright expression and do not let customers wait so long. We will monitor them throughout a probation period. We also consider whether their competency is suitable for our requirements or not" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

In summary, it can be said that hospital recruitment and selection have been intensively implemented with an aim to recruit suitable candidates according to the theory of the person-job fit and the person-organization fit and to seek employees with learning potential. The recruitment strategies applied are employer brand, college recruiting, head hunting, and internal recruiting, while the selection strategies include a general mental ability test, personality test, a job interview, a work sample test and work trial, and using data from job analyses as a basis for recruitment and selection processes.

5.3.2.2 Human Resource Development

Human resource development is a key mechanism in the improvement of knowledge, skills, and abilities of employees and contributes to higher hospital performance. The hospital focuses on investment in human resource development and continually provides it to employees at all levels. The main idea of human resource development is to respond to the hospital's needs with various development methodologies, allowing the hospital employees to develop to their full potential. This can be perceived from information obtained from an interview with a senior manager and the focus group discussion in the first and second statements below respectively:

> "We focus on human development. We establish this development plan linked to the vision and strategy of the hospital. If we determine we are a leader, we have to consider how to be a leader. We have the good systems but people still rotate around. Therefore, we need to steadily develop people to keep up with the rotation" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Another participant said:

> "As a leader, I believe that each individual has different potential. We need to identify it and make them acknowledge themselves. Some employee may be prominent in one thing while the other can be outstanding at another thing. They are not prominent does not mean they are inferior. We can develop them…It is important to make them develop to their full potential" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

The processes of human resource development begin with development planning, which is based on the link to the hospital's needs. To do this, the information from the expected image of the vision, mission, goal, and strategy of the hospital as well as information obtained from employee performance evaluation is analyzed together in order to examine the gaps and development needs. A focus group participant at Taphanhin hospital gave the following example: "We consider our vision and mission before sending the staffs to be trained. For example, in the year that the hospital focused on innovation, we sent several staffs to attend creative thinking trainings" (Representative of the Developing Quality Center, Taphanhin Crown Prince hospital, 2013, focus group discussion).

This is similar to Chiangrai Prachanukroh Hospital, which established 4 centers of excellence: an accident center, a newborn center, a cancer center, and a heart disease center in order to respond to the hospital's vision, aiming to be an excellent service hospital and a center for advanced learning. Once these centers were

set up, the hospital developed a human resource development plan to respond to its vision and strategies. A senior management provided the following information:

> "Previously, most of our trainings were categorized as training want. Once we have centers of excellence, we turn to training need. We send the staffs to receive training in these 4 fields. Recently many nursing staffs have studied about cancers because we have the center of excellence in cancer" (Deputy Director, Technical Service Dept., Chiangrai Prachanukroh Hospital, 2013, interview).

The information obtained from the interviews with the senior management is consistent with the information from the focus group discussion, as can be seen below:

> "Once we have center of excellence, we develop the hospital direction plan for the next 3-5 years and continue to establish human resource development plan…We already had a development plan for each staff...We determined the demand for specialist doctors. Then we sent our doctors to attend specialty program while on the job training is also provided" (Head of Personnel Department, Chiangrai Prachanukroh hospital, 2013, focus group discussion).

In addition to the consideration of the vision, mission, goal, and strategy of the hospital, the hospital uses data obtained from employee performance evaluations both in terms of achievement evaluation (KPI) and competency evaluation (competency) as a guideline for human resource development planning. A focus group participant at Queen Savang Vadhana Memorial Hospital gave the following information in this regard: "There are both KPI and competency evaluations. The results will be sent to Thai Red Cross. The staffs that do not pass the evaluation have to attend development program." This is consistent with other hospitals. A senior manager at Rajyindee Hospital stated the following:

> "We evaluate both KPI and competency. The evaluation results will be used as a guideline for the development. We have 6 core competencies that every staffs has to focus on. The other competencies are specific according to each job" (Head of Quality Center, Rajyindee Hospital, 2013, interview).

This information reflects that the hospital carefully analyzed the reasons for human resource development by taking account of the hospital's and the employees' needs. The development needs were used in determining the human resource development plan. Most hospitals set up an annual plan for human resource training and development. Further, several hospitals have individual development plans which have significant advantages in making the human resource development plan respond properly to the needs of the organization and to the individual. A senior manager at Phyathai 2 Hospital stated the following:

> "We have conducted IDP for 6-7 years. The nurses have developed functional competency for decades and have had series of development that were expanded to other departments. Once we implement JCI, it becomes 100% IDP…We consider the expectations whether what we want from them and how to respond to the organization needs. When implementing JCI, we have to train a staff individually and conduct individual performance evaluation. Therefore, IDP must be implemented together" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

Considering development methods, it was found that the hospitals applied various methods to develop their human resources, including formal training and on-the-job training through a coaching and mentoring system. The hospitals also encouraged employees to continue their education, promoted self-learning, and applied knowledge management for human resource development. The practices enhancing employee participation were already suggested in the knowledge

management section; therefore, this section will introduce other development methods as follows.

1) Formal Training.

The hospitals adopted competency-based training in order to develop the employees. This method focuses on the improvement of knowledge, skills, functional competency, and core competency. A focus group participant at Chaophya Hospital gave supporting details for this and indicated that the hospital completely supported the training in the following statement:

> "Previously, a wound from spine surgery was very long. But now it is just a minor surgery. When an endoscopy was a key trend, the doctor who specialized in this field and another doctor were sent to attend specialty program. They worked together when they returned. The budget was more than enough" (Quality Development Center Manager, Chaophya Hospital, 2013, focus group discussion)

This is consistent with Nong Bua Rawae Hospital, which applied the results of competence assessment data as a guideline in sending a staff member to receive training, as a senior management stated:

> "During development process the hospital turns to consider the basis of competency which helps develop people accurately…We have to set clear jobs in each line, evaluate what they need…then provide them with training and other development" (Director of Nong Bua Rawae Hospital, 2013, interview).

This is similar to the information obtained from Phyathai 2 Hospital, where a senior management stated the following: "There are various kinds of trainings such as general knowledge training that everyone must learn and specific training based on core and functional competency. We need to develop what they lack" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview). The competency-based training enables coherence between the needs of employees

and the expectations of the hospital and considerably responds to the needs of patients.

2) On-the-Job-Training

On-the-job-training is learning through practical work. On-the-job training can be conducted in various forms; however, the most popular ones include coaching, mentoring system, and job rotation (Dessler and Huat, 2008). According to information obtained from the hospitals with outstanding performance, it was found that a coaching and mentoring system can tremendously enhance the hospital's performance while job rotation still has some limitations, especially regarding the clinical practices that require high skills.

Coaching is a process in which the supervisor provides employees with time to improve their knowledge and work skills, while a supervisor can also further develop himself or herself at the same time (Holbeche, 2009). In addition, coaching helps modify the behaviors of new employees according to the hospital's needs, as a senior manager at Phyathai 2 Hospital indicated: "New employees have to attend the orientation. After that the department manager will cultivate the knowledge which determined by us. In terms of working supervision, we add on behavior criteria beyond their job responsibilities" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

A mentoring system is a process where junior or new employees learn or improve their own skills with advice from a senior or more experienced employee (Holbeche, 2009). Mentoring system helps enhance the knowledge and skills of employees, especially in units with high-risk patients, as a senior manager at Samitivej Hospital stated:

> "In some special unit such as ICU, we provide a residency program that employees need to work closely with a mentor. A mentor not only teaches them but also provides them with full support. During the first 3-6 months, a mentor has to work with them all the time" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

At Fort Suranaree Hospital, the nursing unit established a group mentor system, assigning senior employees to be a mentor for new employees. One senior employee took care of one specific area. This system replaced the original mentoring system where a senior took care of a junior individually. “In the past when a new staff joined us, one mentor would be assigned to teach a newbie everything. It did not work because the mentor was too tired to teach every single thing” (Ward Chief, Fort Suranaree Hospital, 2013, focus group discussion). Group mentor system, which was developed later, helped to improve the work skills and proficiency of the nurses, as the following focus group participant indicated:

> “Our internal ward has many new staffs. A number of existing staffs are less than the new ones. We set up a group mentor system enabling new staffs to follow what we wanted. Each of our six senior nurses is assigned to take care of one specific area such as building, medicine, and innovation. Once a new staff member comes, she can learn all working systems from the seniors…Everyone takes part in shaping and fostering new staffs” (Ward Chief, Fort Suranaree Hospital, 2013, focus group discussion).

3) Education

Developing human resources with education enhances employees’ knowledge, skills, attitudes, and strengthens their adaptability (Nisada Wedchayanon, 2005). Education helps prepare employees for incoming jobs and supports the hospital’s challenges that will occur in the future. Queen Savang Vadhana Memorial Hospital has developed itself from a general hospital to be a specialty hospital called Tertiary Care and has established 8 professional centers (as specified in the Knowledge Management section).

To respond to the additional main mission of being a medical institution affiliated with Burapha University, the hospital has developed all employees in every interdisciplinary profession. A senior manager provided the following information: “Once the hospital set up professional centers, we have gradually prepared the staffs. As for industrial medicine, a few staffs were sent to

study occupational medicine in order to provide better service" (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview). This is consistent with information obtained from the focus group discussion in the following: "Some existing doctors were sent to study. We already prepared…some doctors were sent to study cancers. Some nurses also sent to study deontological nursing and occupational medicine" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). Another participant said:

> "When there was a trend about surgery and endoscopy, our doctors would be developed in that direction. In terms of nurses, we have to consider the hospital direction. Currently we have had many chemotherapy patients so we sent the nurses and pharmacists to study this field…Not only clinical employees but other professional employees in the hospital were also given opportunities to further their education" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

4) Self-directed Learning

Self-directed Learning caused by action learning is an effective method to be implemented in human resource development. The management implements this through delegation of work. The advantage of this approach is that it allows employees to show their abilities and help draws out the potential of employees to work. A senior manager at Nong Bua Rawae Hospital stated the following: "We try to provide opportunities and encourage them to express their abilities. We learn with them and let them do special project activities so that they can develop themselves" (Director of Nong Bua Rawae Hospital, 2013, interview). This is similar to Taphanhin Crown Prince Hospital, which has a policy of allowing employees to propose any activity or project that benefits the hospital. In addition to developing human resources, a delegation can be used as a strategy to retain employees as well, as a focus group participant indicated in the following:

> "It is our policy allowing the staffs to propose an activity or a desired event…We have a lot of staff activities considered as a stage to create new stars. We conduct talent management providing a stage for competent staffs. This is not limited to executive levels; even the lower-level staffs can join, if they have potential. For example, the fitness center management committee, the CSR committee, and the HRD committee are stages for a new generation. We can use this to screen competent staffs and retain them to the hospital" (Registered Nurse, Chief of Traditional Thai Medical, Taphanhin Crown Prince hospital, 2013, focus group discussion).

In addition, the hospital also applies electronic media as another channel to enhance learning opportunities for employees. Information, knowledge, and online lessons are updated in the hospital intranet and recorded in CD format so that the employees can learn at their own houses. The hospital will conduct an assessment, aiming to determine whether the development objectives were achieved or not, how employee behavior has changed, and if the operational performance has been enhanced. The assessment results will be used to adapt a new development plan for the next year.

In summary, the human resource development process begins from analyzing the development needs of the hospital, which can be obtained from an analysis of the hospital's and employees' needs. Then the development plan is determined in the form of an annual development plan and individual development plan. Among the variety of human resource development methods applied are formal training, on-the-job training, providing education, knowledge management, and self-directed learning. The development success has been evaluated annually. The process of human resource development enhancing the hospital's performance is summarized in Figure 5.9.

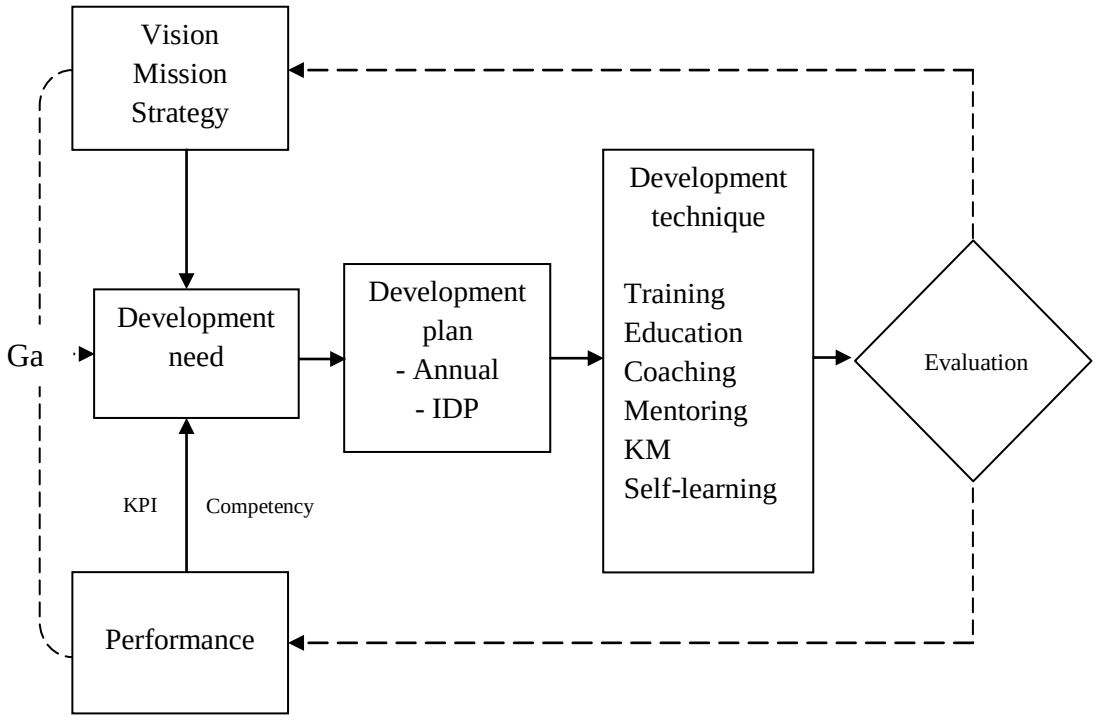


Figure 5.9 Human Resource Development for Hospital Performance Improvement

5.3.2.3 Performance Management

Performance management is a strategy to increase the employee's competence in order to promote organizational performance. The heart of performance management is vertical integration, which is the combining of business purposes, a team, and an individual with organizational competency and horizontal integration, which is the combining of performance management with other human resource strategies, especially development and compensation (Armstrong and Baron, 2000; Nisada Wedchayanon, 2011).

The hospitals with outstanding performance implement the performance management according to this concept. It was found that the performance management system of the hospital begins from identifying the performance objectives, taking into account the goals of the hospital and task units. The senior management and supervisors communicate these objectives to employees by determining the individual performance indicators that link to the performance indicators of a task unit and the hospital and that are congruent with the defined

hospital competencies. This is considered vertical integration, while horizontal integration can be seen from several examples occurring in the hospitals as stated below.

Taphanhin Crown Prince Hospital announced the criteria of performance evaluation associated with promotion, salary, special compensation, including a recognition program at the individual and unit levels (Health Promotion Center, Taphanhin Crown Prince Hospital, 2009). Before the evaluation, a supervisor considered the competencies required for performance achievement, which were determined together. Employee competency gaps were explored and feedback was given in order to steadily develop the employees prior to the evaluation.

The performance evaluation of Taphanhin Crown Prince Hospital measured both key performance indicators and competencies of employees, which was considered a mixed method (KPI + Competency) (Health Promotion Center, Taphanhin Crown Prince Hospital, 2009). This is similar to Saohai Hospital, as a senior manager stated: “We want to know if they achieved the outcome indicators. We evaluate what we want to know as well as factors indicate internal codes such as learning habit, honesty and responsibility” (Director of Saohai Hospital, 2013, interview). After the evaluation, the obtained information would be used for human resource development. This is consistent with Samitivej Sukhumvit Hospital, which mainly applied the evaluation results to employee development, as a senior management indicated: “We let them evaluate themselves. Then we called them in and discussed how they were. We considered developing their potential. They told us what kind of support they needed. This is very important” (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

This is also similar to Fort Suranaree Hospital, as a senior manager stated: “The evaluation is implemented for the development because it can indicate disadvantage. We will write down if any areas they need to improve” (Director of Fort Suranaree Hospital, 2013, interview). A supervisor had to give feedback and point out the strengths and weaknesses of subordinates by trying to close the competency gap with various forms of development, as a focus group participant stated in the following:

> “We conduct performance evaluation twice a year. The staffs will be informed their resulting scores so that they know which area they got high and low scores. The supervisors will discuss what they need to improve, which is considered a talk between a supervisor and a subordinate. This is evaluation results of personal scorecard which is a channel to improve training plan or employee skills” (Asst. Manager of Management, Fort Suranaree Hospital, 2013, focus group discussion).

In addition, the information obtained from the performance evaluation can be used for decision making, which is considered the combining of performance with compensation rewards. The hospital used this in determining the additional compensation rewards in terms of money and non-monetary incentives. According to the information obtained from Taphanhin Crown Prince Hospital, it was found that the hospital implemented it in the form of a bonus, incentive pay, a thank you note, a bulletin board, special promotion, a field trip, a congratulation party, and awarding a trophy to outstanding employees and units (Health Promotion Center, Taphanhin Crown Prince Hospital, 2009). However, it seems that the non-monetary incentives can better motivate employees to improve their performance, as a senior manager at Fort Suranaree Hospital stated:

> “Annual performance is like a bonus or money reward boosting morale. We provided rewards and certificates for outstanding staffs and held a prize-giving ceremony. It seemingly affects performance improvement because some rewarded staffs also receive a reward in the following year. The most important thing is recognition. Money is also meaningful. However, rewarding them in a manager meeting is incomparable to giving them money in my room. Good deeds bring about good results” (Director of Fort Suranaree Hospital, 2013, interview).

For Phyathai 2 Hospital, it was clearly stated that the results from competency evaluation would be mainly used in human resource development while the results from achievement evaluation would be used in determining increased salary and bonus payments, which is considered an evaluation for decision making. A senior manager there stated the following:

> "The competency evaluation does not affect a salary increase. We use that for employee development. On the other hand, KPI evaluation indicates the amount of bonus and salary. We consider it separately. If a staff fails in communication, he has to develop his communication skills. In terms of KPI, if we set that this staff should get 105 productivity scores but he actually gets only 90 scores. The decreased scores can affect his salary or bonus" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

Considering all of this information based on the performance management strategic concept of Beven and Thompson (1992), it was found that the hospitals conducted the performance management by using the development-driven integration as the main strategy. This strategy intends to develop professional employees according to the determined competencies of the hospitals by applying various development techniques. It is considered a strategy that considerably strengthens the learning culture of the hospitals.

Moreover, the hospitals applied the reward-driven integration as the complementary strategy by designing a reward compensation system linked to performance. This significantly contributes to the cultivation of a performance culture. These two performance management strategies complemented each other, thereby enabling the hospitals to gain outstanding performance, as summarized in Figure 5.10.

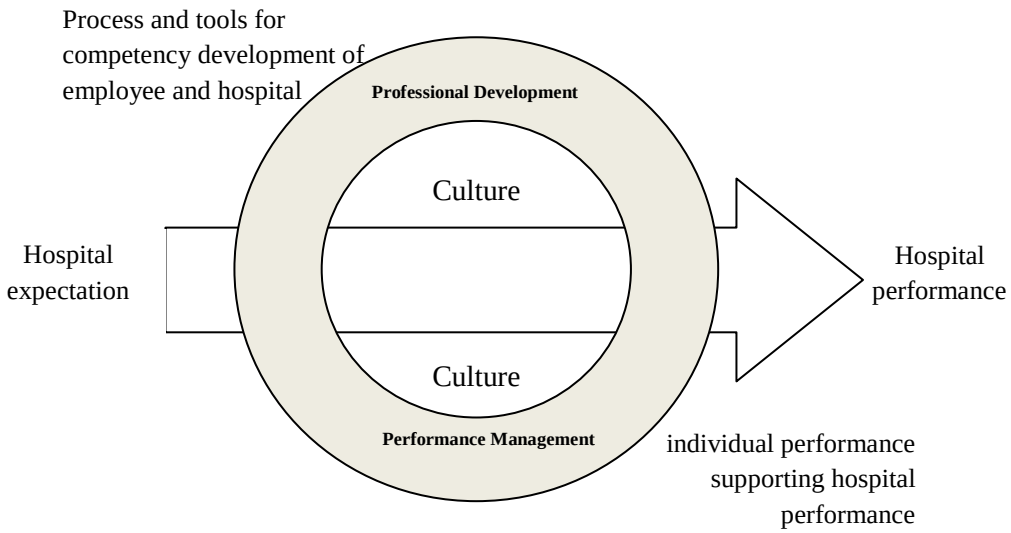


Figure 5.10 Integration between Professional Development and Performance Management for Hospital Performance Enhancement

5.3.3 Reward and Engagement Practices

The elements of reward and engagement practices include performance-based pay, a variety of fringe benefits, work-life balance, value and meaning of life, and recognition.

5.3.3.1 Performance-Based Pay

The hospitals apply a performance-based pay system in order to motivate employees to improve their performance. The evaluation results are mostly used in determining the annual bonus and salary increases. For Paolo Memorial Phaholyothin Hospital, there is a special incentive program for a group of doctors and employees in the marketing department. This incentive is given depending on the number of patients and the annual sales from the marketing execution. It is not only performance-based pay but is also considered as applying the concept of employee segmentation to setting employee compensation programs, as a senior manager in the interview:

> "If they work well, we will give them reward. If a doctor treats more patients, he will get more income. In terms of sales and marketing, if they serve well, the results will be shown in sales volume. However,

> general staffs will not receive this kind of money because there are several groups of employees using different tools. They are different" (Deputy Director of Paolo Memorial Phaholyothin Hospital, 2013, interview).

Samitivej Sukhumvit Hospital has an incentive program for employees with specialized expertise such as lecturers in training courses related to professional operations, in English or Japanese. This extra pay is considered competency-based pay. In addition, team-based rewards were found to be another form of compensation payment which had a very important role in adapting the participation attitudes and behaviors of employees, leading to better team performance.

5.3.3.2 A Variety of Fringe Benefits

Fringe benefits can be a good motivation for hospital performance improvement. Particularly in the hospitals with financial limitation, welfare or small fringe benefits given to employees can exceptionally create work motivation. The hospitals have implemented this in various forms, including both money and non-monetary incentives. A focus group participant at Queen Savang Vadhana Memorial Hospital stated that "[w]e have done lots of employee retention, especially in terms of employee welfare" (Ward Permanent Employee, 2013, focus group discussion). This is consistent with information from a senior manager at Saohai Hospital:

> "Employee morale can be boosted with money and non-monetary reward. In terms of money, we definitely have limitation because our hospital is small. Therefore, what we can provide are small welfares such as uniforms, life insurance, and accident insurance. They can raise good morale. There are also general incentives such as a staff trip" (Director of Saohai Hospital, 2013, interview).

Hence, the hospitals established various programs to provide fringe benefits and welfare, which primarily aimed to meet the needs of employees, as a senior manager at Samitivej Sukhumvit Hospital suggested in the following: "Welfare is important. The staffs need some help from us. Since we are a hospital, we provide

quite lots of medical treatment benefits. Apart from that, we provide support for employee well-being, food, shelter" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

For example, the hospital rented a building from Srinakharinwirot University and a building opposite the hospital to be the employee housing. Two employees could share one room. The actual rental rate was 4,800 Baht/person but the employee would pay only 800 Baht, while the hospital was responsible for the rest—4,000 Baht. This kind of welfare is associated with the work-life balance of employees, as a senior manager at Samitivej Sukhumvit Hospital stated:

> "The hospital needs to open 24 hours, therefore we have to take care of the staffs on duty all the time, especially the nurses that are mostly women. To ensure the comfort, safety and security to life and property as well as commuting is important" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview)

Fringe benefits aiming to meet the needs of employees will contribute to the work-life balance and improve the well-being of the employees. It is also considered a psychological compensation significantly enhancing employee engagement. A senior manager at Fort Suranaree Hospital gave examples about visiting the sick or attending a funeral of an employee's relative in the following:

> "We need to pay attention to employee welfare such as visiting the sick and attending the funeral. If their family members get sick, we have to visit them at the ward. If their close relatives pass away, we need to attend and be the chairman of the monks' chanting rite. This makes them feel confident and perceive that the management team and the hospital leader take good care of them. It certainly helps create the engagement. They will see our dedication. Sometimes we even went to Udon Thani and Ubon Ratchathani" (Director of Fort Suranaree Hospital, 2013, interview).

Visiting the sick and attending a funeral makes employees perceive that the hospital leader is attentive and pays attention to employees. It is a source of engagement that enables employees to dedicate themselves to the work, thereby leading to outstanding hospital performance.

5.3.3.3 Work-Life Balance

Due to the nature of hospital operations, which requires 24-hour work, the increasing number of patients as well as the current highly-competitive market, the employees of every hospital have to work hard. Creating a work-life balance for employees is another factor motivating employee achievement as a senior manager at Phyathai 2 Hospital stated: “Work-life balance is useful. I have to admit that the hospital staffs are shift worker. Their time cycle is different from other people. Even back-office staffs occasionally got off at 10-11 p.m. or 1-2 a.m. in some days” (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

Therefore, enhancing the work-life balance for employees is essential and is also prioritized by the management team, as a senior manager at Rajyindee Hospital discussed: “The MD stated during the orientation that the new staffs should share their problems such as working time. Then we could discuss and find a solution as long as it did not affect the others’ work” (Head of Quality Center, Rajyindee Hospital, 2013, interview).

This is similar to the information obtained from an interview with a senior manager at Saohai Hospital, who indicated the following: “They are given opportunity and space to manage their life. If they had a personal problem, we let them take care of it first. If they or their family members feel unwell or had urgent issue, they could go and handle it” (Director of Saohai Hospital, 2013, interview). This is also consistent with the information from a senior manager at Fort Suranaree Hospital, who believes that aside from a family and career, social life is another aspect that should be included in the work-life balance.

> “I have 3 principles; to have my own family life, to have duties and working life, and to have social life. All of these must be balanced and complemented each other. I have to take care of my family and children and make them feel a certain level of success and happiness.

> During working, I do my best and try to make no mistake. For social life, I have to meet many people to give some advice or do volunteer work. We have to balance all these" (Director of Fort Suranaree Hospital, 2013, interview)

As work-life balance is more than personal or work life, the hospitals implemented the concept of a work-life balance in various forms of procedures and activities. Phyathai 2 Hospital and Rajyindee Hospital applied the concept "Happy 8 Workplace" in order to determine a work-life balance program for employees as for example in the idea of flexible times for work: "If they cannot start working at 8 a.m. because they need to send their children to school. They can start at 9 a.m. but need to get off at 6 p.m. instead of 5" (Head of Quality Center, Rajyindee Hospital, 2013, interview). Recreation activities were also mentioned: "The hospital held a new-year party and provided entertainment and recreation room including fun games such as dart and chess for staffs to relax; exercise: "We have a beautiful park behind the hospital. It is a green space full of trees where the staff goes jogging in the evening while older staffs are likely to brisk walk" (Head of Quality Center, Rajyindee Hospital, 2013, interview). Social or voluntary activities were mentioned: "We take the staff to do CSR activities outside such as visiting Phayathai Babies' Home" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview), as were religious activities enhancing well-balanced mind: "There is dharma activity to nourish our minds every third Thursday of the month" (Quality & Risk Management Manager, Phyathai 2 Hospital, 2013, interview).

> "Our religious programs called "Happy Soul" welcome every religion. For Christianity, they hold a monthly meeting to discuss the bible, answer questions, and have a meal together. For Islam, there are Islamic chants on the hospital establishment date. As for Buddhism, there are special activities on Buddhist religious days and also morning alms giving every Monday" (Head of Quality Center, Rajyindee Hospital, 2013, interview).

5.3.3.4 Value and Meaning of Life

The value and meaning of life was another factor motivating employees to improve the hospital performance. The value and meaning of life can be created by making employees feel that their work is meaningful. They can create valuable things and appreciate the meaning of life, no matter what their positions are. A caregiver, one of the focus group participants at Queen Savang Vadhana Memorial Hospital, stated the following in this connection: "We do it with love. If we are bored, we may feel discouraged. If we do it with heart, we will be engaged and can do it well even though it is not 100% but at least we can do it to some extent" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). Working at the hospital, and serving and benefiting patients are valuable experiences that employees can perceive. Thus, the hospital is the source of opportunities in creating meaning in life, as a senior management of Saohai Hospital stated that:

> "We work in a place where we can pull out our abilities to valuably benefit patients. Living meaningfully is a mechanism that human needs. If everybody starts from living meaningfully, it will consequently lead to living together and surviving. The value is thereby a mechanism that motivates people to create a better job" (Director of Saohai Hospital, 2013, interview).

Taking care of and saving a patient's life encourages an employee to be a giving person. It is a cause of pride that can extremely motivate employees, as seen in the following statement:

> "I want everyone here to create value of their lives. I tell them to practice themselves and create good format of patient care. I want people to create value of life more than anything. This is well understood and matches with reality. We give it all we have" (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview).

This statement from an interview with a senior manager at Queen Savang Vadhana Memorial Hospital is similar to that of a senior manager at Nong Bua Rawae Hospital, who also focuses on the value and meaning of life. He said the following: “I try to teach that every job has its own value. The value of a human depends on his job and each job is different. We have a chance to work successfully and proudly. This makes the staffs happy to work here” (Director of Nong Bua Rawae Hospital, 2013, interview).

Apart from the nature of work, the identity of a hospital is another factor that effectively creates the value and meaning of life. The identity of a hospital may be a story of the hospital’s values that is communicated to employees and the public. It was found that one of the values that originate the outstanding identity of a hospital is giving without expecting anything in return. This identity makes employees impressed with the hospital and seems to be a factor that helps build employee engagement more than financial factors. According to the information obtained from the focus group discussion at Queen Savang Vadhana Memorial Hospital, when asking what motivated people there to work, the first answer was the following:

> “The hospital is a charitable organization. Working here is like we can make merit every day. We also have a service mind and do not expecting anything in return. We work in a public relation unit and have been frequently called to work even on Saturday and Sunday. We do not make any fuss because we wholeheartedly work for the hospital, love the hospital, and happily work here” (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

5.3.3.5 Recognition

A method enabling employees to feel that they are valuable and meaningful and it is also an incentive encouraging employees to generate higher performance. Providing recognition can be implemented through recognition programs such as recognizing an outstanding employee in a meeting or on a bulletin board and

providing a chance to express abilities or present an achievement, as can be seen in the following:

> "To present the hospital innovation, we took a staff who initiated the idea to talk to the Commander-in-Chief of the Royal Thai Army. We let him present his accomplishment so that he could be proud. Even though he was just a staff, we gave him a chance. He was consequently motivated to create more achievements" (Deputy Director, Administration Dept., Fort Suranaree Hospital, 2013, interview).

Moreover, creating an atmosphere that makes employees feel that they are recognized results from the dedication to work of the senior management or the supervisors, as a focus group participant stated:

> "In the early years of the hospital development, the director came to visit the staffs at night. He held a birthday party for the staffs every month. Some of them cried because they never had a birthday party before. The director gave them birthday greetings and gifts showing that we paid attention to them" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion).

Considering recognition programs that the hospitals organized for employees as the incentives, it was found that conducting a program should take into account the goals of the hospital. According to the above example, it aimed to respond to innovation and to achieve the hospital's accreditation goal. It was also associated with the atmosphere enabling employees to feel being recognized which resulted from the employee's routine work. Therefore, it can be said that the essential condition of recognition is that the employees will be appreciated if the things they do are considered to be useful and consistent with the goals of the hospital.

The management or supervisors have to communicate and make the employees understand what should be done, and how, so that the employees can be

rewarded accordingly. In addition, an important element of recognition is sincerity because the feeling of receiving recognition can be touched by the heart. If they are sincerely recognized, they will truly acknowledge their value. The recognition linked to the goals of the hospital and implemented with sincerity conforms to the principles of strategic compensation management. This helps demonstrate how the employee values or how achievements can accelerate the determined strategies and goals of the hospital. Furthermore, the recognition causes good relations between the leader and his followers and among the employees, which will result in the engagement that contributes to the hospital eventually.

In conclusion, it can be seen that the practices which are the components of a high-performance work system are consistent with the context and strategies of the hospital. The applied practices also complemented each other. It means that the high-performance work system of the hospitals has a strategic alignment in terms of internal fit and external fit. Regarding internal fit, it is the integration of best practices developed for use in the system. For example, the hospitals seriously paid attention to employee recruitment by seeking candidates with learning potential, human resource development linked to customer service, performance evaluation applying feedback to employee development planning, and performance-based pay.

As for external fit, it is the combining of practices with organizational strategic goals such as knowledge management, human resource development, and compensation rewards. These internal fits and external fits conform to the high-performance work system design principles (Bohlander and Snell, 2004: Nisada Wedchayanon, 2009). It was also found that information technology has been applied in many practices such as recruitment, knowledge management, or human resources development focusing on self-directed learning. This can result in an efficient high-performance work system.

In addition, it was found that the external fit of a high-performance work system is also linked to the values of the hospital. The consistency and coherence of strategies, values, and practices make the employees aware of the hospital's expectations, understand the common goals, share responsibilities, and perform in the same direction. Moreover, it is evident that the management of the

hospitals that had high leadership earnestly gave priority to human resources by continuously developing the skills, knowledge, and competence of the employees and promoted positive attitudes, motivating the employees with different methods. Furthermore, they provided the employees with opportunities to express their abilities, thus significantly encouraging them to increase the performance of the hospital.

5.5 Organizational Citizenship Behavior

The information obtained from the interviews with the senior management indicate that service is a critical factor contributing to the hospital's outstanding performance. Service excellence happens when the employees understand that the success of the hospital is partly caused by their service behavior. Then the employees will provide patient-oriented service which reflects their willingness to deliver attentive care with impressive words and dedicated time. A senior manager at Queen Savang Vadhana Memorial Hospital stated the following in this context:

> "The hospital gains better performance partly because all staffs understand that when serving the patients, we must be willing to serve patient-oriented care. It means that we have to give them generosity, caring words, and time" (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview).

5.5.1 Nature of Organizational Citizenship Behavior

The patient-oriented service stemmed from attentiveness with an aim to create an impression that is consistent with the concept of Service-Oriented Organizational Citizenship Behavior, which consists of 3 main components: loyalty service-oriented OCB, service delivery service-oriented OCB, and participative service-oriented OCB.

5.5.1.1 Loyalty Service-Oriented OCB

Loyalty service-oriented OCB is a behavior reflected when the employees express that they are proud and happy to work for the hospital, as a focus group participant at Fort Suranaree Hospital mentioned in the following:

> "The people outside used to call the military hospital as slaughterhouse. When we went outside, we did not want to tell that we worked at the hospital. When it has been developed, the staffs like it and feel proud to work at Fort Suranaree Hospital" (Personnel Officer, Fort Suranaree Hospital, 2013, focus group discussion).

This is similar to Samitivej Sukhumvit Hospital, where a senior manager gave information indicating the engagement score and demonstrating the pride and loyalty of the employees.

> "One thing we are very proud of is the increasing engagement score. It recently reaches 74, which is the highest score in health care. It is among the highest levels in the hospital industry both in Thailand and globally. Thus, we are confident that our staffs are quite very happy and proud of the hospital. They do not want to work anywhere else" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

Moreover, loyalty service-oriented OCB is reflected when the employees express their good intentions toward the hospital. They tend to convey the good image of the hospital to the people outside, support the products and services of the hospital, and tell good stories about the hospital, as a focus group participant at Chiangrai Prachanukroh Hospital stated: "People here love the organization. They love the hospital and want to make it a better place. The reputation of the hospital makes them so proud. The others recognize them wherever they go. They are not shy to go anywhere" (Manager of the Quality Center Chief of Officer, 2013, focus group discussion).

This is consistent with Queen Savang Vadhana Memorial Hospital, as a focus group participant stated that "Doctor Atthaphorn has a lot of patients. His expertise has been widely spread out by word of mouth. Some patients even came from distant provinces" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

5.5.1.2 Participative Service-Oriented OCB

Participative service-oriented OCB is an organizational citizenship behavior that considerably accelerates the hospital in terms of gaining outstanding performance. This behavior is reflected when the employees give the hospital a suggestion for service improvement and motivate their colleagues to express opinions for the hospital's development, especially a suggestion for solving problems at work that helps create an opportunity to develop the hospital. A focus group participant at Fort Suranaree Hospital said the following in this regard: "They dared to inform us even though it was sometimes a problem of other departments. People here are not angry when the problem is raised. We do not consider it as blaming but a chance for development" (Head of Radiology Nurse, Fort Suranaree Hospital, 2013, focus group discussion).

This kind of participation helps people find new ways to solve problems which can be used to develop services and leads to increased performance. A focus group participant at Queen Savang Vadhana Memorial Hospital mentioned that "[t]hey are eager to learn new things and take what they learned to develop their own work" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion). This behavior is performed without having to wait for a leader or a supervisor makes a suggestion. The employees themselves can participate in finding solutions to problems, as a focus group participant at Fort Suranaree Hospital suggested with the following example:

> "In the public relation department that I take care of, when the staffs have a problem, they will discuss it in a small group of 4-5 people. The senior will suggest how to handle the problem but let them make a final decision on their own. They do not wait for a supervisor to solve a problem. They learned that they are an organization owner and must participate in problem solving. This behavior can be clearly seen" (Asst. Manager of Management, Fort Suranaree Hospital, 2013, focus group discussion).

5.5.1.3 Service Delivery Service-Oriented OCB

Service delivery service-oriented OCB is reflected when the hospital employees do things with commitment and enthusiasm for delivering service to customers according to the principles of excellent service behavior: “Our hospital focuses on ESB and service. If the doctors, nurses, or other officers know the principles of ECB, they can survive” (Director of Queen Savang Vadhana Memorial Hospital, 2013, interview). The employees also serve the patients with politeness, respect, non-discrimination, and family-like care, as a focus group participant at Nong Bua Rawae Hospital stated: “We treat the patients like family. We are all Northeast people so we call them grandpa and grandma. We do not just call their names because we respect them like our senior relatives” (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion).

Furthermore, the employees provide service with conscientiousness, as a senior manager at Fort Suranaree Hospital stated: “Aside from good words, good care, good hospitality, the service behavior also includes conscientiousness and making constructive suggestion based on their duties” (Director of Fort Suranaree Hospital, 2013, interview). The employees of the hospitals with outstanding performance are not only responsible for their own duties but also have service delivery service-oriented OCB and willingly responding to the patients’ personal needs, as a focus group participant at Queen Savang Vadhana Memorial Hospital mentioned in the following:

> “If the patients needed helps, they would provide helps. When there were poor patients who had no money to buy milk for their children, our staffs would help and buy them powdered milk and disposable diapers. It was reflected this way. These good stuffs make them feel good and happy” (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

This information reflects a holistic service delivery behavior, covering physical and psychological dimensions, as well as the identity and social dimensions

of patients. This is considered the nature of the service delivery that exceeds expectations, as a senior management at Samitivej Sukhumvit Hospital stated:

> "We have to consider overall dimensions not just only look at the patient and then summarize. We have to look at his family, his career life, and his expectations. Not just from head to toe, the patient care has to be done holistically including physical and psychological dimensions as well as identity and social dimensions. We have to consider the full loop to exceed their expectations" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

In conclusion, service-oriented organizational citizenship behavior, consisting of loyalty service-oriented OCB, service delivery service-oriented OCB, and participative service-oriented OCB, was considered the main behavior influencing the hospital's performance. However, other organizational citizenship behaviors were also visible, such as helping behavior, dedication behavior, and conscientious behavior, as the information from the focus group discussion indicated:

> "They provide support between units without minding whether it is their responsibilities or not. For example, if another unit has more workloads, they are going to help as much as possible. They do not mind if it is not their duties or their unit tasks…They are dedicated. They come to work on weekends without receiving an extra pay…If some staffs had to perform official duties or join a meeting outside, they would hurriedly return to work even on Saturday and Sunday. They work with dedication and never ask for further compensation" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion).

All of these behaviors reflect the patient-oriented service that exceeds expectations. It helps develop work and solve problems in the workplace, which leads to the hospital's outstanding performance.

5.5.2 The Process of Organizational Citizenship Behavior Enhancement

Dr. Cherdphan Pattarapongsin, the director of Nong Bua Rawae Hospital, believes that organizational citizenship behavior requires the key element that the employees had to have appropriate knowledge and attitudes, which could be provided and enhanced by the hospital. He also said that the environment and systems applied to the hospital operation were significant factors that helped to shape the employees' behavior.

> "If we improve their knowledge but their attitudes and environment are still the same, it will not work. They might get trained but their attitudes were not changed since the attitude has been formed by internal belief relating to several factors. Therefore, the hospital should provide appropriate environment. Once the staffs have knowledge plus attitude and have been complemented with appropriate environment, their competencies will increase explosively" (Director of Nong Bua Rawae Hospital, 2013, interview).

Thus, it can be said that organizational citizenship behavior can be enhanced through the hospital's mechanisms. The organizational citizenship behavior development concept of Dr. Cherdphan Pattarapongsin includes the following: 1) providing knowledge about the patient's behavior; 2) enhancing the right attitude towards the service; and 3) fostering an environment conducive to the expression of behavior, as shown in Figure 5.11.

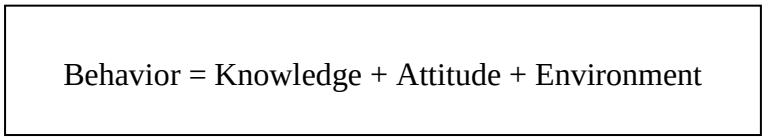


Figure 5.11 Concept of Service-Oriented Organizational Citizenship Behavior Development

The concept of organizational citizenship behavior development obtained from the interview with the director of Nong Bua Rawae Hospital was synthesized with the information from other hospitals. The resulting details have been summarized and exemplified as follows.

5.5.2.1 Knowledge

Every hospital conducted knowledge improvement in terms of patient-service behavior, which vastly enhanced service-oriented organizational citizenship behavior. This was implemented by providing employees with service-minded training using excellence service behavior (ESB). This ESB training program aimed to educate and encourage employees to realize ethics in patient care, and standards of service behavior and of a service mind. The trainings were held regularly for employees at all levels, especially in the group of new employees.

In addition to the training, the knowledge was provided to the group of new employees through a mentoring system in the form of one-on-one teaching that gave knowledge and advice to new employees until they passed the probationary period. It was considered a very effective method, as a focus group participant at Fort Suranaree Hospital stated: “We provide a one-on-one mentoring system until the new staff passes the probationary period. This is an important mechanism” (Ward Chief, Fort Suranaree Hospital, 2013, focus group discussion). Moreover, it was found that many hospitals sent their employees on field trips to other organizations that exhibited service excellence so that they could apply the knowledge and best practices to the hospital operations. Apart from the knowledge relevant to service behavior, the hospitals encouraged the employees to focus on customer knowledge, as a senior manager at Samitivej Sukhumvit Hospital suggested in the following:

> "Receiving medical service at the hospital is not just getting treatment but an experience. We call it 'Patient Experience' which includes not only the patients but also all relevant parties. We have to consider all dimensions including their houses, wives, children, careers, and expectations" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

When the employees had customer knowledge, they could use it to better develop the service, matching the specific needs of the patients and relatives, as a focus group participant at Nong Bua Rawae Hospital suggested with the following example:

> "This grandpa had diabetes. Whenever he came to the hospital, his blood sugar level became high and higher. The pharmacist told me to see his house. When visiting his house, we found that nobody gave him an injection and he also drank alcohol. We managed to send a staff to give him an injection at home. He currently had cataract surgery and quit drinking. This is the behavior that considers a patient as an individual. We do not just treat you as a patient but we take account of your living and surrounding" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion).

In summary, providing knowledge in order to improve service-oriented organizational citizenship behavior was implemented through training, a mentoring system, and field trips with an aim to make the employees understand and realize ethics in patient care, standards of service behavior, and a service-minded attitude. Interestingly, the hospital encourage the employees remember the information of each customer, which was considerably beneficial for providing medical service. The employees could apply the customer knowledge to provide service matching each specific need.

5.5.2.2 Attitude

Even if the employees had complete knowledge about service behavior, they still could not demonstrate good service behavior if they lacked the appropriate attitude. Thus, cultivating the attitude enhancing organizational citizenship behavior was essential. It was found that if the employees basically adhered to the principles of humanize health care, they would portray service-oriented organizational citizenship behavior, as a senior management of Saohai Hospital stated:

> "The service behavior firstly requires the principles of humanizing. Human means a high-minded man who has delicate and elaborate mental development. Having the basis of humanizing can easily lead to the development of giving. It is a matter of mental training to be mature and have passion for work and people" (Director of Saohai Hospital, 2013, interview).

When the employees adhered to the principles of humanized health care, their behavior reflected enthusiasm, empathy, and the willingness to attentively serve the patients, which was considered significant behavior of hospital employees, as a focus group participant at Chiangrai Prachanukroh Hospital stated in the following: "Being cultivated to contribute to other people, each of them has his own ideals to help people…They are very enthusiastic although no one forces them to do so. The director does not need to order, they will do it on their own" (Manager of the Quality Center Chief of Officer, Chiangrai Prachanukroh hospital, 2013, focus group discussion). This was consistent with the idea of a focus group participant at Queen Savang Vadhana Memorial Hospital: "They take care of the patients and show their empathy. If they were the patients, what they would want to have and want to do. This is the key behavior of people working in the hospital called humanize health care" (Quality Developing Manager, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Humanized health care included not only medical service providing but also attentiveness to the patients' personal life and living condition. This was

reflected by the fact that the employees sought a way to assist or help the patients without being requested, as the focus group participants at Nong Bua Rawae Hospital added in the following statements:

> "A patient comes to get the medicine as scheduled but the local bus stops running at 2 p.m. We need to serve him hurriedly in order to make him take the bus in time. We do not only focus on providing medication but also try to make him arrive home in time" (Registered Nurse, Nong Bua Rawae Hospital, 2013, focus group discussion)

One participant said:

> "If the patients who came together wants to go back together, we will set them in the same group. Some patients needed to get their medicine regularly but they had often missed the appointments. We talked to them until we knew that they did not have money. The director then gave them the bus fares and encouraged them to get the medicine" (Chief of General Management Operation, Nong Bua Rawae Hospital, 2013, focus group discussion).

Another participant said:

> "For inpatient building, the hospital prepares food for the patients. But the hospital location is far from the market, the patients' relatives do not want to leave the patients to have a meal outside. Therefore, the hospital provides food for the relatives as well. We take care of both the patients and their relatives. If the relatives feel comfortable they can help us take good care of the patients. We provide holistic care" (Dentist Specialized, Nong Bua Rawae Hospital, 2013, focus group discussion).

The idea of humanized health care was the origin of service-oriented organizational citizenship behavior, which could be enhanced by training, creating positive awareness, and coaching, as a senior manager at Fort Suranaree Hospital stated in the following "We have ice breaker activities letting the staffs stay together and get trained about thought and mind, generosity, sympathy, and empathy" (Director of Fort Suranaree Hospital, 2013, interview). A senior manager at Saohai Hospital made a similar statement:

> "Creating awareness of humanize health care can be done constantly through on the job training or psychological training with human training mechanisms such as dhramic training, formal training course, good storytelling to instill positive consciousness, or teaching others on this topic" (Director of Saohai Hospital, 2013, interview).

In summary, creating an appropriate attitude toward service providing focused on the concept of humanized health care that not only emphasized medical care but also included services relevant to the personal life or living condition of the patients. This attitude could be enhanced by training, creating positive awareness through good storytelling about patient care, and coaching.

5.5.2.3 Work Environment

Leader was a work environment significantly influencing organizational citizenship behavior by motivating the employees, being a role model, and determining a policy by enhancing the employees' behaviors in a practical way, as a focus group participant at Queen Savang Vadhana Memorial Hospital stated: "The management team often campaign or repeatedly emphasize that the doctors have to be good examples for the juniors in terms of patient treatment, punctuality, and patient care" (Ward Chief, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Another participant said:

> "ESB is the director's policy. Firstly, our hospitality must be equivalent to private hospitals and providing service with reasonable price and internal standards. He repeats this every day…His policy is simple as look in the face, smile, ask, advise, and help. These words are instilled into every staff and become the staff behavior by implication. It can be applied not only to professional duty but also a family and social life" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

Apart from the leader, the human resource management system was considered an environmental factor affecting organizational citizenship behavior, as Jackson and Schuler (1992) suggested that human resource management can be regarded as an environment that helps to identify, communicate, and reward desirable employee behaviors. Thus, human resource management was seen to be another factor enhancing the service-oriented organizational citizenship behavior. The findings from the hospitals with outstanding performance reflected that training, organizational development activities, performance evaluation, and a compensation system were effective factors in improving service-oriented organizational citizenship behavior, as a senior manager at Fort Suranaree Hospital stated: "We provide training and ice breaker activities for the staffs. They have a chance to stay together and receive training about thought and mind, generosity, sympathy, and empathy" (Director of Fort Suranaree Hospital, 2013, interview). This was similar to Queen Savang Vadhana Memorial Hospital, where a focus group participant gave the example of a training and mentoring system that helped reinforce the service delivery behavior:

> "We constantly provide ESB training. All new staffs joining each unit will get advice from the supervisors. Every unit will provide them with background knowledge first. For my unit, I assigned 'Ple' to be ESB committee because she had knowledge and potential for this task.

> I let her mentor the new staffs and the results have turned out well. We have done this for several years and will continue into the next years" (Chief of Public Relation, Queen Savang Vadhana Memorial Hospital, 2013, focus group discussion).

As for Taphanhin Crown Prince Hospital, it adopted a performance evaluation system to use so that the employees could maintain good service behaviors. The performance evaluation took account of good relationships with colleagues and customers. Personality, traits, parlance, behavior, demeanor, morality and ethics were also considered as well. All of these were linked to the compensation system. This was also found in other hospitals, such as Chaophya Hospital, which used rewarding as a tool to build and maintain the service-oriented organizational citizenship behavior of employees, as a senior management stated in an interview:

> "We must allow them to participate and gave them credit when a number of patients increase. It shows that we provide a good service. This month the patients give us 90 out of 100 points, how can we improve it? If we get complaints 0.05% of all cases, could we reduce it to 0% next month? We need to let all staffs participate. It will eventually return to the subject of rewarding. If patient complaints decrease and satisfaction levels increase, we need to reward them" (Deputy Director of Chaophya Hospital, 2013, interview).

Apart from monetary rewards, there were other non-monetary rewards such as respect which indicated the relationship in the workplace. They were considered compensation in the form of the psychological work environment, which was a factor affecting the service-oriented organizational citizenship behavior of the employees, especially loyalty behavior. A senior manager at Samitivej Sukhumvit Hospital explained the important reason for the employees' engagement scores:

> "It is not only about money. Money is just fundamental. Getting to a certain level, we need other things. The most important thing is

> respect which is seriously taken into account. Nurses and staffs are not servants of doctors but important colleagues" (Deputy Director of Smitivej Sukhumvit Hospital, 2013, interview).

The environment also included a quality system that the hospitals adopted in order to develop their services, especially the HA standard system, which was considered a concept of quality management that could be applied to the development of service quality and that helped to shape the employees' behaviors. For example, the standards for service behavior at Taphanhin Crown Prince Hospital were documented in the quality management system so that all units could apply. These standards were divided into behavioral standards for external and internal customers, as shown in Table 5.6.

Table 5.6 Example Standards for the Service Behavior at Taphanhin Crown Prince Hospital

Customers	Service Behavior
External Customers	1. Welcome the customers as soon as possible by looking at their faces, making eye contact and smiling. 2. Greet them by saying "Hello" and politely ask what happened to them. Always end the sentence with polite particles. 3. Show enthusiasm for patient care and serve the customers with politeness and a caring attitude. 4. Address the customers politely. Place the polite form "Khun" before their first names or use respectful pronouns such as Auntie and Uncle (must not address customers by just their first names or use the titles Mrs.). 5. Do not talk or tease each other when providing the service. 6. Do not accuse or blame the customers in any case. Do not blame colleagues in front of the customers. 7. Do not disclose the customers' information.

Table 5.6 (Continued)

Customers	Service Behavior
Internal Customers	1. Cheerfully smile. Greet and pay respect according to seniors. 2. Service the customers with good hospitality. 3. Ask for customer for requirements. Be eager to provide service and support. 4. Speak to customer politely and equally. 5. Do not gossip, blame, make sarcastic comments, or bash each other for no reason. 6. Respect colleagues at all levels. Use polite pronouns to address ourselves and colleagues. 7. Willingly provide correct and complete information and suggestions. 8. Upon providing service, try to build a good relationship with colleagues.

Source: Health Promotion Center, Taphanhin Crown Prince Hospital, 2009.

Patient-oriented service, which was the main principle of quality management according to HA standards, had been continually implemented until it permeated the routine work and became part of the organizational culture. It molded excellent service behavior, resulting in outstanding performance. Implementing these standards, the hospitals applied the knowledge of other management tools such as TQA strategic planning to adjust work collaboration. These standards and techniques were a mechanism for enhancing the quality and safety service behavior for patients, including service-oriented organizational citizenship behavior, as a senior manager at Nong Bua Rawae Hospital stated: “We have studied about management including TQA strategic planning. We use it to adjust HA suitable for the hospital. HA system was a catalyst for the employee behavior development” (Director of Nong Bua Rawae Hospital, 2013, interview).

The quality management technique was applied to adjust the employee behavior as well. It specifically enhanced participative behavior in creating innovations for the hospitals. Its benefits helped to create a culture that focused on safety, the patient, and teamwork, including a culture of creativity and innovation.

> "We have CQI/Kaizen activity. We have participated in the competition for more than ten years and also provided the rewards for the winners achieving the provincial, regional, or national levels every year. In our hospital, the program has been regularly organized twice a year" (Director of Nong Bua Rawae Hospital, 2013, interview).

In conclusion, creating an environment conducive to behavior expression was seen in terms of the leaders motivating the employees, acting as a role model, and determining a policy of promoting excellent service behavior. It was also found that another important job environment was human resource management, especially training, organizational development, performance evaluation, and an incentive system. It was the factor that could effectively create and maintain service-oriented organizational citizenship behavior. In addition, it was found that continuously applying quality management techniques or methods for the hospital's quality improvement until it became a part of the culture was considered another job environment better supporting the expression of service-oriented organizational citizenship behavior.

Overall, it could be said that the caring services focusing on creating impressions and patient-oriented were the service behaviors consistent with the concept of service-oriented organizational citizenship behavior, which consisted of 3 main components: service delivery service-oriented OCB, participative service-oriented OCB, and loyalty service-oriented OCB. These behaviors can be enhanced by providing knowledge, adjusting employee attitudes, and managing the environment conducive to behavior expression. The environment here included the hospital leader, the high-performance work system, and organizational culture.

CHAPTER 6

CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

In Chapter 4 and 5, the quantitative and qualitative results were demonstrated. This chapter presents the conclusions and discussions of the findings, including the contributions and recommendations from the study. The details are as follows.

6.1 Research Conclusions

The study of the impact of the resource-based view determinants on the hospital performance in Thailand had three main objectives: 1) to examine the impact of the resource-based view determinants (human capital, organizational culture, and high-performance work system) on hospital performance. The ethical transformational leadership and organizational citizenship behavior were also studied together. 2) To investigate and exemplify the impact of the resource-based view determinants on the hospital performance, including antecedents, processes, and related operations contributing to the hospital's recognition for outstanding performance; and 3) to develop a model of the relationships the between resource-based view determinants, ethical transformational leadership, organizational citizenship behavior, and the hospital performance.

The research was complete by using both quantitative and qualitative methods. In order to answer the first objective, quantitative research was applied to collect data from 295 hospitals in Thailand that achieved HA. The descriptive statistics were used to describe general information about the samples and the observed variables. Inferential statistics were used in the SEM analysis to test the hypothesis showing the influences of the variables. The testing was categorized into three groups: 1) community hospitals 2) public hospitals (community hospitals + general hospitals + regional hospitals), and 3) hospitals in Thailand (community hospitals + general

hospitals + regional hospitals + private hospitals). Multiple group analysis was also carried out with measurement invariance in order to examine the influence of organizational age and size as the moderating variables between the relationship of the resource-based view determinants and hospital performance.

To answer the second objective, the researcher analyzed the qualitative data obtained from the retrospective study and collected data using in-depth interviews with the senior management, employee-focused group discussion, and document research among the sample hospitals with outstanding performance. These sample hospitals received 3rd re-accreditation (R3), the hospitals obtained the Thailand Quality Award, and the hospitals were awarded Thailand's Most Admired Companies 2009. The total number of 10 hospitals included Chiangrai Prachanukroh Hospital, Queen Savang Vadhana Memorial Hospital, Suranaree Fort Hospital, Nong Bua Rawae Hospital, Saohai Hospital, Samitivej Sukhumvit Hospital, Phyathai 2 Hospital, Paolo Memorial Phaholyothin Hospital, Chaophya Hospital, and Rajyindee Hospital. The quantitative and qualitative results were synthesized in order to answer the third research objective.

According to the quantitative results, it was found that the performance in terms of health promotion and social responsibility and patient care outcome was at a high level (mean = 5.59 and 5.51 respectively). This reflected that the hospitals had successfully responded to the needs of patients, could create patient satisfaction and loyalty, and achieved outstanding performance in health promotion and social responsibility. The qualitative data also indicated that the hospitals had continually conducted corporate social responsibility and health promotion activities in the service areas. As for human resource outcome, it was found that the performance was quite high, reflecting the fact that the hospitals had conducted good human resource management. This could be observed from the outcome of employee commitment and satisfaction, which was quite high (mean = 5.35 and 5.12 respectively) and employee turnover rate, which was quite low (mean = 2.93), while the financial outcome was slightly different in each hospital (SD = 1.243). Overall, the performance in this area was moderate. This was reflected from the return on assets, return on investment, and profitability of the hospitals with a mean of 4.02, 4.01, and 3.72 respectively.

The hospital performance resulted from the influence of r the resource-based view determinants, including human capital, organizational culture, high performance work system, organizational citizenship behavior, and ethical transformational leadership, which is discussed according to the research objectives and hypotheses as follows.

6.1.1 Influences of Resource-Based View Determinants on Hospital Performance

The first objective of the present research was to examine the impact of the resource-based view determinants (human capital, organizational culture, and high performance work system) on the hospital's performance. Ethical transformational leadership and organizational citizenship behavior were also investigated together and conclusions were made according to the research hypotheses as follows.

Research Hypothesis 1 Human capital, organizational culture, and high performance work system have a positive influence on hospital performance. This hypothesis was partially confirmed by the results. It was found that only the high performance work system had a significantly direct influence on hospital performance. The regression coefficients of community hospitals, public hospitals, and hospitals in Thailand were 0.31, 0.49, and 0.43 respectively.

Research Hypothesis 2 The high performance work system has a positive impact on hospital performance through organizational citizenship behavior and human capital. This second hypothesis was partially confirmed by the results. It was found that the high performance work system had a positive impact on hospital performance through service-oriented organizational citizenship behavior. The regression coefficient for community hospitals was 0.141 (β = 0.30 (HPWS→OCB) x 0.47 (OCB→Performance) = 0.141), for public hospitals it was 0.274 (β = 0.56 (HPWS→OCB) x 0.49 (OCB→Performance) = 0.274) and for hospitals in Thailand it was 0.286 (β= 0.55 (HPWS→OCB) x 0.52 (OCB→Performance) = 0.286), while there was no direct impact of for high performance work system on hospital performance through human capital. However, it was found that human capital had an impact on organizational citizenship behavior before affecting hospital performance. The regression coefficient for the high performance work system influencing hospital

performance through human capital, which continually affected for organizational citizenship behavior in for community hospital, was 0.203 (β = 0.83 (HPWS→ Hu.Capital) x 0.52 (Hu.Capital→OCB) x 0.47 (OCB→Performance) = 0.203), for public hospitals it was 0.096 (β = 0.82 (HPWS→Hu.Capital) x 0.24 (Hu.Capital→ OCB) x 0.49 (OCB→Performance) = 0.096), and for the hospitals in Thailand it was 0.114 (β = 0.81 (HPWS→Hu.Capital) x 0.27 (Hu.Capital→OCB) x 0.52 (OCB→ Performance) = 0.114).

Research Hypothesis 3 Organizational culture has a positive impact on hospital performance through the high performance work system. This hypothesis was confirmed by the testing results. The regression coefficient for community hospitals was 0.164 (β = 0.53 (Culture→HPWS) x 0.31 (HPWS→Performance) = 0.164), for public hospitals was 0.271 (β = 0.63 (Culture→HPWS) x 0.43 (HPWS→Performance) = 0.271), and for hospitals in Thailand it was 0.241 (β = 0.56 (Culture→HPWS) x 0.43 (HPWS→Performance) = 0.241).

Research Hypothesis 4 Ethical transformational leadership has a positive impact on hospital performance. This fourth hypothesis was confirmed only in community hospitals. The regression coefficient was 0.28, while the overall results for the public hospitals and hospitals in Thailand suggested no influence of ethical transformational leadership on hospital performance.

Research Hypothesis 5 Ethical transformational leadership has a positive impact on hospital performance through organizational culture and the high performance work system. This hypothesis was confirmed by the results. The path of relationship started from ethical transformational leadership, which had an impact on organizational culture and then continued to affect the high performance work system before influencing hospital performance. The regression coefficient of community hospitals was 0.211 (β = 0.82 (Leadership→Culture) x 0.53 (Culture→HPWS) x 0.31 (HPWS→Performance) = 0.211), for the group of public hospitals it was 0.217 (β = 0.80 (Leadership→Culture) x 0.63 (Culture→HPWS) x 0.43 (HPWS→Performance) = 0.217), and for the group of hospitals in Thailand it was 0.195 (β = 0.81 (Leadership→ Culture) x 0.56 (Culture→HPWS) x 0.43 (HPWS→Performance) = 0.195).

Research Hypothesis 6 Age and organizational size are a moderator controlling the relationship between resource-based view determinants and

organizational performance. This hypothesis was confirmed by the results, which were summarized from the multiple group analysis using tests of measurement invariance. It was found that factor form was variant when testing for the influence of age and organizational size. The research results indicated that among the hospitals that were recently founded the variables that were brought into the model analysis did not had significant influence financial outcome. These results were different from the hospitals with a long history, where it was found that the variables had a significant impact of all hospital performance components. The results of organizational size testing however suggested that the direct impact of organizational culture on human capital was significantly visible in large-sized hospitals. However, that kind of impact was not found in the small-sized hospitals. All of the hypotheses testing can be written as a causal model as shown in Figure 6.1.

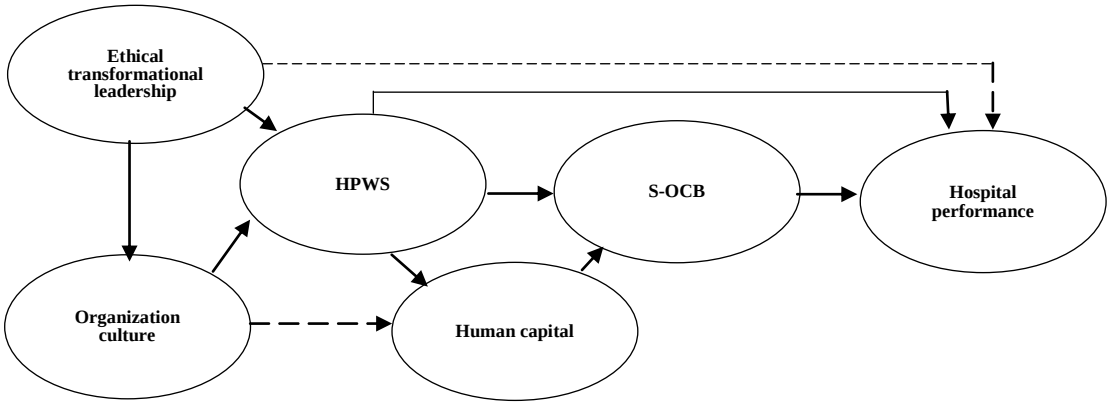


Figure 6.1 Causal Model of Hospital Performance in Thailand

Figure 6.1 summarized the relationship between the variables that reflected the direct influence of service-oriented organizational citizenship behavior (S-OCB) and the high performance work system on the hospital performance in Thailand, while human capital, organizational culture and ethical transformational leadership had indirectly. All of the causal variables could describe the hospital performance in Thailand at a high level ($R^2 = 0.78$). It was also found that those causal variables had the highest influence on health promotion and social responsibility outcome, followed by human resource outcome and financial outcome.

The causal variables having the most total effect on hospital performance was the high performance work system, which had three components-high involvement practice, human resource practice, and motivational practice-followed by ethical transformational leadership, organizational citizenship behavior, organizational culture and human capital. Additionally, it was found that there was a direct influence of organizational culture on human capital in the group of large hospitals. On the other hand, in the group of community hospitals, there was a direct influence of ethical transformational leadership on hospital performance, which had a higher effect than other causal variables.

6.1.2 Antecedents, Processes, and Operations Related to Resource-based View Determinants

The second objective of this research was to study the antecedents, processes, and operations related to the resource-based view determinants enabling the hospitals to be recognized for outstanding performance. The findings were summarized into five aspects; 1) building organizational citizenship behavior, 2) managing human capital, 3) developing and implementing a high performance work system, 4) fostering organizational culture, and 5) ethical transformational leadership behavior, organizational leadership system, and leadership development. The details are as follows.

6.1.2.1 Building Organizational Citizenship Behavior

Organizational citizenship behavior in this research focused on service-oriented OCB, which the hospitals highly emphasized. This was because this behavior contributed to impressive service, built customer loyalty, and ultimately led to outstanding hospital performance. Service-oriented OCB was considered as discrete behavior, which was reflected through loyalty service-oriented OCB and which could be seen when the employees felt proud to work in their hospitals, supported the products and services of the hospitals, and had a great desire to present the hospital’s image to public. This behavior was observed by participative service-oriented OCB related to service operations, which could be seen when the employees felt eager to learn new things and applied what they had learned to develop their work. Further, it

could be seen when the employees made suggestions to improve the hospital services and motivated their colleagues to share useful ideas for hospital development, which would result in new solutions and lead to better performance.

Another key component of service-oriented OCB was service delivery, which could be seen when employees committed to delivering service to customers actively and politely without any discrimination. This service-oriented OCB could be considered as providing service with a sense of duty according to the patient-oriented philosophy. In addition, the service-oriented OCB was holistic service that included physical, mental, personal, and social dimensions of patients. Service-oriented OCB could be built by providing knowledge, cultivating an appropriate attitude, and providing a work environment.

1) Providing Knowledge about Service Behavior.

The hospitals always provided employees with further knowledge about service behavior, which helped enhance the service-oriented OCB. The hospitals implemented this by giving knowledge to employees beginning during the orientation period to make them understand and realize the importance of ethics and standards of service behavior. Service-mind training courses were also continually provided to employees at all levels with an Excellence Service Behavior (ESB) program. Furthermore, the hospitals sent employees to visit other organizations with service excellence in order to learn know-how and apply best practices. It was also found that providing knowledge through a mentoring system using one-on-one teaching was a considerably effective way to build service delivery service-oriented OCB. Another interesting finding was that the hospitals urged employees to remember information about the customer which could be adapted to provide services that met or exceeded the customer's expectation.

2) Cultivating an Attitude Consistent with Service Behavior.

An appropriate attitude was very important for service-oriented OCB. Cultivating a consistent attitude emphasized the concept of humanized health care in employees' minds. It helped motivate employees to love their jobs, their colleagues, and their patients. Once employees adhered to the concept of humanized health care, their behavior would reflect their eagerness to serve patients with attention and care. An attitude of humanized health care, which was a source of

service-oriented OCB, could be built through organizational development practices such as training, coaching, and socialization mechanisms that occurred in daily work.

3) Creating a Work Environment Conducive to Behavior Expression.

The leader was a work environment affecting organizational citizenship behavior. A leader could motivate employees, be a role model, and determine policy to practically enhance the behaviors of employees. These practices could be effectively implemented through an environment of human resource management, including communications, training and development, performance appraisal, and reward systems. Apart from providing employees with knowledge and comprehension about service-oriented OCB, the environment of human resource management was also an important factor that helped maintain this behavior.

In addition, a work environment conducive to behavior expression also included the quality systems that the hospitals applied to develop hospital quality, especially the Hospital Accreditation (HA) Thailand Quality Award (TQA) and Continuous Quality Improvement (CQI). In order implement these standards in routine work, the hospitals prepared quality document which was adopted to be used in every unit. These systems were like a tool to identify the behaviors of employees according to determined service behavior standards, including behavior standards for both external and internal customers. It was also found that implementing the above standards in hospital quality development was a mechanism for adjusting employee participation, strengthening teamwork, enhancing quality and safety, and facilitating innovation in the work unit.

6.1.2.2 Managing Human Capital

Most of the hospital employees had extensive knowledge and the ability to link that knowledge to provide medical services effectively. These two characteristics were considered as valued human capital and also as key factors contributing to outstanding performance. Extensive knowledge occurred when the employees had the ability to learn or demonstrated cognitive ability. These employees could be called “quick-witted and well-adjusted” people that were able to learn new things in order to develop the knowledge needed for their jobs consistently.

An ability to link or integrate knowledge in an efficient way was essential for employees in the hospitals because providing patient care or medical services for each patient with different diseases could not be achieved effectively or efficiently if the treatment knowledge was scattered. The medical service or patient care system was a coherent system, and therefore an integration of knowledge was really important.

It was also found that skills were another component of human capital which could be accumulated from work experience. Employees with skills and expertise could provide better service because sometimes patient care could not be achieved by knowledge from textbooks alone but required critical thinking resulting from work experience. Therefore, hospital employees that were skilled and expert were considered valuable in terms of enhancing hospital performance.

Sources of human capital were human capital investment based on 2 conditions, namely: 1) employee commitment to the job and 2) employee commitment to the hospital. For the first condition, it could be said that if the employees had commitment to their jobs, they would pay attention to their work and participate in activities related to work happily. Once the employees were committed to their jobs, they would be eager to create capital for themselves and focus on the investment in human capital.

While commitment to the hospital was a matter of pride in working with the hospital, it was also an indication that the employees accepted the goals, values and directions of the hospital until they had strong passion to be a part of the hospital. It was found that commitment to the hospital often occurred when the employees worked for the hospital for a long time and particularly experienced difficulties and hardship together. Those hard times greatly influenced the employees' feeling of being committed to the hospital. When the employees had commitment to the hospital, they were willing to accumulate human capital for themselves in order to completely respond to the need for hospital development.

Apart from the employee's own investment, the hospital also accumulated human capital for the employees. This kind of capital accumulation followed the concept of exchange according to the volunteer model, which helped connect the needs of employees and the hospital. The hospital's investment in human

capital was implemented through the strategies of attraction, development, and retention. The details are as follows.

1) Human Capital Attraction.

Recruiting a talent with the knowledge, skills, abilities, and behaviors that fit the job and the organization could significantly enhance the hospital's performance. All of the hospitals had a robust open door policy and concentrated on seeking appropriate candidates. The hospitals analyzed the jobs and determined the qualifications that matched them as a guideline for recruiting employees with a person-job fit. Additionally, the hospitals focused on recruitment based on the person-organization fit as it could be seen that the hospitals considered whether the candidates' values were consistent with the hospital's values and the organizational culture. Regarding the person-organization fit, it was found that interpersonal skills and teamwork were the qualifications that the hospital paid attention to.

Considering the strategies of human capital attraction, it was found that the hospitals applied general strategies, including job advertisements in various media such as newspapers, medical journals, the Internet, and word of mouth, while employer branding, giving scholarship, head hunting, and internal recruitment were considered as essential strategies that led to better performance.

Employer branding reflected the willingness of the hospitals to deliver corporate values to existing and future employees. Employer branding could create awareness and acceptance in the hospitals and also attracted talented employees to join the hospitals. The findings indicated that there were five factors contributing to outstanding employer branding, as follows:

(1) The reputation of the hospital from the past

(2) Employment security

(3) Job challenges and opportunity to show and develop abilities

(4) Welfare, particularly regarding health care

(5) Values and cultures of the hospital concentrating on social responsibility and the relationship between members in the hospital

For college recruitment, the hospital opened a recruitment booth at educational institutions, created a memorandum of understanding (MOU) to provide college students with internship opportunities, as well as provided job quota and scholarships in order to attract human capital to join the hospital after graduation. In terms of head hunting, it was a key strategy for recruiting medical specialists in some specialty fields where the top management would look for skilled candidates themselves. On the other hand, the nature of internal recruitment was about promotion and career advancement, which included assigning temporary employees to be permanent employees or government employees in the case of public hospitals. Internal recruitment also included providing the hospital employees with opportunities to get promoted and to be assigned to better positions. It was a strategy that the hospital applied to retain good and proficient employees.

2) Human Capital Development.

Human capital development was a practice for enhancing employee skills and abilities. The hospitals had conducted this development continually and exercised various development methods in order to give the hospital employees opportunities to develop themselves at full capacity. The process of human capital development started from development planning, which was determined based on the hospital's needs, and also the results of individual performance evaluation. These two aspects of information were used to conduct a gap analysis in order to find the development needs and then to determine the annual plan and individual development plan (IDP) for training and development.

In terms of development methods, it was found that the hospitals conducted development through various methods:

(1) Formal training
(2) On-the-job training
(3) Enhancing further education
(4) Promoting self-directed learning
(5) Knowledge management

Considering formal training, the hospitals adopted competency-based training, which focused on improving the employees' functional competency

based on the needs of each position and which was also linked to the core competency. The training was conducted in the hospitals and selected employees were sent to join the related training in external organizations. Competency-based training created a connection between the employees' needs and the hospital's expectations and responded to patient needs well.

As for on-the-job training, it was learning through a practical work, coaching, and mentoring system, while providing education was a development method that prepared the employees for incoming jobs. The hospitals had used this method by sending existing employees to get further education in order to meet the changing visions and missions of the hospitals.

Self-directed learning was another method used to develop human resources effectively. The management applied this method through the mechanisms of delegation, which could completely draw out the potential of employees to work. Self-directed learning was motivated by the hospital policy that allowed the employees to propose the activities or things they wanted to do to develop the hospital. This was often implemented in the form of special programs or activities. Electronic media were also applied to enhance the learning opportunities of the employees as information, knowledge, and online lessons were updated in the hospital intranet and recorded in CD format so that the employees could learn at home.

It was found that knowledge management was an effective method that helped develop human resources and was a key factor driving and enhancing the hospital's performance. It was implemented according to the knowledge management process, which started from seeking knowledge, creating knowledge, storing and retrieving knowledge, and transferring and applying knowledge to medical service. The effectiveness of knowledge management operations resulted from clear objectives that were predetermined by the hospital. The most common objectives of knowledge management were to enhance the employee's competency, to develop a work system, and to respond to the hospital's visions.

Personalization strategy was adopted for knowledge management. This strategy concentrated on the learning process caused by the social relationship of the employees in the hospital. It could be seen from the activities that the hospital had practiced in the form of case conference, Community of Practice:

CoP, After Action Review: AAR, Success Story Technique: SST, and Routine to Research: R2R. However, apart from the personalization strategy, the hospitals also applied the strategy that viewed knowledge management as technology, called the codification strategy. This could be seen in the implementation in the form of the intranet, learning centers, and operational manuals. This strategy helped facilitate access to knowledge and was a channel for enhancing employee participation and developing employee knowledge. The key success factors of knowledge management included the following:

(1) Clan culture, which was a culture creating trust among the hospital members

(2) Support from the senior management

(3) Technologies promoting the operations

3) Human Capital Retention.

Human capital retention was implemented through providing rewards or compensation in the form of both monetary and non-monetary compensation. In terms of monetary, it could be seen from performance-based pay which was used to determine annual bonuses and salary increases. Some hospitals had a special incentive program for special groups such as a group of doctors and employees in the marketing department. This incentive was given depending on the number of patients and the annual sales from the marketing execution. Similarly, some hospitals also organized an incentive program for employees with specific expertise such as lecturers in training courses related to professional operations. These employees with specific expertise would receive special incentives from the hospital based on competency-based pay. In addition, fringe benefits were another incentive that helped retain human capital effectively, especially in the hospitals with financial limitations. It was also found that the fringe benefits in the form of medical care and work-life balance enhancement could greatly motivate the employees.

Although monetary compensation could strongly motivate and retain human capital, the obtained information reflected that non-monetary compensation was a more important factor, as could be seen from the findings that the hospitals focused on the value and meaning of life. The value and meaning of life resulted from working in the hospital, providing service, and helping the patients. The

hospitals implemented this through delegating special tasks so that the employees could show their abilities and strengthen the hospital's identity regarding giving without expecting anything in return. Further, the value and meaning of life could be perceived from recognition. Therefore, every hospital announced the outstanding employees at meetings, praised them on bulletin boards and provided them with a chance to express their abilities or to present their achievements. These implementations not only demonstrated employee recognition but also encouraged innovation in patient care and increased service quality, contributing to outstanding hospital performance.

6.1.2.3 Developing and Implementing the High Performance Work System

For the development of the high performance work system, the data from the quantitative and qualitative research reflected that the practices used in such a system were consistently combined and complemented each other, such as robust recruitment aiming to seek employees with learning potential, employee development linked to the quality of customer service, adjustment of the work structure to focus on teamwork and participation, performance evaluation providing feedback for employee development, performance-based evaluation, and performance-based rewards. These practices complied with the high performance work system design principles based on the concept of internal alignment (Bohlander and Snell, 2004; Nisada Wedchayanon, 2009), with the main benefit to make each practice work at full capacity and complement each other effectively. Moreover, it was found that the applied practices were associated with visions, missions, values and customer needs according to the external alignment concept (Bohlander and Snell, 2004; Nisada Wedchayanon, 2009). Its key benefit was to make all practices work consistently in the same direction as the strategic goals of the hospitals. If the strategic goals were translated and communicated to the employees successfully, it would result in desirable employee behaviors which would help respond to the strategic goals of the hospital. These two principals were the key factors describing how the hospital could enhance its performance and create competitive advantage through human resource management.

In terms of high performance work system implementation, it was found that the success of an implementation was related to the organizational

leadership system. This system enabled the high performance work system, predetermined by the senior management, to be transferred to the routine work of the employees such as the Midnight Clinic of Chaophya Hospital, “Team Sakura” of Smitivej Sukhumvit Hospital, and the cases of knowledge management in many hospitals which could be translated to the employees practically. It was very important that the hospitals could translate their goals to routine work because it enabled the predetermined systems to be concretely implemented and comprehended by the employees. Once the senior management transferred and communicated through the organizational leadership system effectively, it would make the employees more aware of its importance. It was found that the communication method used was two-way communication, indicating an advantage that would benefit the hospitals and patient services. Two-way communication created cooperation and made the employees dare to share ideas and fully collaborate with the hospital. This could be called engagement with the organization.

In addition, the hospitals conducted monitoring by applying individual performance indicators which were integrated vertically according to the balanced scorecard approach. This helped transfer the work system to the routine work of the employees more conveniently. The key was that the hospitals conducted an incentive systems providing monetary and non-monetary incentives to the employees such as valuable jobs that helped create meaning of life, a friendly work environment, and opportunity to develop knowledge and ability which was reflected from the data obtained from all hospitals. These implementations enabled the employees to maintain desirable behaviors and contributed to continuous self-development as well as work and hospital development. In summary, it could be said that efficient translating and communicating, continuous monitoring, and motivating aligned with applying the high- performance work system to routine work were considered as important processes enabling the hospitals to implement the high-performance work system effectively.

6.1.2.4 Enhancing Organizational Culture

The hospital culture was a clan culture, which was reflected from teamwork, collaboration, generosity, and the readiness of the hospital members to solve problems together. Moreover, organizational culture can be seen from the

characteristics of the hospital leaders. It was found that the leaders were friendly with the employees, focused on equality, and had trust and faith in the employees. This kind of culture was also seen from the hospital's commitment to building a good relationship between the employees, which was like organizational glue sticking the whole organization together. According to the organizational culture concept of Kotter and Heskett (1992), it could be summarized that the clan culture was a strong culture indicating the common beliefs and values of the hospitals. The findings also suggested that patient-oriented service culture, quality and safety culture, and innovation culture, which reflected the professionalism in providing medical services, were another type of hospital culture. These cultures were based on professional culture which was actually a way of life in the hospital. The cultures were caused by the philosophy of HRH Prince Mahidol of Songkla, what the leaders focused on, and the needs of customers. They also resulted from socialization mechanisms such as orientation, coaching, mentoring systems, and team building in hospitals. These mechanisms were considered as the operations that helped embed organizational culture in the employees' thoughts and beliefs until the hospitals were recognized for outstanding performance.

6.1.2.5 Developing Ethical Transformational Leadership and Organizational Leadership System.

Leadership behavior and the leadership process had a strong influence on the hospital's performance. Leadership behavior consisted of idealized influence, inspirational motivation, intellectual stimulation, individualized consideration, and leadership ethics. These components were called ethical transformational leadership, while leadership process consisted of establishing the vision and value of the hospitals, determining strategy and action plans, translating and communicating, and monitoring and evaluation.

1) Ethical Transformational Leadership Behavior.

Idealized influence was seen when the leaders discussed their beliefs and values with followers. The values and beliefs spoken were beyond self-interest and underlying morality and ethics which motivated the followers to have positive feelings and trust in the leaders as well as the desire to be like the leaders. Idealized influence could be observed were commitment to developing the hospital's

quality, operations that prioritized patient safety, patient-oriented value, dedication and responsibility, and concentration on employees were apparent. Furthermore, the leaders had an idealized influence or became a role model for self-reliance or daily living for example with their punctuality, dress, speaking, and enthusiasm for knowledge sharing. If these leader behaviors were attached to ethics, the outcome would not only make the followers feel good about the leaders but also created trust, which was the great power of faith. Consequently, it would result in employee commitment and willingness to create achievement for the hospital.

As for inspirational motivation, the leaders were the motivators inspiring the followers by focusing on internal motivation enhancement by creating challenge vision. Then that vision was communicated until it became the shared vision of employees at all levels. The leaders created team spirit by communicating clear expectations and "acquiring the power of faith from the employees" in order to develop the hospital's performance. The leaders suggested the outcome of quality work and told good stories about good-quality work in order to inspire the employees. The visions or future image of the hospital that the leaders adhered to would become an inspiration for the employees, thus contributing to employee dedication and devotion as well as job commitment. Consequently, this would become the key driver for the hospital's achievement. In addition, inspirational motivation was implemented through the mechanisms of complimenting and assigning challenging tasks. When the motivating leaders paid attention to the employees, listened to their comments and provided them with a chance to show their abilities, the employees would be inspired and committed to drive the performance for the hospital.

Regarding intellectual stimulation, the leaders stimulated the followers to realize problems or other challenges, making the followers seek new ways to solve the problems or handle emerging challenges. Intellectual stimulation enabled the employees to initiate creative ideas or think out of the box, which could be applied to routine work and lead to better operational practices. For individualized consideration, the leaders focused on the hospital's achievement and employee growth. People development was prioritized, and therefore it could be seen that the leaders acted as a coach to develop the learning and to help the followers achieve their full capacity. Additionally, the leaders combined dharmic principles in developing the

followers, which highlighted the ethical and moral values that the leaders emphasized. It was also found that the leaders developed and coached their followers on the basis of individual differences, which could draw the potential of each employee effectively. Moreover, individualized consideration was a matter of information sharing. The leaders shared information about trends and current changes related to work with the employees. It also included empowerment, encouraging the employees to think, make decisions, and adjust themselves gradually. This made the employees fully develop their potentials according to individual differences.

According to the ethical leadership behavior, it was found that the leaders of the hospitals with outstanding performance had morality, transparent integrity, employee recognition, and ethical guidance. Morality, integrity and transparency could be determined by the arbitrary action of the leaders. Whatever the results turned out, the leaders would always be responsible for the consequences of that action. This behavior conformed to good governance principles, creating employee confidence, trust in leaders, and engagement, all of which contributed to outstanding performance. It was also found that the leaders allowed the followers to make decisions, and listened and paid attention to the followers' thoughts and needs. These behaviors showed that the leaders recognized and respected their followers. As for giving ethical guidance to the employees, it could be seen from the ethical policy that the leaders had clearly determined to control the operations. The leaders also established the standard for ethical practice in the workplace and set up special task units to monitor it, such as medical organizations and nursing organizations that controlled medical and nursing ethics respectively. These units monitored ethical problems or reported the progress to the leaders in order to solve and prevent problems from recurring. These operations were important mechanisms for strengthening employees' ethical behavior.

2) Organizational Leadership System.

The organizational leadership system was a key factor contributing to the hospital's success. Organizational leading consists of four significant processes, aiming to respond to the needs of the stakeholders, namely:

(1) Determining visions and shared values

(2) Identifying strategies and action plans

(3) Communicating and transmitting

(4) Monitoring and evaluation

For determining vision, the hospital focused on three components: the intent or main purpose of the hospital, the future image of the hospital, and shared values. Most of the visions aimed to respond to the expectations of multiple stakeholders, which were usually predetermined by the top leaders or the senior management. Then the hospital would give the employees an opportunity to take part in establishing the vision. Employee suggestions would be collected to create recognition and a common ground until it resulted in a shared vision. Once the vision was established, the hospital would identify the value to support. The content of the value was mostly related to the work style that reflected the organizational culture such as teamwork, safety and being service oriented, customer oriented, and having service excellence. Many hospitals tried to think of simple words linked to the hospitals' names. These values determined a work style of the employees which could be transmitted to routine work and enhance work improvement responding to the visions.

After establishing visions and shared values, the hospital management committee jointly determined strategies and action plans by systematically analyzing the internal and external environment. Then the strategy and action plans would be translated and communicated to the employees to ensure that the routine work complied with the determined strategy. It was found that the balanced scorecard approach was adopted for use, which helped transfer the strategy and action plans to the employees effectively. It enabled the employees to clearly see the connection between the hospital's expectations and the behaviors that the employees should perform. According to the communication channels that the hospital used, apart from hierarchical communication, the leaders also used various opportunities to comprehend the operational problems of employees, which were called two-way communication. The most effective channel was direct communication to employees through meetings and unit visits (internal survey), especially on-site visits conducted in small groups enabling the management to get close to the practitioners and understand the problems and needs of employees as well as find out solutions for improves working quickly and accurately. In terms of

monitoring and evaluation, the hospitals identified the key performance indicator according to the balanced scorecard approach and evaluated the performance of each unit and individual employee regularly. This was an essential mechanism enabling the hospital to realize whether the predetermined strategies, objectives, goals, and action plans could be achieved or not.

3) Leadership Development.

The main purpose of leadership development was to strengthen the leadership behaviors associated with the organizational leadership system. The results suggested that many hospitals applied competency-based leadership development to their operations, enabling the employees to obtain leadership competencies which the hospital had determined, such as TEAM (Teaching, Execute, Active supervisor, Manage to go) of Phyathai 2 Hospital, and the competency of vision, inspiration, and managerial skills of Queen Savang Vadhana Memorial Hospital. This leadership development approach helped connect leadership competency with the strategic needs of the hospitals efficiently.

In terms of development method, most of the hospitals sent the employees to attend external training at other organizations such as PacRim, the Thailand Productivity Institute, and other educational institutions which provided training courses related to the competency that needed to be developed. The training methods included lectures, workshops, knowledge sharing, brainstorming, group discussion, study reports, and best practice study tours. The key advantage of attending external training was that the employees would experience new things, gain new perspectives from the experts, and share experiences with the network of employees in various organizations. However, leadership development should be conducted according to the context of each hospital. Therefore, it was found that some hospitals had organized specific leadership development programs such as Queen Savang Vadhana Memorial Hospital, which conducted leadership development according to Thai Red Cross management skill development program. Moreover, every hospital emphasized and applied on-the-job development through coaching, a mentoring system, role models, and collaborative learning, which significantly contributed to leadership development according to the context of each hospital. The hospital also focused on ethical development as could be seen that the hospitals established committees to

oversee ethics specifically. This ethical committee was responsible for providing moral and ethical knowledge and promoting ethical behavior as well as controlling ethical misconduct in medical services.

6.2 Discussion

In this section, the influence of service-oriented OCB, which was the factor that had the most direct effect on hospital performance, will be discussed first. Then the influence of the high performance work system, human capital, organizational culture, and ethical transformational leadership according to the findings from the research hypotheses will be discussed. The researcher will also insert a discussion of the antecedents, processes, and operations related to those factors. The details are as follows.

First, the findings suggest that service-oriented OCB has a direct influence on hospital performance. It showed that the quality service that meets the customer satisfaction was very important to the hospital's performance. This is consistent with Raub (2008) Tang and Tang (2012) and Berry and Seltman (2008), who stated that in order to achieve the expected performance, the hospital needs to strongly focus on the service behaviors of the employees. The findings from previous research confirm this statement. It was found that organizational citizenship behavior is a variable affecting the hospital performance in many dimensions, such as employee intention to resign (Tsai and Wang, 2008), employee turnover rate (Yan Sun, Aryee, and Law, 2007), increased productivity (Podsakoff and MacKenzie, 1997; Yun Sun, Aryee, and Law, 2007), work quality and effectiveness (Walz and Niehoff, 1996; Sutharjana, Thoyib, Taroena and Rahayu, 2013), job performance (Chu and Feng Hsu, 2011), customer satisfaction (Schneider et al., 2005), patient loyalty (Sutharjana, Thoyib, Taroena and Rahayu, 2013), and financial performance (Walz and Niehoff, 1996; Walz and Niehoff, 2000; Karatepe et al., 2006). This is similar to the results of this research, which indicated that organizational citizenship behavior had an influence on hospital performance in terms of human resource outcome, patient care outcome, financial outcome, as well as health promotion and social responsibility outcome.

Organizational citizenship behavior is one of the extra role behaviors that enables the employees to deliver the service effectively and helps to enhance the organizational performance considerably (Podsakoff et al., 2000). The results of this research demonstrated that service-oriented OCB which consisted of loyalty service-oriented OCB, service delivery service-oriented OCB, and participative service-oriented OCB, was a significant factor that had the highest direct influence on the hospital's performance. This is because effective service delivery requires employees with a service mind, service-orientation, and good communication skills. Therefore, having hospital employees with service-oriented OCB according to the findings from the quantitative research, such as communicating with the patients regularly, and respecting and serving the patients without any discrimination, and intending to work with minimal errors and also obtaining service-oriented OCB resulting from qualitative research, such as delivering holistic service based on the concept of patient-oriented and humanized health care, will improve the quality of patient care (Hallums, 2008), making the patient and their relatives satisfied and building patient loyalty consequently (Sutharjana et al., 2013).

In addition, service-oriented OCB also has an effect on internal customers (Yoon, Choi and Park, 2007), for example with hospital employees that work together. Therefore, service-oriented OCB not only builds patient satisfaction and patient loyalty but is also a factor causing good collaboration and cross-functional cooperation as well as increasing organizational abilities, such as the ability to attract and retain highly-skilled employees (Jen Lin and Cheng Lin, 2011; Nasir et al., 2011) and contributing to better hospital performance (Vera and Kuntz, 2007; Jen Lin and Cheng Lin, 2011; Sutharjana et al., 2013).

Participative service-oriented OCB, which is reflected when the employees give the hospital a suggestion for service improvement and motivate their colleagues to initiate creative ideas for improving and solving service problems, has a strong impact on the hospital performance. This is because these behaviors enable the employees to have a chance to exchange information needed for the patient care and learn the new things together, causing the employees to have the ability to adjust their work or service styles to meet the patient needs (Organ et al., 2006). Once the employees make suggestions to their colleagues about service improvement and solve

the problems together, a work network for knowledge building and information sharing is established, contributing to better performance enhancement (Organ et al., 2006).

Loyal service-oriented OCB makes the employees promote the products and services of the hospital, as well as pass good stories of the hospital to the people outside and persuade them to become new customers which leads to increased organizational performance consequently (Bettencourt, Gwinner and Meuter, 2001). This finding is consistent with the information obtained from the qualitative research at Fort Suranaree Hospital and Queen Savang Vadhana Memorial Hospital, which suggested that the patients from remote provinces intended to receive medical service at these two hospitals because they had been given information about the highly-skilled doctors and attentive patient care by word of mouth.

Regarding related operations, it was found that the hospitals concentrate on enhancing excellent service knowledge. This helps confirm the finding of Bettencourt, Gwinner and Meuter (2001), which indicated that knowledge is the key antecedent of service-oriented OCB. Therefore, it is an appropriate way for the hospitals to continually organize their training courses in order to enhance knowledge relevant to excellent service behaviors.

In terms of knowledge content, the results showed that the hospitals not only emphasized good service behaviors but also focused on customer knowledge. This helps promote better service delivery service-oriented OCB because customer knowledge is like a compass enabling the employees to change their service behaviors (Bettencourt and Gwinner, 1996). The employees can use the customer knowledge to adjust their service to meet or exceed the customers' expectation (Bettencourt, Gwinner and Meuter, 2001). Therefore, apart from the training, encouraging the employees to memorize the customer information, which is what the hospitals have adopted, was considered a reasonable approach. Giving that knowledge is an essential part in building organizational citizenship behavior, it was not enough, as the information from the interview suggests, as a senior manager at Saohai Hospital (2013) stated:

> "Sending the staff to attend the training is normal. Giving knowledge alone is not enough. Behavior expression must include an attitude. The behavior has to be repeated. Giving knowledge can cause good result for just a short period. Finally, they will be back to their previous thinking direction."

Therefore, it is necessary to build an employee appropriate attitude. An attitude is a key predictor of organizational citizenship behavior (Organ and Ryan, 1995). The hospitals implemented this by focusing on raising awareness of humanized health care through the mechanisms of coaching, mentoring system, and telling a good story. These operations can considerably enhance the service delivery service-oriented OCB.

The hospitals also provided an environment that helped to maintain behavior, including a motivational leader, a role model, establishing concrete policy, and standards of employee behaviors, and applying human resource management systems such as performance evaluation, as well as giving monetary and non-monetary incentives. This is a method that enables the employees to have service delivery service-oriented OCB, which is similar to much of the previous research (Bolon, 1997; Choi, 2007; Gadot and Angert, 2007; Yun Sun, Aryee, and Law, 2007; Gong, Chang and Yin Cheung, 2010; Wei, Shian Han and Chieh Hsu, 2010; Jen and Cheng, 2011; Jiao, Richards and Zhang, 2011; Tsai and Su, 2011; Ta-Wei and Ya-Yun, 2012).

Second, the findings suggested that the high performance work system has a direct impact on the hospital performance in Thailand. It shows that a people management system that takes strategic consistency into account is very important for the hospital performance enhancement. These findings are consistent with the research of international scholars, such as Gittell, Seidner and Wimbush (2009), who studied the impact of the high performance work system on the hospital performance in the United States by developing a high performance work system from the perspective of the relational model. It was found that a high performance work system is a key factor that helps improve the effectiveness and efficiency of patient care significantly. The practices included in this research were the recruitment aiming to seek the employees with teamwork and cross-functional skills, the process of solving

conflict together, cross-functional performance evaluation in terms of quality and effectiveness, and teamwork rewarding. These practices can build relational coordination in determining operational goals together, sharing knowledge, enhancing the employees' respect for each other, and enabling a better communication system. Similarly, the research study of Chang Yang and Yun Lin (2009) examining the relationship between human resource practices and hospital performance by collecting the samples from the hospitals in Taiwan suggested that recruitment, training and development, performance evaluation, and compensation were the significant factors affecting hospital performance. In Thailand, although there are few research studies related to the high performance work system, some findings have adequately indicated that a strategic people management system is a key factor contributing to the hospital's achievement. For example, Vinai Panjakajornssak (2009) applied the service profit chain to investigate the connection of financial performance in a private hospital. It was found that the practice leading to the hospital performance was associated with the hospital practices that focus on the work environment, colleagues, and the whole hospital. The research results suggested that in order to achieve good hospital performance, the hospital has to link human resource management with human resource policies and practices reflecting the management's focus on the employees so that the employees can demonstrate their abilities. This will create job satisfaction and link to customer satisfaction, ultimately influencing the financial performance of the hospital (Vinai Panjakajornssak, 2009).

As for the results of the quantitative research, the direct impact of human capital on hospital performance was not found. Thus, the researcher assumes that the high performance work system affecting hospital performance through human capital does not occur. This finding is different from that of Chang Yang and Yun Lin (2009), who studied the relationship between human resource practices and intellectual capital and hospital performance. The study showed that human capital had a direct impact on hospital performance. In addition, this finding is also different from the results of the qualitative research, which can confirm that human capital is a significant factor in hospital performance improvement. However, this finding is consistent with previous studies, such as the research of Hitt, Bierman, Katshuhiko and Kochlar (2001) and Myers, Griffith, and Daugherty (2004), which suggested that

human capital did not have a direct impact on hospital performance. The researcher assumes that the findings of quantitative research, discovering no direct impact of human capital, may have resulted from the list of questions relevant to knowledge, skill, and ability applied in the present research. Those questions are normally used to measure generic human capital, which is considered a valuable and rare resource that can easily be transferred between organizations (Ployhart, Van Iddekinge and Mackenzie, 2011), so it is not in the scope of inimitability or non-substitutability according to the criteria of resources that create a competitive advantage from the resource-based approach (Barney and Wright, 1998). Therefore, the results of the present research showed that human capital did not have direct impact on hospital performance. However, considering the information obtained from the qualitative research, aside from human capital, the hospital employees' experiences, on-the-job training, a teamwork system or even embedded knowledge about patient care significantly affected the hospital performance. These elements were considered as unit-specific human capital (Grant, 1996; Liebskind, 1996), which were linked to the specific context of each hospital and included in the scope of the inimitable and non-substitutable resources (Ployhart, Van Iddekinge and Mackenzie, 2011). Thus, the results of the qualitative research were literally different.

However, the results of the quantitative research yielded interesting findings, furthering the previous research, as it was found that the high performance work system affected hospital performance through human capital, which consequently influenced service delivery service-oriented OCB. It helps to expand knowledge about the mechanisms that connect the relationship between resource-based view determinants and organizational performance. This is because the findings suggested that a people management system or human resource practice enhancing skill, knowledge, ability, and valuable human capital for the hospital alone are still not enough for achieving strategic objectives. It is essential that the people management system can make use of the accumulated human capital by providing the employees with opportunities to perform appropriate service behavior. These findings may comply with the strategic choice concept of March and Simon (1959, quoted in Wright, Danford and Snell, 2007), who indicated that strategic people management enhancing competitive advantage should focus more on what influences the discrete

behavior of the employees. Therefore, the researcher believes that human capital acquisition, accumulation and retention should be conducted in conjunction with an employee participatory system, allowing the employees to take part in decision making related to work and empowerment, which will finally lead to discrete behavior. People management here is the high performance work system, as the findings from this present research suggested that the balanced combination of participatory practice, human resource practice, and motivation practice will truly contribute to organizational performance development.

In terms of the operations associated with human capital, human capital acquisition, development and retention are important operations helping to create the hospital's outstanding performance. According to organizational core competency concept, it was found that the practices applied in the hospitals, such as employer branding and giving scholarships, were significant factors that had an effect on organizational core competency, thus contributing to the hospital's outstanding performance.

Employer branding and giving scholarships are recruitment strategies based on the staffing as a strategy formulation approach. This strategy aims to recruit the most talented candidates to increase the organizational capabilities. Talented employees will enable the organization to create outstanding strategy. Talented and high potential employees can also create outstanding organizational core competency and competitive advantage (Nisada Wedchayanon, 2011). Head hunting is a recruitment strategy according to the buy approach, which relates to the concept of staffing as strategy implementation that recruits the employees to make use of their specific competency in implementing the hospital strategy effectively.

In terms of the resource-based view, it can be said that college recruiting is a strategy that helps the hospital to acquire valuable resources. Giving scholarships or signing a memorandum of understanding (MOU) with educational institutions helps increase access to candidates, enabling the hospital to gain more sources of candidates and more opportunities to select the candidates with appropriate qualifications. It is similar to headhunting, which is a strategy enabling the hospital to acquire employees that are qualified and ready to work immediately. Thus, college recruiting and headhunting are considered recruitment strategies that help to create a person-job fit

and that have implications for hospital performance enhancement based on the value criteria of the resource-based view.

Regarding employer brand, it was found it was a factor attracting qualified employees that fit the hospital identity or culture, which complies with the person-organization fit approach. The need for employee qualifications varies according to the employer brand of each hospital. Therefore, the employer brand becomes a strategy enabling the hospital to get access to the sources of candidates based on the rare criteria of the resource-based view. Similarly, internal recruiting that includes job promotion and filling vacancies is considered a method that enables the hospital to acquire qualified employees according to the concept of social complexity. It is a result of the operational system, culture or social system in each hospital, which is a factor that shapes the work skills and specific expertise of the employees. Additionally, internal employees have long experiences in learning and accumulating knowledge in the hospital, resulting in inimitability, which is a criterion of the resource-based view.

From the above information, it can be concluded that the strategies of college recruiting, headhunting, employer branding, and internal recruiting can improve the hospital's performance and create a competitive advantage, as shown in Table 6.1.

Table 6.1 Human Capital Attraction Strategies for Hospital Performance

Criteria of competitive advantage from the resource-based view		**Recruitment strategies**
Valuable	Person-job fit	College recruiting Headhunting
Rare	Person-Organization fit	Employer brand
Inimitable	Learning and knowledge accumulation, social complexity	Internal recruiting

Human capital development is another operation reflecting the attributes of strategic human capital management, which can be observed from, one, the objectives

of employee development linked to the strategic needs of the hospital, to which the competency approach is applied, as well as the integration of human resource development and other human resource functions such as performance management, which plays an important role in enhancing learning culture. Second, human capital development focuses on individual development, work development, and whole-hospital development with the supervisors to share responsibility for the people development process. Third, various development methods are used in the hospital including formal training, on the job training through coaching and mentoring, learning by doing, providing further education, and applying knowledge management to improve the hospital's performance.

Knowledge management activities including case conference, Community of Practice: CoP, After Action Review: AAR, Success Story Technique: SST, and Routine to Research: R2R help to facilitate the exchange of knowledge which can be utilized in people management, causing work and hospital development. Particularly, routine to research can create knowledge asset enhancing people development which is truly useful for work development and patients or customers (Somchart Toraksa, 2010). Moreover, routine to research is a multi-dimensional people development creating happiness and pride on the part of the employees and teams, who achieve better performance (Wijarn Phanich, 2009). In addition, applying knowledge management to human capital development is a method to create learning in the workplace, which is considered as a center of strategic human capital development at present (Nisada Wedchayanon, 2014). Due to the linkage to organizational needs and the development taking place in the workplace, it can be said that human capital development not only creates valuable resources but also develops resources with skills and abilities suitable for the hospital context according to the inimitability and non-substitutability criteria of the resource-based view, contributing to hospital performance development.

Considering human capital retention in the hospitals with outstanding performance, it was found that the hospital operations reflected the characteristics of strategic human capital management. For example, the hospitals applied performance-based pay, which is a compensation strategy based on a universalistic approach focusing on motivation enhancement in order to improve the employees' performance

in driving the hospital performance. In addition, the hospital operations also reflected the compensation strategy based on the contingency approach, such as conducting a special incentive program for the employees with English and Japanese proficiency according to the competency-based pay method in order to respond to the needs of foreign patients, who are the context of the hospital, and providing fringe benefits and work-life balance enhancement to the employees in the public hospital with financial limitations.

The effective human capital retention strategy enhances the value and meaning of life for the employees by providing non-monetary incentives that can productively encourage the employees to feel motivated and engaged. Value and meaning of life can be created by allowing the employees to initiate creative ideas and assigning them to participate in special projects so that they can show their ability, effectively improving the hospital service and the patient benefits. Therefore, these two compensation strategies can complement each other in maintaining valuable, rare, inimitable, and non-substitutable human capital.

Third, the research results suggested that the high performance work system had a positive impact on hospital performance through service-oriented organizational citizenship behavior. These findings may not yet be reflected in health organizations or hospitals, but a few studies in other industrial sectors have shown similar results, such as those of Sun et al. (2007), which examined the influences of human resource practices on the hotels in China. It was found that research results high performance work system was correlated with employee turnover rate and increased productivity with service-oriented organizational citizenship behavior functions as a partial mediator. Similar to the findings from this present research, these results can be described by the social exchange theory (Blau, 1964), which is often used to study and explain a wide range of organizational behaviors.

This theory provides the knowledge that although the exchange occurring between an organization and an employee is basically in the form of economic exchange, social exchange can create employee commitment and trust even more. It enables the employees to perform organizational citizenship behavior and ultimately leads to performance improvement (Blau, 1964; Eisenberger, Huntington, Hutchison and Sowa, 1986; Sparrowe and Liden, 1997; Cropanzano and Mitchell, 2005;

Numchai Supparerkchaisakul, 2007). Blau (1964) further suggested that the employment relationship is a key factor causing the attributes of social exchange. Therefore, it can be said that a high performance work system was perceived and valued by employee. This causes the mutual exchange between the employees and the hospital, which constitutes the organizational citizenship behavior of the employees.

Similarly, considering the conceptual framework of the relationship between the high performance work system and organizational performance of Evans and Davis (2005), it can be said that the high performance work system practices have an effect on the employee relationship demonstrated in the form of organizational citizenship behavior. In other words, a high performance work system can create an environment that facilitates organizational citizenship behavior. The high performance work system includes a participatory system that enables the employees to continually initiate and propose innovative ideas related to work, and a motivational system that encourages collaborative working and enables the employees to realize organizational support or fairness. This indicates that the high performance work system is a factor motivating and enhancing loyal organizational citizenship behavior, service delivery organizational citizenship behavior, and participative organizational citizenship behavior. When considering the findings from the qualitative research, they are consistent with the procedures to enhance organizational citizenship behavior in terms of building a work environment. The work environment here is indeed the high performance work system.

Considering the empirical evidence from the previous research that studied the relationship between the high performance work system and organizational performance in other industries, it indicated that human resource practices such as training and development (Rhoades and Eisenberger, 2002; Snape and Redman, 2010), giving job performance feedback (Tansky and Cohen, 2001; Snape and Redman, 2010), motivation practices such as performance-based pay (Pfeffer, 1998; Snape and Redman, 2010), and employee participatory practices such as quality control circle (Allen, Shore and Griffeth, 2003; Snape and Redman, 2010) were perceived as a value that the organization provides to the employees. This can productively create employee trust and desirable discrete behavior thus contributing to organizational performance improvement.

Fourth**,** organizational culture is valuable, rare, and inimitable so it can improve the hospital's performance. According to the organizational culture concept of Deal and Kennedy (1982), successful and outstanding organization is formed when norms and shared values unite an employee with an organization. Creating a strong organizational culture is a powerful tool to adjust the behavior of employees and which leads to improved performance. This research results indicated that organizational culture had a positive impact on hospital performance through the high performance work system, confirming that organizational culture and human resource management system are closely related (Guest, 1994; Legge, 1995; Den Hartog and Verburg, 2004).

Organizational culture has an influence on determining the human resource management policies and practices that will be applied in the hospital. This is consistent with Aycan (2005), who stated that upon implementing any system related to human resource management, the senior management of the organization will take account the beliefs and assumptions about the nature of work and employees, including the organizational culture that has been deeply embedded in the organization. If an organization has a culture that supports human resource management, it will achieve outstanding organizational performance.

The research results suggested that the organizational culture of the hospitals was a clan culture which was reflected in 1) teamwork, 2) supportive work and cooperative problem solving, 3) a family-like relationship of the hospital members, 4) leaders with friendliness, fairness, reliability, and faith, and 5) the hospital's focus on good relations among the employees. These characteristics indicating the clan culture of the hospital were consistent with the findings of Nisada Wedchayanon (2002), who studied the dominant characteristics of Thai human resource management. The findings showed that the Thai administrative culture concentrates on the employees' state of mind, emotional ties, brotherhood, cooperation, and helpfulness. This culture reflects the beliefs and values of Thai people concerning the family system, which is a national culture that has existed for years (Nisada Wedchayanon, 2002). It also reflects the cultural roots of the East, which focuses on "complete humanity," showing the role of religious philosophy and principles that have been passed down to the present (Boontan Dokthaisong, 2008). In addition, patient-oriented medical

service, quality and safety, and innovation were the other “cultures” that could also be seen. These cultures reflected the standards and professional ethics of the hospital employees, which were based on the professional culture.

The organizational culture of the hospitals resulted from the guiding principles of HRH Prince Mahidol, what the leaders focused on, and the customer needs as well as socialization mechanisms, namely orientation, role model, integration into the workplace, and team building. All of these factors helped to shape the organizational culture. These findings confirmed the suggestion of Bass (1985) Robbin (2001) Jones (2004) Bass and Riggo (2006) and Schein (2010), who indicated that the above factors were significant sources of organizational culture. For changing the organizational culture, the information obtained from Phyathai 2 Hospital suggests an important lesson learned about the culture change process as follows.

1) Changing an organizational culture is caused by taking account of the environment that affects the hospital, especially in terms of competitiveness improvement, resulting in the future image of the hospital, as can be seen from the clear determined visions. These visions are actually the reason for the change of organizational culture. The hospital also considers the work process and behaviors of existing employees, which focus on the problems and needs arising from actual work. The researcher believes that this is a key connection point, causing consistent results in changing a culture from a low level in order to respond to the hospital visions. It finally results in the cultural characteristics called “We before Me.” The employees can realize the hospital’s expectations, values, and desirable employee behaviors responding to expectations.

2) Organization culture is continually and gradually driven, beginning with easy practices that the professional employees at all level can achieve, which is “We Open.” We Open helps encourage the employees to initiate creative ideas and open their minds to learn new practices. Then the other “We” series will be driven to create an overview of the collaboration culture or “We before Me.” The cultural driving process is done gradually and being with easy practices, enabling the employees to accept and engage in the changes throughout the process.

3) During the transition period that drives an organization to the predetermined future, the hospital focuses on creating a change in the employees by

applying communication strategies to reduce fear and resistance to change. Orientation, training, and a variety of organizational development activities are used to make the employees understand and be aware of the culture needed for the early stage. Then, the culture is shaped through daily learning and integrated into performance evaluation. The performance indicators consistent with routine work of the employees are also set. This is a key success factor for shaping an organizational culture because of clear communication of expectations and integration into routine work with consistent performance indicators, thus leading to acceptance and practical implementation.

Fifth, the research results suggested that ethical transformational leadership had a positive impact on the hospital performance in Thailand. Ethical transformational leadership also had a direct impact on the community hospitals and an indirect impact on overall hospital performance. This reflected the idea that the hospital leaders play an important role in hospital performance development, especially in community hospitals with a small size and lack of resources, including people, money, and technology. Therefore, the leaders take on a role in driving the hospital performance by performing ethical transformational leadership behavior. This can be described in relation to hospital performance, as shown in Figure 6.2. It demonstrates that the hospital achievement results from an idealized influence by emphasizing and cultivating their beliefs and values in the employees as well as behaving as a role model in all aspects in order to create motivation and inspiration. The challenging visions are communicated to the employees through delegating a job associated with the visions. This helps to create shared visions and great inspiration for the followers. Idealized influence and inspirational motivation enables the employees to have positive feelings, trust, and faith as well as inspiration and engagement. The employees will finally be encouraged to make an achievement and perform discrete behavior, thus contributing to the hospital's performance.

Intellectual stimulation is about an approach in which the leaders aim to challenge traditional thinking and practices, trigger creative ideas, and encourage the employees to share opinions. It helps make the employees become more creative and think "out of the box," which will be beneficial to solving problems at work. The intellectual stimulation of the leaders enables the employees to continually develop

their work, using the knowledge that they have learned and developed together as well as the leaders' teaching and empowerment. These behaviors cause the employees to participate in driving the hospital performance improvement together. If the leaders perform these behaviors along with ethical behaviors reflected from morality, transparency, integrity, respect, and ethical guidance, it will make the hospital performance become even higher. Bunlu Siriphanich (2006) indicated that in managing the hospital, the hospital director is a key person making the hospital advance or decline. If the director has desirable characteristics, including virtue, transparency, participation, responsibility, effectiveness, and the rule of law, it is believed to make the hospital progress successfully.

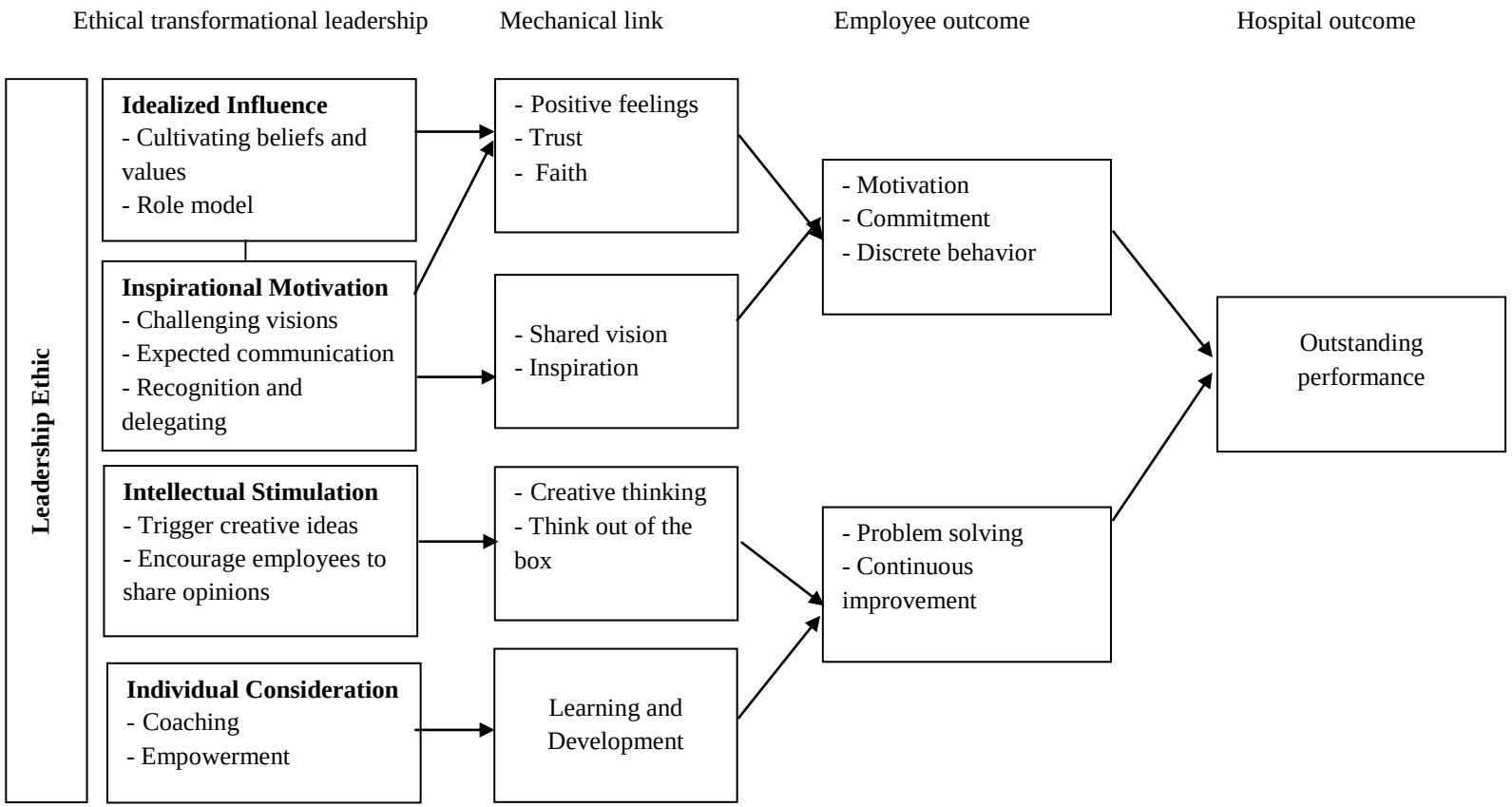


Figure 6.2 Connections between Ethical Transformational Leadership, Employee Outcomes, and Hospital Performance

The research results suggesting that ethical transformational leadership has a positive impact on hospital performance through organizational culture conformed to the finding of Bass (1985), who stated that transformational leadership often changes organizational culture in a direction consistent with the visions of the leader. Considering the data from the qualitative research, it was clearly seen that the visible aspects of hospital culture such as teamwork, concentration on quality and safety, and customer-oriented approach were what the leaders focused on. These findings were similar to the previous research of Ogbonna and Harris (2000), which indicated that participative and supportive leadership had an indirect positive impact on organizational performance through competition and innovation culture. Further, the findings were consistent with the study of Casida and Pinto-Zipp (2008), investigating the relationship of leadership styles based on the Full Range Leadership Theory of Avolio and Bass and organizational culture according to the concept of Denison concerning the performance of large hospitals in the state of New Jersey, USA. It was found that leadership styles had an effect on organizational culture, causing an ability to create a balance between the flexibility and stability of the nurses in the hospitals and ultimately leading to increased performance.

The research results also reflected the notion that ethical transformational leadership had a positive influence on hospital performance while high performance work system was a moderator. This showed that the influence of leadership, which resulted from powerful visions enhancing employee motivation, too place through the mechanisms of human resource management. This finding was consistent with that of Zhu, Chew and Spangler (2005), who stated that without the mechanisms of human resource management such as recruitment, training, and communication, the visions of leaders may not be effectively transferred to employees. Human resource management plays a critical role in the communication process between leaders and organizational members. Those human resource management practices help to create effectiveness and make the employees feel completely motivated by and engaged in the predetermined visions. This finding was also similar to the suggestion of Wayne, Liden and Sparrowe (2000), who pointed out that if leaders need to develop people and improve the abilities of followers, they have to rely on the mechanisms of human resource management in terms of attraction, training and development, performance

evaluation, and a reward system. Thus, it can be concluded that leadership has an effect on organizational performance through the mechanisms of human resource management, as shown in the research results.

In terms of the leadership development process, the hospitals have the main objective to improve the hospital performance by applying a competency-based leadership development approach. This approach has the advantage of being able to make the leader's characteristics match the needs of the hospitals (Garavan, Morley, Gunnigle and Collins, 2001; Bingham, 2005; Brownell, 2006). The hospitals implemented various development techniques, including both on-the-job and off-the-job approaches. For the off-the-job approach, a variety of training methods were applied, including lectures, case study, group activities, practice, and study tours. This is a key point because the extensiveness of training not only increases knowledge but also enables opinion and experience sharing, collaborative problem solving, and participatory activities, which can productively improve leadership competency (Conger and Benjamin, 1999; Rattikorn Chongwisan, 2013).

On-the-job development methods such as coaching, mentoring, delegating, and role modeling by the hospital leaders can improve specific competency according to the needs of each hospital (Brownell, 2006), and enhance better transformational leadership (Avolio, 2005; Bass and Riggo, 2006). The most important factor is that the ethical role model of the leaders can create an ethical environment, boosting employee faith and determination to follow the leader's guidance and desirable behaviors (Yukl, 2010; Rattikorn Chongwisan, 2013). Therefore, it can be said that implementing development methods both within and outside work hours simultaneously is the dominant characteristic of ethical transformational leadership, fostering outstanding hospital performance (Enzenauer, 2010; Robino, 2012; Nawasanan Wongprasit, Jamnean Joungtrakul and Katsunori Kaneko, 2012).

Sixth, the research results reflected the idea that age and the size of the organization, which were the moderators of the relation between the resource-based view determinants and hospital performance, provided useful information for a better understanding of the impact of the resource-based view determinants and the hospital's performance. In terms of age, the present research found that all of the causal variables analyzed had a stronger influence on the group of older hospitals than

the group of newer hospitals. This can be seen in the predictive power of the causal variables (R^2), showing that the performance of the newer hospitals was 0.38 while the causal variables indicated that the performance of the older hospitals was 0.84. Furthermore, the newer hospitals were found to have no influence on financial performance, which was different from the older hospitals.

These findings are in accordance with resource-based view approach, suggesting that a resource contributing to a competitive advantage results from the history, experience, or social complexity of an organization (Barney, 1991). It can be said that setting up routines as well as developing relationships and trust among organizational members, which help increase the effectiveness of working, are tasks that require time to achieve (Kor and Mahoney, 2005). Longer experience also enables an organization to have better practices to acquire and utilize resources (Ismail, Rose, Abdullah, and Uli, 2010). Therefore, the hospitals with a long history can accumulate resources, thus enhancing their competitive advantage better than the newer hospitals and resulting in better performance.

Considering organizational size, the findings reflected that it had an impact on the relationship between organizational culture and human capital. It was found that, in the group of large hospitals, organizational culture became a factor that had a direct influence on human capital while that kind of relation was not found in the group of small hospitals. This additional finding was further from the determined hypotheses. This is probably because the hospitals in Thailand have a clan culture focusing on good relationships among the hospital members, family-like and supportive work, teamwork and cooperative problem solving, as well as guidance and motivation from the leaders that encourage the employees to make decision, contributing to the increased human capital of the employees. Moreover, according to social capital theory, it can be said that the influence of organizational culture on human capital was only found in the large hospitals because the human capital, which was in the form of employee relationship networks found in the large hospitals, was likely to be greater than that in the small hospitals probably due to the higher number of employees. When considered together with the data from the qualitative research, it was found that there were large networks of relationships in the large hospitals, including Chiangrai Prachanukroh Hospital and Queen Savang Vadhana Memorial Hospital.

Those networks were found in the form of a large number of communities of practice with the members from various professions. These attributes are the large-scale relationship networks that can bring about knowledge accumulation and development resulting from the knowledge sharing and collaborative work of the employees. Thus, it can be concluded that the organizational culture of the hospitals can facilitate strong human capital, enhancing knowledge and opportunities to create employee value and increased human capital.

6.3 Research Contribution

The discussion of the research contribution is divided into three parts: contribution in terms of methodology, theory, and practical contribution. The details are as follows.

6.3.1 Contribution to Methodology

This research applies both quantitative and qualitative methods in order to gain insightful data and to complement the results of each other, resulting in more integrated value. The contribution of the methodology of this research was comprised of testing the measurement tools used in the data collection according to the principles of good measurement, which consisted of two main criteria: reliability and validity. The researcher examined the data and tested the reliability and validity of the measurement tools two times. First Cronbach's alpha test was run during the stage of the exploratory factor analysis using the computer program. The results showed that Cronbach's alpha values of all measurement tools were quite high. When retesting during the stage of the confirmatory factor analysis in order to find the average variance extracted and construct reliability with the LISREL program, it was found that the results met the acceptable standards (Diamantopoulos and Siguaw, 2000; Hair et al., 2010; Supamas Angsuchote et al., 2011). In addition, this research created a new variable, which was ethical transformational leadership formed by combining the concept of transformational leadership and ethical leadership. The statistic value of this new variable also met the standards. This is considered an important contribution because it results in measurement items with high reliability and constructs validity

that can be used for further relevant research. Additionally, the methodological highlight of this research is that the researcher tested the research hypotheses by applying the structural equation modeling technique with the LISREL program, a program widely used by researchers. The results showed that the model derived from the data was fit with the theoretical model. Moreover, the causal relationships of variables were statistical significance, indicating that the strength of model developed by the researcher was at a good level.

6.3.2 Contribution to Theory

The contribution of the findings to theory is associated with the relationship between resource-based view determinants and organizational performance. The research results suggested that the resource-based view determinants had an impact on hospital performance in terms of human resource, patient, financial, health promotion, and social responsibility outcomes. The findings help to confirm and indicated the importance of resource-based view determinants as a valuable asset that can respond to the needs of multiple stakeholders. It is an approach that international scholars have had an interest in for a long time. In the beginning, the scholars focused on studying the effect on financial performance, as can be seen in the early work of Huselid (1995) and the meta-analysis research of Combs, Hall and Liu (2006). It was found that most of the organizational performance indicators aimed to measure accounting outcomes, such as productivity, growth, financial outcome, and marketing outcomes. However, the scope of the research has been expanded gradually. Some scholars started to examine the effect on employees, for example, Ramsay et al. (2000), who suggested that human resource practices used to enhance organizational performance should take account of employee benefits as well. Lately, many scholars have turned to the study of the relation between resource-based view determinants and employee well-being (Peccei, 2004; Guest, 2011), employee safety (Zacharators, Barling, and Inverson, 2005), employee engagement and discrete behaviors (Kehoe and Wright, 2010), and employee retention (Garner, Wright and Moynihan, 2011).

Scholars also have studied the impact of resource-based view determinants on the performance of public organizations. The results showed that resource-based view determinants are factors that have a significant impact on the organizations

(Messersmith et al., 2011). This reflects the idea that resource-based view determinants can be used to improve organizational performance in more dimensions than financial outcome. This is consistent with the findings from the present research, suggesting that human capital, organizational culture, and a high performance work system enable public and private hospitals to have outstanding performance in terms of: 1) the employee, such as satisfaction, engagement, and loyalty; 2) the customer, such as serving needs, satisfaction, and the need to revisit the hospital; 3) finance, such as income, return on investment, and return on assets; and 4) the community, such as health promotion and social responsibility.

Considering the relationship between human resource management and organizational performance, it has been described by many scholars based on different theoretical bases, including Becker, Huselid, Pickus and Spratt (1997), who applied the expectation theory of Vroom (1964) as a theoretical background to develop the conceptual framework called AMO (Ability, Motivation and Opportunity) (Appelbaum and Berg, 2000; Purcell and Hutchinson, 2007). It is a theoretical framework for strategic human resource management which plays an important role and has been widely used to study the relationship between human resource management and organizational performance. This framework aims to emphasize that human resource practices influencing employee knowledge, skill, and ability enable an organization to have strong human capital, effective motivation practices, and participatory practices, allowing employees to apply the skill and motivation to working for organizational performance improvement. Although this conceptual framework has been widely accepted, there is still no agreeable conclusion about the practices causing AMO. The practices that each scholar suggests are quite different according to the organizational and cultural context of the research sample (Huselid, 1995; Pfeffer, 1998; Sung and Ashton; 2005; Zacharatos et al., 2005; Liao et al., 2009; Wen Chi and Yun Lin, 2011). The set of practices in high-performance work system resulting from this present research were both similar and different from other scholars that are suitable for being applied in the context of Thai hospitals.

According to the resource-based view, which is the theory that scholars often use to develop a research framework describing the relation with organizational performance (Wright and McMahan, 1992), it has key the assumption that valuable,

rare, inimitable, and non-substitutable resources will lead to outstanding organizational performance. The findings from this research confirmed the assumption proving the strength of this theory. However, arguments against the resource-based theory have continued to appear because its assumption seems to be groundless and may not be true for other organizations in the same industry (Hislop, 2003; Paauwe and Boseli, 2003). It is important to explain the mechanisms that link the relationship between resource-based view determinants and organizational performance in a more insightful way (Wright et al., 1994). This kind of problem in human resource management is called the “black box” (Lopez, Peon and Ordas, 2005). Scholars have been recently interested in studying the mechanisms linking the relationship between resource-based view determinants and organizational performance more widely (Wright, Dunford and Snell, 2007; Takeuchi, Lepak, Wang, and Takeuchi, 2007). The present research also aimed to study these mechanisms and the findings suggested that service-oriented organizational citizenship behavior is a significant factor linking the relationship between organizational culture, the high performance work system, human capital, and hospital performance. Further, this relationship was associated with leadership, which has a strong influence on organizational culture and the high performance work system. All of these relationships help enhance theoretical knowledge and productively, leading to practical implementation for hospital performance improvement.

6.3.3 Practical Contributions

Regarding the practical contributions of the present study, the researcher presented the hospital performance improvement model based on the resource-based view approach, which was derived from the synthesis of the quantitative and qualitative research findings. This aimed to respond to the third research objective, which was to develop a model of the relationship between resource-based view determinants, ethical transformational leadership, organizational citizenship behavior, and hospital performance. The model is shown in Figure 6.3, indicating that the key fundamental factor of outstanding hospital performance was the resource-based view, which consists of ethical transformational leadership behavior, organizational culture, the high performance work system, human capital, and service-oriented organizational

citizenship behavior. Implementing these resources in the hospital's performance improvement must rely on the mechanisms of the leadership process, which can be called the organizational leadership system. This process helps to combine resources and leads to a values-based hospital, which is a challenging goal. The practical contributions of implementing the hospital performance improvement model based on the resource-based view approach are as follows.

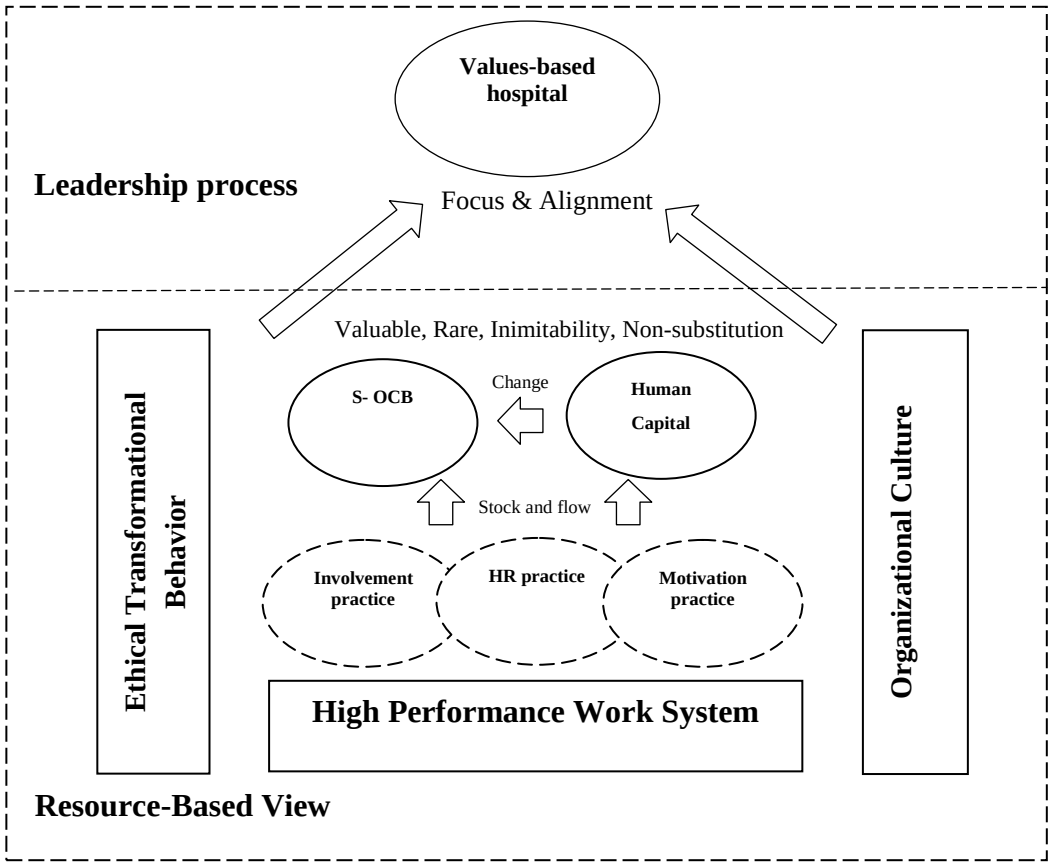


Figure 6.3 Hospital Performance Improvement Model Based on the Resource-Based View Approach

6.3.3.1 Becoming a Values-based Hospital.

The research results reflected that the hospitals focused on challenging goals and aimed to propose values to multiple stakeholders, especially emphasizing the value and meaning of the life of employees, intending to be a hospital that can respond to the needs and exceed the expectations of patients, and planning to become

a spiritual hospital contributing to the society. All of these values conform to the values-based organization concept (Holbeche, 2001). The hospital performance improvement model based on the resource-based view approach aims to suggest that creating a hospital with outstanding performance needs to begin by establishing the goals that can reflect these values.

All employees want to find a job valuable for themselves so the hospital's focus on creating the value and meaning of the life for the employees helps to motivate and inspire them to create their own achievement and to work with dedication for the hospital. Creating value and meaning in life can be conducted through work itself and through the work environment. In terms of work itself, it is considered the advantage of people working in the hospital because medical service jobs assisting others are known to be valuable in themselves. However, if the hospital makes the employees aware of this importance, it will better reinforce the value.

In addition, the hospital can delegate work in order to add value to the employees. This delegation can be done in the form of special projects enabling the employees to have the responsibility and freedom to operate it. This would be very meaningful to the employees because it considerably enhances self-actualization growth. As for the work environment, the supervisors and senior management have a very important role-they should show that they truly care and are concerned about the lives of employees, which can be done by building strong relationships in the workplace, focusing on teamwork and empowerment, which is participatory management, as well as recognizing and respecting the employees. Recognizing the value and meaning of life encourages the employees to have trust and to fully devote themselves to the hospital.

Becoming a hospital that can respond to the needs and exceed the expectations of patients is related to customer focus, and for this reason employee service behavior is very important. The expectations here not only include medical service quality but also cover well-being and other aspects of life that enhance healthier patient care and better quality of life. Further, the expectations of the patient relatives and stakeholders are also included. This is considered as holistic customer focus, covering the physical, mental, personal, and social dimensions of the customers. Therefore, the hospital should enhance service-oriented organizational

citizenship behavior (S-OCB) through providing knowledge about service excellence behaviors, creating customer awareness, raising consciousness or attitudes about humanized health care, and providing a work environment that facilitates employee behavior through the mechanisms of the high performance work system such as determining and communicating behavior standards, training and development, performance evaluation, and a reward system consistent with organizational citizenship behavior. This is a formula for creating organizational citizenship behavior, which results in services that exceed expectations. It also encourages the patients and their relatives to have trust and enables the hospital to build sustainable relationships with customers.

Being a hospital of value is an attribute of the hospital with corporate social responsibility (CSR). The hospital can conduct corporate social responsibility operations through activities relevant to medical service, volunteer programs, and general donations. However, the hospital should conduct these activities in the form of the CSR in process rather than focusing on CSR after the process. Essentially, at an early stage the hospital should prioritize internal CSR, which is responsibility towards employees such as employment, fair human resource policy, and ethical treatment of employees. Then the operations should be extended to responsibility towards customers and responsibility towards society respectively.

6.3.3.2 Attract Valuable, Rare, Inimitable, and Non-substitutable Resources.

Attracting valuable and rare resources should be done systematically by taking account of the person-job-organization match. The hospital needs to apply job an analysis and competency approach as the recruitment tool. The key recruitment strategies are employer branding, college recruiting, headhunting, and internal recruiting. Aiming to be a hospital of value has an advantage in creating the hospital's identity. It helps to enhance outstanding employer brand, enabling the hospital to attract valuable and rare resources. Employer brand contributes to acquiring resources with attitudes consistent with the hospital's identity based on the person-organization fit concept and within the scope of rarity according to the resource-based view approach. College recruiting such as opening a recruitment booth at educational institutions, giving internship opportunities, providing job quota and

scholarships as well as headhunting employees in some specialty fields like medical specialists can make the hospital acquire valuable resources.

As for internal recruiting, such as giving opportunities to get promoted and assigning temporary employees to be permanent employees or government employees in the case of public hospitals, it is a strategy for recruiting skilled employees and retaining employees that understand the system and organizational culture, which helps enhance inimitable resources. Therefore, employer branding, college recruiting, headhunting, and internal recruiting are effective strategies which should be used as a guideline to develop outstanding hospital performance.

Considering the recruitment process, a competency model and comprehensive evaluation should be developed to assess knowledge, skills, and other individual characteristics in order to seek employees that truly match the hospital's needs. Thus, the hospitals need to apply a variety of recruitment tools such as the GMA, ability tests, personality tests, competency-based interviews, and testing internal characteristics difficult to assess during the probationary period.

In terms of inimitability and non-substitution, human capital development is considered to be a significant strategy because a consistent connection between human capital strategy and hospital strategy is very important. Therefore, the hospitals should use competency-based development as a guideline and apply various methods, including formal training, on-the-job training, giving knowledge, and implementing organizational development techniques. In addition, the researcher believes that implementing knowledge management in the hospital can effectively enhance the inimitability and non-substitution of the resources. Regarding knowledge management strategy, both personalization and codification strategies should be implemented in parallel using a variety of knowledge management activities, such as case conferences, communities of practice, after-action reviews, the success story technique, routine to research, and knowledge sharing on the intranet.

These activities can bring about the knowledge accumulation, dissemination, utilization or human capital that responds to the customers' needs and consequently contribute to people, job, and hospital development. The essence of successful knowledge management is access to and sharing of technology-enhancing knowledge, support from senior management, and organizational cultures conducive

to knowledge management. Further, human capital development should be integrated into performance management and the reward system, which helps to create and improve the learning culture and the high performance culture in the hospital.

6.3.3.3 Cultivate a Clan Culture to Reinforce Other Cultures.

A clan culture which reflects the generosity and cooperation of employees, outstanding teamwork, and friendly and fair leaders is the main basis for trust among the hospital members and helps to strengthen social capital, thus contributing to human capital development. Therefore, the hospitals should make the clan culture strong. This will facilitate the development of a patient-oriented culture, a quality and safe culture, and an innovation culture, which should be carried out simultaneously. Considering the organizational culture development approach, apart from the significant role of leaders in driving the culture, the hospitals should rely on socialization mechanisms such as orientation, coaching, mentoring systems, and team building in order to concurrently strengthen the organizational culture.

6.3.3.4 Develop and Implement a High Performance Work System.

A high performance work system helps to attract, develop, and retain human capital to the hospital and is a system utilizing accumulated human capital. This system enables employees to perform discrete behavior or organizational citizenship behavior which contributes to process development and medical service that can respond to the customers' needs. The research results indicated that the hospitals should develop and implement the following practices in the high performance work system in order to improve hospital performance.

1) Involvement practices, including a participate decision system, quality control circle, working as a team to improve service, knowledge management system for service improvement, and establishing operational goals together.

2) Human resource practices, such as employer branding, college recruiting, selecting employees with qualifications related to service quality and learning potential, career advancement opportunities, continual extensive trainings, and providing job performance feedback.

3) Motivation practices, such as performance-based rewards, various fringe benefits, fair compensation, a flexible work system, work-life balance

programs, complaint management systems, and focusing on value and meaning of life.

6.3.3.5 Connect and Combine Resources with Trust.

As for connecting and combining resources to become a hospital of value, the organizational leadership system is a process that plays an important role. The leaders and management team need to integrate all resources and set common goals aiming in the same direction, which requires: 1) establishing vision and shared values, 2) determining strategy and action plans, 3) transmitting and communicating, and 4) monitoring and evaluation.

As for establishing vision, it should focus on challenging the intent or main purpose and aim to respond to multiple stakeholders. The employees should be allowed to take part in determining the vision because this approach helps to create acceptance and a common ground until it results in a shared vision. Then the hospital management committee determines the strategy and action plan and communicates and transmits it to the routine work of employees. The important method for this process is the balanced scorecard. The heart of communication is making use of various channels, including formal communication such as meetings and hierarchical communication and informal communication, especially unit visits. The unit visits carried out by the management is a two-way communication enabling the management to understand the problems and needs of employees in order to find out solutions or directions to improve work quickly and accurately. Regarding monitoring and evaluation, the hospital should identify key performance indicators according to the balanced scorecard approach and evaluate individual performance as well as team performance continually.

The researcher believes that the success of the organizational leadership system results from trust, which the hospitals need to create for employees. If the hospital leaders have ethical transformational leadership behavior, trust can be created more easily. Thus, the hospitals need to focus on ethical transformational leadership development by enhancing the behavior of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration as well as ethics and morality. The hospital also needs to create leadership that responds to the strategic needs of the hospital and for this reason applying competency-based leadership development is considered to be an appropriate approach.

In terms of implementation, internal and external training should be carried out in parallel. The hospitals can send the employees to study at other organizations with expertise and to participate in training courses that match the required competency. However, the hospitals should select training courses that utilize various methods including lectures, practice, knowledge sharing, brainstorming, group discussion, educational reports, and study tours. In addition, on-the-job development should be applied through coaching, a mentoring system, collaborative learning, and role modeling. These on-the-job and off-the-job methods will enhance the ethical transformational leadership behavior for the employees.

6.4 Recommendations

This part aims to propose recommendations gained from the present research which include recommendations for implementing a high performance work system, recommendations for developing employer brand in order to attract human capital, recommendations for developing ethical transformational leadership training courses, and recommendations for further studies. The details are as follows.

6.4.1 Research Recommendations

6.4.1.1 Recommendations for Implementing the High Performance Work System.

The high performance work system is a variable that has highest total influence on hospital performance. It can be likened to the center of the model, bringing about the development of people and creating jobs and outstanding hospital performance. Therefore, in order to improve hospital performance, it is recommended that involvement practices, human resource practices, and motivation practices in the high performance work system should be implemented. The hospitals should take account of the concepts that complement each other and the practices that conform to the strategies, values, and customer needs of each hospital. The high performance work system affecting employee performance is different from other previous systems so, upon implementing it, the senior management has to support the change in order to make the employees understand the benefits of this system and how to effectively

implement it. The senior management should indicate the status quo of the hospital at present and then demonstrate the hope or desirable future image of hospital, which is actually a process of identifying the gap between the present and the future of the hospital. This is considered a starting point in creating change. After that, the hospitals need to communicate relevant information to the employees. Third two-way communication will lead to better decision-making system and build employee engagement and collaboration throughout the process of implementation.

As for the practices in the high performance work system, the hospitals should implement all of them simultaneously without separation, which may take a considerable amount of money, time, and employee ability. Therefore, determining structural scope, time, cost, and appropriate training is essential. Particularly, the hospitals should evaluate the success of its system by assessing the job processes as to whether they conform to the principles of the high performance work system. For example, the hospitals may evaluate if the employees work well together or not, if the employees get enough information to make a decision or not, and if the training courses are used to increase the employees' skill and knowledge or not. The goals of the high performance work system should be evaluated as well; for example, the hospitals can investigate if the quality of medical services is improved, if the customer needs are well responded to, and if other goals are achieved. Both mission-based and process-based assessments will enable the hospitals to perceive the achievement of the comprehensive implementation of the high performance work system.

6.4.1.2 Recommendations for Developing Employer Brand in Order to Attract Human Capital.

The research results suggested that employer brand is a key strategy that effectively attracts human capital to the hospitals. Thus, the researcher would like to recommend an approach to create an employer brand that would be beneficial for the hospitals that require this strategy to attract human capital in order to increase their performance. The details are discussed below.

Employer brand is the package of functional, economic, and psychological benefits provided by the employing company. It is a valuable offer the employer desires to provide to existing and future employees (Ambler and Barrow, 1996). In the early stage of employer branding, the hospitals should verify the

strength of the employer brand or examine current employee benefits, including their effectiveness.

In the second stage, the target employee should be analyzed in order to find out in-depth information, suggesting the needs, lifestyles, and values of the employee needed for determining an initiative in employer branding. According to the findings of this research, the key factors contributing to outstanding employer brand consisted of the following: 1) long history and reputation; 2) employment security; 3) challenging jobs and career advancement opportunities; 4) medical benefits; and 5) values about social responsibility and interdependence among the hospital members. These five factors should be adjusted and then used as an initiative in the branding process. However, the employer brand has to be developed based on the context of each hospital. Allowing the existing employees to take part in brand development will enhance the employer brand because a good employer brand often begins as internal branding. Thus, receiving information about the existing brand and the need of the employees will enable the hospitals to determine an initiative for the employer brand more effectively.

During the third stage, after identifying the brand identity that will be delivered to employees, the hospitals should test it by selecting some existing and future employees to be samples. The selected group of employees should be diverse in terms of age, education, and jobs (Siriyapa Roongrernsuke, 2010), which will be beneficial to analyzing the brand's strength and weakness from various perspectives. Then the hospitals should develop the brand according to the testing results before communicating it to the target. In the communication process, the hospitals should keep in mind that the employer brand cannot be created by public relations or marketing activities alone; other appropriate channels that can deliver corporate value to employees should be used as well (Siriyapa Roongrernsuke, 2010).

The fourth stage concerns implementation and evaluation. The hospitals need to establish concrete action plans covering the objectives, time period, budget, and responsible persons for brand delivery and also closely monitor all operations throughout the process. In terms of evaluation, the hospitals should conduct the performance assessment at every step of brand building, including brand effectiveness evaluation. The hospitals can measure brand perception and its impact on existing and

future employees by examining the employment acceptance rate, the number of applicants per job position, the average job tenure, turnover rate, and level of employee engagement. It is recommended to keep in mind that the success of employer branding at all stages relies on the support of the senior management. Therefore, the senior management needs to join the brand development team at the beginning and participate in change management during the implementation and evaluation period. This senior management participation will engage the employees in the change, reduce change resistance, and drive the hospital to success.

6.4.1.3 Recommendations for Developing an Ethical Transformational Leadership Training Course.

The research findings indicated that ethical transformational leadership is a variable that has a strong impact on the hospital's performance and can be enhanced by training. Most of the hospitals send the management team and employees to get trained at educational institutions, public organizations, and private management training companies. Although this can successfully improve leadership, the researcher believes that a more specific training program consistent with the context of each hospital can enhance the leadership of the management and employees in a better way. Therefore, the researcher would like to suggest that an ethical transformational leadership training course should be developed for medical personnel such as resident doctors, nurses, and other multidisciplinary professionals, including a support staff. The training programs should be operated as follows.

First, the program should begin by encouraging the trainees to recognize the importance of ethical transformational leadership. They should be trained in theoretical knowledge along with the use of case studies and examples of ethical transformational leadership behavior in order to make the content easier to understand and apply.

Second, the program should focus on self-development learning methods. A self-assessment module and group activities should be arranged for the trainees in order to let them examine the ethical transformational leadership behavior of the group members. Moreover, discussion and recommendations should be included in the program so that the trainees can get ideas for developing their own leadership plans.

Third, a variety of methods should be applied in the training program such as delegation, practice, discussion, and role play in order to enhance the ethical transformational leadership in each aspect accordingly.

Fourth, an appropriate amount of practice time in the real work situation should be provided (probably 3 months) so that the trainees can practice utilizing the obtained knowledge and implementing the developed plan. This will enable the trainees to understand and adapt what they have learned to suit the context of their hospital more effectively.

Last, there should be follow-up and monitoring after a period of real practice of about 6 months or 1 year (Bass and Riggio, 2006). Feedback from the trainees should be collected in order to measure the success or failure according to the determined plan.

6.4.2 Recommendations for Further Research

Although this research revealed interesting findings, there were still limitations in some aspects, and these can be further explored in order to expand the knowledge in this area and to bring about more comprehensive, practical benefits. The recommendations for future studies are as follows.

1) According to the research limitation in terms of measuring the generic human capital variable, future research should be conducted in order to develop a measurement tool that covers both generic human capital and unit-specific human capital. In addition, human capital should be measured by using new directions such as cost recovery, the human resource effectiveness indicator, and a human resource profit center (Nisada Wedchyanon, 2011) so that the value of the human capital can be seen more clearly.

2) This research suggests that organizational culture has an impact on human capital in large hospitals, and the researcher suggested that this relation is linked to the concept of social capital according to the evidence from the qualitative research. The quantitative method should be applied in future research in order to verify this finding. Social capital variables should be included in future study with an aim to investigate social capital as a mediator of the relationship between organizational culture and human capital. Additionally, future research should also examine the joint effect of the two variables.

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APPENDICES

APPENDIX A

QUESTIONNAIRE (ENGLISH VERSION)

QUESTIONNAIRE

The impacts of resource- based view determinants on hospital performance in Thailand

Part 1 General information about respondents

1. Gender ☐ Male ☐ Female 2. Age _____Years

3. Marital status ☐ Single ☐ Married ☐ Other _____

4. Education ☐ Below a Bachelor's ☐ Bachelor Degree

☐ Master Degree ☐ Doctoral Degree

☐ Other _____

5. The average income per month _____Bath

6. Being in charge of hospital quality development (answer more than one item)

☐ Member of quality development leading team

☐ Unit leader in implementing HA

☐ Facilitator

7. Current position _____8. Work period at this hospital _____Years

Part 2 Information about Resource-based view determinants

Please mark (/) the score that best describes your answer.

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
Organizational culture							
1. Hospital employees work together like a family and always helping each other at work.							
2. Leaders give advice and support their subordinates.							

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
3. Employee focus is on teamwork and shared decision-making.							
4. A good relationship between employees is most important in hospital.							
5. Work and hospital environment has changed over time.							
6. Operational practices are modified regularly.							
7. Leaders dare to make a decision and motivate employees to do so.							
8. Hospital focuses on creativity and innovation.							
9. The relationship between leaders and employees conforms to clear hierarchy rules.							
10. Employees are strictly compliant with work rules.							
11. Leaders coordinate and control the operations.							
12. Hospital focuses on the stable and predictable of work.							
13. The work environment is filled with competition.							
14. Leaders are rational and work proactively.							
15. The focus is on work achievements.							
16. Income and growth of the hospital is a major goal.							
Human capital							
1. Employee qualifications are better than those of the hospital competitors.							

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
2. Employees have skills and working proficiency.							
3. Employees always seek knowledge relevant to work.							
4. Employees have innovative and creative ideas.							
5. Employees understand working process, procedures and practices and also have agility at work.							
High- performance work system							
1. Employees take part in decision making related to work.							
2. Employees are rotated and have a chance to adjust their work styles.							
3. A quality circle is applied to improve work.							
4. Hospital has a cross-functional teams and focus is on teamwork in order to develop good service.							
5. Employees participate in determining the hospital goals, vision and mission.							
6. There is a knowledge management system to improve the service.							
7. Supervisors and employees set work objectives together.							
8. Employees are selected that have characteristics and abilities relevant to service quality and possess learning potential.							
9. Existing employees have appropriate qualifications and a chance to get promoted.							

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
10. Extensive training programs are continually provided.							
11. Performance feedback is given for employee improvement.							
12. Performance evaluations are carried out based on information from various sources, focusing on performance which can be measured quantitatively.							
13. Average employee compensation is higher than that of the hospital competitors.							
14. Salary and rewards are given based on the employee performance.							
15. Fringe benefits and varieties of welfare are provided.							
16. Rewards and compensation are fairly given.							
17. A flexible work system and work-life balance programs are provided.							
18. The hospital has an employee complaint management system and well applies.							
Leadership							
1. Leader supporting initiative ideas to solve problems.							
2. Leader pays attention to and focus on the strengths of followers.							
3. Leader find different perspectives to deal with problems							
4. Leaders support and have decision-making authority for the self-development of followers.							

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
5. When the top management needs to make any decision, they always ask everyone what the right thing to do is.							
6. Leader suggest solutions or performing tasks in a different way							
7. Leaders do not judge success by looking at the outcome alone but also consider the way it has been done.							
8. Followers are convinced to handle problems using different methods.							
9. Leaders blame whoever violates the ethical standards set forth in the organization.							
10. Leaders act as a coach or mentor.							
11. Learning based on the differences of each follower is emphasized.							
12. Leaders are fair and take account employee benefits.							
13. Leaders encourage employees to recognize the issues and challenges that are important to the hospital.							
14. Leaders behave ethically and reliably in everyday life.							
15. Leaders do a job without personal gain.							
16. Employees are proud of their leaders.							
17. Leaders are respectful.							
18. Leaders are enthusiastic and attentive to their work.							

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
19. The hospital's future is discussed in a good way.							
20. Leaders set an example of ethical actions.							
21. Leaders talk about their principal values and beliefs.							
22. Attention is paid to missions and common goals.							
Organization citizenship behavior							
1. Employees communicate with customers regularly in order to enhance good service.							
2. Employees serve the patient needs in a timely manner.							
3. Employees provide non-discriminating services with courtesy and respect.							
4. Employees follow up and give advice to patients with care.							
5. Employees intend to work with minimal errors.							
6. Employees give the hospital suggestion concerning service improvement.							
7. Employees motivate their colleagues to share opinions and suggestions for the hospital development.							
8. Employees offer creative ideas for solving problems.							
9. Employees support the products and services of the hospital eagerly.							

Items	Score						
	High →						Low
	7	6	5	4	3	2	1
10. Employees express good intentions toward the hospital.							
11. Employees persuade family, relatives, and friends to visit the hospital.							
12. Employees tell good stories about the hospital.							

Part 3 General information about hospitals

1. Type of hospital □ Public □ Private
2. Hospital age _____ Years
3. No. of full-time employees _____
4. No. of patient bed _____
5. Turnover rate in last year _____

Please mark (/) the score that best describes your answer.

Items	Score						
	High → Low						
	7	6	5	4	3	2	1
6. Employee satisfaction							
7. Employee commitment with the hospital							
8. Turnover of employees							
9. Serving patient needs							
10. Responding to patient complaints							
11. Patient satisfaction							
12. Patient intention to revisit							
13. Hospital profits							
14. Return on hospital assets (ROA)							
15. Return on hospital investment (ROI)							
16. Hospital achievement in health promotion							
17. Hospital achievement in community responsibility							

Additional comments or suggestion for this research

_____

_____

_____

_____

_____

_____

_____

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_____

APPENDIX B
QUESTIONNAIRE (THAI VERSION)

แบบสอบถาม

ผลกระทบของปัจจัยจากมุมมองฐานทรัพยากรที่มีต่อผลการปฏิบัติงานโรงพยาบาลในประเทศไทย

(The impacts of resource- based view determinants on hospital performance in Thailand)

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาผลกระทบของ**ปัจจัยจากมุมมองฐานทรัพยากรที่มีต่อต่อผลการปฏิบัติงานของโรงพยาบาลในประเทศไทย** จึงใคร่ขอขอบพระคุณท่านด้วยความจริงใจที่กรุณาสละเวลาอันมีค่าในการตอบและส่งกลับแบบสอบถามฉบับนี้ด้วยความรวดเร็ว ทั้งนี้เพื่อเป็นประโยชน์ทางวิชาการและในการทำความเข้าใจความสัมพันธ์ระหว่างปัจจัยจากมุมมองฐานทรัพยากรและผลการปฏิบัติงานของโรงพยาบาล อันจะนำไปสู่การกำหนดกลยุทธ์หรือแนวทางในการสร้างความสามารถทางการแข่งขันและการเพิ่มผลการดำเนินงานของโรงพยาบาลต่อไป ผู้วิจัยขอรับรองว่า **ข้อมูลต่างๆ ที่ปรากฏในแบบสอบถามนี้จะใช้เพื่อการศึกษาวิจัยทางวิชาการ นำเสนอในภาพรวมของโรงพยาบาลในประเทศไทย และข้อมูลจะถูกเก็บไว้เป็นความลับที่สุด**แบบสอบถามแบ่งออกเป็น 3 ส่วน ได้แก่

ส่วนที่ 1 แบบสอบถามเกี่ยวกับข้อมูลทั่วไปของผู้ตอบ

ส่วนที่ 2 แบบสอบถามข้อมูลเกี่ยวกับปัจจัยจากมุมมองฐานทรัพยากรองค์การ

ส่วนที่ 3 แบบสอบถามข้อมูลเกี่ยวกับภูมิหลังของโรงพยาบาล

หากท่านมีคำถามหรือสงสัยในคำถามของแบบสอบถามนี้กรุณาได้ชี้แนะผู้วิจัยไว้ในส่วนสุดท้าย <u>หากท่านต้องการผลการศึกษา</u> โปรดระบุชื่อ-ที่อยู่เพื่อผู้วิจัยจะได้จัดส่งเอกสารสรุปผลการวิจัยให้เมื่อการวิจัยได้เสร็จสิ้นถ้ามีคำถามข้อใดที่ท่านไม่ทราบตัวเลข คำตอบที่แน่นอน ขอความกรุณาใช้วิธีการประมาณโดยอยู่บนพื้นฐานของข้อเท็จจริงให้มากที่สุด

นายจิระพงค์ เรืองกุน

นักศึกษาหลักสูตรรัฐประศาสนศาสตรดุษฎีบัณฑิต

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<u>ส่วนที่ 1 แบบสอบถามเกี่ยวกับข้อมูลทั่วไปของผู้ตอบ</u>

คำชี้แจง: กรุณาตอบแบบสอบถามโดยทำเครื่องหมาย (/) ลงในช่องว่างหน้าข้อความหรือเติมข้อความตามความเป็นจริง

1. เพศ ☐ ชาย ☐ หญิง 2. อายุ _____ ปี

3. สถานภาพ ☐ โสด ☐ สมรส ☐ อื่นๆ ระบุ_____

4. ระดับการศึกษา ☐ ต่ำกว่าปริญญาตรี ☐ ปริญญาตรี ☐ ปริญญาโท

☐ ปริญญาเอก ☐ อื่นๆ ระบุ_____

5. รายได้โดยเฉลี่ยต่อเดือน _____บาท

6. ท่านเคยดำรงตำแหน่งเหล่านี้ในโรงพยาบาลแห่งนี้หรือไม่ (ตอบได้มากกว่า 1 ข้อ)

☐ สมาชิกในทีมนำพัฒนาคุณภาพโรงพยาบาล

☐ หัวหน้าหน่วยงานในการนำมาตรฐาน HA มาปฏิบัติ

☐ ผู้ช่วยเหลือทีม (Facilitator)

7. ตำแหน่งปัจจุบัน _____ 8. ระยะเวลาการทำงานกับโรงพยาบาลแห่งนี้_____ปี

<u>ส่วนที่ 2 แบบสอบถามข้อมูลเกี่ยวกับปัจจัยจากมุมมองฐานทรัพยากร</u>

ขอให้ท่านให้คะแนนประเด็นที่เกี่ยวข้องกับปัจจัยฐานทรัพยากรของโรงพยาบาลท่าน ต่อไปนี้

ประเด็น (กรุณาตอบทุกข้อ)	**คะแนน**						
	เป็นจริงมากที่สุด ⟶ เป็นจริงน้อยที่สุด						
	7	**6**	**5**	**4**	**3**	**2**	**1**
วัฒนธรรมองค์การ							
1.พนักงานของโรงพยาบาลเปรียบเสมือนครอบครัวเดียวกันให้ความช่วยเหลือกันในการทำงาน							
2.ผู้นำของโรงพยาบาลให้คำปรึกษาช่วยเหลือผู้ใต้บังคับบัญชา							
3. พนักงานในโรงพยาบาลมุ่งเน้นการทำงานเป็นทีมและการตัดสินใจร่วมกัน							
4.โรงพยาบาลได้ให้ความสำคัญกับความสัมพันธ์อันดีระหว่างพนักงาน							

ประเด็น (กรุณาตอบทุกข้อ)	คะแนน						
	เป็นจริงมากที่สุด → เป็นจริงน้อยที่สุด						
	7	6	5	4	3	2	1
5.สภาพแวดล้อมของการทำงานและโรงพยาบาลมีการเปลี่ยนแปลงอยู่ตลอดเวลา							
6.โรงพยาบาลมีการปรับเปลี่ยนรูปแบบวิธีการปฏิบัติงานในการทำงานอยู่เสมอ							
7. ผู้นำของโรงพยาบาลเป็นคนกล้าตัดสินใจ กระตุ้นให้พนักงานกล้าตัดสินใจ							
8.โรงพยาบาลให้ความสำคัญกับความสร้างสรรค์และนวัตกรรม							
9. ความสัมพันธ์ระหว่างท่านกับบุคลากรของโรงพยาบาลอยู่ภายใต้กฎระเบียบที่ชัดเจน							
10. พนักงานของโรงพยาบาลยึดกฎระเบียบอย่างเคร่งครัดในการปฏิบัติงาน							
11. ผู้นำของโรงพยาบาลคอยประสานและควบคุมการปฏิบัติงาน							
12. โรงพยาบาลเน้นการทำงานที่มีเสถียรภาพและคาดการณ์ได้							
13.บรรยากาศในการทำงานของโรงพยาบาลเต็มไปด้วยการแข่งขัน							
14. ผู้นำของโรงพยาบาลเป็นผู้ที่มีเหตุผล ดำเนินการปฏิบัติงานในเชิงรุก							
15. โรงพยาบาลมุ่งเน้นความสำเร็จของงาน							
16.รายได้และการเติบโตของโรงพยาบาลเป็นเป้าหมายสำคัญในการทำงาน							
ทุนมนุษย์							
1. คุณสมบัติของพนักงานของโรงพยาบาลดีกว่าคู่แข่ง							
2. พนักงานของโรงพยาบาลมีทักษะและความเชี่ยวชาญในงาน							
3. พนักงานของโรงพยาบาลมีการแสวงหาความรู้ที่เกี่ยวข้องกับการทำงานอยู่เสมอ							

ประเด็น (กรุณาตอบทุกข้อ)	คะแนน						
	เป็นจริงมากที่สุด → เป็นจริงน้อยที่สุด						
	7	6	5	4	3	2	1
4. พนักงานของโรงพยาบาลมีความคิดใหม่ๆ และสร้างสรรค์							
5. พนักงานของโรงพยาบาลเข้าใจในกระบวนการ ขั้นตอนการทำงาน วิธีการทำงาน และมีความคล่องแคล่วในงาน							
ระบบผลการปฏิบัติงานสูง							
1.โรงพยาบาลมีระบบการให้พนักงานมีส่วนร่วมในการตัดสินใจที่เกี่ยวข้องกับการทำงาน							
2.โรงพยาบาลได้จัดให้พนักงานหมุนเวียนงานและมีโอกาสปรับเปลี่ยนรูปแบบการทำงานของตัวเอง							
3. โรงพยาบาลมีการนำกิจกรรมกลุ่มคุณภาพเข้ามาใช้เพื่อปรับปรุงงาน							
4.โรงพยาบาลได้จัดให้มีรูปแบบการทำงานเป็นทีมและมีทีมข้ามสายงานเพื่อพัฒนาการให้บริการ							
5.โรงพยาบาลได้ให้พนักงานมีส่วนร่วมกำหนดวิสัยทัศน์ พันธกิจ เป้าหมายของโรงพยาบาล							
6.โรงพยาบาลได้นำระบบการจัดการความรู้เพื่อปรับปรุงการให้บริการ							
7. โรงพยาบาลได้ให้หัวหน้างานและพนักงานการกำหนดเป้าหมายการทำงานร่วมกัน							
8.โรงพยาบาลมุ่งเน้นการคัดเลือกพนักงานที่มีคุณลักษณะความสามารถที่เกี่ยวข้องกับคุณภาพของการให้บริการและมีศักยภาพในการเรียนรู้							
9. โรงพยาบาลมีการให้พนักงานปัจจุบันที่มีคุณสมบัติเหมาะสมมีโอกาสในการเลื่อนขั้นเลื่อนตำแหน่ง							
10. โรงพยาบาลได้จัดโปรแกรมการฝึกอบรมครอบคลุมในหลายด้านอย่างต่อเนื่อง							
11. โรงพยาบาลมีการให้ข้อมูลป้อนกลับผลการประเมินการปฏิบัติงานเพื่อการพัฒนาพนักงาน							

ประเด็น (กรุณาตอบทุกข้อ)	คะแนน						
	เป็นจริงมากที่สุด → เป็นจริงน้อยที่สุด						
	7	6	5	4	3	2	1
12. โรงพยาบาลมีการประเมินผลการปฏิบัติงานโดยอาศัยข้อมูลจากหลายแหล่ง และมุ่งเน้นผลงานซึ่งวัดได้ในเชิงปริมาณ							
13.ค่าตอบแทนเฉลี่ยของพนักงานสูงกว่าโรงพยาบาลคู่แข่ง							
14.โรงพยาบาลได้ให้เงินเดือนและรางวัลขึ้นอยู่กับผลการปฏิบัติงานของพนักงาน							
15. โรงพยาบาลมีการให้ผลประโยชน์เกื้อกูลหรือสวัสดิการหลากหลาย							
16. โรงพยาบาลมีความเป็นธรรมในการจ่ายรางวัลหรือค่าตอบแทน							
17. โรงพยาบาลมีระบบการทำงานที่ยืดหยุ่นและโปรแกรมที่เกี่ยวข้องกับสมดุลชีวิตการทำงาน							
18. โรงพยาบาลมีระบบการร้องทุกข์ และแก้ปัญหาข้อร้องเรียนของพนักงาน							
ภาวะผู้นำ							
1. ผู้บริหารสูงสุดสนับสนุนแนวคิดใหม่จัดการกับปัญหา							
2. ผู้บริหารสูงสุดให้ความสนใจและมุ่งเน้นจุดแข็งของผู้ตาม							
3. ผู้บริหารสูงสุดมีการค้นหามุมมองที่แตกต่างออกไปในการแก้ปัญหา							
4. ผู้บริหารสูงสุดพบปะ ช่วยเหลือ และให้อำนาจการตัดสินใจในการพัฒนาตนของผู้ตาม							
5. เมื่อผู้บริหารสูงสุดจะทำการตัดสินใจเรื่องใดมักจะถามทุกคนว่าอะไรคือสิ่งที่ถูกต้องที่ควรกระทำ							
6.ผู้บริหารสูงสุดโน้มน้าวผู้ตามให้แก้ปัญหาด้วยวิธีการใหม่ๆ ที่แตกต่างไปจากเดิม							
7.ผู้บริหารสูงสุดไม่ตัดสินความสำเร็จจากเพียงผลงานเท่านั้น แต่ยังพิจารณาถึงวิธีการด้วยว่าผลงานนั้นสำเร็จได้อย่างไร							

ประเด็น (กรุณาตอบทุกข้อ)	คะแนน						
	เป็นจริงมากที่สุด → เป็นจริงน้อยที่สุด						
	7	6	5	4	3	2	1
8. ผู้บริหารสูงสุดได้แนะนำวิธีการแก้ปัญหา หรือทำภารกิจต่างๆ ในมุมที่แตกต่างออกไป							
9.ผู้บริหารสูงสุดมีการตำหนิผู้ฝ่าฝืนมาตรฐานทางจริยธรรมที่กำหนดไว้							
10. ผู้บริหารทำหน้าที่เป็นพี่เลี้ยงและสอนงาน							
11. ผู้บริหารสูงสุดให้ความสำคัญกับการเรียนรู้ตามความแตกต่างของผู้ตาม							
12. ผู้บริหารสูงสุดเป็นคนยุติธรรม คำนึงถึงประโยชน์ของพนักงาน							
13. ผู้บริหารสูงสุดกระตุ้นให้พนักงานได้ตระหนักถึงประเด็นที่มีความสำคัญและท้าทายต่อโรงพยาบาล							
14. ผู้บริหารสูงสุดปฏิบัติตนในชีวิตประจำวันอย่างมีจริยธรรมไว้วางใจได้							
15. ผู้บริหารสูงสุดกระทำการใดๆ โดยปราศจากประโยชน์ส่วนตัว							
16. ผู้บริหารสูงสุดเป็นที่เคารพนับถือ							
17. ท่านมีความภาคภูมิใจในตัวผู้บริหารสูงสุด							
18. ผู้บริหารสูงสุดกระตือรือร้นและเอาใจใส่การทำงานของท่าน							
19. ผู้บริหารสูงสุดมักพูดคุยเกี่ยวกับอนาคตของโรงพยาบาลในทางที่ดี							
20. ผู้บริหารสูงสุดมีการกำหนดตัวอย่างว่าควรจะทำอย่างไรจึงจะถูกต้องในเชิงจริยธรรม							
21. ผู้บริหารสูงสุดพูดคุยเกี่ยวกับค่านิยม และความเชื่อที่สำคัญของเขา							
22. ผู้บริหารสูงสุดให้ความสำคัญในพันธกิจ และเป้าหมายร่วมกัน							

ประเด็น (กรุณาตอบทุกข้อ)	คะแนน						
	เป็นจริงมากที่สุด → เป็นจริงน้อยที่สุด						
	7	6	5	4	3	2	1
พฤติกรรมการเป็นสมาชิกที่ดีขององค์การ							
1. พนักงานได้สื่อสารกับผู้รับบริการสม่ำเสมอทั้งนี้เพื่อส่งเสริมการให้บริการที่ดี							
2. พนักงานให้บริการตามความต้องการของผู้รับบริการอย่างทันเวลา							
3. พนักงานไม่เลือกปฏิบัติ เคารพและให้บริการด้วยความสุภาพ							
4. พนักงานติดตาม ให้คำแนะนำผู้รับบริการด้วยความใส่ใจ							
5. พนักงานตั้งใจปฏิบัติงานด้วยข้อผิดพลาดที่น้อยที่สุด							
6. พนักงานให้คำแนะนำกับโรงพยาบาลเพื่อปรับปรุงการให้บริการ							
7. พนักงานได้กระตุ้นเพื่อนร่วมงานให้เสนอความคิดและคำแนะนำเพื่อปรับปรุงการบริการ							
8. พนักงานนำเสนอวิธีการแก้ปัญหาเกี่ยวกับการให้บริการที่สร้างสรรค์							
9.พนักงานกระตือรือร้นที่จะโปรโมทสินค้าหรือบริการของโรงพยาบาล							
10. พนักงานมีความปรารถนาดีต่อโรงพยาบาล							
11. พนักงานบอกต่อกับครอบครัว ญาติ หรือเพื่อนๆ ให้มาใช้บริการ							
12.พนักงานบอกเล่าเกี่ยวกับสิ่งดีๆ ของโรงพยาบาลกับคนอื่นฟัง							

<u>ส่วนที่ 3 แบบสอบถามเกี่ยวกับภูมิหลังของโรงพยาบาล</u>

1. โรงพยาบาล ☐ รัฐบาล ☐ เอกชน 2. อายุของโรงพยาบาล _____ ปี

3. จำนวนพนักงานที่ทำงานเต็มเวลา _____คน 4. จำนวนเตียง _____เตียง

5. อัตราการเข้าออก (turnover rate) ในรอบปีที่ผ่านมา _____

ข้อ 6- 19 ขอให้ท่านให้คะแนนเกี่ยวกับผลการปฏิบัติงานโรงพยาบาลท่านในประเด็นต่อไปนี้

ประเด็น (กรุณาตอบทุกข้อ)	**คะแนน**						
	สูง			**กลาง**			**ต่ำ**
	7	**6**	**5**	**4**	**3**	**2**	**1**
6.ความพึงพอใจของพนักงาน							
7.พนักงานมีความผูกพันกับโรงพยาบาล							
8. การเข้าออก (turnover rate) ของพนักงาน							
9. การตอบสนองต่อความต้องการของผู้ป่วย							
10. การตอบสนองต่อข้อร้องเรียนของผู้ป่วย							
11. ความพึงพอใจของผู้ป่วย							
12.ผู้ป่วยมีความตั้งใจที่จะกลับมาใช้บริการซ้ำ							
13. กำไรของโรงพยาบาล							
14. ผลตอบแทนจากสินทรัพย์ (ROA) ของโรงพยาบาล							
15. ผลตอบแทนจากการลงทุน (ROI) ของโรงพยาบาล							
16. โรงพยาบาลประสบความสำเร็จในการส่งเสริมสุขภาพ							
17. โรงพยาบาลมีความรับผิดชอบต่อชุมชน							

ข้อคิดเห็นเพิ่มเติมต่อแบบสอบถามหรือหัวข้อการวิจัย

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หากท่านต้องการผลการวิจัยกรุณาระบุชื่อ - ที่อยู่ เพื่อที่ผู้วิจัยจะได้จัดส่งสรุปผลการวิจัยให้เมื่อการวิจัยเสร็จสิ้น

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APPENDIX C

DESCRIPTIVE STATISTIC OF THE ITEMS

Table A Result of Descriptive statistic of the items (n = 295)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Organizational culture						
Hospital employees work together like a family and always helping each other at work.	C_OCUL1	6.00	0.743	-0.613	0.505	High
Leaders give advice and support their subordinates.	C_OCUL2	5.98	0.748	-0.930	1.443	High
Employee focus on teamwork and shared decision-making.	C_OCUL3	5.65	0.859	-0.557	0.493	High
A good relationship between employees is most important	C_OCUL4	6.19	0.632	-0.826	1.034	High
Work and hospital environment has changed over time.	A_OCUL1	5.42	0.902	-0.410	0.115	Fairly High
Operational practices are modified regularly.	A_OCUL2	5.24	0.866	-0.684	1.537	Fairly High
Leaders dare to make a decision and motivate employees to do so.	A_OCUL3	5.67	0.880	-0.771	1.285	High
Hospital focus on creativity and innovation.	A_OCUL4	5.91	0.799	-0.856	1.750	High
The relationship between leaders and employees conforms to clear hierarchy rules.	H_OCUL1	5.53	0.763	-0.482	0.356	High
Employees are strictly compliant with work rules	H_OCUL2	5.19	0.770	-0.414	0.879	Fairly High
Leaders coordinate and control the operations.	H_OCUL3	5.59	0.765	-0.619	0.802	High
Hospital focus on stable and predictable work.	H_OCUL4	5.59	0.724	-0.619	1.149	High
The work environment is filled with competition.	M_OCUL1	4.18	1.059	-0.160	0.601	Medium

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Leaders are rational and work proactively.	M_OCUL2	5.54	0.880	-0.908	1.595	High
The focus is on work achievements.	M_OCUL3	5.80	0.768	-0.695	0.862	High
Income and growth of the hospital is a major goal at work.	M_OCUL4	4.87	1.133	-0.423	0.368	Fairly High
Human capital						
Employee qualifications are better than those of the hospital competitors.	HU_CAP1	5.15	0.839	-0.478	0.932	Fairly High
Employees have skills and working proficiency.	HU_CAP2	5.46	0.688	-0.347	1.215	Fairly High
Employees always seek knowledge relevant to work.	HU_CAP3	5.29	0.748	0.001	-0.152	Fairly High
Employees have innovative and creative ideas.	HU_CAP4	5.16	0.806	-0.010	-0.034	Fairly High
Employees understand working process, procedures and practices and also have agility at work.	HU_CAP5	5.29	0.711	0.074	0.020	Fairly High
High-performance work system						
Employees take part in decision making related to work.	IP_HPWS1	5.47	0.740	-0.558	1.102	Fairly High
Employees are rotated and have a chance to adjust their work styles.	IP_HPWS2	4.55	0.997	-0.580	1.184	Fairly High
A quality circle is applied to improve work.	IP_HPWS3	5.83	0.769	-0.659	0.996	High

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
There are cross-functional teams and focus is on teamwork in order to develop good service.	IP_HPWS4	5.94	0.725	-0.694	1.167	High
Employees participate in determining the hospital goals, vision and mission.	IP_HPWS5	5.89	0.793	-0.514	0.423	High
Hospital has a knowledge management system to improve the service.	IP_HPWS6	5.62	0.783	-0.471	0.613	High
supervisors and employees' participation in setting common goals	IP_HPWS7	5.77	0.797	-0.814	1.483	High
Employees are selected that have characteristics and abilities relevant to service quality and possess learning potential.	HR_HPWS1	5.53	0.816	-0.782	1.924	High
Existing employees have appropriate qualifications and a chance to get promoted.	HR_HPWS2	5.64	0.867	-0.875	1.356	High
Extensive training programs are continually provided.	HR_HPWS3	5.53	0.924	-0.875	1.576	High
Performance feedback is given for employee improvement.	HR_HPWS4	5.34	0.857	-0.754	1.308	Fairly High

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Performance evaluations are carried out based on information from various sources, focusing on performance which can be measured quantitatively.	HR_HPWS5	5.29	0.828	-0.511	1.353	Fairly High
Average employee compensation is higher than that of the hospital competitors.	MP_HPWS1	4.18	1.224	-0.486	0.501	Medium
Salary and rewards are given based on the employee performance.	MP_HPWS2	5.09	1.005	-0.762	1.112	Fairly High
Fringe benefits and varieties of welfare are provided.	MP_HPWS3	5.11	1.069	-0.872	1.594	Fairly High
Rewards and compensation are fairly given.	MP_HPWS4	5.24	0.986	-0.937	1.907	Fairly High
A flexible work system and work-life balance programs are provided.	MP_HPWS5	5.17	0.808	-0.394	1.048	Fairly High
The hospital has an employee complaint management system and well apply.	MP_HPWS6	5.60	0.892	-0.738	1.283	High
Ethical transformational leadership						
Supporting initiative ideas to solve problems	IS_ETL1	5.82	0.761	-0.735	0.914	High
Paying attention to and focusing on the strengths of the followers	IS_ETL2	5.62	0.820	-0.814	1.504	High

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Finding different perspectives to deal with problems	IS_ETL3	5.57	0.826	-0.549	0.991	High
Suggesting solutions or performing tasks in a different way, visiting, supporting, and giving decision-making authority for self-development to followers	IS_ETL4	5.42	0.934	-0.844	1.557	Fairly High
Asking followers what was the right thing before making a decision	IS_ETL5	5.22	0.995	-0815	1.192	Fairly High
Convincing followers to handle problems with different methods	IS_ETL6	5.34	0.947	-0.635	0.944	Fairly High
Judging the success of work from outcomes and the way in which they had been done	IS_ETL7	5.32	1.046	-0.826	1.551	Fairly High
Suggesting solutions or performing tasks are suggested in different ways.	IS_ETL8	5.43	0.957	-0.821	1.294	Fairly High
Blaming whoever violates the ethical standards set forth in the organization	IC_ETL1	4.96	1.181	-0.771	1.098	Fairly High
Acting as a coach or mentor	IC_ETL2	5.18	1.014	-0.624	0.479	Fairly High
Emphasizing learning based on the differences of each follower	IC_ETL3	5.31	0.951	-0.685	0.939	Fairly High
Being fair and taking account of employee benefits	IC_ETL4	5.48	0.971	-0.865	1.179	Fairly High

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Encouraging employees to recognize the issues and challenges that are important to the hospital	IC_ETL5	5.57	0.968	-1.012	1.684	High
Behaving ethically and reliably in everyday life	IC_ETL6	5.79	0.973	-1.206	1.975	High
Doing a job without personal gain.	IIM_ETL1	5.71	1.025	-1.175	1.905	High
Being respectful	IIM_ETL2	5.87	1.027	-1.148	1.532	High
Employees were proud of their leaders	IIM_ETL3	5.83	1.083	-1.271	1.696	High
Being enthusiastic about and attentive to work	IIM_ETL4	5.69	0.984	-1.006	1.503	High
Talking about the hospital's future in a good way	IIM_ETL5	5.96	0.937	-1.205	1.989	High
Setting an example of ethical action	IIM_ETL6	5.65	0.976	-0.991	1.533	High
Talking about their principal values and beliefs	IIM_ETL7	5.67	0.965	-1.080	1.878	High
Paying attention to missions and common goals	IIM_ETL8	5.92	0.956	-1.202	1.884	High
Organizational citizenship behavior						
Employees communicate with customers regularly in order to enhance good service.	SS_OCB1	5.5474	0.792	-0.649	1.193	High
Employees serve the patient needs in a timely manner.	SS_OCB2	5.4855	0.753	-0.462	0.553	Fairly High
Employees provide non-discriminating services with courtesy and respect.	SS_OCB3	5.7406	0.754	-0.444	0.548	High

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Employees follow up and give advice to patients with care.	SS_OCB4	5.6186	0.747	-0.323	0.687	High
Employees intend to work with minimal errors.	SS_OCB5	5.6691	0.737	-0.189	0.135	High
Employees give the hospital suggestion concerning service improvement.	PS_OCB1	5.4333	0.823	-0.192	0.171	Fairly High
Employees motivate their colleagues to share opinions and suggestions for the hospital development.	PS_OCB2	5.2273	0.761	-0.150	0.965	Fairly High
Employees offer creative ideas for solving problems.	PS_OCB3	5.3056	0.748	-0.366	1.239	Fairly High
Employees support the products and services of the hospital eagerly.	LS_OCB1	5.0680	0.873	-0.260	0.482	Fairly High
Employees express good intentions toward the hospital.	LS_OCB2	5.7521	0.768	-0.576	1.394	High
Employees persuade family, relatives, and friends to visit the hospital.	LS_OCB3	5.5384	0.818	-0.760	1.560	High
Employees tell good stories about the hospital.	LS_OCB4	5.5673	0.790	-0.676	1.230	High
Hospital performance						
Employee satisfaction	HR_OUT1	5.12	0.730	-0.414	1.457	Fairly High
Employee commitment with the hospital	HR_OUT2	5.35	0.808	-0.733	1.957	Fairly High
Turnover of employees	HR_OUT3	2.93	1.321	0.424	-0.541	fairly low
Serving patient needs	PT_OUT1	5.39	0.707	-0.322	0.899	Fairly High

Table A (Continued)

Items	Code	Mean	S.D	Skewness	Kurtosis	Interprete
Responding to patient complaints	PT_OUT2	5.64	0.814	-0.748	1.333	High
Patient satisfaction	PT_OUT3	5.46	0.682	-0.771	1.752	Fairly High
Patient intention to revisit	PT_OUT4	5.52	0.698	-0.641	2.138	High
Hospital profits	FC_OUT1	3.72	1.416	-0.206	-0.715	Medium
Return on hospital assets	FC_OUT2	4.02	1.272	-0.419	-0.181	Medium
Return on hospital investment	FC_OUT3	4.01	1.266	-0.443	-0.089	Medium
Hospital achievement in health promotion	PC_OUT1	5.53	0.735	-0.540	1.126	High
Hospital achievement in community responsibility	PC_OUT2	5.65	0.724	-0.503	0.590	High

BIOGRAPHY

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