Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction of Senior Patients and Sustainability of Sukavet Institution: A Case Study of Nursing Home

Piya Hirunwat

A Dissertation Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy in Organization Development
Faculty of Graduate School of Business
Assumption University
Academic Year 2010

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Dissertation Advisor	Susan Evangelista, Ph.D.
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The Graduate School/Faculty of Graduate School of Business, Assumption University, has approved this dissertation as a partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Organization Development.

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ABSTRACT

Sukavet Nursing Home is the ***hospice*** for the elder patients who are suffering from Alzheimer, chronic disease, paralysis, disability or final stage of cancer and need palliative care or unable to take care of themselves. The main needs of this dissertation were to ***increase the satisfaction and engagement of senior patients*** and to ***create the sustainability of the institution***. The objectives were to access the current situation of the satisfaction and engagement level of senior patients/family members and the sustainable business operations including the financial management of institution.

The most important data were the ***qualitative data collection and quantitative data analysis*** used for the ***triangulation for validity and consistency***. The researcher performed the appreciative inquiry-based organization development intervention with the limitations of financial support, research location of senior patients/family members and limited timeframe of dissertation. The conclusion of **Pre-Organization Development Intervention** (Pre-ODI) recognized the issues to be improved as suggested by the researcher that were related to the sustainable developments of ***patient care quality*** for physical and mental development. The improvement of ***communications and relationships*** among senior patients, family members and staff members was also important. The ***staff member development*** increased their job commitment, motivation and competency. Additionally, the job security and career path development were designed for the implementation of social security benefit and the researcher suggested an awareness of their future career path. The ***management style and financial support*** contributed to the sustainable development.

The **Organization Development Interventions** (ODI) were implemented for 10 months to enhance the physical and mental rehabilitation. The facility

improvement was related to the atmosphere development. The communication, activity participation and family visitation created the good personnel relations. The staff members received the special monetary rewards of good performance employees, standard compensation, additional fringe benefit and seminars/trainings. The *appreciative inquiry-based organization development intervention process* implemented the change of ***management style*** from Top-down to ***Two-way Communication Approach***. Besides, the researcher provided the financial suggestion to create the sustainable financial management.

Post-Organization Development Intervention (Post-ODI) on the ***senior patients/family members*** was positive and ***achieved higher satisfaction and engagement***. In addition, the ***staff members in the institution*** were ***satisfied*** with their job and they were not only working for monetary compensation but they were also receiving the non-monetary rewards as the additional motivation. The most important aspect was that all staff members were well-trained and continuously encouraged to come to work every day with a great attitude of doing a good merit when working with the senior patients and family members. Overall, they were also ***working to*** **make a difference**.

The ***recommendations*** for the institution included the management implementation of the *current employee in-depth study*, *sustained Two-way management communication* and *continued use of Appreciative Inquiry Method.*

The summary of the final results was that there was a significantly ***positive increase*** of ***the satisfaction and engagement level of senior patients/family members*** and there was a ***positive increase of the sustainable business development*** on the institution.

ACKNOWLEDGEMENT

I would like to thank my parents for their continuous kindness, constant encouragement and unconditional love for me to complete this dissertation. They show me that I can make a difference by working on this dissertation for the benefits of elders in the society. They inspire me with their kind appreciation of doing good deeds to the society as they always mention that money is very important element in life but it is not everything in my life. In addition, their kind concerns of elder care for my grandfather aspire me to select the dissertation topic of the ***Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of Nursing Home***.

The researcher proposed the sustainable development of Sukavet Nursing Home to the ***Managing Director***. With a kind cooperation of *Managing Director, staff members, senior patients and family members*, I can complete this dissertation.

Importantly, I am very grateful to my advisor, ***Dr. Susan Evangelista***, for her valuable suggestions, kind support, encouragement, knowledge and inspiration. Additionally, I would like to thank ***Dr. Perla Rizalina M. Tayko*** and all Ph.D. MOD faculty members who have continuously supported me, shared the suggestions and provided many inputs to enrich my dissertation.

Last but not least, I would like to thank all Ph.D. MOD Batch III classmates in sharing their knowledge and valuable experience during studying the course work together. *They are ones of my best friends.*

Piya Hirunwat

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CHAPTER ONE

The Potential Challenge for Change

The broad perspectives of global, regional/Asian, national context and the comparison between Eastern and Western perspectives are explained with the focal perspectives to emphasize the problems that are needed to study. The company situations are described with the tools of SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to identify the current situation and implement to the SOAR (Strengths, Opportunities, Aspiration and Results) analysis. The needs of the study are the research objectives, developed into the research questions and the corresponding research hypotheses on the initial impact of organization development intervention for the sustainability of organization. The scope and limitation are also identified while the significance of the study is explained. The last part of this chapter includes the term definitions of key concepts used in the study.

1.1 Generality of the Study

In ***globalization environment***, the demand of good health and good standard of living is increasing. At the same time, the world populations have more aging citizens in many countries. Therefore, the senior citizens have become very important in the society. The current social and economic situations make the family members work longer hours. The introduction is presented from the following viewpoints:

1.1.1 Global Context

The ***World Health Organization*** (WHO) found that the *differences in the social status and well-being of the citizens in many countries create poverty and new*

diseases. WHO encourages the improvement of health care system and development of medical research in every country.

The elderly citizens are the one of the most important elements in every society. If they are not proper well-taken care by society, the situation can develop to the social problems. Many countries are aware of the elderly care and explore for the support. The introduction and development of the nursing home for seniors provide the alternate care for the senior citizens.

In the developed countries such as the United Kingdom and the United States of America, the systems of health care in these counties have many good and advance medical centers and have been highly developed into the full-integrated medical care.

The recent achievement of health care improvement challenges was the success of the United States Health Care Reform. On March 23, 2010, ***the United States of America*** succeeded with its *first toughest patient protection in the history* of the United States of America. The bill guarantees all Americans affordable health care options with extended coverage to 32 million uninsured and the cost of health care is significantly reduced by cutting over one trillion dollars from the federal deficit over the next twenty years. The successes of the ***America's Health Care System Reform*** are as follows:

- The small businesses will receive a significant tax reduction in 2010 and help the small business owners afford the health care coverage for their employees.
- The seniors will receive a rebate to reduce the medication costs that are not covered by Medicare.
- The young people will be allowed to have the coverage under their parents' plan until age of 26.
- The early retirees will receive the benefit of reduced insurance premium costs.

- ❖ The children will be protected against discrimination on their medical history.
- ❖ The uninsured Americans with pre-existing conditions can join a special high-risk pool to receive the coverage, starting within 90 days.
- ❖ The insured Americans will be protected from the insurance revocation when they are sick or facing restrictive annual limitations of care.

1.1.2 Regional/Asian Context

Asians are concerned about the *gratitude value* of their parents and, traditionally, they are not comfortable to take their parents to the nursing home. With the *collectivism perspective* in Asian society, Asians emphasize on the *family values*.

Over the past years, the lifestyle of Asians has substantially changed by having less time for taking care of the elders in family. Many family members are relying on the care services provided by the third party because they can provide more attentive care services and sometimes better than the immediate family members. Additionally, many Asian countries have initiated the elderly care facilities and offered the good health care for seniors. To cope with changes in the globalization, Asians have broadened their perspectives from the Western culture and lifestyle to improve the medical advancement of elder care services.

In Japan, most Japanese work long hours and have insufficient time to take care of the elderly family members. With the increasing aging population, there are many advance nursing home developments of the facilities and infrastructure. The elderly care development in Japan is considered as one of the best developed elderly care in Asian countries.

China has the largest population in the world. With the largest number of population, the senior population portion is considered as a significantly large number

of populations when compared with other countries in Asia. Currently, China is in developing phases of health care for their senior citizens.

1.1.3 National/Thai Context

In Thai perspective, ***Thailand*** had a large family with the culture of collectivism in the past history. Due to the economic situation, the family members ***work harder and long hours***. Therefore, the family group has ***changed*** from ***large family*** to ***single family***. Many elder family members are left alone and nobody takes care of them. Additionally, the Thai health care system has ***not*** fully developed like the other developed countries. Most Thai elders are suffering from paralysis and needing the closely medical care. Presently, Thailand begins the development of elderly care system starting from low to high income social status.

As shown on ***Table 1.1: Life Expectancy at Birth by Region and Sex from 2000 to 2020*** from Population Projections for Thailand 2000 – 2020 prepared by National Economic and Social Development Board (NESDB), the life expectancy of Thais in all regions are *increasing at a constant rate* from year of 2000, present year to projected future year of 2020. The life expectancy of both Thai males and females has increased from the introduction of health care awareness for the last 10 years and the continuous improvement of advance medical care. Thai government has sent the medical doctors or specialists to continue the higher medical education and import the advanced health care technology from many developed countries.

Table 1.1: **Life Expectancy at Birth by Region and Sex from 2000 to 2020**

Table 1.10 Life Expectancy at Birth by Region and Sex , 2000 - 2020

พ.ศ	กรุงเทพมหานคร BMA		ปริมณฑล Vicinity Province		กลางส่วนกลาง Sub_Ceentral		ตะวันออก East		ตะวันตก Eest		เหนือ North		ตะวันออกเฉียงเหนือ Northeast		ใต้ Sout	
	ชาย Male	หญิง Female	ชาย Male	หญิง Female	ชาย Male	หญิง Female	ชาย Male	หญิง Female	ชาย Male	หญิง Female	ชาย Male	หญิง Female	ชาย Male	หญิง Female	ชาย Male	หญิง Female
พ.ศ. 2543-2548 (2000-2005)	78.01	71.23	76.22	68.53	75.62	68.44	75.15	67.40	75.67	68.18	72.77	65.96	74.40	67.89	76.68	68.69
พ.ศ. 2548-2553 (2005-2010)	79.31	73.18	77.63	70.50	76.89	70.07	76.45	69.13	77.13	70.10	74.38	68.08	75.53	69.22	77.95	70.27
พ.ศ. 2553-2558 (2010-2015)	80.62	75.13	79.03	72.47	78.16	71.70	77.76	70.86	78.59	72.02	76.00	70.20	76.66	70.54	79.23	72.05
พ.ศ. 2558-2563 (2015-2020)	81.92	77.08	80.43	74.43	79.43	73.32	79.06	72.59	80.05	73.94	77.62	72.31	77.79	71.86	80.50	73.72

ที่มา : การคาดประมาณประชากรของประเทศไทย 2543-2563 เสนอต่อคณะกรรมการพัฒนาการเศรษฐกิจและสังคมแห่งชาติ

Source : Population Projections for Thailand 2000-2020 National Economic and Social Development Board

Source: Population Projections for Thailand 2000 – 2020 by *National Economic and Social Development Board (NESDB)*

1.1.4 Comparison between Eastern and Western Perspectives

The major differences between Eastern and Western perspectives are derived from the **cultural dimension differences**.

Professor Geert Hofstede conducted the most comprehensive study of the cross culture dimensions and analyzed a large database of employee values scores collected from 1967 to 1973 covering more than 70 countries. Since 2001, the scores have been listed for 74 countries and regions, partly based on replications and extensions of the study on the different international populations. The subsequent study was validated the early results included commercial airline pilots and students in 23 countries, civil service managers in 14 countries, up-market consumers in 15 countries and elites in 19 countries.

The **five Hofstede cultural dimensions** are correlated with other countries, culture and religious paradigms. From the initial results and later additions, Hofstede developed a model that indentifies four primary cultural dimensions of ***Power Distance Index (PDI), Individualism (IDV), Masculinity (MAS) and Uncertainty Avoidance Index (UAI)*** to differentiate cultures. Hofstede added the fifth dimension after conducting an additional international study with a survey instrument developed with Chinese employees and managers. The additional dimension is based on Confucian dynamism and is known as ***Long-term Orientation (LTO)*** that was applied to 23 countries.

The ***Power Distance Index (PDI)*** is an ***inequity*** in the social status. The power and inequity are the fundamental principles of any society or social members that all societies are unequal and some are more unequal than others.

The ***Individualism (IDV)***, the opposite side of collectivism, is the degree of individuals ***integrated into groups***. The individualists look after him/herself and

his/her immediate family but the collectivists are integrated into strong, cohesive in-groups and extended family with relatives. The word 'collectivism' has no political meaning but is referred to the group.

The ***Masculinity (MAS)*** is the opposite side of femininity. Both terms are referred to the ***distribution of roles between genders*** that women's values differ less among societies than men's values and the men's values from one country to another has a dimension from very assertive and competitive that is different from women's values of modest and caring. The level of assertiveness, modest and caring is determined the level of masculinity. The women in feminine countries have the modest and caring values and, in the masculine countries; they are assertive and competitive but not as much as men, therefore these countries show a gap between the values of men and women.

The ***Uncertainty Avoidance Index (UAI)*** is the ***tolerance level of uncertainty and ambiguity in the society*** to search for truth. It also indicates that the culture members feel either comfortable or uncomfortable in unstructured situations. People in uncertainty avoiding countries are more emotional and motivated by inner nervous energy.

The ***Long-term Orientation (LTO)***, the opposed of short-term orientation, is the fifth dimension that is associated with ***thrift and perseverance***. On the other hand, the values associated with the short-term orientation are based on the respect of tradition, fulfilling social obligations and protecting one's face.

Comparison between Eastern and Western Culture Dimensions

The **Eastern cultural dimensions** are referred to the ***Thai culture perspectives***. As shown in ***Figure 1.1: Thai Culture Dimensions by Geert Hofstede***,

Thailand has the two ***highest*** Hofstede ranking of the ***Power Distance Index (PDI) and Uncertainty Avoidance Index (UAI).***

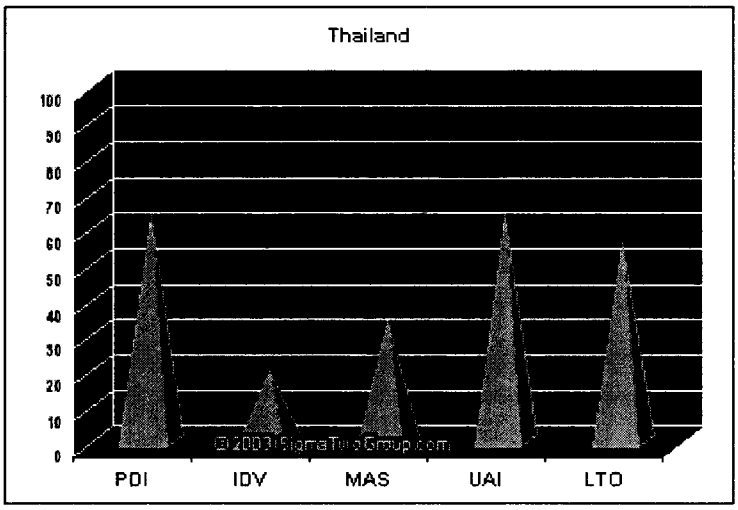

Figure 1.1: **Thai Culture Dimensions by Geert Hofstede**

Source: www.geerthofstede.com

The highest Power Distance Index (PDI) indicates a level of inequity of power and wealth in the society. It is not forced upon the population but accepted by the society as a part of the culture heritage. The equally high ranking of Uncertainty Avoidance Index (UAI) indicates the society's low level of tolerance for uncertainty. With the effort to minimize or reduce the level of uncertainty, the strict rules, laws, policies and regulations are adopted and implemented. The ultimate goal is to control or avoid the unexpected. As a result of the high level of UAI characteristics, the society does not easily accept change and is very risk averse. Thais also concern about the Long-term Orientation (LTO) for the long-term vision of next generations. However, the low level of Masculinity (MAS) indicates the less assertiveness and competitiveness in the society. The ***lowest level*** of ***Individualism (IDV)*** is that the society is collectivist with a close long-term commitment to the member group of family, extended family or extended relationships. Loyalty in a collectivist culture is maximum and overrides most other social rules and regulations. The society fosters

strong relationships where everyone takes responsibility for fellow members of their group.

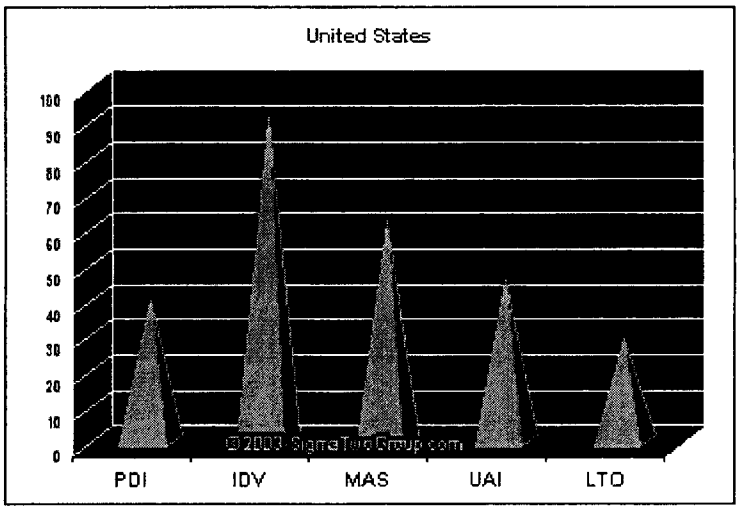

Figure 1.2: **The United States Culture Dimensions by Geert Hofstede**

Source: www.geerthofstede.com

The **Western perspective** is based on the ***United States cultural dimension*** analysis. When compared with the Eastern culture dimension, the Americans have the ***highest Individualistic (IDV)*** attitude that is more self-reliant and looks out for themselves and their close family members. The next highest dimension is Masculinity (MAS) that experiences a higher degree of gender differentiation. The male dominates a significant portion of the society and power structure. However, the situation generates a female population to become more assertive and competitive, with the women shifting toward the male role model and away from their female role. The low ranking of Uncertainty Avoidance Index (UAI) indicates the society has fewer rules and does not attempt to control the outcomes and results, and has a greater level of tolerance for variety of ideas, thoughts and beliefs. The low level of Power Distance Index (PDI) indicates a greater equality between social levels, including

government, organizations and within families with a cooperative interaction across power levels to create more stable culture environment. The ***Long-term Orientation (LTO)*** is the ***lowest dimension*** compared with the Eastern culture dimension since the societies' belief in meeting the obligations and tends to reflect an appreciation for culture traditions.

1.2 The Focal System

The focal system is the **Nursing Home.** ***Sukavet Nursing Home was founded as a hospice in May 1998 by a group of retired medical doctors from many hospitals.*** *The founders thought of helping the senior patients who are unable to take care of themselves and the family members who do not have time to take care of them.* The purpose of founders is to help the society by supporting the senior patients who are unable to take care of themselves to live healthy for their remaining life.

1.2.1 Company Background

The company is registered under **Navasri Medical Center Co., Ltd.**, located on 20/6 Navasri (Ram 21) Soi 2, Ram Khamhaeng Road, Wangthonglang District, Bangkok. The facility is four-storey building in the land of one acre.

The company background is that the shareholders of the institution want to ***help the society*** by registering as the private organization, instead of a non – profit organization, because the *private institution* operates the business in the *most effective and efficient ways in decision-making* as explained in the beginning paragraph of the Focal System (Topic 1.2). Therefore, the institution is ***emphasized on the quality care*** more than *monetary profitability basis*.

This topic also presents staff members, organization chart, senior patients, facility and senior care cost. The company analysis uses the tools of SWOT analysis implemented to the SOAR analysis.

1.2.1.1 Employees

Mr. Pissanu Chitrasumroeng is the *current managing director* of Sukavet Nursing Home. His experiences and positions tenured are as follows:

- Former Officer of the Office of the Civil Service Commission (OCSC)
- Former Employee of Expressway Authority of Thailand (EXAT)
- Former Employee of the Transport, Co., Ltd.
- Former Department Manager of Phyathai Hospital
- Former Managing Director of Petcharavej Hospital
- Former Managing Director of Khlong Tan Hospital
- Former Founder and Director of Pakkret Vejchakarn Hospital
- Former Project Director of Mukdahan International Hospital
- Former Consultant of Ruksakol Hospital
- Former Consultant of Mohharn Hospital
- Former Consultant of Pissanuvej Hospital

In his current position of managing director for ***Navasri Medical Center Co., Ltd. and Sukavet Nursing Home***, Mr. Pissanu Chitrasumroeng would like to *help the unprivileged senior patients* who have low income and his great working attitude at Sukavet is to treat all senior patients/family members and staff members *like his immediate family members*, do *good merit* in everyday and do *good deeds in the society*.

In April 2010, there was a change in the medical doctor staff members. Ronnarat Suwikapakornkul, M.D and Yinglak Suwikapakornkul, M.D resigned from

the institution because they were not the shareholders. They have pursued a new position in the other hospitals and they do not have time for the senior patient care at the institution. As a result, the new medical doctor of Trakol Kangsamrit, M.D. joined the medical doctor staff members of Sukavet in the same month.

As shown in ***Figure 1.3: Organization Chart of Navasri Medical Center Co., Ltd. (Sukavet) (April 2010)*** and ***Table 1.2: Employees (April 2010)***, the **organization chart** of the institution is a **flat** structure since Sukavet is a small nursing home with only 40 patient beds.

Organization Chart of Sukavet Nursing Home
April 2010

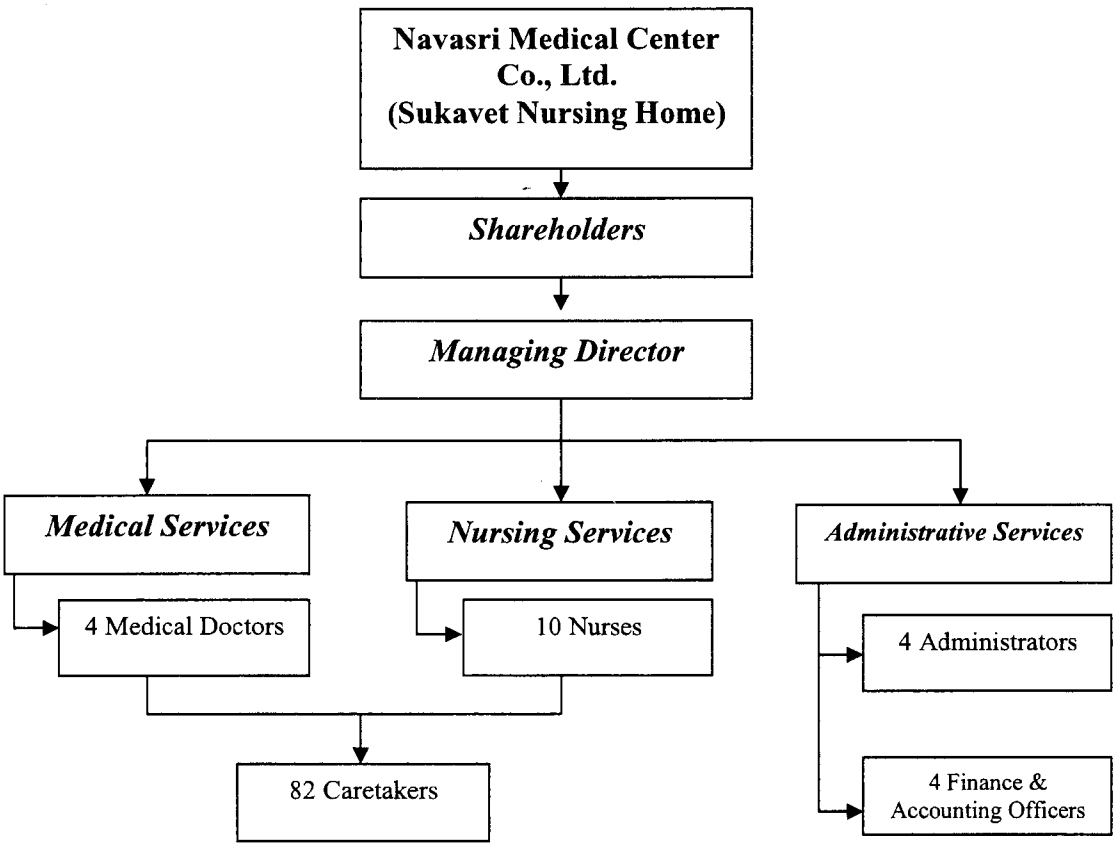

Figure 1.3: **Organization Chart of Navasri Medical Center Co., Ltd. (Sukavet) (April 2010)**
Source: Sukavet Nursing Home Data of April 2010

Table 1.2: **Employees (April 2010)**

Positions	Number of Employees
Managing Director	1
Medical Doctors	4
Administrative Staff Members	8
Nurses	10
Experienced Caretakers	82
Total Employees	**105**

The shareholders ***entitle*** the only one ***managing director*** to run the business operations. The managing director manages the *financial management* including cash flows managements and maintains the *institution facility* to comply with the standards of Ministry of Public Health. For example, the occupancy level of each room, hygiene standard of patient care and critical medical equipment are very strict.

The managing director also *supervises* the medical doctors, nurses, caretakers and administrative staff members. Moreover, he needs to *cooperate* with the hospitals for the new senior patients to be admitted in the institution. The *marketing* of this institution is focused on the senior patients who cannot take care of themselves and their family members are unable to provide the treatment.

1.2.1.2 Senior Patients

The institution provides the following male and female elderly care services for:

- *Alzheimer patients*
- *Suffering patients from chronic disease*

- *Paralysis or disability*
- *Final stage of cancer patients*
- *Palliative care*
- *Elders who are unable to take care of themselves*

Currently, the maximum of 40 patient beds are fully occupied for the senior patients aging from 50 to 90 years old. Sukavet offers senior care services both inside facility and outside of the institution – home/hospital care. However, the institution has ***more off-facility senior patients*** than in-facility senior patients because of the *limited patient beds of the facility*. Furthermore, the number of **female** senior patients is *more than* the number of **male** senior patients.

1.2.1.3 Facility

The institution has four levels with the ***maximum capacity*** of 40 patient beds in 15 rooms as follows:

- Eight Single Air-conditioned VIP Rooms (Total of 8 Patient Beds)
- Two Double Air-conditioned VIP Rooms (Total of 4 Patient Beds)
- Five Regular Group Air-conditioned Rooms (Total of 28 Patient Beds)

1.2.1.4 Senior Care Cost

The Sukavet senior care cost details effectively used since January 1, 2008 are explained as follows:

* The costs listed in ***Table 1.3*** include three meals per day and snacks – patient room – medical doctors – nurses – passive exercise.
* The listed prices are **not included medicine and medical supplies.**
* **The additional charge of 2,000 THB is for liquid food fed by tube per month.**

Table 1.3: **Schedule of Sukavet Nursing Home Care Cost (April 2010)**

Type of Patients	Able to Take Care of Self		Unable to Take Care of Self	
	Monthly Rate (THB)	Daily Rate (THB)	Monthly Rate (THB)	Daily Rate (THB)
Regular Group Air -conditioned Room	15,500	800	17,500	900
Double Air-conditioned VIP Rooms	16,000	850	18,000	950
Single Air-conditioned VIP Room	24,000	1,100	**26,000**	1,200

Source: 2008 Sukavet Nursing Home Paper Brochure

As shown in ***Table 1.4: Estimated Elderly Care Cost of Nursing Home Facilities (April 2010),*** the researcher also performed the additional research of the other hospitals or hospices. The elderly care costs of Sukavet and other hospices were presented as follows:

Table 1.4: **Estimated Elderly Care Cost of Nursing Home Facilities (April 2010)**

Hospitals/Hospices	Senior Care Available	Estimated Senior Care Expenses (Thai Baht Per Month)
Sukavet Nursing Home*	Senior Nursing Home/Palliative Care of Both Inside and Outside Institution	**26,000.00**
Kluaynamthai 2 Hospital**	Senior Nursing Home/Palliative Care of Both Inside and Outside Institution	75,000.00
Dr. Health Care Center**	Senior Nursing Home/Palliative Care of Outside Institution Only	100,000.00
Phyathai Hospital**	Senior Nursing /Palliative Care Outside Institution Only	144,000.00
Bangkok Hospital Medical Center**	Senior Nursing Home/Palliative Care of Inside Institution Only	200,000.00
Chulalongkorn Hospital**	Not Available	N/A
Bumrungrad International Medical Center**	Not Available	N/A
Ramkhamhaeng Hospital**	Not Available	N/A

Notes: * Sukavet Senior Cost of Care from www.sukavet.com
** Senior Cost of Care from Staff Members of Each Institution

1.2.1.5 Company Situation

The company is registered as a ***private business practice***, not as a not-for-profit organization, because registering as a private business practice makes Sukavet operate its business efficiently and effectively. The main purpose of Sukavet supports ***unprivileged senior patients*** by offering high quality senior patient care services but the institution ***charges 30% lower cost of care***, when compared with other nursing homes. The reasons of charging low cost are as follows:

- Land and building have been contributed by shareholders.
- Medical equipment is capitalized by shareholders.

Therefore, the institution does **not** have expenses incurred from the **rent** of land, building and medical equipment.

1.2.2 Company Situation Analysis using SWOT and SOAR

In the company situation analysis, the researcher used ***SWOT*** (Strengths, Weaknesses, Opportunities and Threats) analysis to ***identify the initial situations*** of *past and present* for the institution. Afterward, the **SOAR** [Strengths, Opportunities, Aspirations and Results] analysis tool was used for ***the projection reference for the future*** potential for change and development.

As shown in ***Table 1.5: SWOT and SOAR*** **Analysis**, the institution is viewed as an organization system. **In SWOT Analysis as was done in the past**, the **business strategy was derived from the management level** while the middle management and subordinates had little involvement.

Table 1.5: **SWOT and SOAR Analysis**

SWOT (Strengths, Weaknesses, Opportunities and Threats)

Inside Evaluation	Strengths	Weaknesses
Outside Evaluation	Opportunities	Threats/Risks

SOAR (Strengths, Opportunities, Aspirations, Results)

Strategy	Strengths	Opportunities
Value-Added	Aspirations	Results

Source: Association of Major Religious Superiors in Thailand Appreciative Inquiry (AI) Seminar – Workshop by Dr. Rosalina Fuentes, Ph.D., Baan Phu Waan, Nakhon Pathom, June 30, 2009 to July 2009.

The inside and outside evaluations are related to the initial assessment of the current situation of the institution. The additional ***SOAR analysis*** **projects** the *future references* of strategy and value-added. This dissertation was *focused* on the *senior patients* including family members and the *institution.* Therefore, the company analysis was discussed in both aspects.

Company Situation Analysis Related to Senior Patients and Family Members

- **SWOT for Senior Patients and Family Members**

As shown in ***Table 1.6: Summary of SWOT for Senior Patients/Family Members***, the *current situation analysis related to the senior patients and family members* was that they were ***cared*** by the staff members and the medical equipment was sufficient for the senior patient care. The weak point was that they were ***only treated for physical rehabilitation***. Once they were recovered, they had an

opportunity to go home. However, if needed, they might have to purchase their own necessary medical equipment that might be ***expensive.***

Table 1.6: **Summary of SWOT for Senior Patients/Family Members**

SWOT (Inside Sukavet) **Strengths**	**SWOT (Inside Sukavet)** **Weaknesses**
The senior patients in the institution were **cared** by staff members and had **adequate medical equipment**.	The senior patients in the institution were **only nurtured** for **physical strengths**.
SWOT (Outside Sukavet) **Opportunities**	**SWOT (Outside Sukavet)** **Threats/Risks**
After the **senior patients recovered**, they had an *opportunity* to **go back home**.	The home care senior patients might have to **purchase** their **necessary medical equipment** such as oxygen.

- **SOAR for Senior Patients and Family Members**

As shown in ***Table 1.7: Summary of SOAR for Senior Patients/Family Members***, the *company analysis of future projection for senior patients and family members* was that the senior patients and family members wanted an ***inexpensive cost of care*** and the senior patients also needed both ***physical and mental rehabilitation.*** Once they recovered, they wanted to ***leave*** the institution and requested continue senior care service at home, making them more ***satisfied staying at their residence.***

Table 1.7: **Summary of SOAR for Senior Patients/Family Members**

SOAR (Strategy) **Strengths**	**SOAR (Strategy)** **Opportunities**
The **senior care cost in the institution** was **inexpensive**.	The senior patients in the institution were **physically and mentally rehabilitated**.
SOAR (Value – Added) **Aspirations**	**SOAR (Value – Added)** **Results**
The senior patients who left the institution could request the **care service at home.**	The home care senior patients would be **happier** than staying in the institution

Company Situation Analysis Related to Staff Members

- **SWOT for Staff Members**

As shown in ***Table 1.8: Summary of SWOT for Staff Members***, the *initial company situation analysis related to the staff members* was that the dedicated staff members were ***exhausted*** of work repetition. Their only opportunities were the training of senior care knowledge and technique. In the worst case, the good employees ***resigned*** from the institution to work in other nursing homes that provided the higher compensation and fringe benefits.

Table 1.8: **Summary of SWOT for Staff Members**

SWOT (Inside Sukavet) **Strengths**	**SWOT (Inside Sukavet)** **Weaknesses**
The staff members **dedicated** themselves to work.	The staff members had **work repetition**, leading to less motivation.
SWOT (Outside Sukavet) **Opportunities**	**SWOT (Outside Sukavet)** **Threats/Risks**
The staff members were only provided opportunities to improve the senior care **knowledge or technique**.	The **high performance** staff members **might resign** from the institution to work in other nursing homes that provide the higher compensation and fringe benefits.

- **SOAR for Staff Members**

As shown in ***Table 1.9: Summary of SOAR for Staff Members***, the *company situation analysis related to the future projection of staff members* was that the good performance staff members ***expected additional compensation***. The staff members expected the company to provide ***more motivation and lessen their work repetition.*** At the same time, the staff members expected ***more fringe benefits*** and other monetary rewards and the good performance employees ***wanted to be promoted*** to the higher position.

Table 1.9: **Summary of SOAR for Staff Members**

SOAR (Strategy)	**SOAR (Strategy)**
Strengths	**Opportunities**
The **special rewards** were provided for the good performance employees.	The staff members expected ***more motivation*** **and lessens** ***work repetition***.
SOAR (Value – Added)	**SOAR (Value – Added)**
Aspirations	**Results**
The **fringe benefits and non-monetary rewards** were expected to increase their inspiration to work.	The **experienced and specialized** staff members wanted to be **promoted** to **higher position** in the institution.

1.3 The Needs for Action Research and Statements of the Research Problem

1.3.1 The Needs for Action Research

The researcher had the grandfather who was 93 years old, received the treatment of paralysis from Ramkhamhaeng Hospital. He could not sleep, sit and walk by himself. Therefore, he needed the continued treatment. The researcher's family received the kind suggestions from the medical doctor that the grandfather could continue receiving the physical therapy. However, if he received the physical therapy treatment in the hospital, the cost of care would be very expensive.

Later, the researcher brought him to Sukavet to receive the senior medical care support. During the researcher's grandfather staying at Sukavet, the researcher regularly visited him. The researcher ***directly discussed with the senior patients, family members and staff members***, and saw many issues for improvement. Therefore, the sources of information for problems to be improved were from the family members, senior patients and staff members.

The **situations in the Pre-Organization Development Intervention** were that the institution suffered from the economic crisis with the ***30 % reduction in the***

monthly revenue. The staff members came to work at the institution with ***feeling of job insecure*** about their possible job loss. The senior patients in the institution had ***limited physical rehabilitation and no mental rehabilitation***, and most of them always were on their bed. The senior patients did ***not have an assigned area for doing recreation activities***. Beside, the ***building*** of the institution ***aged 12 years old*** with no improvement. The management style at that time was ***Top-down Approach***. The staff members received the policies and procedures ***only from the managing director***. However, the managing director was ***the only one who always encouraged*** the staff members and senior patients as well as family members to survive and pass the period of financial difficulties.

The researcher summarized two needs of the sustainable development of the institution as follows:

1.) To **increase** the ***satisfaction and engagement*** of senior patients and family members

2.) To **develop** the ***sustainable business development*** of the institution

1.3.2 Statements of the Research Problem

The research problems were determined the initial impact of the Appreciative Inquiry-based Organization Development Intervention Process on the following aspects:

- ***What and how to improve the satisfaction and engagement of senior patients?***
- ***What and how to create the institution sustainability?***

The sources of the research problems were directed generated from senior patients, family members and nurses/caretakers as follows:

- Senior Patients

The researcher directly discussed and asked the senior patients who could communicate in the institution. Most senior patients were female.

- Family Members

Most sources of data were from the family members since most senior patients suffering from Alzheimer, chronic illness or paralysis could not respond, interact or even take care of themselves. Additionally, the family members saw the condition and progress of senior patients. However, the researcher was unable to meet all family members at one time or the same time, therefore the research frequently visited the institution to meet with the family members as much as possible.

- Nurses and Caretakers

The rest of the sources of research problems were from the nurses and caretakers because they also directly provided care to the senior patients and interacted with the family members.

1.4 Research Objectives

The researcher formulated the objectives as follows:

a. To ***assess*** the current situation of senior patients and their level of satisfaction and engagement
b. To ***assess*** the current situation of Sukavet Institution and to ***analyze*** the business operations and financial stability
c. To ***design, develop and implement*** Appreciative Inquiry-based Organization Development Intervention Process responsive to the senior patients and institution

d. To ***determine*** the initial impact of Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution

1.5 Research Questions

In view of the research objectives, the research questions were as follows:

1.) What was the ***level of satisfaction and engagement*** for senior patients in Sukavet?

2.) What were the current ***business functions*** and the business ***sustainability***?

3.) What was the ***Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution***?

4.) What were the ***initial impacts*** on the *satisfaction and engagement of senior patients* and the *sustainability of the institution*?

1.6 Research Hypotheses

The researcher attempted to test ***two hypotheses*** for the ***sustainable development of the institution*** as follows:

Hypothesis One

H0: There was ***no difference of the satisfaction and engagement of senior patients***.

H1: There was ***a difference of the satisfaction and engagement of senior patients***.

Hypothesis Two

H0: There was ***no sustainable business development of the institution.***

H1: There was ***a sustainable business development of the institution.***

1.7 Scope and Limitations of the Study

The ***scope*** of the sustainable development was emphasized on the *satisfaction and engagement of senior patients/family members* and the *continuation of sustainable business operation.*

The limitation of this research was **limited** by the **financial support, research location and dissertation timeframe,** explained as follows:

1.) ***Financial Support***

The ***access of financial resources*** could affect the ***major*** improvements or implementations of the organization development intervention process for the institution.

2.) Research Location of Senior Patients and Family Members

This data on the senior patients was limited to the ***observation*** of senior patients/family members and staff members who were ***only in the institution***. The researcher did not go outside of the institution at either home care or hospital care.

Most ***senior patients*** in the institution had the ***physical limitation condition*** such as paralysis or disability. In addition, they had *suffered from the aging chronic diseases.*

3.) Limited Timeframe of Dissertation

The researcher received only the permission to conduct the research ***within the limited timeframe*** of the dissertation from April 2009 to June 2010.

1.8 Significance of the Study

The significance of this research was about the ***usefulness*** of the study and the ***importance*** of the staff member, family members, senior patients/citizens, and society and country.

1.) Staff Members

The staff members composed of medical doctors, nurses, caretakers, administrators and managing director. The study was significantly useful on the improvement of the *quality of care, the satisfaction and engagement* of senior patients and the *growing career path* of staff members.

2.) Family Members

The family members were *responsible* for the senior patients admitted in the institution. Therefore, the satisfaction of family members was *essential* to the business growth of the institution. The usefulness of this study was that the family members would learn how to *properly take care of* the elderly family members.

3.) Senior Patients/Citizens

The senior patients/citizens in Thai society benefited from the *increasing awareness of high quality elderly care* and the *creation of environments* that made them live their remaining life comfortably. The study was useful to them since they would receive more *quality attentive care* from family members or caretakers.

4.) Society and Country

With an increasing number of elderly populations in Thai society, the society and country were *aware that senior patients/citizens had an impact on the social problems and economic growth of the country.* This dissertation was useful to the society on encouraging of the reduction of social burdens on senior patient care that created an uninterrupted economic growth of the country.

1.9 Definition of Terms

The following terms were used in this dissertation. Therefore, the descriptions of terms were ***clearly explained to avoid misunderstanding***.

* ***Appreciative Inquiry-based Organization Development Intervention*** (Whitney and Trosten-Bloom, 2003, p. 1 and Cummings and Worley, 2005, p. 143) is the ***study and exploration of what gives life to human systems*** when they function ***at their best*** with the ***intervention*** to help an organization ***increase its effectiveness*** with the extent to which its fits the *needs of organization*, the degree to which it is based on causal *knowledge of the intended outcomes* and the extent to which it transfers *change-management* competency to organization members. This approach to personal change and organizational change is based on the assumption that questions and dialogs about strengths, successes, values, hopes and dreams are themselves transformational.

* ***Engagement*** (Allen and Rao, 2000, p. 17) is the action or result of ***customer commitment*** that is related to emotional, psychological and physical investment that the customers have in a brand, product, service or company.

* ***Senior/Elder Care*** (Malloy and Hartshorn, 1989, p. 2) is frequently referred to the nurses or caretakers processing skills and behaviors to meet the healthcare trends and fulfilling the particular needs and necessities of seniors. The terms include ***assisted living, adult day care, long-term care, nursing home, hospice care, hospital care and in-home care.***

* ***Needs*** (Weihrich and Koontz, 2005, p. 371) mean the ***requirement or lack*** of something. In this dissertation, the needs are mostly related to the human needs that are to be satisfied.

* ***Nursing Home, Convalescent Home, Skilled Nursing Unit (SNU) or Rest Home*** (Ellis and Nowlis, 1985, p. 777) is the facility that provides the elderly care of seniors who need skilled nursing care for physical or psychological reasons. Though some such facilities are called convalescent home, skilled nursing unit or rest home, most of the residents are the fragile elders who will stay in the long-term or until death.

* ***Home/Hospital Care or Domiciliary Care*** (Denham, 1991, p. 58) is medical care or supportive care provided by medical professional in the ***patient's residence/hospital***.

* ***Institution*** (Denham, 1991, p. 4) is referred to the ***nursing home*** in this dissertation. The institution is a place caring for people who are incapable of looking after themselves and who are harmless and need protecting from certain environment.

* ***Organization Development Intervention*** (Cumming and Worley, 2005, p. 145) is ***focused on people*** within the organizations and the ***process through which they accomplish goals***. These processes include communication, problem solving, group decision making and leadership.

* ***Satisfaction*** (Allen and Rao, 2000, p. 1) is the ***abstract*** state of satisfaction from services or the ***actual*** manifestation of satisfaction from products. The

satisfaction varies from person to person and product/service to product/service. The state of satisfaction depends on a number of ***both psychological and physical variables*** which correlate with satisfaction behaviors such as return and recommend rate. The level of satisfaction can also vary depending on other factors, such as other products/services against which the customer can compare the organization's products. In the ***business term***, the satisfaction measures of how products and services supplied by a company ***meet or surpass*** the customer expectation.

* ***Sustainability*** (Wheelen and Hunger, 2010, p.123) is the ***satisfaction all*** of the economics, legal, ethical and discretionary responsibilities to be sustainable and succeed over a ***long period of time***. It is also involved many issues, concerns and tradeoffs, leading to the examination of corporate stakeholders.

CHAPTER TWO

The Literature Review and the Theoretical, Conceptual and Research Framework

The organization system, organization development, change management, perspective of action research organization development process, tools for organization system analysis, basic human needs, organization interventions, sustainable business development and customer satisfaction as well as customer engagement are discussed in this chapter. Later, the theoretical framework and conceptual framework are presented. The literature review on theoretical, conceptual and research frameworks on the satisfaction and engagement of senior patients and sustainability of the institution help the researcher use the appreciative inquiry as an approach to the intervention process in this dissertation.

However, the theory of ***Patient Care and Nursing Aging Patients is not included*** because it is directly related to the nursing science of the School of Nursing Science.

2.1 Organization as System

The organization is the integration of many functions from the human systems to provide a collaborative environment that will help increase the effectiveness and efficiency.

Marvin R. Weisbord (1978) presented the system of organization for purposes, structure, relationship, rewards, leadership and helpful mechanism.

In ***purposes***, the organization members clearly understand the organization mission, purpose and goal agreements and the people support the organization purposes. The ***structure*** is about how to allocate tasks, assign works and measure the adequate fit between the purpose and the internal structure of organization. The ***relationships*** between individuals, units, departments and functions are required to the tasks. The ***rewards*** are diagnosed the formal/informal rewards and the disciplinary rewards. The ***leaderships*** of people in the organization are balanced. The other ***useful mechanisms*** help the organization to achieve the planning, controlling, budgeting and other information systems. As shown in ***Figure 2.1: Galbraith's Star Model of Organizational Design***, the organization as a system is from the integration of the strategy, structure, business processes & lateral links, reward systems and human resource management. The researcher developed the organization design based on this model.

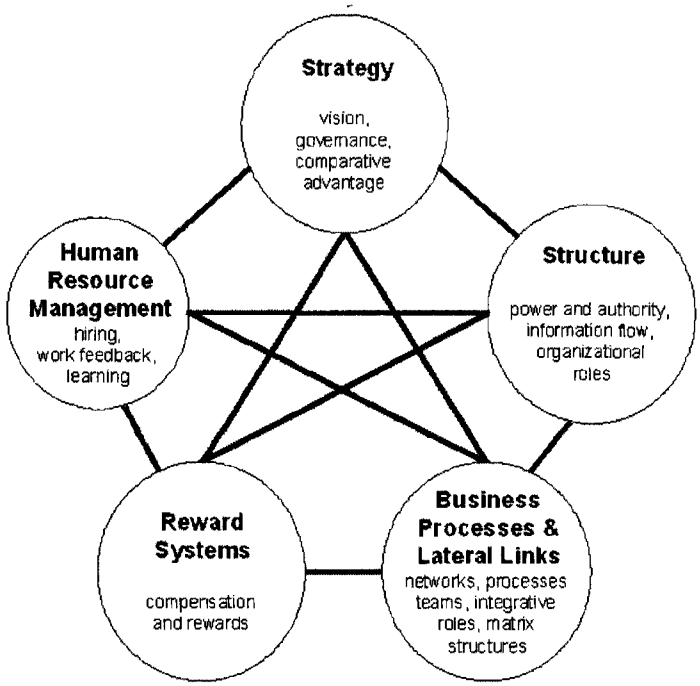

Figure 2.1: **Galbraith's Star Model of Organizational Design**
Source: Wikipedia Online Encyclopedia (www.wikipedia.org)

2.2 Organization Development

The organization development is a professional field action and scientific inquiry. The practice of organization development has a wide spectrum of activities. ***Cummings and Worley*** (2005) discussed the definitions of organization development are presented as follows:

Warner Burke addressed the organization development was a planned process of change in an organization's culture through the utilization of behavior science technology, research and theory.

Wendell French mentioned the organization development referred to a long-range effort to improve an organization's problem-solving capabilities and its ability to cope with changes in its external environment with the help of external or internal behavioral-scientist consultants, or change agent, as they were sometime called.

Richard Beckhard examined the organization development was an effort of plan, organization wide, top level management, organization effectiveness and health increment via planned interventions in the organization's processes, using behavioral science knowledge.

Michael Beer studied the organization development was a system wide process of data collection, diagnosis, action planning, intervention and evaluation aimed at enhancing congruence among organizational structure, process, strategy, people and culture; developing new and creative organizational solutions; and developing the organization's self-renewing capacity. It occurred through the collaboration of organizational members working with a change agent using behavioral science theory, research and technology.

In summary, the concept of ***organization development*** is the effort of ***organization problem solving and renewal processes for effective and collaborative***

management of organization culture. The organization development is a long-term plan process of change to improve the organization problem solving with a perspective of organization wide plan and system wide process used the assistance of a change agent or catalyst and the theory and technology of applied behavioral science. It is also interdisciplinary in nature and draws on sociology, psychology, motivation, learning and personality.

2.3 Change Management

The change management is a ***structure approach to the evolution of individuals, groups and institutions from the existing position to a new desirable one***. It can be the process of employee empowerment to embrace changes in the business environment. The change management can be related to the strategic, technological, structural or attitude or behavior changes.

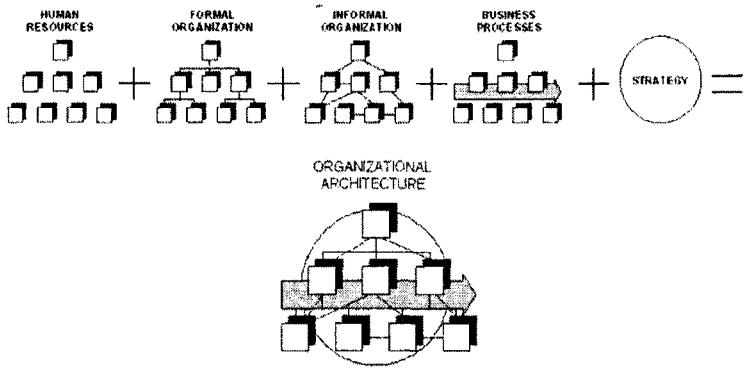

Figure 2.2: **Simplified Scheme of Organization**

Source: Wikipedia Online Encyclopedia (www.wikipedia.org)

The changes are ***visible and traceable*** to avoid the failure or instant correction. The metrics of leader commitment, communications and accurate strategies expedite the change processes. The effective change managements place the ***first priority*** on the ***effective communication strategy*** to avoid misunderstanding. The next priority is

to formulate the ***effective skill upgrading scheme as shown in Figure 2.2: Simplified Scheme of Organization*** for the institution. This measure reduces the resistance from the employees and aligns to overall strategies of the institution. The last priority is the ***personal counseling*** of the employees, if necessary, to lessen the fear of changes.

Some organization members are afraid of the change because they are comfortable in the existing environment. The ***results of the fear of change*** can lead to ***no development and improvement, reducing effectiveness and efficiency*** in the organization. The organization members may ***feel bored and unmotivated*** in the same environment. The new creative and innovative ideas ***cannot be fully initiated*** under the old atmosphere.

2.4 Perspectives of Action Research Organization Development Process

The action research organization development process is ***a long-range cyclical and self-correcting mechanism*** of the effectiveness of client system for *self-analysis and self-renewal.* There are many discussions about the perspectives of action research organization development process as follows:

Wendell L French and Cecil Bell discussed the ***organization development process*** of the organization improvement by ***action research***. The people were actively in decision-makings that were directly affected with them and adopted the rational social management.

The perspectives of the organization development process are the action research which is ***problem centered, client centered and action oriented***. It is involved the client system diagnosis, active learning, problem finding and problem solving process. It is not a simple written report but feedback opens in joint sessions

of developing plans for reality and practice. The scientific methods are ***data gathering, forming hypotheses, testing hypotheses and evaluating the results.***

Kurt Lewin (1890 – 1947) described the organization development process into three steps as follows:

- ***Unfreezing***: With dilemma and discomfort, the individual or group had become aware of a need for change.
- ***Changing***: The situation was analyzed and the new models or behaviors were explored and tested.
- ***Refreezing***: The application of new behavior was evaluated and the reinforcing was adopted.

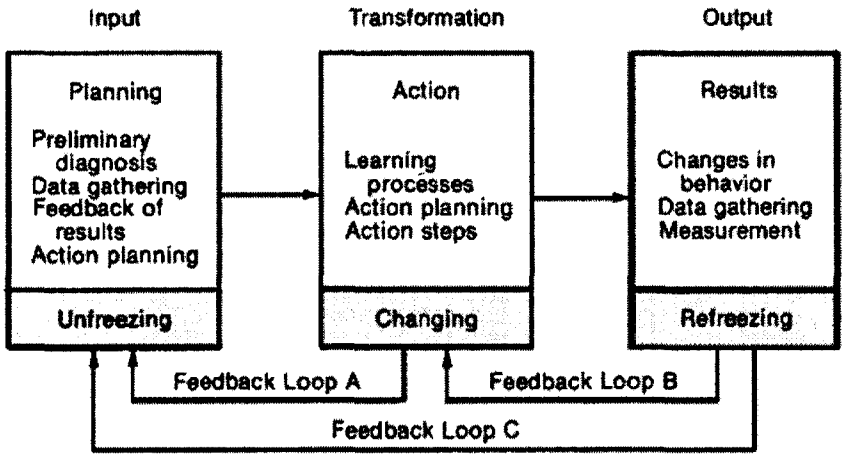

Figure 2.3: **Action Research Process of Organization Development**

Source: Wikipedia Online Encyclopedia (www.wikipedia.org)

As shown in ***Figure 2.3: Action Research Process of Organization Development***, the organization development action research process is a ***cyclical process of change***. The process begins when the client and change agent work together with the plan actions. The main elements include a *preliminary diagnosis,*

data gathering, feedback of results and joint action planning. The communication systems are the language system theory.

The *second step* of organization development action research process is the *transformation phase.* The learning process of role analysis is planned and executed the behavioral changes. The feedback in this phase moves via *Feedback Loop A* and has the effect of altering previous planning for better alignment with change objectives.

The *third* or last stage is the *outcomes or results phase.* This step includes the ***actual changes*** in behavior resulting from the corrective action steps taken following the second stage of transformation. *Minor adjustments* can be made in the learning activities through *Feedback Loop B.* The *major adjustments and reevaluations* return of *Feedback Loop C* to the organization development process to the first stage of input.

2.5 Tools for Organizational System Analysis

The tools for organizational system analysis are SWOT Analysis by Albert Humphrey, SOAR Analysis, McKinsey's 7S Framework by Pascale & Athos and Peters & Waterman, and Six-box Model by Marvin Weisbord.

2.5.1 SWOT Analysis

Albert Humphrey (1960 – 1970) discovered that the SWOT analysis was a ***strategic planning method used to evaluate the strengths, weaknesses, opportunities and threats in the organization*** when he led a convention at Stanford University in the 1960s to 1970s using data from Fortune 500 companies.

The SWOT analysis **evaluates the past and present problems**. The ***main purpose*** of SWOT analysis is to identify the key internal and external factor to achieve the objective. The internal factors are the strengths and weakness of the inside organization and the external factors are the opportunities and threats from the external environment of the organization.

Internal Assessment	Strengths Where we can outperform others	Weaknesses Where can others outperform us
External Assessment	Opportunities How we might enhance our successes	Threats What who might threaten our success

Figure 2.4: **SWOT Analysis**

Source: RapidBI-Mgt, Leadership, Business Improvement Articles

(http://rapidbi.com/management/swot-or-soar-strategy-and-tools-in-business/)

As shown in ***Figure 2.4: SWOT Analysis***, the SWOT analysis starts with defining the desired objective and incorporated into the strategic planning model to identify the followings factors:

- ***Strengths***: To identify the strong points inside the organization
- ***Weaknesses***: To find the weak points inside the institution
- ***Opportunities***: To search for the opportunities outside the company
- ***Threats***: To evaluate the external conditions that could damage to the organization

The identification of SWOT is ***critical*** because the subsequent analysis or process of planning to achieve the objectives is derived from SWOT. The SWOT analysis is used in the academy and particularly helpful in identifying the areas of development.

J. Scott Armstrong **argued** about the limitation of SWOT analysis that "***People who use SWOT might conclude that they have done an adequate job of planning and ignore such sensible things as defining the firm's objectives and calculating Return on Investment (ROI) for alternate strategies.***"

Some proponents provided the example of ***SWOT analysis drawbacks*** like "***rear view mirror.***" The 50% of the SWOT process keeps the organization looking in the rearview mirror, trying to fix weaknesses and looking away from real or imagined threats. It keeps the organization stuck in the status quo and reduces its energy and enthusiasm to move forward. The SWOT analysis needs to go beyond the same point by "*changing lanes*" situation when seeing a big truck next to the right which it is similar to the other substantial factors overlooked. Therefore, the SWOT analysis is to be considered about the broaden contexts and timing.

The other **criticism and limitation of SWOT analysis** are that it is one method of categorization and has its own weaknesses. For example, it may tend to compile the lists rather than think about what is actually important in achieving objectives. It ***may present the resulting lists uncritically and without clear prioritization*** such as the weak opportunities may appear to balance strong threats. The proponents **argue** that the use of SWOT analysis for ***personal development*** is ***not the best*** tool.

Therefore, that SWOT analysis needs to practically present *each item with the core* ***competency strategy*** *and* ***value-added method***. Additionally, the use of ***PEST*** (Political, Economic, Social and Technological) analysis or expanded PEST to ***PESTLE*** (Political, Economic, Social, Technological, Legal or Environmental) analysis helps identify the external factors and *reduce the drawbacks of SWOT analysis*. These tools can be ***combined with the externally micro-environmental***

factors and internal drivers that can be categorized as opportunities and threats in SWOT analysis. For example, the conglomerate companies such as Sony, Disney or BP found that they were more useful to analyze each department of their company with the PESTLE.

2.5.2 SOAR Analysis

SOAR analysis is based on ***positive philosophy to analyze the Strengths, Opportunities, Aspiration and Results***. As shown in ***Figure 2.5: SOAR Analysis***, this analysis is the *practical development analysis of SWOT,* presenting each item with the *core competency strategy and value-added method of appreciative intent.* The inside evaluation of the organization is developed to the strategy with the core competency strengths of the current assets and new best opportunities. At the same time, the outside evaluation of the organization is developed to the aspiration of preferred future and expected positive results.

Strategic Inquiry	Strengths What are our greatest assets	Opportunities What are the best possible opportunities
Appreciative Intent	Aspirations Who do we want to be and what is our preferred future	Results What are the measurable results we want to achieve

Figure 2.5: **SOAR Analysis**

Source: RapidBI-Mgt, Leadership, Business Improvement Articles

(http://rapidbi.com/management/swot-or-soar-strategy-and-tools-in-business/)

There are many proponents of the SOAR analysis **argue** that it is only a "***positively reframed SWOT analysis.***" The SOAR analysis merely moves beyond the "*as-is*" state of the organization to the "***to-be.***" The SOAR analysis can also make the

same mistake as SWOT analysis in the context of strategic planning. Additionally, it can ***bias towards*** what they can do rather than the areas they should avoid, creating the omission of others or changes.

2.5.3 McKinsey's 7S Framework

Pascale & Athos (1981) and ***Peters & Waterman*** (1982) discussed the McKinsey's 7S Framework named after the consulting company of McKinsey and Company.

The model is the seven components; all begin with the letter "S," linked between each other to analyze the organization. These seven variables include ***strategy, structure, systems, skills, style, staff and shared values.***

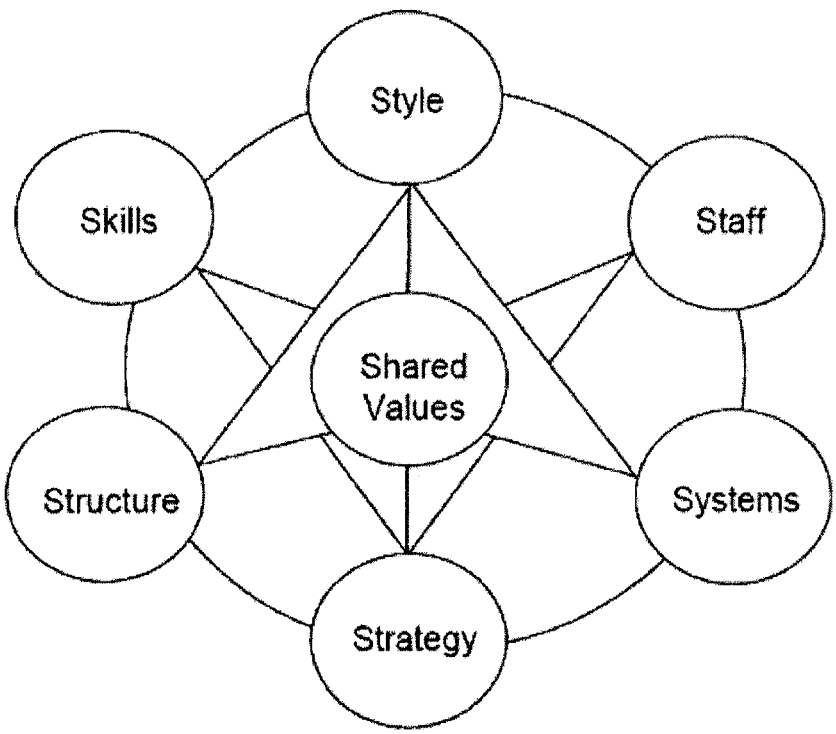

Figure 2.6: ***McKinsey's 7S Model***

Source: Paper4You.com

(http://www.coursework4you.co.uk/essays-and-dissertations/mckinsey-7s-framework.php)

As shown in ***Figure 2.6: McKinsey's 7S Model***, the first component starts with the ***structure*** because it is defined as the *skeleton of the organization* as known as the *organization chart*. The ***strategy*** is a plan or course of action in allocating all resources to achieve the identified goals. The ***systems*** are the routine processes and procedures within the organization. The ***staff*** is explained as the personnel categories of the organization while the ***skills*** refer to the capability of employees in the organization as whole. The key managers behave to achieve the organization goals in the ***style*** variable that encompasses the culture style. The ***share values or superordinate goals*** are referred to the significant meaning or guiding concepts that all organization members commonly share.

The McKinsey 7S Model covers almost all aspects of the business and all major functions in the organization. Therefore, it is highly important to gather information as much as possible about the organization. The seven factors are **described as soft and hard components**. The ***hard components*** are the ***Strategy, Structure and Systems*** that are *normally feasible and easy to identify* in the organization as documented or seen as tangible objects such as strategy statements, corporate plans, organization charts and other documents. The remaining four components of ***Skills, Style, Staff and Shared Values*** are categorized as the ***soft factors*** since they are *difficult to comprehend;* therefore it is recommended that the study of organization is *observations and interviews*. The linkages must be made between soft and hard components.

In the past, ***the rigid and hierarchical organization structure normally led to a bureaucratic organization culture*** where the power was centralized at the higher management level. To overcome to the red tape situation, the ***most widely used***

organization structures are ***flat*** that the works are performed in teams of specialists rather than fixed departments. The flat organization structure is *more flexible and empowering the employees to eliminate the middle management level.*

The ***next argument*** is that the soft components are ***difficult*** to change and are the most challenging aspects of change management strategy. The obvious example is that it is difficult to change the organization culture since it alters the power structure in the organization and the inherent value of the organization. However, ***if these soft factors are altered, there will be a greater impact on the hard components*** of structure, strategy and system in the organization. From the recent observations in the past few years, the trend has been more open, flexible and dynamic culture in the organization while the employees are valued and the creation and innovation are strongly encouraged.

The ***other argument*** is that what compounds the problems is ***derived by hard components and neglecting the soft issues***. In other words, it is easy to trap only in the concentration of hard components. These factors must not be individually identified but they have to interact and affect each other as one component is affected by changing in the others. The "***cause and effect***" analysis of both soft and hard components makes the in-depth analysis and clearly understands what causes the change.

The study of using the McKinsey's 7S Model ***revealed*** that ***American companies tended to emphasize on those hard factors*** of structure, strategy and systems that they felt they could change while neglecting the soft factors. The organization cannot merely change one or two components to change the whole organization. Only ***Japanese*** and a few excellent American companies were

reportedly ***successful at linkage their structure, strategy and systems with the soft components***.

It is **argued** that if the organization has weak values and common goals, the own personal goals of employees may have different or conflicts with other components of the organization and/or their colleagues. Hence, the ***strategy*** of the organization is to differentiate the tactics or operational actions by its nature and designate to ***transform from current position to the new position*** as described in objectives, subject to constraints of the potential capability. As shown in ***Figure 2.7: How Do We Get There?***, the smooth transformation is related to the three questions of 1.) *Where the organization stands at the current time?*, 2.) *Where the organization wants to be in a specified timeframe?* and 3.) *How to get there*?

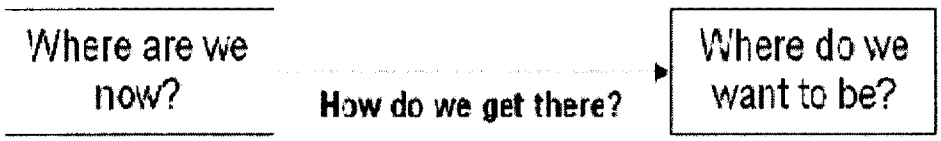

Figure 2.7: **How Do We Get There?**

Source: Paper4You.com

(http://www.coursework4you.co.uk/essays-and-dissertations/mckinsey-7s-framework.php)

Traditionally, the systems of organization have been following a bureaucratic model where most decisions are taken at the higher management level and there are various and unnecessary requirements. Currently, the organizations are simplifying and modernizing their process by innovation and use of new technology making the quick decision-making process.

The ***last major criticism*** is that the ***external environment*** is not included in the McKinsey's 7S Framework. The ***customers must be more involved*** to make the products and services user friendly. In the ***long-term perspective***, all soft and hard factors can be changed to become ***more congruent as a system.***

2.5.4 Six-box Model

Marvin Weisbord (1978) assessed the functions of organization and developed the six-box model that was based on the techniques and assumptions of the organization development.

As shown in ***Figure 2.8: Six-box Model***, the model presents the way of looking at the organization structure and design. It provides attention to the ***purposes of business***, the ***structure of job division***, the ***relationships to coordinate people and manage conflicts***, the ***incentive rewards***, the ***helpful adequate connecting technology*** and the ***leadership to keep all the factors in the box balance.***

This model is a cognitive map of the organization, labeled to better describe and understand the relationship among data. It is useful to rapidly expand ***both formal and informal diagnostic framework*** form interpersonal and group issues to more complicated contexts, allowing people to apply the theories to diagnose and discover new connections among unrelated events.

The usefulness of the model is that the model is ***relatively uncomplicated, easy to understand*** **and** ***visualized presentation***. It reflects the essential activities and key variables to successfully implement and assist the change programs. ***Weisbord*** was interested in change processes; he included the politics as an *integral factor* of the

outside environment. For the organization that can adopt the change, the individuals and departments must have power to realize the change. ***Weisbord's assumption*** that conflict is part of any organization that is ***more realistic than*** the authors of the ***McKinsey's 7S Framework*** since it includes the outside environment. The six-box model can be drawn from a number of management theories, organization design, behavioral psychology and organizational learning.

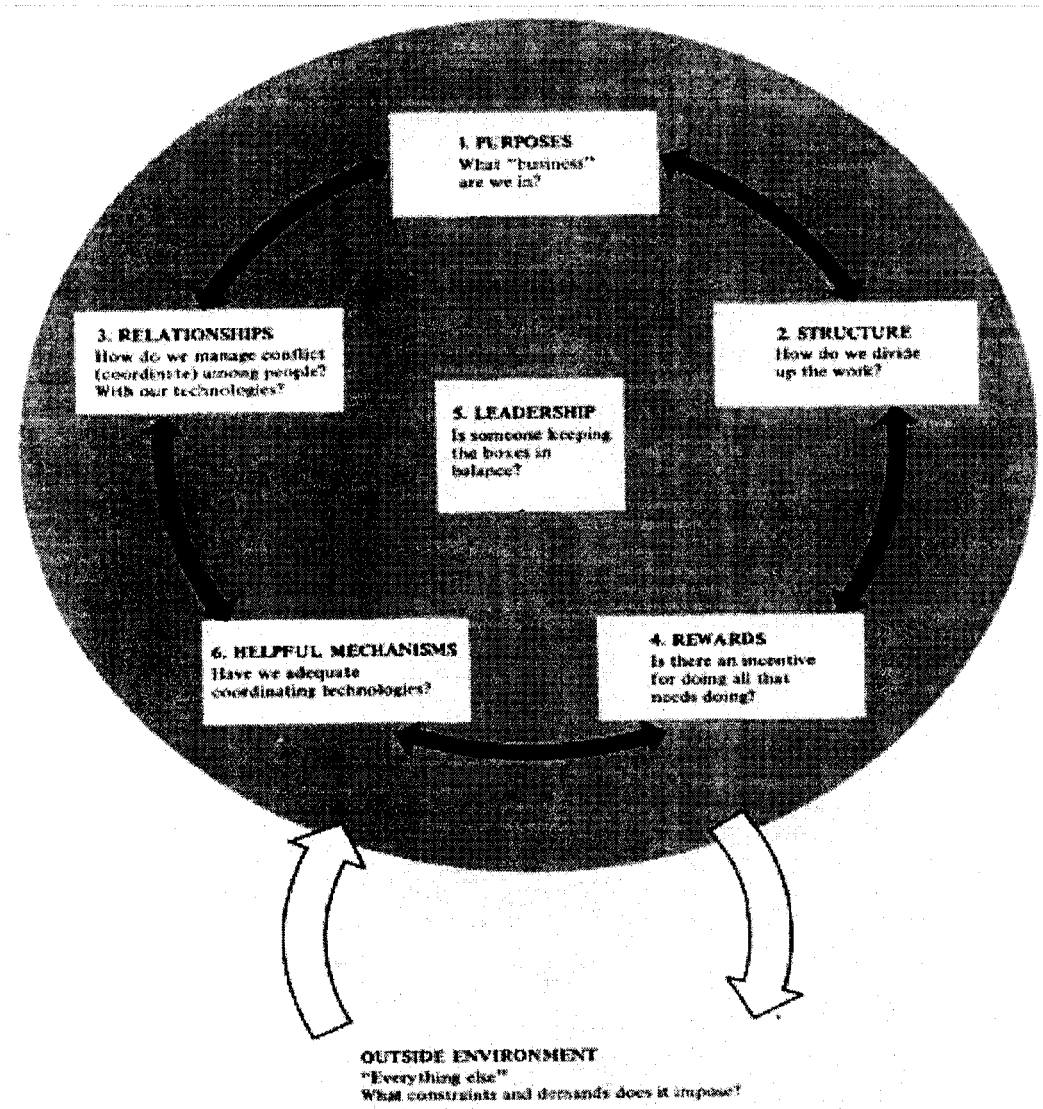

Figure 2.8: **Six – Box Model**

Source: Based on Marvin R. Weisbord, "Organizational Diagnosis: Six Places to Look for Trouble with or without a Theory," Group & Organization Studies 1, 4 (December 1976): 430-447.

However, there are **many criticisms** about the model that it offers a *superficial strategic and financial analysis*. After an initial check of the organization's fit with the environment, the *strategy is assumed constant*. The interventions required to rebalance the six boxes are *not financially validated*. No empirical data has validated ***Weisbord's classification*** into six components as the model is *based on logic*. ***Weisbord*** adopted a "forms follows function" rational *without fully taking into account* that the current organization structure limits the range of objectives that it can pursue. The model is only *based on goal setting theory* that supports the notion that the agreement on goals and objectives between employees leads to greater organization effectiveness and performance. Other organizational effectiveness theories are system theory, shared value theory and stakeholder theory. ***Weisbord*** made a clear distinction between the formal and informal organization. The *formal* organization is the way the organization ought to work. The *informal* organization is the way the organization really works. This *analytical differentiation* is usually too *artificial in reality*.

2.6 Basic of Human Needs

The human life cycle is the stages of growth and development of an ***individual's life span from birth to death***. Each stage is one after another, like a circle. The ***human life span*** can be categorized into six stages of ***birth, infancy, childhood, adolescence, adulthood and elderly age***. The lengths of these stages vary across the cultures and time periods. There are significant differences in the life expectancy around the world.

As shown in ***Figure 2.9: Human Life Cycle***, before the first stage of human life cycle, a person begins as a single cell, the smallest building block in life,

developing from the zygote inside the female's uterus to an embryo. The ***first stage*** is ***Birth*** that the human life cycle starts when the newborn infant comes out of the mother's body and *breathes independently* as infant for the first time. The modern cultures are ***recognized that baby*** as a ***person entitled to a full protection*** of the law. The ***Infancy*** is the ***second stage***, lasting about *one year* with the *senses and learning about the environment and survival in the world.* The ***third*** one is ***Childhood*** that lasts about *ten years*. For the *first two years after infancy* (age 10 to 12 years old) the child is called a toddler. *Toddlers* learn how to *walk, talk, become more independent and are able to learn the difference between right and wrong*. For the balance of childhood, they grow and gain more freedom and responsibility as they learn about themselves. The ***Adolescence*** is the ***fourth stage***, starting about age of *12 to 18 years old* with puberty; boys become men, girls become women and they try to *cope with many changes*. The puberty is the earliest part of adolescence when boys and girls are physically able to reproduce and begin to show the adult characteristics of their gender. This is the time that human is preparing for adulthood, growing to the maximum size with physically reproduction capability. The ***fifth stage*** of ***Adulthood***, usually age *18 to 20 years old to older age* when the *individual assumes many responsibilities, becomes more independent and starts their own family.* In the ***adulthood stage***, the ***life cycle usually starts over again*** through reproduction as adults give birth to their own children. The human life cycle repeats from one generation to the next one.

Once their children are grown up and are having of their own ones, and the adults are entering the ***last part of adulthood*** that is the ***sixth stage*** of ***old age or senior/elderly life***. The ***elderly age*** is the senior citizens whom normally described as the people who ***age from 60 years old.*** They ***can enter a more relaxing time of life***

with freedom to pursue hobbies and travel. The adults can live to the average of 76 in Thailand and even longer in some other places in the world.

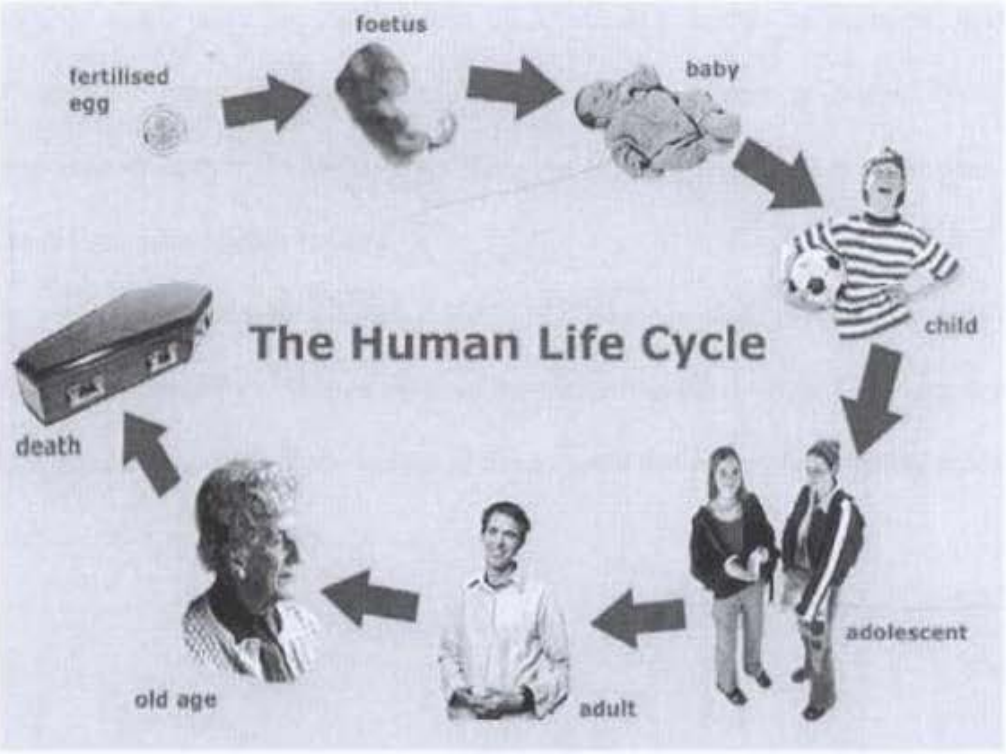

Figure 2.9: **Human Life Cycle**

Source: www.wikipedia.org

Each stage of life cycle has ***different needs of human life***. The early stages of life cycle need the physical satisfaction such as food, shelter and the safety in life. In the adulthood, the people need more security and safety, not just only in their life but also in their career. Additionally, they actively participate in the society to develop the social acceptance and esteems. In the end of human life cycle, the old age people need to relax and may travel or do activities that they can achieve their self-actualization of understating and peacefulness in their remaining life.

2.6.1 Hierarchy of Human Needs

With the experiences of human, the people are having different needs. For example, the citizens in developing countries need the basic needs of physical and security needs more than the citizens of developed countries as explained by the standard of living or condition of living. Therefore, theory of human needs is important to analyze the needs of people in the different stages of life and depend on the environment of each country.

Abraham Harold Maslow (1908 – 1970), an American psychologist, was the founder of hierarchy of human needs in the humanistic psychology. The hierarchy of human needs ***starts from the bottom of the pyramid*** that is the ***physiological*** needs of shelter, food, water and sex.

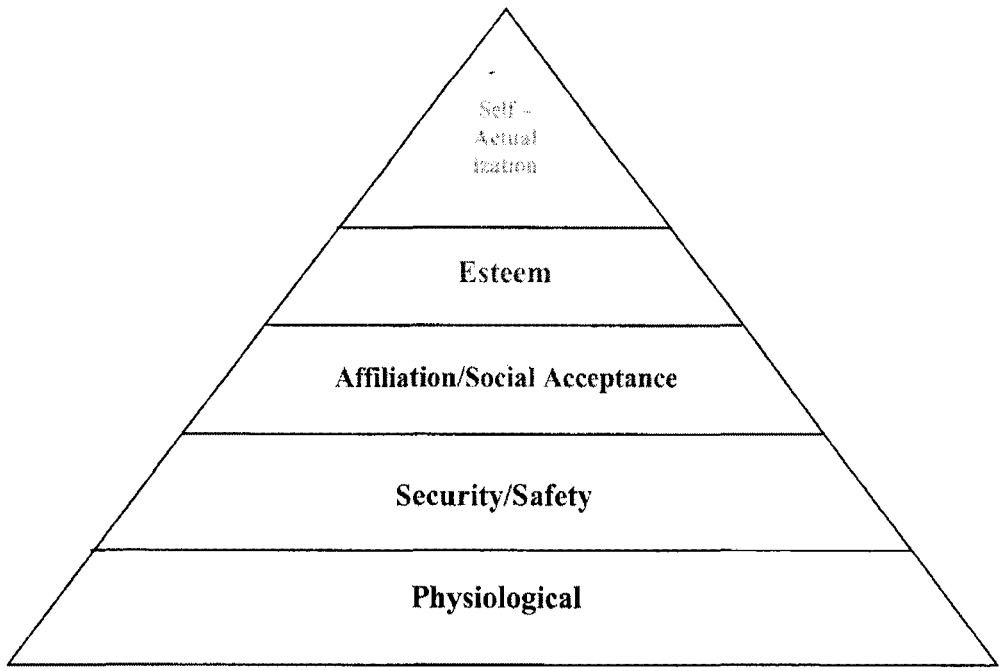

Figure 2.10: **Maslow's Hierarchy of Needs**

Source: Maslow's Hierarchy Needs by Weihrich, H. and Koontz, H. (2005) *Management: A Global Perspective (11th Edition)*, Bangkok, Thailand: Phongwarin Printing Limited, Figure 14 – 1, p. 372

As shown in ***Figure 2.10: Maslow's Hierarchy of Needs***, moving up to the second level of ***safety*** needs is the security and stability. The third tier is love and belonging of the ***social affiliations***. The fourth level of needs is the ***esteem*** of success and status. The last level or the top of the pyramid is the need of ***self-actualization*** when the humans achieve the state of harmony and understanding.

The vision of ***Maslow*** for self-actualization was the moment of extraordinary experiences as known as "***Peak Experiences***." These extraordinary experiences were profound love, understanding or satisfaction that humans felt truth, justice, harmony or goodness.

His study of peak experiences, ***Maslow*** discussed the Being-cognition or "B-cognition" as "***Being-values***" as the wholeness, perfection, completion, justice, aliveness, richness (differentiation, complexity or intricacy), simplicity, beauty, goodness, uniqueness, effortlessness, playfulness, truth and self-sufficiency.

The study of needs hierarchy by ***Edward Lawler*** and ***J. Lloyd Suttle*** gathered data on 187 managers in two different organizations over a period of 6 to 12 months. They found that there was a little evidence to support Maslow's theory that human needs from hierarchy. However, there are two levels of needs – biological and other needs – and that the other needs would emerge only when biological needs are reasonably satisfied. Their further study found that at the higher level the strength of needs fluctuate with each individual. In some people, social needs predominate, while in others self-actualization needs are strongest.

Another study of Maslow's needs hierarchy by ***Douglas T. Hall*** and ***Khalil Nougaim*** involved a group of managers over a period of five years. They found that as managers' advancement in an organization, their physiological and safety needs tend to reduce in importance, while their affiliation, esteem and self-actualization

needs tend to increase. The upward movement of needs results from upward career changes but not from the satisfaction of lower needs. (Weihrich, 2005, pp. 372 - 373)

2.6.2 Body/Physiological Needs

The most basic need of human is related to the physical satisfaction and development. With the growing number of senior citizens, the *elders firstly need to fully satisfy their body and physical rehabilitation.*

Knut Schmidt-Nielsen (1951 – 2007) discussed the body of the individual as the ***physical body***. The body is referred to the connection of appearance, health issue or death. The study of the working body is called "**Physiology**."

The physiology is the studies and diversity of functional characteristics of various kinds of organisms. It is also related to the evolutionary physiology and environmental physiology. The **main criticism** of physiology is based on the human beings from a ***desire to improve the medical practice of physical rehabilitation***. The comparative physiological philosophy also is like the organisms that live in extreme environments such as dissert and they are expected the evolutionary adaptation to survive in the dire situation.

2.6.3 Theory of Social Development

The whole system depends on the social development of each individual. Each member in the society makes the quality in the human system.

Erik Erikson (1902 – 1994) discussed the ***study of social development*** stages, across the entire lifespan. Each stage of psychosocial development is marked by a conflict for success favorable outcomes. The success favorable outcomes of each stage are called "***virtues***," meaning potencies.

The study suggests that each person must learn *how to hold both extremes of each specific life-stage challenge in tension with one another* and not to reject one end of the tension or the other. When both extremes in a life-stage challenge are understood and accepted as both required and useful, the optimal virtue is achieved in that stage. The trust and mistrust must be both understood and accepted for realistic hope to emerge a viable solution at the first stage. Similarly, the integrity and despair must be both understood and embraced for actionable wisdom to emerge a viable solution at the last stage. There are eight life-stage virtues as follows:

1.) ***Hope***: Basis Trust versus Mistrust in *infant* stage.

2.) ***Will***: Autonomy versus Shame and Doubt in *Toddler* stage

3.) ***Purpose***: Initiative versus Guilt in *Kindergarten* stage

4.) ***Competence***: Industry versus Inferiority in *Puberty* stage

5.) ***Fidelity***: Identity versus Role Confusion in *Teenager* stage

6.) ***Love***: Intimacy versus Isolation in *Young Adult* stage

7.) ***Caring***: Generativity versus Stagnation in *Mid-life Crisis* stage

8.) ***Wisdom***: Ego Integrity versus Despair in *Old* stage

The **interpretation** is that the wisdom virtue presents how well the individual handles the death. Some can be unsatisfied or satisfied as reflected on the past. The **main criticism** is that the theory is ***subjective*** and depends on the ***ability to conceive*** oneself a productive member in the society. The inability to conceive of oneself as a productive member is a great danger as usually happening during adolescence when looking for an occupation.

In the philosophy of the ***elders*** in the society, they have ***experienced*** and ***developed the wisdom*** for the next generations. Therefore, their previous studies are

thought to the next generations and the new generations learn and expand the scope of wisdom from the previous histories and theories. Hence, the elders are also important members of the society for the social development.

2.6.4 Mind/Soul Needs

The social members cannot fulfill only the physical needs but they also need the mind or soul needs to enrich their meaningful life.

James Hillman (1926) described the mind and soul ***in imagination, fantasy, myth and metaphor***. He explained the soul that drew and looked in a *meaningful way and the act of being drawn to and looks deeper to create the meaning.*

Each person states that each individual holds the potential of their unique possibilities inside themselves and describes how unique with the individual energy of soul that contains within each human being. There is an **argument** against the "***nature and nurture***" that it is only the explanations of individual growth for individual soul and ignores the other environmental or external factors. The ***suggestion of acknowledging*** the importance of external factors is essential to **discover the true individual nature and determine who we are in our life.** The reappraisal of each individual in their own childhood and present life finds the particular calling that helps precipitate a re-souling of the world between rationality and psychology. It incorporates logic and rational thoughts to fulfill the soul of individual.

The ***philosophic interpretation*** of seniors is that the good physical body must have a good mind and soul as the one of vital life functions.

2.6.5 Spirituality Needs

The essential element in life is to enrich the spiritual needs. The spiritual needs are discussed in the following perspectives of Buddhism and Christian context.

The spirituality of **Buddhism context** is the fourth largest religion and philosophy of traditions, beliefs and practices based on teaching of ***Siddhartha Gautama***. He is recognized by adherents as an *awakened teacher* who shared his insights to help sentient beings end suffering (or dukkha), achieve nirvana and escape what is seen as a cycle of suffering and rebirth.

In Buddhism, ***karma*** *refers to those actions of body, speech and mind that spring from the mental intent and brings a consequence or result.* Every time a person acts, there is some quality of intention at the base of the mind quality that determines its effect. The Buddhists practice the ways of life in the Four Noble Truths as follows:

1.) Life is or leads to suffering or uneasiness (dukkha) in one way or another.

2.) Suffering is caused by carving and expressed as a deluded clinging to a certain sense of existence that leads to the cause of satisfaction or unsatisfaction.

3.) Suffering ends when craving ends, reaching a liberated state of Enlightenment.

4.) Reaching liberated state is achieved by following the path laid out by the Buddha.

The **interpretations** of Buddhism context were recognized by some Western non-Buddhist scholars that the truths do not represent mere statements but are categorized in to the following aspects:

1.) Suffering and causes of suffering

2.) Cessation and paths towards liberation from suffering

In summary, the ***noble truth*** is suffering, arising of suffering, end of suffering and leading way to the end of suffering. The ***interpretation of the senior Buddhist***

citizens to develop the Buddhism spiritual enrichment is that they understand the way of life and practice the daily activities in the *middle way*, not too relaxed and not too strict or extreme. They are *realized the causes and effects* (karma) and *understand the needs of life in a meaningful way.*

The **Christian context** is discussed about the meditation by praying and developing the soul connection with God. The Christian context is discussed the theory of "*The Way of Perfection*" (El Camino de Perfeccion) by ***Saint Teresa of Avila*** or ***Saint Teresa of Jesus*** (1515 – 1582) who was a prominent Spanish mystic, Roman Catholic saint, Carmelite nun and writer of the Counter Reformation. Saint Teresa called this a "*living book*" of how to progress through prayer and Christian ***meditation***.

The **interpretations of senior Christian citizens** are the inspiration of "*The Imitation of Christ*" that the individual attains ***spiritual perfection*** *through prayer and four stages of* ***meditation, quiet, repose of soul and***, finally, ***perfect union with God.*** When they pray and meditate for the union with God, they enrich their peaceful and healthy spirituality needs.

Once the human needs are discussed, the related following organization interventions are explained in the context of improvement the satisfaction and engagement of senior patients/family members and, at the same time, create the sustainable of the institution.

2.7 Organization Development Interventions (ODIs)

The organization development interventions (ODIs) are the sequence of activities, actions and events extended to help an organization improve its performance and effectiveness. The ***purpose*** of ODIs is to change the status quo with

the liberation to transform an organization or subunits toward a different and more effective state. There are three criteria of effective intervention: (1) the extent to what it fits the needs of the organization; (2) the degree of casual knowledge based on the intended outcomes; and (3) the extent to transfer change management competence to the members of organization.

Normally, there are three types of the intervention. The first intervention is ***human process interventions*** related to coaching and training, process consultation, third-party intervention, team building, organization confrontation meeting, intergroup relations and large-group interventions. The second one is the ***technostructural interventions*** of structure design, downsizing, reengineering, parallel structures, high-involvement organizations, total quality management and work design. The third one is ***human resource management interventions*** of goal setting, performance appraisal, reward systems, career planning and development, managing workforce diversity and employee wellness. The last intervention is the ***strategic interventions*** of integrated strategic change, mergers and acquisitions integration, alliance, networks, culture change, self-designing organizations and organization learning and knowledge management.

The interventions used in this dissertation are related to the ***human process interventions for senior patients and family members*** because the subject of the study is directed to the quality senior patient care services while the ***human resource management interventions are for the staff members in the institution*** since the study is related to the goal setting, performance appraisal, reward systems, career planning and development, managing workforce diversity, and employee stress and wellness. Both intervention methods are emphasized on the ***individual, group and organization***.

With the **process interventions of senior patients/family members and human resource management interventions of the staff members**, the researcher grouped them and ***classified*** into **two main approaches** of **positive approach** and **problem-solving approaching** discussed in this dissertation. The ***three positive approaches*** are *Appreciative Inquiry by Dr. David Cooperider, Leadership Management Styles by Dr. Robert R. Blake* and *Quality Services by William Edwards Deming* discussed in the first part of this topic. The next section ***is two problem-solving approaches*** of *Learning Organization by Peter Michael Senge and Changes in the Society by Alvin Toffler.*

2.7.1 Positive Approaches

The positive approaches are based on the positive forces and contributions of every member in the organization as discussed as follows:

2.7.1.1 Appreciative Inquiry (AI)

The most famous and widely used in the today's business is the Appreciative Inquiry by ***David Cooperider***, a Professor of the Case Western Reserve University, and ***Suresh Srivastva*** (1980s) discussed the AI that was adopted from their project done earlier on the action research theories that the basis of the organization was a miracle to be embraced rather than a problem to be solved. The inquiry of organization life had the characteristics of appreciative, applicable, provocative and collaborative.

AI ***is the study and exploration of what gives life to human systems when they function at their best.*** This approach to personal change and organization change is based on the assumption that questions and dialogs about strengths, successes, values, hopes and dreams are themselves transformational.

The **interpretation results** are more than rendering the positive problem solving since the inspiration and appreciation of individual are implemented. Practicing AI is based on the following eight principles:

I. The Constructionist Principle

The main concept of this principle is "**Words Create World**." The reality is subjective versus objective and it is socially created of the ***social knowledge***. The ways to convey the social knowledge are from *communications and interactions*. The constructionist identifies the reality and the accountability or responsibility that is encouraged to create the holistic balance viewpoint to develop the future.

II. The Simultaneity Principle

This principle **starts when asking the question as the intervention**. The *answers lead to change to think in a new way*. The ***arts of inquiry*** are implemented by observation, experiment or role model. For example, instead of asking what is wrong with the situation, the question is asked what factors make the situation to succeed. The curiosity of multiple-answers is encouraged without prejudiced.

III. The Poetic Principle

The poetic principle is that **we can choose what we study**. The organization is like an open book or the narrative studies with the endless sources of study and learning. What we choose to study makes a difference as it describes or creates the world.

IV. The Anticipatory Principle

The anticipatory principle implements the **image guidance to create the possible visions for the future**. The human systems move in the direction of their image of the future. The more positive and the hopeful image of the future, the more

positive the present day action. The main idea is the positive contributions create the positive outcomes.

V. The Positivity Principle

The last stage is **creating the positive changes from positive questions**. The momentum for large scale change is required the large amount of positive effect and social bonding. The momentum is best generated through positive questions that amplify the positive core.

VI. The Wholeness Principle

This principle centers on the concept of "**Wholeness Brings Out the Best**." The wholeness brings out the best in people and organizations, bringing all stakeholders together in large group forums, stimulating creativity and building collective capacity evoking trust. The unique perspective of each person, when combined with perspectives of others, creates new possibilities for action that previously lay dormant or undiscovered.

VII. The Enactment Principle

The enactment principle is ***acting*** that ***"As If" is*** **self-fulfilling.** The principle makes a change that we must be the change what we want to see. The positive changes occur when the process used to create the change is a living model of the ideal future.

VIII. The Free Choice Principle

The concept is "**Free Choice Liberates Power**." People perform better and are more committed when they have freedom to choose how and what they contribute. The free choice stimulates organizational excellence and positive change.

As shown in ***Figure 2.11: Four-D Cycle of Appreciative Inquiry***, the AI utilizes the ***Four-D cycle*** processes on

1. ***Discover***: To identify and appreciate what is
2. ***Dream***: To envision of process that works in the future
3. ***Design***: To plan and prioritize process that works well
4. ***Destiny*** or ***Deliver***: To implement or execute of the proposed design

The **concept** of building the organization of ***what works, rather than trying to fix what does not.*** AI is focused on how to create more the exceptional performance occurring when the core strengths are aligned. It opens the doors to the new opportunities or possibilities.

AI has been used extensively to foster change in the business, health care systems, social profit organizations, educational institutions, communities, governments or even religious organizations.

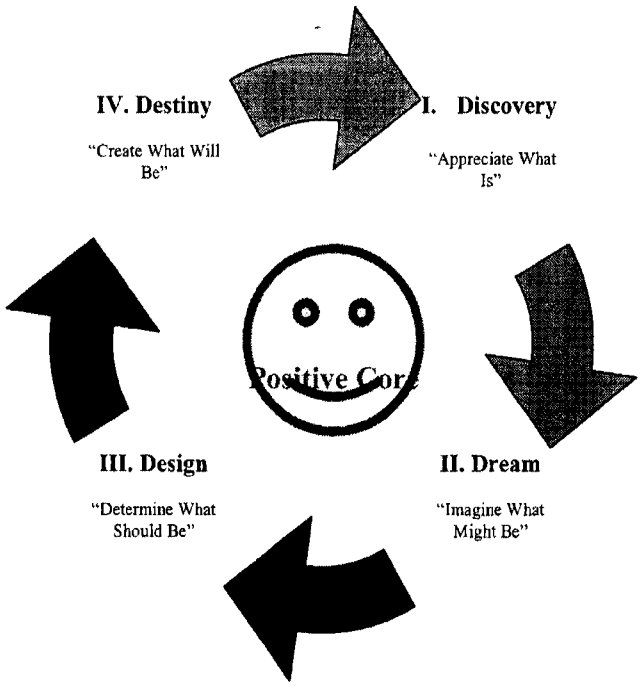

Figure 2.11: **Four-D Cycle of Appreciative Inquiry**

Source: Adapted from Four-D Cycle of Whitney, D. and Trosten-Bloom, A. (2003). *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*, San Francisco, United States: Berrett – Koehler Publishers, Inc., p. 6

The **main criticism** of AI is that it is ***not enough*** to implement agreed actions, but to ***incorporate time and opportunity for reflection, evaluation and celebration***. Sharing what has changed, what is going to be better and/or what could do more to reach our desire future. All these factors help to **sustain** the energy for positive change. The critical step is how to have a continuous improvement cycle of AI.

2.7.1.2 Management Grid Model

As shown in ***Figure 2.12: Management Grid Model***, there are many leadership styles to be selected under the leadership management styles of ***Dr. Robert R. Blake*** (1918 – 2004), an American management theoretician, discussed the leadership field of the organization dynamics. He developed the ***Management Grid Model*** with Jane S. Mouton (1964). The **interpretation** is the management concept in the relations and leadership style.

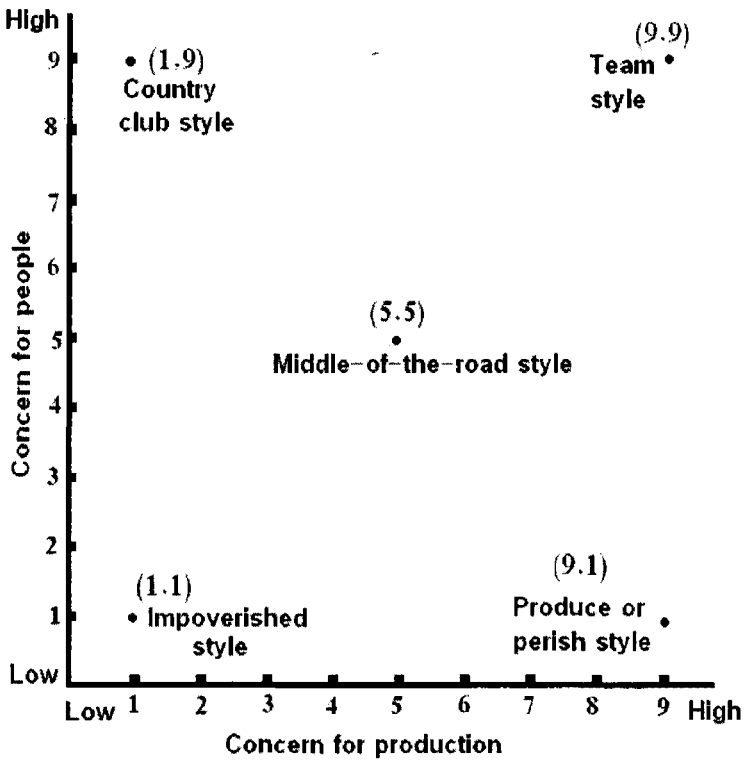

Figure 2.12: **Management Grid Model**

Source: www.wikipedia.org

1.) Country Club Leadership - *High People/Low Production*

This style of leader is based on the ***needs and feelings of members*** of his/her team. The people operating under the assumption as the team members are satisfied and secured, and then they will work hard. The result is a relaxed and fun work environment but the production suffers due to lack of direction and control.

2.) Produce or Perish Leadership - *High Production/Low People*

This leadership style is known as ***Authoritarian*** or ***Compliance Leaders.*** The people in this category believe that employees are simply a means to an end. The member's needs are always secondary to the need for efficient and productive workplaces. This type of leader is very autocratic, has strict work rules, policies, and procedures, and views punishment as the most effective means to motivate employees.

3.) Impoverished Leadership - *Low Production/ Low People*

This leader is mostly ***ineffective***. The people have neither a high regard for creating systems for job accomplishment, nor for creating a work environment that is satisfying and motivating. The result is a place of disorganization, dissatisfaction and disharmony.

4.) Middle-of-the-Road Leadership - *Medium Production/Medium People*

This leadership style balances of the two competing concerns. It is an ideal of leadership style. The production and people factors are ***properly balanced***. This leadership style is the ***most popular*** that anyone can expect. The **criticism** is that it may at first appear to be an ideal compromise but it ***can create the problem when the***

people compromise, they may give away both production and people concerns. Leaders who use this style settle for average performance.

5.) Team Leadership - *High Production/High People*

The team leadership style is the ***pinnacle of managerial style***. These leaders stress production needs and the needs of the people equally highly. The premise is that ***employees are involved*** in understanding organizational purpose and determining production needs. When employees are committed to and have a stake in the organization's success, their needs and production needs coincide. The team leadership creates a team environment *based on trust and respect*, which leads to high satisfaction and motivation and, as a result, high production.

The ***interpretation*** of the *most useful leadership management style* is the ***team leadership***. Each team member will be involved in decision-makings and develop the value of trust, sense of team member's belonging and productive action.

2.7.1.3 Quality Services

The quality services are a ***degree of service goodness or worth***. In this dissertation, the service is ***aimed at the high quality senior patient care delivering the best interest of patients***. (Williams, 1999, pp. 1 – 4) The main focus of quality patient care is to *achieve the required standards of medical practice or, ideally, better than the requirements.*

Normally, the quality of service is related to the physicians and medical staff members provide the patient care and must follow the Code of Ethics and Principles of Conduct established by related health care authority. The Code of Ethics serves as a guideline for professional quality conduction evaluation. The Scope of Practice

defines specifications for responsibilities. At the same time, all patients are protected by the Patient Bill of Rights to assure the quality medical services. Besides the ethical concerns based on moral responsibilities and values, the health practitioners perform other value-added services or activities derived from cultures, experiences and religious beliefs.

The researcher ***attempted to quantify the level of quality service.*** However, it is *difficult to measure because it is a subjective measurement.* Therefore, there is a theory of quality services by ***William Edwards Deming*** (1900 – 1993), an American statistician, professor, author, lecturer and consultant, examined the philosophy of how to measure and improve the quality service summarized as follows:

> "Dr. W. Edwards Deming taught that by adopting appropriate principles of management, organizations can increase quality and simultaneously reduce costs (by reducing waste, rework, staff attrition and litigation while increasing customer loyalty). The key is to practice continual improvement and think of manufacturing as a system, not as bits and pieces."

In the 1970s, Dr. Deming's philosophy was summarized by some of his Japanese proponents with the following (a) versus (b) comparison:

(a) When people and organizations focus primarily on quality, defined by the following ratio,

$$\text{Quality} = \frac{\text{Results of work efforts}}{\text{Total costs}}$$

(b) The quality tends to increase and costs fall over time.

The ***rational interpretation*** is that in order to increase the high quality services, the results or performances of the work efforts from the medical staff members must be **higher** than the total cost. Sometimes, the medical service providers are affected by the financial problem or economic crisis, therefore they try to maintain the quality

services by the reduction of total cost while maintaining or increasing the productive work efforts/performances.

The **main criticism** is that when people and organizations focus primarily on ***costs***, the costs tend to rise and ***quality declines over time***. Additionally, it is challenging tasks to deliver the high senior patient care with terminal illness because they are facing with the ***five stages of obstacles from grief*** as presented by ***E. Kubler-Ross***: *denial, anger, bargaining, depression and acceptance*. Therefore, the quality care services of dying senior patients is difficult to the medical staff since they have to be sensitive to the patient's needs, avoid platitudes and statements implying criticism of care, prepare to listen and share the feelings and memories, be never give up practicing for the best interest of patients and always be there for all family members of patients.

2.7.2 Problem-solving Approaches

The main tasks of the ODI are to solve the existing problems and be proactive to prevent the serious issues in the future. There are two approaches of problem-solving: *Learning Organization by Peter Michael Senge* and *Changes in the Society by Alvin Toffler*.

2.7.2.1 Learning Organization

To solve the problems constructively and sustainably, the learning organization of ***Peter Michael Senge*** (1947), an American scientist and director of the Center for Organization Learning at the MIT Sloan School of Management, discussed the learning organization and system of thinking.

According to his study, the learning organizations are those organizations where ***people continually expand their capacity to create the results they truly desire,***

where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole organization together.

The **argument** is that the organizations may not adapt quickly and effectively to excel in their field or market. In order to be a learning organization, there ***must be two conditions present at all times***. The first is the ability to design the organization to match the intended or desired outcomes and second, the ability to recognize when the initial direction of the organization is different from the desired outcome and follow the necessary steps to correct this mismatch.

The **interpretation** of the 'Cornerstone' of the Learning Organization is emphasized on how the individual that is being studied interacts with the other constituents of the system. Rather than focusing on the individuals within an organization it prefers to look at a larger number of interactions within the organization and in between organizations as a whole.

2.7.2.2 Changes in the Society

The theory of changes in the society by ***Alvin Toffler*** (1928), an American writer and futurist, examined the senior patient care ***reaction and change in the society***.

As shown in ***Figure 2.13: Toffler's Waves***, the study of the third waves describes the three type of societies based on the concept of waves as follows:

- **First Wave** is the ***agricultural*** society after agrarian revolution and replaced the first hunter-gatherer cultures. The **interpretation** is that the senior citizens who live in the rural areas or in the agricultural industry do ***not have an adequate the senior patient care infrastructure***. Therefore, in their aging life,

they tend to stay in their house and they may not be well taken care by family members.

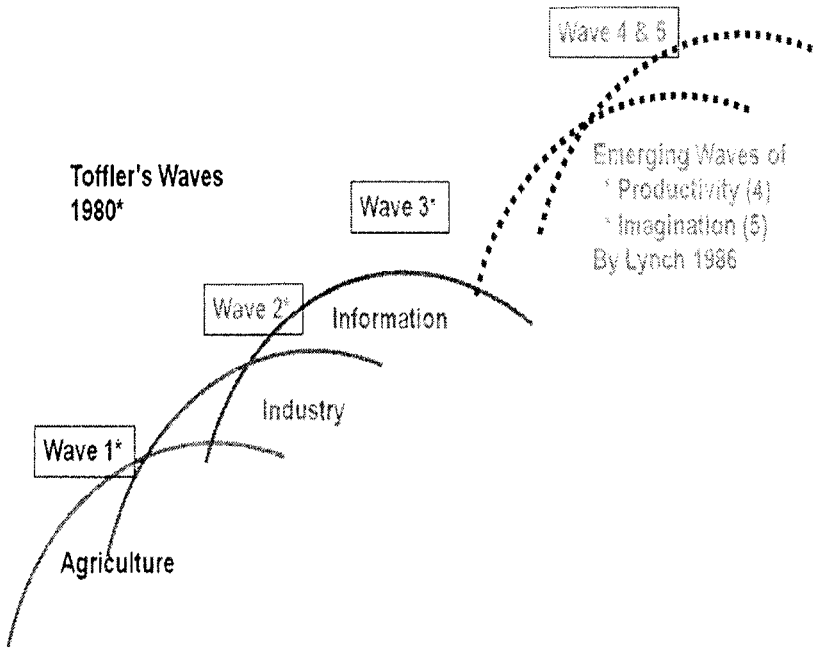

Figure 2.13: **Toffler's Waves**

Source: DMOD 6901 Class Lecture of Dr. Perla Rizalina M. Tayko

- **Second Wave** is the ***industrial*** society during the Industrial Revolution (ca. late 1600s through the mid-1900s). The main components of the Second Wave society are nuclear family, factory-type education system and the corporation. The Second Wave Society is the industry of standardization, centralization, concentration and synchronization that are based on mass production, distribution, consumption, education, media, recreation and entertainment. The senior patient care **implication** of the industrial society is that they can ***access*** to the good senior patient care infrastructure since they live in the cities that have sufficient basis medical infrastructure. The development of nursing home choices in this society is progressing.

- **Third Wave** is the post-industrial society of ***information*** society with diversity of lifestyle and subculture. ***Toffler*** added that since the late 1950s most countries are moving away from a Second Wave Society into what he would call a Third Wave Society. The Third Wave is also called super-industrial society, information age, space age, electronic era, global village, technetronic age and scientific-technological revolution. The **analysis** of senior patient care is that the senior medical care is ***fully integrated*** with good medical infrastructure as they can utilize the communication of information age and new advance technology. The development of the information age makes the nursing home for seniors fully developed.

The **explanation** of the ***aging society*** is that the society needs people to take care of the elders who know how to be compassionate and honest. Society needs people who work in the hospital with all kinds of skills that are emotion and affection. The theory of ***Rethinking the Future*** in the 21st century will not be those who cannot read and write, but those who cannot ***learn, unlearn and relearn***. The **interpretation** is that ***change or development*** is non-linear and can go backwards, forwards and sideways.

The **criticism** is that the Toffler's Three Waves of agriculture, industry and information are ***insufficient***. The future of ***emerging waves*** is leading to the ***productivity and imagination***. The senior patient care of the productivity and imagination makes the sustainable senior medical infrastructure including the sustainability of the nursing homes.

2.8 Customer Satisfaction and Engagement

2.8.1 Customer Satisfaction

The ***customer satisfaction*** is the feeling of contentment when the customers have ***achieved their needs or desires. Leonard Berry*** mentioned that *the great customer service is about the attitude that leads to a richer quality of life, not only the commercial sector.*

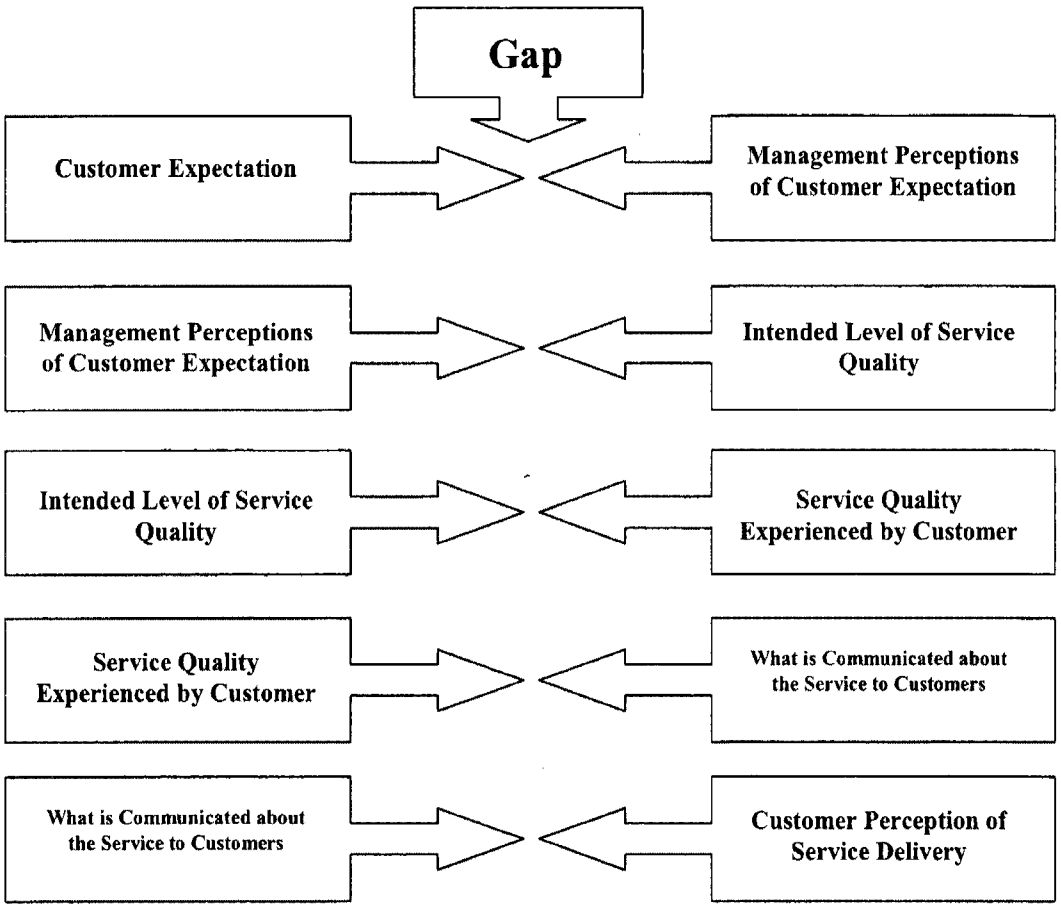

Figure 2.14: **Principle Disparities Affecting Service Quality**

Source: Adapted from Analysis of Customer Satisfaction Data by Derek R. Allen and Tanniru R. Rao, p. 2

The measurement of customer satisfaction occurred in the early 1980s and was involved assessing the driver of satisfaction. Early works done by Oliver (1980),

Churchill and Surprenant (1982), and Bearden and Teel (1983) tended to focus on the operationalization of customer satisfaction. By mid 1980s, the focus of both applied and academic research had shifted to construct refinement and implementation of strategies designed to optimize customer satisfaction according to Zeithaml, Berry and Parasuraman (1996). Rigorous scientific inquiry and the development of a general service quality theory can be attributed to Parasuraman, Berry and Zeithaml (1985). The customer satisfaction, service quality and customer expectations represent one of the first attempts to operationalize satisfaction in the theoretical context. Parasuraman, Berry and Zeithaml proposed the ratio of perceived performance to customer expectation was a key to maintaining satisfied customers.

There are disparities affecting the service quality of customer satisfaction presumed to take five levels shown in ***Figure 2.14: Principle Disparities Affecting Service Quality***. The gaps or disparities are the comparison between each pair leading to the chain reaction. The *first level* is the difference between the customer expectation and the management perceptions of Customer Expectation. The *second level* is the gap between the management perceptions of customer expectation and the intended level of service quality. The *third level* is the disparity between the intended level of service quality and the service quality experienced by customers. The *fourth level* is the inequity between the service quality experienced by customers and what is communicated about the service to customers. The *last ultimate level* is the difference between what is communicated about the service to customers and the customer perceptions of service delivery.

No business or individual can succeed without developing the customer satisfaction management as known as the customer relationship management that leads to the customer loyalty.

The cost of lost customers can be many times the simple reduction of their sales and the ripple effects expand the loss dramatically. *The displeased customers who do not complain are the most serious ones than ones that complain.* In **contradiction**, the customer dissatisfaction or complaint is also a new opportunity to cement relationship and create new customer royalty because the business is realized the feeling of the customers and feels their pains.

For the ***concept of the customers are always right***, the satisfaction leads to the customer retentions of positive attitude toward problem-solving. This does not mean that the customer is always right. Who is right or who is wrong is not the key issue in customer disputes. All parties can cooperate to solve the customer's concerns.

For the **interpretation of senior patient care**, the customers measure the ***exchange of values*** that moves them toward ***deeper relationships*** and increased loyalty. Advertising is a less-cost effective way of getting new customers than a word-of-mouth recommendation from the existing satisfied customers.

The **main criticism** of the customer ***satisfaction is that it is just simply the foundation and the minimum requirement*** for a continuing relationship with customers.

Once the business has fulfilled the customer satisfaction, it can move forward to the next level of the customer **engagement that extends beyond the satisfaction**.

2.8.2 Customer Engagement

The **customer engagement (CE)** is the engagement of customers ***with a company or brand.*** The engagement leads by either customer or company. The *engagement places on the* ***longer term and more strategic context,*** *aiming to encourage the customer loyalty and advocacy through word-of-mouth.*

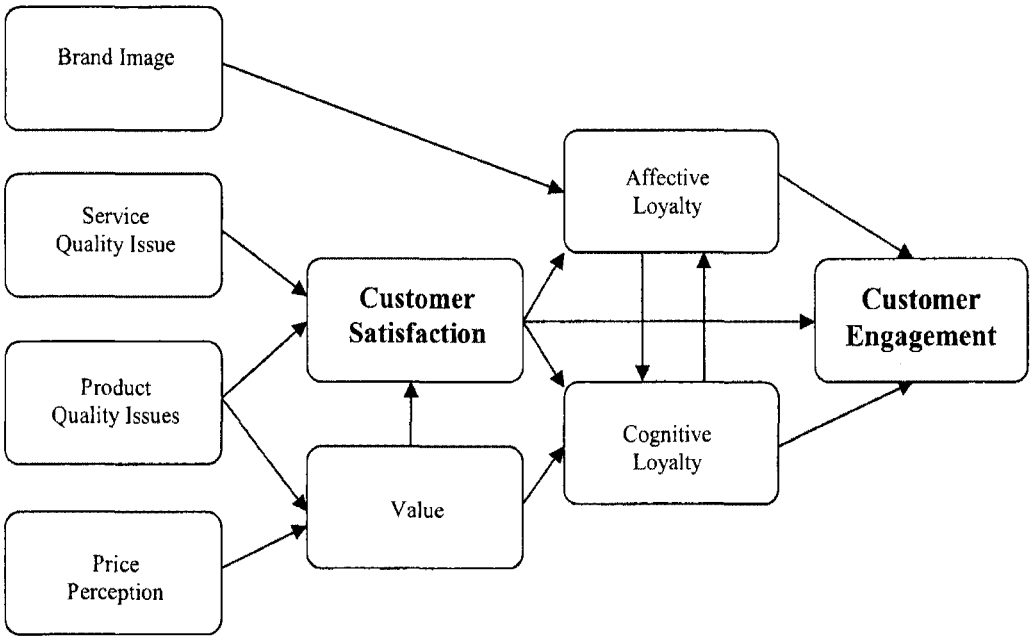

Figure 2.15: **Relationship between Customer Satisfaction and Customer Engagement**

Source: Adapted from Analysis of Customer Satisfaction Data by Derek R. Allen and Tanniru R. Rao, p. 9

As shown in Figure 2.15: **Relationship between Customer Satisfaction and Customer Engagement**, in most cases, the customer satisfaction is a necessary but it is not sufficient condition for customer engagement. The ***customer satisfaction and customer engagement are different*** *but they are related to each other since the customer engagement is also derived from the customer satisfaction.* The customer *satisfaction* is *directed specifically at service attributes* and may be a relatively more dynamic measure. In contrast, the ***customer engagement is broader and more static attitude toward loyalty with both rational and emotional elements.***

The brand image, service quality, product quality and price are four critical predictor variables. The first set of intermediate variables involves customer satisfaction and value. The latter is shown a function of both product quality and price

perceptions and directly affects customer satisfaction. The second set of intermediate variables involves the two dimensions of loyalty with affection and cognition. The brand image perceptions directly affect the emotional component of loyalty whereas the value perceptions and customer satisfaction have an impact on the more rational aspects of loyalty. ***Finally, the customer satisfaction and the two loyalty measures directly affect the customer engagement.***

Eisenberg (2006) discussed the customer engagement marketing efforts must be consistent both online and offline. The internet is the basis of customer engagement marketing. The **interpretation** is that ***online customer engagement is*** **qualitatively** ***different from the offline engagement as the natures of customer's interactions with the company and other customers differ on the internet.*** The concept of online customer engagement responds the fundamental changes in customer behavior and, simultaneously, lowers the switching costs. In addition, the leveraging customer contributions are essential source of the competitive advantage. The online customer engagements are referred to the social phenomenon, the customer behavior, the marketing practices and the metric of measurement. The ***social phenomenon*** created the engagement by the wide adoption of the internet in the late 1990s and the technical developments in the speed connection (broadband) in the following decade. Since the online customer engagement is qualitative and different from the offline customer engagement, the ***customer behaviors*** engage the online communities revolving, directly or indirectly of product categories. The online customer engagement process makes to the different degree of positive customer engagement. The ***marketing practices*** create, stimulate and influence the customer engagement behavior. The ***metrics*** is used to measure the effectiveness of marketing practices for customer engagement behavior.

Amazon recently re-branded into the serving the world's largest engaged online community. The World Federation of Advertiser (WFA) has created a blueprint for consumer-centric holistic measurement. The Association of National Advertisers (ANA), American Association of Advertising Agencies (AAAA) and the Advertising Research Foundation (ARF) have put together the engagement steering committee to work on the customer engagement metric. Nielsen Media Research, IAG Research and Simmons Research are in the process of developing a CE definition and metric.

The **criticism** is that it is ***subjective*** on measuring the customer satisfaction and engagement. Additionally, the online customer engagement may ***not*** be effective as the actual face-to-face customer engagement.

The literature reviews and related studies ***helped*** the researcher to ***apply and integrate to the Appreciative Inquiry-based Organization Development Intervention Process*** in this dissertation.

2.9 Sustainable Business Development

The sustainable business development is to ***develop how to attract the new customers in the existing and new market opportunities*** while developing a good relationship with the current customers.

The discussed topics of sustainable business development are the Six Phases of Sustainable Business Development for Business Communication and Exchange Value by Goran Goldkuhl, and Strategic Sustainable Investing by Karl-Henrik Robèrt, M.D., Ph.D.

2.9.1 Six Phases of Sustainable Business Development for Business Communication and Exchange of Value

The business development alone is not sufficient in the long-term growth but they must be sustainable for effective and efficient communications and valuable offers.

The researcher discussed the ***Goran Goldkuhl*** (1998) of Six Phases of Sustainable Business Process – Business Communication and the Exchange of Value. The business development consists of six stages as follows:

Each stage is important and interrelated with each other. The followings are the illustration and the explanations of six-stage for sustainable business development process.

The ***Figure 2.16: The Six Stages of Business Processes for Business Development*** presents the business development processes with the effective and efficient communication and the exchange of value in the service industry. The details of each stage are as follows:

Stage 1 Business Identification

The ***customers are the most important element in the business*** and their needs or lacks of service will initiate their desire or demand of business. In this stage, it is a great opportunity for the service companies to capture the business development opportunities with the business identification to *fulfill the lacks and needs of the customers*. However, the service companies need to have a good know-how, knowledge management and competency of staff members to continue the later stages.

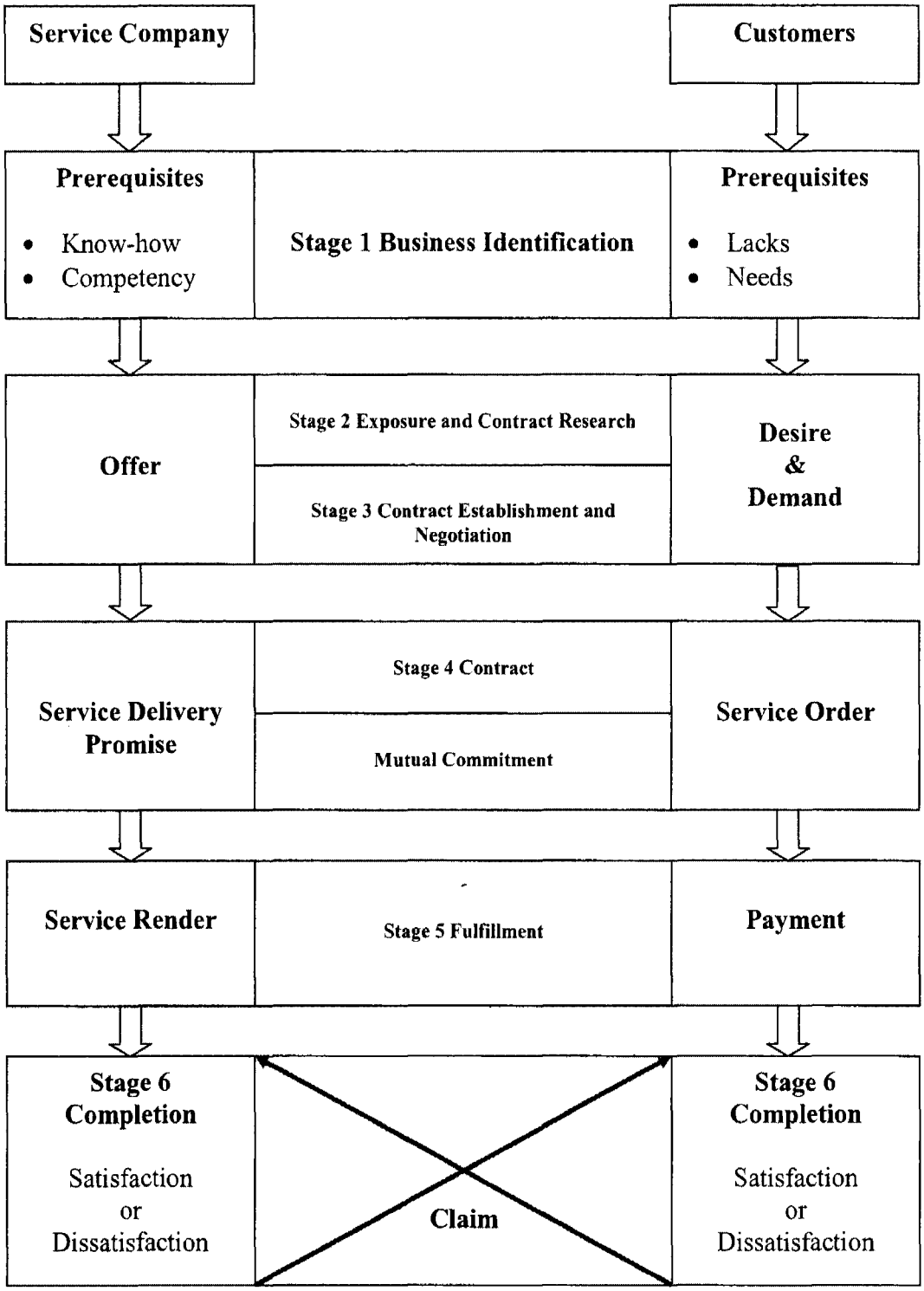

Figure 2.16: **The Six Stages of Business Processes for Sustainable Business Development**

Source: Adapted from Goldkuhl, Goran. (1998). *The Six Phases of Business Processes – Business Communication and the Exchange of Value*, Sweden: Center for Studies on Humans, Technology and Organization (CMTO) of Linkoping University, p. 7

Stage 2 Exposure and Contract Search

In this stage, the service companies offer their business interest to the customers who demand and desire the valuable quality services. At the same time, the customers are searching for the companies that can provide the ***value-added and value-for-money service***.

Stage 3 Contract Establishment and Negotiation

Once the customers and the service companies are matched their business interest, they establish the ***contacts that should be clear, easy to understand and agreed by both parties***. The companies present their valuable service rendered or promised while the customers negotiate to fulfill their desire and demand. The ***negotiation is very important*** in this stage as well as the completion, clearness and eligibility of the contract establishment.

Stage 4 Contract

The ***contracts will be written, agreed and signed by both service companies and customers***. The contract of service order can be either in form of both hardcopy or softcopy but the most important aspect of each contract is to *avoid the small fine prints or unclear clauses.* Both parties need to thoroughly review the draft of contracts before signing. If contracts have signed and later find the incompleteness, the contracts will be revised or added the addendum. The completely signed contracts must be mutually committed by both parties.

Stage 5 Fulfillment

Fulfillment stage is that the service order is ***completely delivered or rendered to the customers*** and the customers *agree to make the payment of services.*

Stage 6 Completion

Upon the ***completion of business, both parties must be satisfied with obligations in the contracts, including payment made.*** If both parties are satisfied with their contract and transaction, they will *repeat their business and create a great customer relationship management.*

In **contrast**, if the **problems arise** because any party is not satisfied with the transaction, that party contacts the other party to complete and fulfill the contract obligations. In **extreme situation**, if there is a dispute in the transaction, the ***contract is the most important document*** to file a claim that fulfills the completed transaction. In the business development, the service companies and customers normally do not want to have the unsatisfied business or have a legal claim; they will try to work out to satisfactorily complete the contract obligation.

The long-term business growth, the sustainable, value-added and value-for-money business development make the service companies to ***develop and implement the Corporate Social Responsibilities (CSR)*** that are also known as corporate responsibility, corporate citizenship, responsible business, sustainable responsible business (SRB) and corporate social performance. The ***CSR is a proactive measurement and a self-regulation incorporated*** in the business to ensure law compliance, ethical standard and international norms. The sustainable business development proactively promotes the public interest of triple bottom lines for People,

Planet and Profit and embraces responsibilities for the impact of their environment, consumers, employees, communities and stakeholders in the society.

With the ***implement of CSR***, the company has various benefits. The CSR aids human resources for recruitment and employee retention, promotes good reputation of doing good causes with doing right things, presents unique selling proposition, persuades government and public to avoid interference in the business, raises the aware of environmental and social implications of day-to-day consumer decisions, creates new challenges for growth and potential benefits, upholds business and community responsibly, helps employees make ethical decision, implements corporate governance, develops preventive measurements of risk management and quality control processes, and initiates social concerns for next generation.

The **criticism of CSR** raises the ***questionable motives or paradoxes*** as some critics are concerned with corporate hypocrisy and insincerity generally suggest that better governmental and international regulation and enforcement, rather than voluntary measures, are necessary to ensure that companies behave in a socially responsible manner. For example, it is expensive to implement the CSR program in the service companies in the short-term but it is inexpensive and valuable for company in the long-run.

2.9.2 Strategic Sustainable Investment

The sustainable business development needs the good investment with the strategic sustainability. The study of ***Karl-Henrik Robèrt, M.D., Ph.D.*** (1947), a Swedish cancer scientist, was discussed the **Strategic Sustainable Investment *(SSI).*** It is the investment strategy that recognizes and rewards leading companies that are moving society towards ***sustainability.***

As shown in ***Figure 2.17: Main Differences between Traditional Investment Strategy, SRI and SSI***, there are three investment strategies described as follows:

The ***traditional investment strategy*** is based on the profit maximization of financial return and this type of investment bears the high risk with high return. The weak point of the traditional investment is not considered sustainability.

The next investment concept is the ***Strategy Responsible Investment (SRI)*** that is emphasized on the ethical values concerned the *Environmental, Social, and Governance (ESG).* This type of investment has varied exposure of risk depending on the ESG.

The last investment concept is the **Strategic Sustainable Investment *(SSI).*** It is based on scientific consensus that the investment strategy is recognized the ***sustainability***. It also includes the ESG. With the long-term business sustainability, this type of investment is the most feasible for the strategic investment.

Factors	Traditional	SRI	SSI
Sustainability definition	Sustainability is not considered.	Lack of clear definition	A definition based on scientific consensus
Primary driver	***Maximize*** Return on Investment	***Ethical values***	Movement towards ***sustainability***
Analysis performed	Financial analysis	ESG analysis Financial analysis	ESG analysis Financial analysis Strategy analysis
Sustainability risk exposure	Higher exposure	Variable exposure	Lower exposure

Figure 2.17: **Main Differences between Traditional Investment Strategy, SRI and SSI**

Source: www.wikipedia.org

The ***main criticism*** of the *traditional investment* is based on profit *maximization focusing only on the financial analysis* and does ***not*** include the sustainability. ***Strategic Sustainable Investing (SSI)*** is different from the traditional

investment because it **recognizes** the gaps of SRI pointed by several academics and practitioners and presents some alternatives outlined primary of the ***ethical values*** that the financial investment will offer a competitive risk-adjusted return, while providing investment capital to companies that are actively attempting to ***become more sustainable***. It implies ***lower*** exposure to sustainability-related ***risks*** and it *considers* financial metrics together with *Environmental, Social, and Governance (ESG)* aspects, as well as strategy analyses to educate investment decision-making.

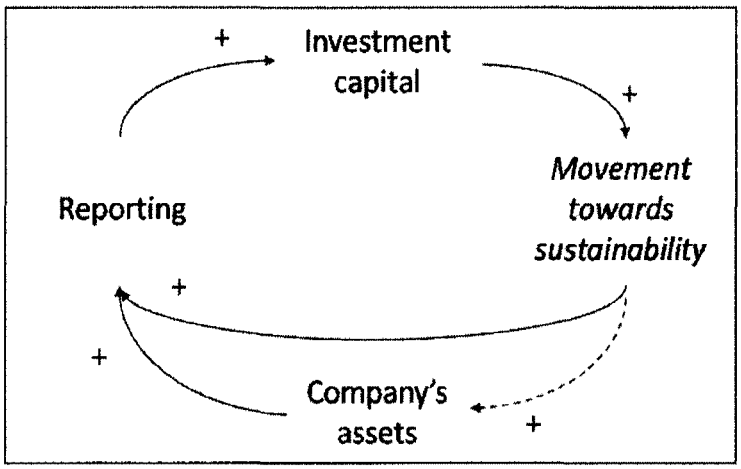

Figure 2.18: **Strategic Sustainable Investment**

Source: www.wikipedia.org

As shown in ***Figure 2.18: Strategic Sustainable Investment***, the **interpretation** of incorporating sustainability investment and returns into traditional investment is that the financial reporting is a clearer picture of the bottom-line impact of a company's actions towards sustainability. In this ***positive reinforcing*** loop, the capital investment movement towards sustainability adds the value of company assets with greater investor returns and has maintained a corporate governance of transparent financial reporting.

2.10 Theoretical Framework

The theoretical framework was developed from the literature reviews. The framework was directly related to the total institution business development but was mainly emphasized on the senior patient care that was started from the individual level and implemented to the higher level of group and institution. The first topic was discussed the quality life of senior patient care and the next topic was the system development of institution.

2.10.1 Quality Life of Senior Patient Care

The quality life of senior patient care was based on the study of ***Philip Kapleau*** (1912 – 2004). He was a teacher of Zen Buddhism blending of Japanese schools. Zen is a school of Mahayana Buddhism, also called ***Zen Buddhism*** that asserts that enlightenment can be attained through meditation, self-contemplation, and intuition rather than through faith and devotion and that is practiced mainly in China, Japan, Korea, and Vietnam.

He discussed the study of the ***Three Pillars of Zen*** that composes of **Teaching, Practice and Enlightenment**. The principle of the Three Pillars of Zen was developed to the **quality improvement of life for senior patient care.** ***Teaching*** was developed to the teaching of **physical body development knowledge factors** that were implemented by regularly exercising or activities with supervision of the medical doctors, nurses and caretakers. The ***Practice*** was referred to the practice of **mind** that trained a positive attitude by having an appreciative thinking and a sustainable satisfaction and engagement. The last factor of ***Enlightenment*** was the ***most important aspect*** of **soul and spirit** development related to the unworried belonging substances and living a good life for the remaining life.

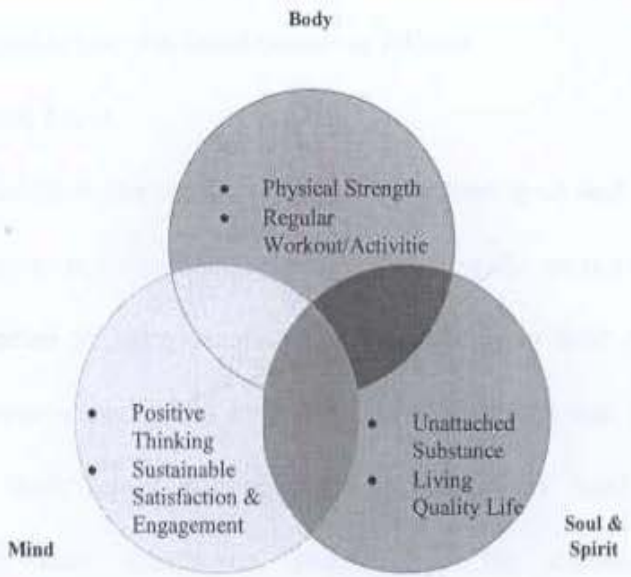

Figure 2.19: **Theoretical Framework: Philosophy of Quality Senior Patient Care**

As shown in ***Figure 2.19: Theoretical Framework: Philosophy of Quality Senior Patient Care***, the philosophy of quality senior patient care was the *physical strength development of body* by regular exercises or participating in activities. The *mind practice* was to develop a positive thinking and create the sustainable satisfaction. The last factor of *soul and spirit* was implemented by spiritual perspectives of living quality life and not attached to the substance.

2.10.2 System Development of the Institution

The system of institution development was adapted from ***Cummings & Worley*** (2005) that the *self implementation* of the senior patients and staff members in institution and was ***integrated view*** of the entire organization. As shown in ***Figure 2.20: Comprehensive Theoretical Structure: Levels of ODI***, the **three bottom-up**

stages are the development starting from ***individual, group to organization level*** to achieve the sustainable business development as follows:

Stage 1: Individual Level

The ***individual is the smallest element of bottom level and has the highest important*** level since *everybody is the grain element of the institution.* Each person has unique characteristic, demographic background, current skill and competency. The individual empowerment and interaction development create the effectiveness and efficiency. Both senior patients and staff members need the individual development for their satisfaction, respectively. The ***communications and interactions*** between each individual in the same group/department or cross department promote networking, productive outcomes and satisfaction/engagement for everyone in the institution. The ***empowerment of the individuals for senior patients and family members*** creates the increased satisfaction and engagement.

Stage 2: Group Level

The group level is the ***intermediary of the institution***. Each function is the *second-tiered elements* of senior patient, staff member and management group. The group strategy, goals/objectives and culture ***integrate the individual level with the group structure and functioning***. The team work, focus group discussion/work shop and brainstorm/synergy encourage the ***diversity*** of new innovative and creative ideas.

Stage 3: Organization Level

This organization level is the ***top level*** that views as the ***entire institution as a whole human system***. The organization shapes the company history and portraits the "**People**" in the general business environment, industry background and environment. The vision, mission, and strategy form the organization structure and functional systems of culture, human resources and technology. The organization is focused on

the best interest of both patients and staff members. The private organization maximizes the highest profitability while the public organization maximizes the social benefits. Some organizations ***maximize both private and public theory of win/win or win/win- plus business.***

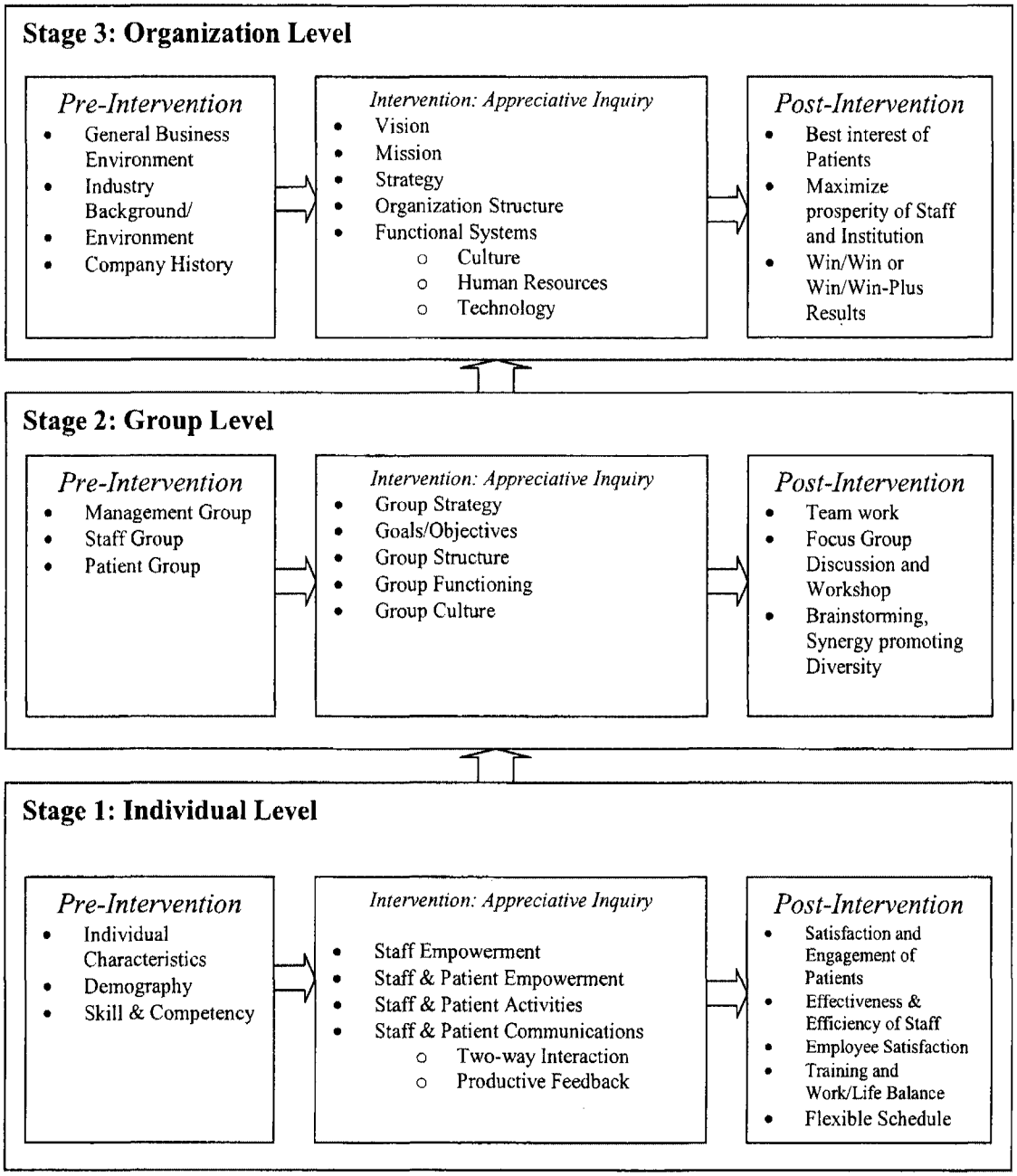

Figure 2.20: **Comprehensive Theoretical Structure: Levels of ODI**

Source: Diagnosing Organization Development System with Comprehensive Model, Cummings & Worley (2005), Adapted from Chapter 6 Diagnosing Groups and Jobs, Figure 5.2, p. 89

2.11 Conceptual and Research Frameworks

This study has two frameworks of the conceptual framework and research framework.

2.11.1 Conceptual Framework

The conceptual framework was *derived from the theoretical framework* on the *philosophy of quality senior patient care.* It includes two variables of dependent and independent variables as shown in ***Figure 2.21: Conceptual Framework.***

Based on ***Figure 2.19: Theoretical Framework: Philosophy of Quality Senior Patient Care,*** the ***body*** is related to physical strength of senior patients, the ***mind*** is related to the mentally strength of positive thinking as well as sustainable satisfaction/engagement and the ***soul and spirit*** are related to the spiritual development of unworried life, unattached to substances and living good life. These three aspects of body, mind and soul/spirit are **interrelated the total human system as the whole system** and **developed to the conceptual framework**. The development of physical, mental and soul/spirit are ***developed all together*** and have a substantial influence on the quality of senior care services.

The conceptual framework as shown in ***Figure 2.21*** had two layers. The inner layer had ***four dependent variables (DV)*** of *satisfaction and engagement of senior patients/family members (DV1,2), satisfaction staff members (medical doctors, nurses, caretakers and administrators) (DV3)* and *sustainability of institution (DV4).* The outer layer as shown in ***Table 2.1: Description of Conceptual Framework Independent Variables*** had ***four independent variables (IV)*** of *patient care (IV1), personal relations development (IV2), staff work commitment (IV3) and management & financial support (IV4).*

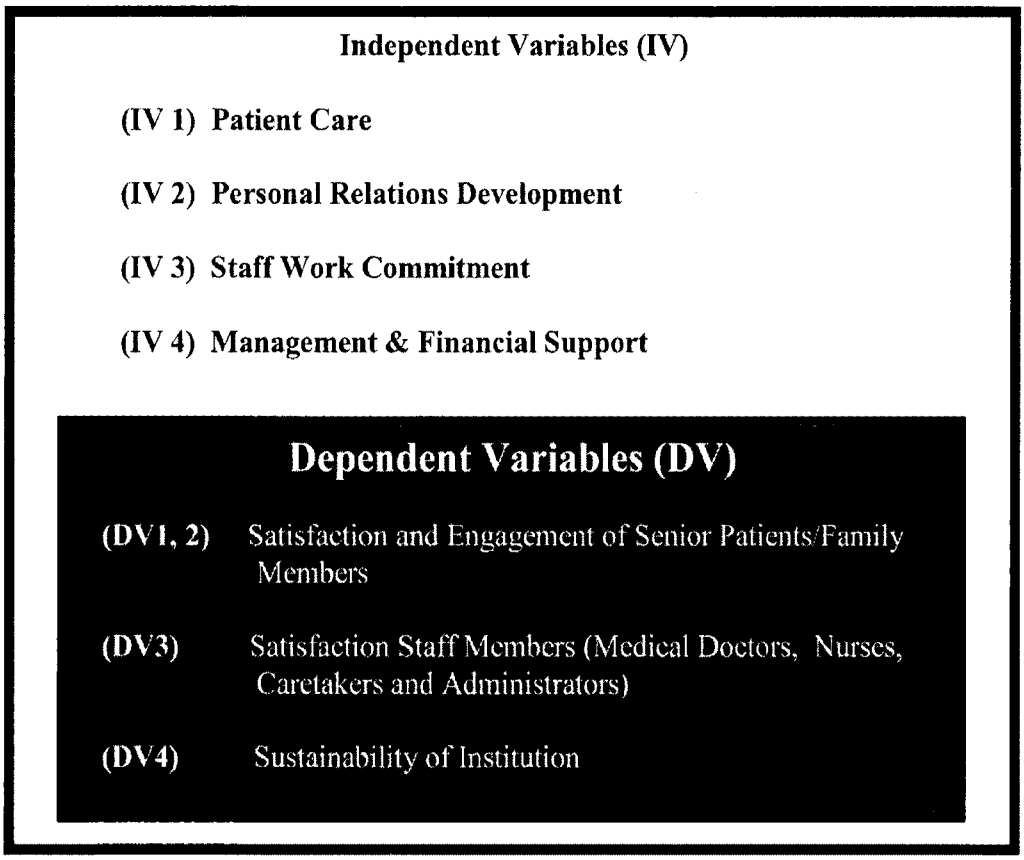

Figure 2.21: **Conceptual Framework**

Number	Variables	Description
1	Patient Care	Development of Strong Body, Mind and Soul & Spirit
2	Staff Member Work Commitment	Dedication of Staff Members to Senior Patients/Family Members and Implementation of Job Effectiveness and Efficiency for Job Commitment
3	Personal Relationship Development	Communications and Relationships Development of both Staff Members and Family Members
4	Management & Financial Support	Management Support and Financial Management Consultant of Patients and Family Members

Table 2.1: **Description of Conceptual Framework Independent Variables**

2.11.2 Research Framework

The action research framework was *developed from the conceptual framework.* The ***research framework*** has ***four dependent variables and four independent variables*** that are related to each other because ***one element change of the variables in the organization has consequence(s) to the other variables of the organization*** *and the* ***ultimate effects*** *to* **the senior patients and family members**.

The researcher had a view that the high quality patient care only did not lead to the increased satisfaction and engagement of senior patients and family members but ***the improvement of personal relationships, dedication of staff work commitment and management/financial support substantially contributed to the overall satisfaction and engagement of the senior patients/family members***. Additionally, the management and financial development led to the sustainability of institution.

The ***Figure 2.23: Action Research Framework*** covered the most important aspects of the dissertation to increase the satisfaction and engagement of senior patients/family members and create the sustainability of institution. The **problems of each independent variable** in ***Figure 2.23: Action Research Framework*** were described in the column of '*Actual Pre – ODI*' as shown in the ***Appendix A: Summary of Findings and Conclusion Results***.

With the main variables of Pre-Organization Development (Pre-ODI), Organization Development (ODI) and Post-Organization Development (Post-ODI), each topic had four independent variables of *Patient Care, Personal Relationship Development, Staff Member Work Commitment and Management & Financial Support.*

Satisfaction and Engagement of Senior Patients/Family Members			
Independent Variables	***Pre – ODI***	***ODI***	***Post - ODI***
Patient Care	➢ Physical Strength ➢ Mental Strength ➢ Satisfaction and Comfort	➢ Physical Rehabilitation ➢ Mental Rehabilitation ➢ Atmosphere Development	➢ Good Physical Strength ➢ Good Mental Strength ➢ Sustainable Satisfaction and Comfort
Personal Relations	➢ Staff Member Relations ➢ Family Member Relations	➢ More Communications and Activities ➢ More Family Visitation	➢ Good Staff Member Relationships ➢ Good Family Member Relationships
Staff Work Commitment	➢ Work Commitment of Nurses, Caretakers and Administrators ➢ Job Security of Nurses, Caretakers and Administrators ➢ Career Development	➢ Special Monetary Rewards of Good Performance Employees ➢ Standard Compensation and Social Security ➢ Suggestion for More Seminar and Training	➢ Increased Job Motivation ➢ Good Compensation and Fringe Benefit ➢ Increased Competency

Sustainability of Sukavet			
Management	➢ Top-down Management	➢ Two-way Communication	➢ More Suggestions of Employees
Financial Support	➢ Cash Flows Problems	➢ Financial Consultation	➢ Sustainable Financial Management

Figure 2.23: **Action Research Framework**

The satisfaction and engagement of senior patients must **include the satisfaction and engagement of family members** ***because most family members were the ultimate customers to make the payment*** as the most important revenue source of the institution.

The Pre-ODI of Patient Care was based on physical and mental strength development to increase the satisfaction, engagement and comfort of senior patients. The ODIs of Patient Care were the physical and mental rehabilitation as well as the atmosphere development in the institution. The good physical as well as mental strength and sustainable satisfaction, and the comfort of senior patients were expected results of the Post-ODI.

To increase the satisfaction and engagement of senior patients, the senior patients needed a good relationship of both staff members and family members. The intervention developments increased more communications and activities as well as encouraged more family activities. The expected Post-ODI results were that the senior patients had a good relationship between the staff and family members.

The staff member development of quality senior patient care needed the good staff members. Therefore, the staff members were one of the significant contributors of good quality patient care. The Pre-ODI was emphasized on the staff work commitment, job security and career development of nurses, caretakers and administrators. The ***attitude*** of senior patients was ***sensitive and emotional*** because they suffered from aging illness and some were in the final stage of cancer. Therefore, the researcher ***needed to use the appreciative inquiry-based organization development intervention process*** to *encourage them and create as well as boost up their confidence.* Moreover, the appreciative inquiry was used to ***solve the problems in the positive and constructive way***. The interventions were more incentives to

increase their job motivation, and to establish the standard compensation and social security to increase the good compensation and fringe benefit. The last aspect implemented the career development of staff members by providing the seminar and training to increase the knowledge and competency.

The institution needed to survive and had the management and financial support. In the past, the management was Top-down approach, it was changed to ***Two-way communication management style*** encouraged the staff members to be more productive and effectively suggest their ideas to the management level. Lastly, the institution needed a good cash flows management of the financial consultation. The expected outcomes of Post-ODI were the healthy and sustainable financial management.

CHAPTER THREE

Research Methodology

The chapter of research methodology includes the research design and the methods of data collection instruments using ***both qualitative and quantitative measurements*** with ***triangulation***. The subjects of the study/source of data and research instruments materials are also discussed, followed by data collections and processes. The last section of this chapter describes the design of organization development intervention, documentation of the change processes and data analysis.

3.1 Research Design

As shown in ***Figure 3.1: Research Design of Sukavet***, the research design is the structure of research described in the ***three phases of Pre-Organization Development Intervention (Pre-ODI), Organization Development Intervention (ODI) and Post-Organization Development Intervention (Post-ODI)***.

The ***Pre-ODI*** used *both qualitative and quantitative* methodology. The Pre-ODI observation with the inspection checklist and appreciative inquiry focus group discussion data collection were utilized in the *qualitative* method while the Pre-ODI senior patient/family member survey and staff member survey were used in the *quantitative* data-gathering method.

The ***ODI*** was the *appreciative inquiry-based interventions* of both senior patients/family members and the institution. The ODIs of *senior patients/family members* were focus group discussions of quality senior patient care, relationship/activity development, and suggestions/requests proposed to the staff

members and management. The ODIs of *institution* were focus group discussion of quality senior care development with work commitment of staff members, transfer knowledge of appreciative inquiry to the staff members and management, and financial consultation of business operations and senior patients/family members.

The ***Post-ODI*** was the *same design as the Pre-ODI* of utilizing both qualitative and quantitative methodology. The Post-ODI observation with the data collection of the inspection checklist and appreciative inquiry focus group discussion were utilized in the *qualitative* method while the Post-ODI senior patient/family member survey and staff member survey were used in the *quantitative* method.

In addition, the feedbacks on satisfaction and engagement on senior patients and family members were based on the productivity and satisfaction of staff members as well as the financial strength of the institution.

The ***triangulation*** is the process of checking and validating both qualitative and quantitative results and proves the consistency of the final results.

3.2 Research Methodology

The researcher utilized the research tools for the qualitative and quantitative methodology as follows:

3.2.1 Quantitative Methodology

The quantitative measurement was from the ***surveys (questionnaires)*** distributed to the senior patients/family members and staff members to *measure their satisfaction and engagement before and after* the appreciative inquiry-based organization development intervention. The anticipation of response rate was 100% from the total surveys distributed.

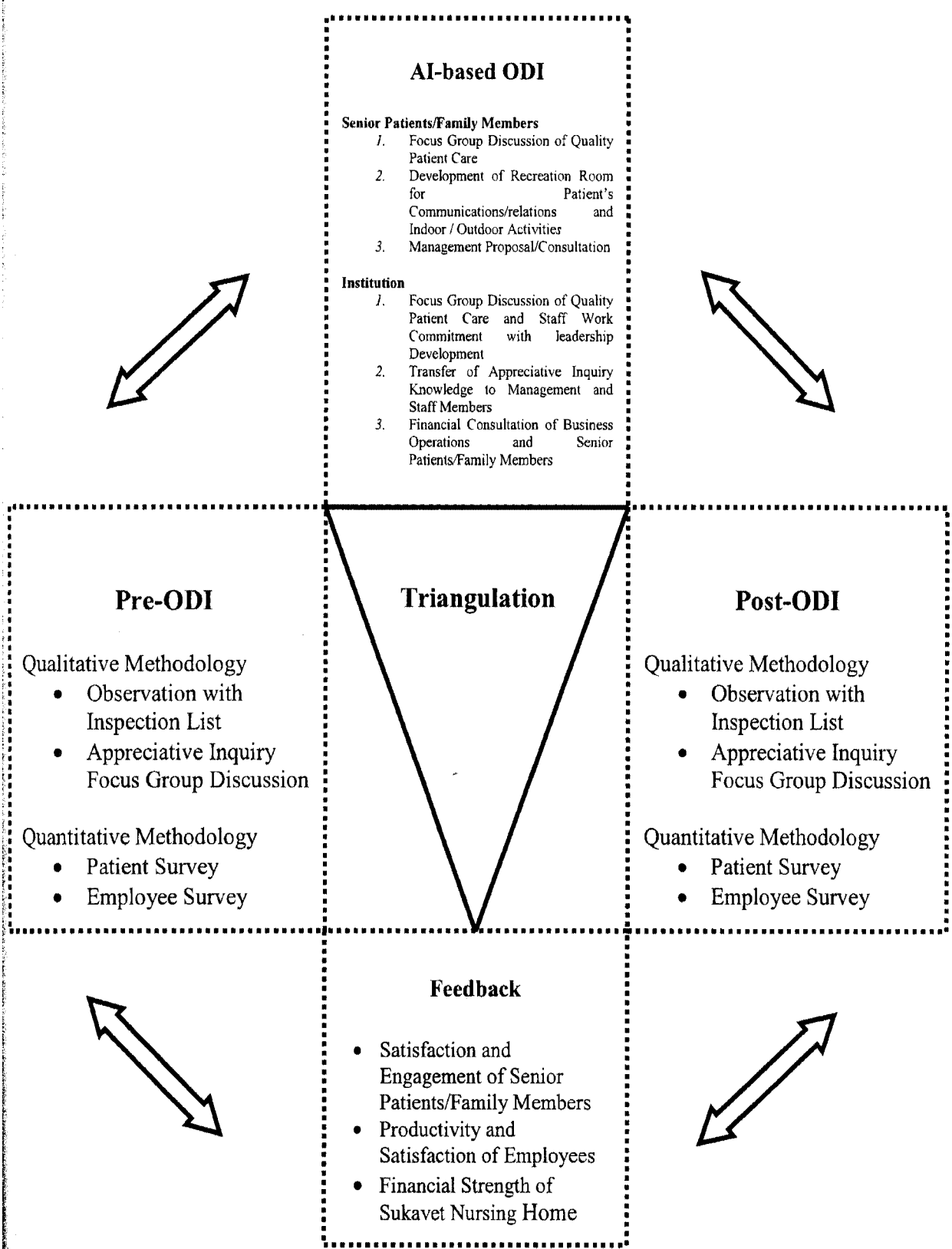

Figure 3.1: **Research Design of Sukavet**

3.2.2 Qualitative Methodology

The ***qualitative methodology*** related to the inspection, focus group discussion and management proposal was ***the most important information in this dissertation*** since the *qualitative data contributed by the senior patients/family members had the most useful elements.*

The ***tools of qualitative methodology*** were the ***observation*** of researcher guided by the ***inspection list.*** The researcher ***ensured*** that ***the senior patients/family members and staff members directly involved in the qualitative data in the appreciative inquiry-based focus group discussion*** by asking the open-end questions. The appreciative inquiry questions were the ***value, peak and miracle questions.*** The value questions brought the valuable answers from the respondents, the peak questions were the storytelling method of the most impressive events and the miracle questions aimed the future expectation.

All research respondents were encouraged to initiate their ideas for productive contribution to the institution. Later, the researcher proposed to the management for the quality improvement.

3.2.3 Triangulation

In triangulation, the researcher used ***both qualitative and quantitative results.*** If the conclusions of both methods were in the ***same trend***, the study was ***consistent and valid.*** For example, the researcher checked the qualitative summary compared with the quantitative results whether they were in the same movement. If both qualitative and quantitative data analysis outcomes were consistent, ***the data-gathering conducted was valid and reliable.*** On the other hand, if there was any inconsistency between qualitative and quantitative data gathered, the research must reframe either survey questions or methodology.

3.2.4 Bottom-up Research Method

The research ***started from the bottom level of the institution*** from the individual level of senior patients/family members/staff members, group level to institution level. Later, the researcher gathered the data, provided the useful suggestions and proposed the management level. The data collected from the individual level of the staff members, including medical doctors, nurses, caretakers and administrators were useful for the institution development.

The ***bottom-up process*** was more useful than the normal data-gathering process because it **brought the best contribution** of all research participants to **enhance the values of the institution**.

3.3 Subjects of Study/Sources of Data

The subject of study and sources of data were classified into two categories as follows:

1.) Senior Patients and Family Members of Sukavet

2.) Management and Staff Members of Sukavet

Total Population of Senior Patients for Sukavet

As shown in ***Table 3.1: Total Population of Senior Patients for Sukavet (April 2009)*** and ***Figure 3.2: Senior Patient Population Percentage (April 2009)***, **when starting the research in April 2009**, the ***total population of senior patients*** was ***62 senior patients***. There were *40 In-facility senior patients and 22 Home/Hospital Care patients*. Due to limited 40 patient beds complied with the regulations of Ministry of Public Health, the institution had *more Home/Hospital Senior Patients*. In addition, the institution had a **policy to admit the first priority of**

critical unprivileged senior patients as the in-facility senior patients. At the same time, the institution was encouraged to provide more senior care services outside the institution to generate the revenue to support the in-facility senior patients. The ***age of senior patients ranged from 50 to 90 years old.***

The ***relationship between the number of family members and the number of senior patients*** was related to the number of senior patients. For example, there were the total number of 40 senior patients in the institution and, therefore, there were also 40 family members regardless of their age either young or old as ***one to one ratio*** since it *depended on the capability of each family member who could afford the senior care cost and was responsible for that senior patient.* The relationship between the number of family members and the number of senior patients as previously explained was ***crucial*** because it was ***related to the legal matter*** in case of the family member was ***delinquent*** in the senior care payment. ***The ratio of one family member to one senior patient was appropriate for the most effective legal enforcement.*** If there were too many family members responsible for one senior patient, it would make the institution difficult to proceed the legal procedure. In addition, the ***legal contract was clearly stated*** that the only one family member must be legally responsible for the financial burden of that family member in case of delinquency.

Table 3.1: **Total Population of Senior Patients for Sukavet (April 2009)**

Description	**Population**	**Population Percentage** (Compared with Total Population)
In-facility Senior Patients	40	64.52 %
Home/Hospital Senior Patients	22	35.48 %
Total	**62**	**100.00 %**

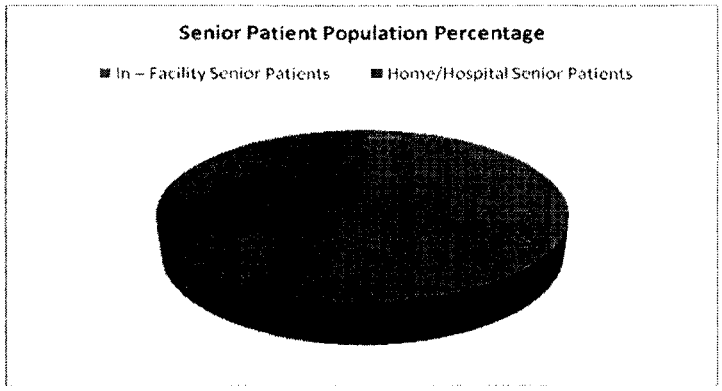

Figure 3.2: **Senior Patient Population Percentage (April 2009)**

The ***Table 3.2: Total Population of Senior Patients Categorized by Gender*** presented that the male senior patients represented 37.10 % compared with the total population of senior patients and the ***female senior patients represented 62.90 % compared with the total population of senior patients***. Analyzed the number of male and female senior patients both In-facility and Home/Hospital Care, the ***female senior patients had the substantial large percentages in all categories***.

Table 3.2: **Total Population of Senior Patients by Gender for Sukavet (April 2009)**

Description	Population	Population %	Male	Male %	Female	Female %	Male % + Female %
In-facility Senior Patients	40	64.52 %[1]	15	37.50%[4]	25	62.50%[7]	100.00 %[10]
Home/Hospital Senior Patients	22	35.48 %[2]	8	36.36%[5]	14	63.64%[8]	100.00 %[11]
Total	**62**	**100.00 %[3]**	**23**	**37.10%[6]**	**39**	**62.90%[9]**	**100.00 %[12]**

Males normally have ***longer life expectancy*** than females since males tend to be healthier than females and have fewer illnesses when compared with females. The reasons are that females have shorter life expectancy than males and they are less healthy because the females have the physical elements of pregnancy. These physical

elements of females have higher risk of cancers. Additionally, females also have more responsible taking care of family members and sometimes, they are also working to support the family.

Total Population of Staff Members for Sukavet

As shown in ***Table 3.3: Total Population of Staff Members for Sukavet (April 2009)*** and ***Figure 3.3: Staff Member Population Percentage (April 2009)***, when conducting the research, the company had only one Managing Director, four Medical Doctors, ten Nurses, eight Administrative Staff Members and eighty-two Caretakers. With the ***limited forty patient beds in the institution complied with Ministry of Public Health***, the *total number of four* ***Medical Doctors was sufficient for providing quality senior patient care*** *in proportion of one Medical Doctor to ten In-facility senior patients.*

Additionally, ten nurses and eighty-two experienced caretakers were sufficient to provide an attentive senior patient care in the institution. The institution employed a large number of eighty-two Caretakers to render great senior care service both In-facility and Home/Hospital Care. ***All caretakers were well-trained by both Medical Doctors and Nurses before starting their senior care practices.***

Table 3.3: **Total Population of Staff Members for Sukavet (April 2009)**

Description	Population	Population Percentage (Compared with Total Population)
Managing Director	1	0.95 %
Medical Doctors	4	3.81 %
Nurses	10	9.52 %
Administrative Staff Members	8	7.62 %
Caretakers	82	78.10 %
Total	**105**	**100.00 %**

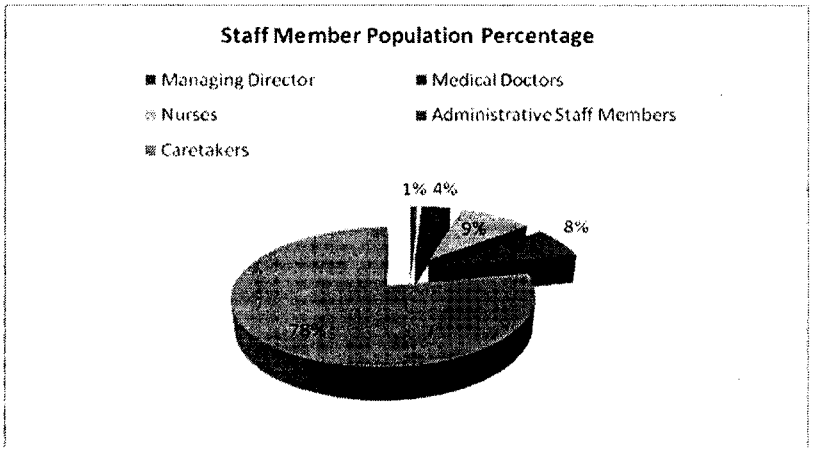

Figure 3.3: **Staff Member Population Percentage (April 2009)**

Research Respondent Size Analysis of Sukavet

The researcher consulted with the Managing Director of Sukavet to determine the appropriate respondent size of this research. As agreed, the ***respondent size of 100 respondents*** consisted of *50 respondents of senior patients/family members and 50 staff members.* The followings were explanations.

Respondent Size of Senior Patients

As shown in ***Table 3.4: Summary of Respondent Size for Senior Patients in Each Category Compared With Population of Senior Patients for Sukavet (April 2009)*** and ***Figure 3.4: Senior Patient Respondent Size Percentage (April 2009),*** the respondent size of 50 senior patients was represented 80.65 % of the total senior patient population when compared with the total population of 62 senior patients.

All 40 ***In-facility*** senior patients were ***100% selected*** from the total population of 40 In-facility senior patients because the In-facility senior patients ***needed the most attentive senior patient care***. The 10 Home/Hospital senior patients were selected from the total population of 22 Home/Hospital senior patients ***because*** **they were selected on the basis of who needed the most senior care service and who could**

communicate. In addition, **most senior patients provided the same trend of answers in the quantitative data-gatherings.**

Table 3.4: **Summary of Respondent Size for Senior Patients in Each Category Compared With Population of Senior Patients for Sukavet (April 2009)**

Description	Population	Population Percentage (Compared with Total Population)	Respondent Size	Respondent Size % (Compared with Each Categorized Population)
In-facility Senior Patients	40	64.52 %	40	80.00 %
Home/Hospital Senior Patients	22	35.48 %	10	20.00 %
Total	**62**	**100.00 %**	**50**	**100.00 %**

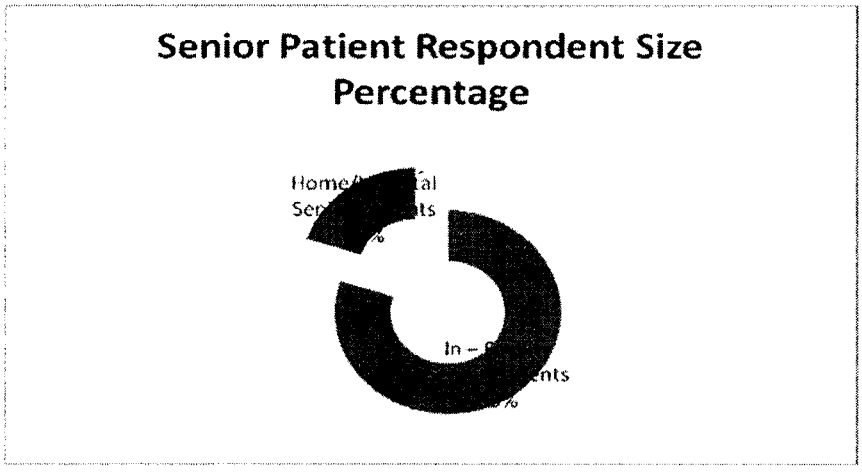

Figure 3.4: **Senior Patient Respondent Size Percentage (April 2009)**

Respondent Size of Staff Members

The respondent size of 50 staff members was represented 47.62 % of the total staff member population of Sukavet. The respondents consisted of two respondents of Medical Doctors representing 50.00 % of the total Medical Doctor population, five respondents of Nurses representing 50.00 % of the total Nurse population, three

respondents of Administrative Staff Members representing 37.50 % of the total Administrator population and forty respondents of Caretakers representing 48.78 % of the total Caretaker population.

The **Managing Director** consulted for the review of questionnaires but was ***excluded from answering in the questionnaire to ensure the unbiased.*** In addition, all reviewed and approved blank questionnaires were directly distributed to the research respondents. The completed questionnaires from senior patients/family members and staff members were also directly returned to the researcher and the ***managing director did not see any answer*** in the completed questionnaires to ensure the impartial data analysis.

As agreed with the managing director, the number respondents of the staff members were ***selected on the basis of their job description criteria*** of Medical Doctors, Nurses, Administrators and Caretakers and ***who were on the work schedule on that day.*** The ***random basis of answering*** was assured the basis of being equal chance and *unbiased.*

The 40 respondents were selected from the total population of 82 caretakers because their job descriptions were ***normally performing the same tasks of senior patient care.***

Therefore, the designed respondent sizes as shown in ***Table 3.5: Total Population of Staff Members for Sukavet*** and ***Figure 3.5: Staff Member Population and Sample Size (April 2009)*** were appropriate per review of both researcher and the managing director of the institution. They ***were randomly selected from the work schedule on that day to*** assure the basis of being equal chance and *unbiased.*

Table 3.5: **Total Population and Respondent of Staff Members for Sukavet (April 2009)**

Description	Population	Population Percentage (Compared with Total Population)	Respondent Size	Respondent Size % (Compared with Each Categorized Population)
Managing Director	1	0.95 %	0	0.00 %
Medical Doctors	4	3.81 %	2	50.00 %
Nurses	10	9.52 %	5	50.00 %
Administrative Staff Members	8	7.62 %	3	37.50 %
Caretakers	82	78.10 %	40	48.78 %
Total	**105**	**100.00 %**	**50**	**47.62 %**

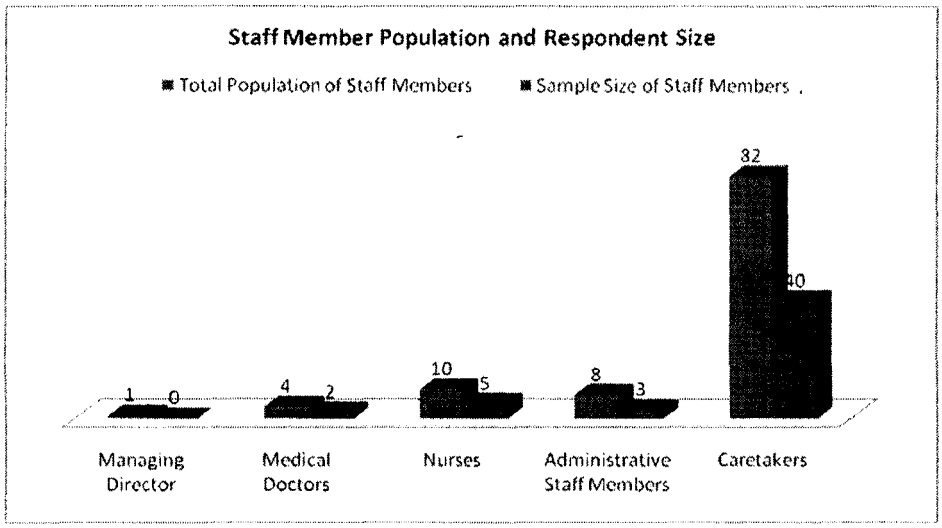

Figure 3.5: **Staff Member Population and Respondent Size (April 2009)**

3.4 Research Instruments, Tools and Data-gathering Techniques & Procedures

The research instruments were used in data collections and technique procedures of this dissertation.

Research Instruments, Tools and Data Collection Techniques

As shown in ***Table 3.6: Research Instruments***, the research instruments, tools and data collection techniques were fully explained as follows:

1.) Qualitative Data-gathering Instruments

The qualitative data-gatherings were ***derived from*** the Focus Group Discussions Using Appreciative Inquiry Interview Guidelines for Senior Patients/Family Members and Staff Members. ***The appreciative inquiry protocols are based on value, peak and miracle questions.*** To ensure the quality control of the qualitative data-gathering process, the researcher utilized the appreciative inquiry interview guidelines along with the inspection list. The researcher performed the study in a ***comfortable and friendly approach to gather the productive and unbiased data***. All research participants were treated as the family members of the institution.

The **qualitative gatherings** were the **bottom-up approach analysis finding framework** of **Actual Pre-ODI**, **Actual ODI** and **Expected Post-ODI**. The bottom-up approach identified the problems starting from the lowest level in the organization starting from individual, group to institution level, proposed the constructive interventions by researcher and, later, presented to the management level.

The **Actual Pre-ODI** was that the researcher ***observed the actual situations***, guided by the ***inspection checklist***. The ***actual problems were identified*** in this phase by *organizing the four Pre-ODI focus group discussions* per ***Figure 3.6: Bottom-up Qualitative Analysis Findings*** as follows:

1.) Patient Care

The actual problems of patient care were from the focus group discussion members composing of the caretakers, senior patients and family members.

2.) Staff Member Development

The actual problems of staff member development were from the focus group discussion members composing of the staff members to identify the actual problems of medical doctors, nursing, caretaker and administrators.

3.) Personal Relationship Management

The actual problems related to the relationship management were from the group discussion members composing of the senior patients/family members and all staff members.

4.) Management & Financial Support

The actual problems on finance were indentified from the focus group discussion members composing of the family members and staff members. ***Later***, the researcher ***gathered all data and problems***, and ***presented*** the suggestions to the ***managing director*** for the sustainable development. The next phase was the **Actual ODI** done by researcher. The interventions were also categorized into four groups as presented above in the Actual-Pre ODI Phase. The last stage was the **Expected ODI** that the researcher expected the Post-ODI Results of each group.

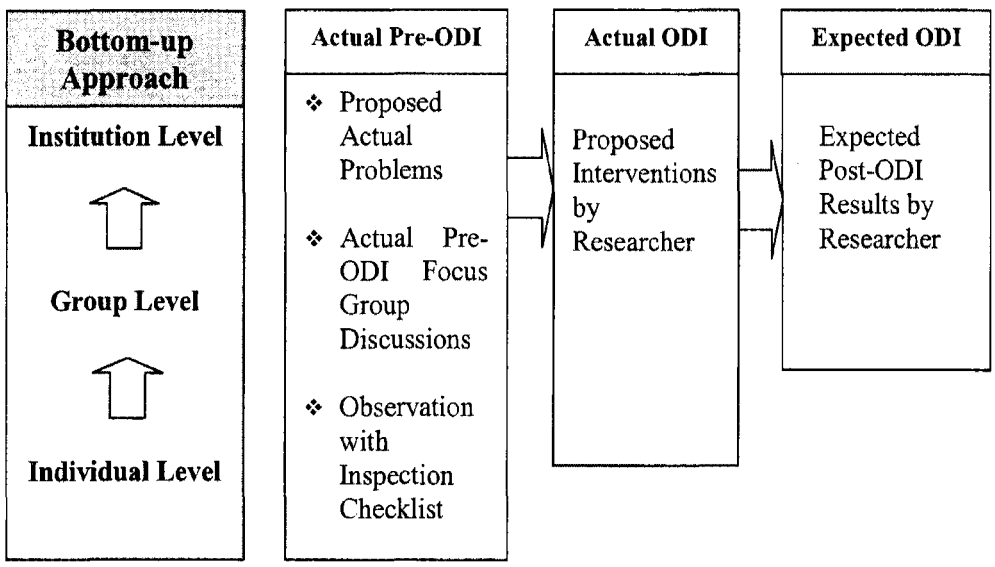

Figure 3.6: **Bottom-up Qualitative Data-gatherings**

2.) Observation Data Instruments

The ***observation with inspection checklist*** was used along with the qualitative data-gathering methods and instruments. The inspection list improved ***the quality control*** of qualitative data analysis.

3.) Quantitative Data Instruments

The quantitative data-gatherings were in forms of the ***surveys*** for both Senior Patients/Family Members and Staff Members. The **Research Consent Form** (See ***Appendix L***) was signed by the research participants before the action research began.

Care was taken during the data-gathering process to ensure the ***objectivity and confidentiality of data***. The appropriate processes of this research were *free from individual biases, legal and ethical implications and political influences to achieve the most accurate, yielding the most productive results* of the senior patients/family members and staff members.

Table 3.6: **Research Instruments**

Data – Gathering Techniques	**Instruments**
Observation	1.) Inspection Checklist
Qualitative Data (***Bottom-up Approach***)	1.) Senior Patient/Family Member & Staff Member Focus Group Discussion Interview Using ***Appreciative Inquiry Protocols*** • *Value Questions* • *Peak Questions* • *Miracle Questions* 2.) Management Proposal/Consultation
Quantitative Data	1.) Senior Patient/Family Member Surveys 2.) Staff Member Surveys

Research Procedures

The processes were that the managing director and the researcher signed the Action Research Letter (See ***Appendix O)*** and the research participants of the institution signed the **Research Consent Form** (See ***Appendix L***).

The researcher ***strictly adhered to all medical standards for the best concern and safety of senior patients/family members.*** All research documents and data were strictly confidential and must not be distributed to the third party without the permission of both the institution and the researcher.

The researcher preliminary observed with inspection checklist and interviewed all participants with *Appreciative Inquiry approach with the protocol questions of value, peak and miracle.* Later, the formal intervention activities were organized by the researcher with co-ordination of the staff members and management for value-added consultation programs and constructive recommendations from the following intervention activities:

1. Participation of the Focus Group Discussions of Senior Patients/Family Members and Sukavet staff members to Support Staff Member Work Commitment and Leadership Development on "How to Make the Senior Patients Satisfied, and Create Sukavet 'Real Satisfied and Healthy Home' Environment?"
2. Recreation Room Establishment for Better Senior Patient Communications and Senior Patient Indoor and Outdoor Activity Implementation
3. Transferred Knowledge of Appreciative Inquiry to the Family Members, Staff Members and Management
4. Financial Suggestions of Senior Patients and Family Members
5. Management Proposal/Consultation of the Managing Director

In addition, staff members were requested to attend the focus group discussion as Sukavet could keep their attendance records as a part of their annual training.

3.5 Instrument-designed, Pilot-tested and Analyzed for Reliability and Validity

The ***qualitative research instruments*** were **designed based on the Appreciative Inquiry method** as presented in ***Appendix G: Focus Group Discussion Topics of Set One for Staff Members, Appendix I: Focus Group Discussion Topics of Set Two for Senior Patients/Family Members and Appendix K: Inspection and Pre-ODI Checklist of Researcher***.

The ***quantitative research instruments*** were designed to collect source data by **utilizing closed form surveys** presented in ***Appendix C: Survey One for Sukavet Staff Members and Appendix E: Survey Two for Senior Patients/Family Members***.

Table 3.7: **Survey 1**

Question Numbers	Contents
1 to 4	Management and Staff Member Demographic Profiles • Age • Gender • Year(s) of Service • Current Position
5 to 9	Job Evaluation to Measure the Staff Member Satisfaction Before and After-Organization Development Intervention
10 to 12	Reward System to Measure the Staff Member Satisfaction Before and After-Organization Development Intervention
13 to 17	Career Growth to Measure the Staff Member Satisfaction Before and After-Organization Development Intervention

As shown in ***Table 3.7***, the **survey 1** measured the work commitment for *Medical Doctors, Nurses, Caretakers and Administrative Staff Members*. This survey consisted of the questions regarding staff member work commitment with evaluation

system, reward system and career development and measured the level of their satisfaction before and after-organization development intervention.

The data measurement of questions 1 to 4 was ***nominal level representing the simple classifications***. The questions 5 to 17 used the next level of ***ordinal data measurement providing raking order measurements.***

As shown in ***Table 3.8***, the ***survey two*** was for ***all senior patients along with family members*** with diversified age, gender, ethnicity and culture. This survey consisted of the questions regarding the satisfaction and engagement of senior patient care services and implemented activities, including financial consultation.

The survey also measured the level of their satisfaction and engagement before and after-organization development intervention. The data measurement of questions 1 to 6 was ***nominal level*** representing the simple classifications. The questions 7 to 16 used the next level of ***ordinal data*** measurement providing raking order measurements.

Table 3.8: **Survey 2**

Question Numbers	**Contents**
1 to 6	Patient and Family Member Profiles • Gender • Age • Marital Status • Occupation • Monthly Income (THB) • How Do They Know Sukavet?
7 to 13	Patient Care and Communication/Relationship Development to Measure the Senior Patient and Family Member Satisfaction and Engagement Before and After-Organization Development Intervention
14 to 16	Patient Satisfaction to Measure the Senior Patient and Family Member Satisfaction and Engagement Before and After-Organization Development Intervention

Both sets of surveys were translated from English to Thai language to ensure that all participants clearly understood all meanings of each question and all questions of both blank surveys were reviewed by the Managing Director before

distributing to the participants. In addition, as shown in ***Table 3.9: Satisfaction and Engagement Scales***, the ***Likert scale*** was used to measure the attitudinal value, importance and weight, presenting the respondent's view in relation of each question in both sets of questionnaires. The scale appropriately presented on the six numerical categories as follows:

Table 3.9: **Satisfaction and Engagement Scales**

Scale	Description
1	Strongly Disagree
2	Disagree
3	Slightly Disagree
4	Slightly Agree
5	Agree
6	Strongly Agree

Pre-test and Analysis for Reliability and Validity

The purpose of pre-test ***assured the reliability and validity of surveys***. In this dissertation, the qualitative and quantitative data-gatherings from surveys were used to check for the validity of triangulation in the research data analysis. Therefore, the ***managing director reviewed all*** **blank forms** ***of both qualitative and quantitative data collection documents*** in form of the **pre-test** and analysis for reliability and validity.

3.6 Tools for Qualitative and Quantitative Analysis – Statistical Tools and Treatment of Data

The *qualitative analysis* was based on the proper documentation while *quantitative data* was based on the statistical analysis.

Qualitative Analysis: Proper Documentation

The researcher documented the organized ***four focus group discussions based on the common function analysis*** with the **senior patients/family members** and **staff members of Administrative Department, Nursing Department and Management** with the appreciative inquiry interviews. With the ***observation*** of researcher, the ***inspection checklist based on the level of satisfaction/engagement and sustainability of continued progression and improvement to bring substantive issues*** was supported the qualitative data analysis.

The analysis of ***appreciative inquiry-based focus group discussions*** was categorized the qualitative data into respective groups, ***clustered and based on*** the satisfaction of senior patients/family members and the sustainability of institution. Since the qualitative data-gathering process utilized appreciative inquiry of their best experiences, perceptions and inspirations for the human system excellence, their affirmed past and present strength with success potentials increased the overall values of this research. The researcher also provided the productive suggestions.

Quantitative Analysis: Statistical Tests

The researcher ***consulted with the statistical professor of Assumption University*** to ***review*** the statistical analysis and ***ensure*** the most accurate results per following explanations.

Due to the ***ordinal scales of questionnaires*** and the ***number of research respondents***, the statistical analysis presented the **descriptive statistical analysis** and **additional group analysis** as presented in the following statistical analysis process:

1.) Input of data from questionnaires of senior patients/family members and staff members

2.) Data processing by using the computer software called "***Statistical Package for the Social Sciences***" (SPSS) that is the statistical analysis program in social science to measure the quantitative methodology consists of mean, standard deviation and probability percentage.

3.) The statistician performed the ***descriptive statistical analysis*** and ran the frequencies to test the ***fundamental data by using histogram***. Based on the assumption that the data in the study were drawn from respondents with the normal (bell-shaped) distributions and/or normal sampling distribution analyzed by the analysis of histogram results presenting the normal curve, the statistician used the parametric statistical analysis. On the other hand, if the analysis of histogram results presented the non-normal curve (left or right-skewed) with free distribution, it was appropriate to use the non-parametric statistical analysis method. The **histogram results** of this ***dissertation for both senior patients/family members and staff members*** showed the **left-skewed of non-normal curve**. Therefore, the statistician could ***not*** use the ***t-test of parametric statistic analysis*** but **must use the non-parametric statistical analysis.** ***The non-parametric statistical analysis was also appropriate to evaluate the quantitative data that were directly related to the qualitative information.***

4.) The *demographical data* of questionnaires for both senior patients and staff members were analyzed by the *descriptive statistical analysis* with frequency and valid percentage.

5.) The *main questions* of both senior patient and staff member questionnaire were ***analyzed by two-related of non-parametric statistical analysis*** for *before and after*-organization development intervention.

6.) The researcher also performed to ***further analysis*** of ***non-parametric statistical analysis*** for the ***data of after-organization development intervention*** into ***group analysis*** because each group might have different thinking aspects.

The statistical techniques called ***non-parameter*** *or* ***distribution-free*** showed skewness when a distribution was asymmetrical or lacks symmetry. (Black, 2004, pp. 658 - 659) ***Non- parametric techniques had many advantages*** as follows:

1.) There was no parametric alternative to the use of non-parametric statistics.
2.) Certain non-parametric tests could be used to analyze nominal and ordinal data.
3.) The computations on non-parametric statistics were usually less complicated than those for parametric statistics, particularly for small sample size.
4.) Probability statements obtained from most non-parametric tests were exact probabilities.

For the ethical perspectives of the statistical analysis, when the ***survey data were*** **directly related to the qualitative data analysis** ***with both nominal and ordinal level***, then ***only non-parametric statistics was the most appropriate for analysis***. The *use of parametric statistics* to analyze nominal and/or ordinal data could be considered under some circumstances to be *unethical because it could produce the biased results*. (Black, 2004, p. 13)

3.7 Design/Development of ODI

The design and development of organization development intervention (ODI) was the appreciative inquiry-based organization development interventions for *senior patients/family members and staff members.*

As shown in ***Figure 3.7: Appreciative Inquiry Protocol Framework***, the researcher designed and developed the appreciative inquiry-based protocol and *expected the three main outcomes of* ***value, peak and miracle***. To achieve the valuable outcomes, the protocol was to ask the value questions for valuable answers. To obtain the peak expectation, the peak questions of storytelling were asked. The miracle questions were inquired for the future expectation results.

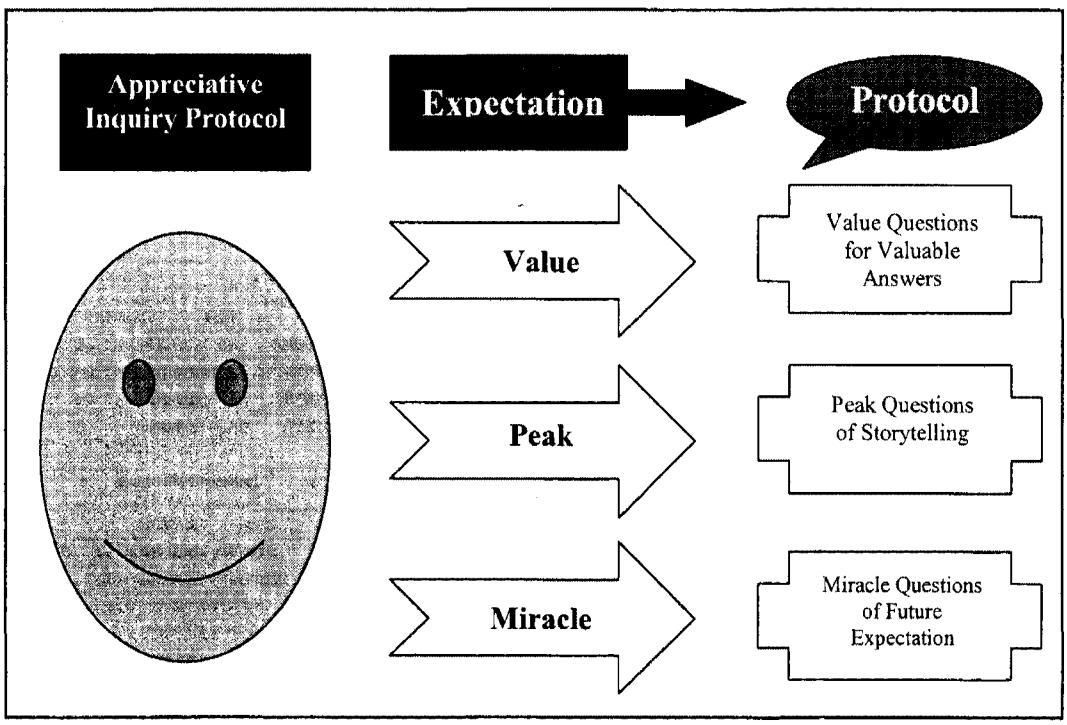

Figure 3.7: **Appreciative Inquiry Protocol Framework**

The focus group discussions, senior patient recreational indoor/outdoor activities and management proposal/consultation were designed as the interventions.

Table 3.10: **Design and Development of OD Interventions**

Group/Theme	ODI Design	ODI Development (Expected ODI)
Group1: Senior Patients		
Theme: Healthy Home	• Indoor Activities • Outdoor Activities	• Daily Exercises • Special Holidays Celebrations • Bingo • Cooking • Handicraft • Singing • Cards (No Gambling) • Public Park Tour • Shopping Center Tour • Exhibitions
Group 2: Senior Patients and Family Members		
Theme: Financial Support Resources	Financial Institution Consultation	Provide Suggestions of Financial Institutions in Bangkok • Personal Loan • Life Insurance
Theme: How to Make the Senior Patients Satisfy & Healthy	Focus Group Discussion of Senior Patients and Family Members • Value Questions of Valuable Answers • Peak Questions of Storytelling • Miracle Questions of Future Expectation	• Quality Patient Care • Personal Relationship Development • Staff Member Work Commitment • Management and Financial Support
Group 3: Sukavet Staff Members		
Theme: How to Make the Senior Patients Satisfy & Healthy	Focus Group Discussion of Staff Members • Value Questions of Valuable Answers • Peak Questions of Storytelling • Miracle Questions of Future Expectation	• New Ideas of Concept "Real Satisfied & Healthy Home Environment" • Electronic Patient Data Format Implementation • Promotion Developments • Cost Savings • Additional Value-added Services • Facility & Equipment
Theme: Knowledge Management Development	Appreciative Inquiry Method	To Transfer Knowledge of Appreciative Inquiry to Staff Members
Theme: Financial Consultant Support	Financial Institution Consultation for Cash Flows Management and Continuing Business Operations	Support and Consultation of Financial Institutions in Bangkok

The financial consultation was also essential element in the intervention process as it contributed to the survival of the business operations and continual care for senior patients. In addition, the ways of organization development intervention design was ***private enterprise*** but they also ***have the public accountability for the future generations***. The design and development of appreciative inquiry-based interventions was shown in ***Table 3.10: Design and Development of OD Interventions.*** The senior patients were given an opportunity to select that activities that they were interested ***based on each individual's needs and preferences***.

3.8 Data Collection/Documentation of the Change Processes

The data collection and documentation included the primary, secondary and tertiary data collection with appropriate change process documentations as follows:

The *primary data* collections were from the observation, Appreciative Inquiry interview/focus group discussions, management proposal/consultation and questionnaires of the research participants. In the observation process, the researcher actually attended and participated in the activities with the active participants, with or without knowing they were being observed. In the interview process, the researcher used *unstructured Appreciative Inquiry interviews with Appreciative Inquiry-based interview guidelines*. The interviews were flexible and made the active participants feel comfortable to provide the most accurate and unbiased information. (Ranjit, 2005, p. 123)

The surveys of quantitative data-gatherings consisted of a list of questions that were ***concise and easy to understand***. The active participants had an ***adequate time to complete their answers***. Their names and personal information were kept confidentially at all times to ensure and *encourage the unbiased answers*. When they

completed the surveys, they folded the survey and hand to the assigned responsible person. In the end of research, the researcher provided a small souvenir to the staff members to thank them for participating in this research. The *secondary data* of financial materials were requested if the analysis was required for more detailed evaluation of financial consultation.

The *tertiary data* was government data, industry reports, company annual reports and other useful research journals and papers. These data served as references and additional bibliography.

The data collection procedures of conducting focus group discussions utilizing Appreciative Inquiry-based interview, observing utilizing inspection/Pre-ODI checklist, providing management consultation and quantitative data-gathering of questionnaires were fully explained as follows:

Observation Utilizing Inspection/Pre-ODI Checklist

1.) Prepared the Inspection/Pre-ODI checklist as guideline for observation regarding senior patient care

2.) Reviewed the Inspection/Pre-ODI checklist by Managing Director of Sukavet

3.) Observed the active participants of staff members and senior patients/family members

4.) Summarized the findings from the Inspection/Pre-ODI checklist

Focus Group Discussions Using Appreciative Inquiry Interview Guidelines

1.) Prepared the questions as guidelines for Appreciative Inquiry-based interview

2.) Reviewed the questions by Managing Director of Sukavet

3.) Interviewed the active participants in four focus group discussions with the ***appreciative inquiry-based protocol*** of *value, peak and miracle*

All ***focus group discussions of quality patient care and staff work commitment*** were *facilitated by the researcher.* The researcher suggested the ***two-way communication process*** by encouraging the individual staff members to initiate and suggest their ideas to their direct supervisor as an ***informal focus group discussion*** because it was impossible to gather all staff members at one time and had a large focus group discussion. Additionally, the staff members had to provide the attentive care to the senior patients during working hours and it was an unproductive time management to gather a large number of participants in the focus group discussion. The direct suggestions from the individual staff members to their direct supervisor *created the leadership skills of the supervisor* and, later the supervisor would *summarize their ideas to the director of each department.* This process *developed the sense of belonging and improved a good communication and relationship among staff members.* The researcher also ***utilized the same method*** to the ***senior patients and family members*** to *develop the communication skills and relationships improvement among themselves.*

At the same time, the researcher ***transferred the appreciative inquiry approach knowledge to the staff members as well as the family members*** when they conducted their own informal focus group discussion among themselves before they sent the representative of each group to present their ideas to the team leader (supervisor/department director). With the implementation of ***two-way communication approach*** and ***appreciative inquiry method knowledge transfer***

increased the positive contributions including efficiency and effectiveness. The appreciative inquiry-based ***did not disregard the problems*** but it turned the current identified problems into challenges, the current identified opportunities into new aspirations, the current identified weaknesses into new potential opportunities and the current identified strengths into sustainable competitive advantages/competencies.

The ***formal focus group discussion*** was **organized by the researcher** in the **recreation room** ***with the director of caretaker and the representatives of senior patients/family members***. During the formal focus group discussion session, the researcher asked the appreciative inquiry questions as shown in ***Appendix G: Focus Group Discussion 1 Topics*** and ***Appendix I: Focus Group Discussion 2 Topics.***

Management Proposal/Consultation Using Appreciative Inquiry-based

1.) Management consultation meetings to identify the current issues

2.) Brainstorm and synergy for new ideas how to solve the current issues in a ***productive and constructive way*** as soon as possible.

3.) Management to implement the consultation results and promote the ***two-way communication*** approach

The researcher had the management proposal/consultation because the researcher ***summarized the identified problems from the formal focus group discussions*** and also provided own **suggestions** to the representative of each group **as an ODI intervention**. If the suggestions were in scope of supervisor/director authority, they would immediately implement. However, there were some issues that the supervisor/director did have the authority to make their own decision or required the financial or capital investment; ***the researcher would meet with the managing***

director to propose the solutions and, at the same time; provided the suggestions/ideas to him.

Quantitative Data Collection from Surveys (Questionnaires)

1.) Prepared two sets of surveys for Staff Members and Senior Patients/Family Members. Each set of survey contained two sections to measure the difference of satisfaction and engagement before and after-organization development intervention

2.) Reviewed both sets of surveys by Managing Director of Sukavet and conducted pre-test of non-active participants to find any unclear questions or errors and correct the mistakes immediately

3.) Distributed the formal surveys to the active participants

4.) Collected the completed surveys within one month of distribution

3.9 Data Analysis

Once the researcher obtained all required data, the ***qualitative data were properly analyzed and summarized*** and the ***quantitative data were input in spreadsheet format and analysis by statistical analysis software*** for statistical measurement. Before the statistical analysis began processing, the researcher ensured the cleanliness and understanding of the raw data.

Data Validity

The data gathered were ***validated*** as good quality research to be reliable experimentation. On the other hand, the quantitative research relied on the survey

responses; the participants clearly understood the questions on the survey and had a good understanding of data to generate the accurate and useful reporting results.

Data Analysis

The ***main quantitative data analysis of questionnaires was also directly related to the qualitative data analysis*** since the researcher used the quantitative data analysis using the triangulation to check the qualitative data analysis. Therefore, the statistician used the data processing by using SPSS, a statistical analysis program in social science, to measure the quantitative methodology consisting of mean, standard deviation and probability percentage. The statistician performed the descriptive statistical analysis and ran the frequencies to test the fundamental data by using histogram to check the type of statistical analysis.

Data and Document Retention

From the beginning to the end of this action research, the researcher kept records of all dates, times, events, situations, included but not limited to processes, usual and unusual situations or contingencies. The computer software of Microsoft Excel was used to keep track all progresses. All the hard and softcopy literatures were filed in a proper folder according to its subject, date and time.

Research Timeframe

This ***research timeframe*** used the GANTT Chart (Meredith and Mantel, 2000) that detailed the task description and duration called "***Work Breakdown Structure***" (WBS).

As shown in ***Table 3.11: Research Timeframe***, the research was officially begun on April 23, 2009 as dated in the Research Approval Letter signed by the managing director. The Actual Pre-ODI stage to access the current business situation and problems of the institution was performed in four months from May 2009 to August 2009.

The next stage was the **Actual ODI** that had a long period to provide the **actual appreciative inquiry-based organization development process** for **10 months**, starting from September 2009 to June 2010. The last stage was the **Actual Post – ODI** taken place for five months from March 2010 to July 2010. The qualitative and quantitative data analysis was performed in this phase and the researcher wrote the final comprehensive dissertation documentation.

Table 3.11: **Research Timeframe** *(Adapted: Meredith and Mantel, 2000)*

No.	Task Description	2009									2010						
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	Dissertation Approval Phase																
1	Managing Director Approved Dissertation - Appreciative Inquiry -based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of Nursing Home																
	Actual Pre-ODI																
2	Preliminary Observation & Problem Identification																
	Actual ODI																
3	Preliminary ODI for Mgmt, Staff Members, Senior Patients and Family Members																
4	Dissertation Proposal Presentation at Assumption University																
5	ODI for Management Proposals/Consultations																
6	ODI for Senior/Family Member Activities and Financial Consultations of Sukavet and Senior Patients/Family Members																
7	Quantitative Data-gatherings: Questionnaire Distribution																
8	Website Launch of www.sukavet.com																
9	Quantitative Data-gatherings: Questionnaire Collection																
10	Additional ODI for Staff Member and Management Consultations																
	Post-ODI																
11	Qualitative Data-gatherings by AI Focus Group Discussions of Management, Senior Patients/Family Members, Nurses, Administrative Staff Members																
12	Qualitative Data Analysis																
13	Quantitative Data Analysis																
14	Dissertation Written																

CHAPTER FOUR

Presentation and Analysis of Findings

The presentation of the analysis of findings has five sections. Firstly, the Pre-Organization Development Intervention (Pre-ODI) of senior patients/family members and staff members of the institution is both quantitative and qualitative presentation. Secondly, the Actual Organization Development Intervention (Actual ODI) performed on both senior patients/family members and staff members is described. Thirdly, the Post-Organization Development Intervention (Post-ODI) is the quantitative and qualitative analysis of findings. Fourthly, the researcher used the triangulation to check the consistency and validity between quantitative and qualitative results. The last topic is the results of hypotheses.

4.1 Actual Pre-Organization Development Intervention (Actual Pre-ODI)

The researcher performed the Pre-ODI of senior patients/family members and staff members and discussed the findings of quantitative and qualitative analysis.

4.1.1 Quantitative Analysis of Actual Pre-ODI

In the Pre-ODI phase, the quantitative statistical analysis was explained both senior patients/family members and staff members of Sukavet.

4.1.1.1 Actual Pre-ODI Quantitative Analysis of Senior Patients

The demographic data of senior patients was gender, marital status, occupation, age and income. Additionally, the researcher also asked them about the channels of communication that they knew Sukavet.

Demographic Data of Senior Patients

The ***respondent size of 50 respondents*** (40 in-facility senior patients and 10 home/hospital care senior patients) was selected from the total population of 62 senior patients (40 in-facility senior patients admitted, 22 home/hospital care patients). The analyses of demographic data for senior patients were as follows:

Gender

As shown in ***Table 4.1: Gender of Senior Patients*** and ***Figure 4.1: Senior Patient Gender Valid Percentage***, the *majority of respondents were* ***female*** that was counted for 32 respondents or 64% of the total respondent size. The male respondents were 18 respondents or 36 % from the total respondent size.

Table 4.1: **Gender of Senior Patients**

Data	Description	Frequency	Valid Percentage
Gender	Male	18.00	36.00
	Female	32.00	64.00
	Total	**50.00**	**100.00**

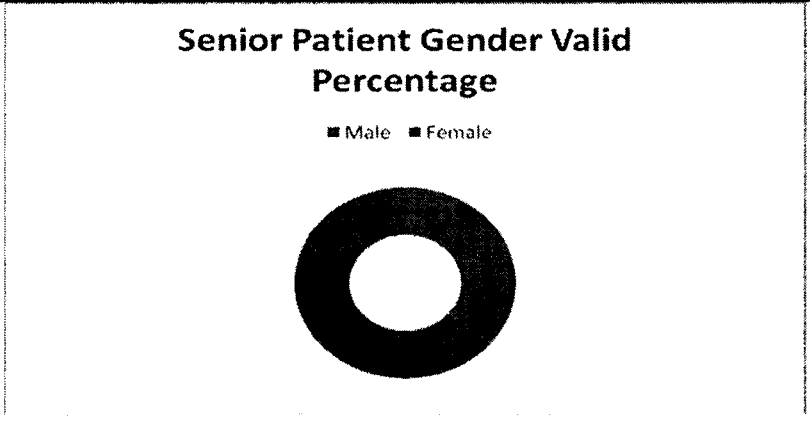

Figure 4.1: **Senior Patient Gender Valid Percentage**

Marital Status

As shown in ***Table 4.2: Marital Status of Senior Patients*** and ***Figure 4.2: Senior Patient Marital Status Valid Percentage***, the 56 % or 28 respondents of total respondent size for marital status were ***married*** that was considered as the ***majority of the group***. The second majority was 36 % or 18 respondents of single, followed by 6 % or 3 respondents of widow and 2 % or 1 respondent of divorce.

Table 4.2: **Marital Status of Senior Patients**

Data	Description	Frequency	Valid Percentage
Marital Status	Single	18.00	36.00
	Married	28.00	56.00
	Widow	3.00	6.00
	Divorce	1.00	2.00
	Total	**50.00**	**100.00**

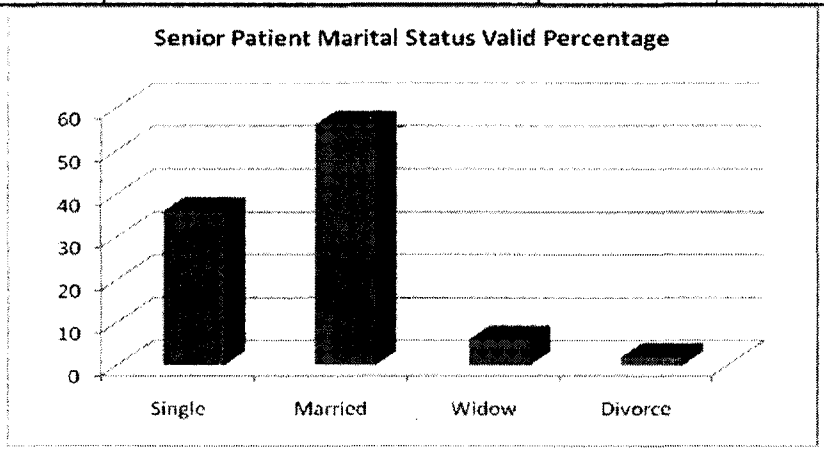

Figure 4.2: **Senior Patient Marital Status Valid Percentage**

Occupation

As shown in ***Table 4.3: Occupation of Senior Patients*** and ***Figure 4.3: Senior Patient Occupation Valid Percentage***, most respondents of 29.17 % or 14 respondents of total respondent size answered their occupation as "Others" that

ranged from housewife to retired employee. This trend presented the *diversity of occupation.*

The business owner (27.08 % or 13 respondents of total respondents) was ranked in the second target group who used care service, followed by 22.92% or 11 respondents of private company employee, 18.75% or 9 respondents of government/state enterprise officer and 2.08% or 1 respondent of contract/service provider. Two respondents did not want to provide their occupation data.

Table 4.3: **Occupation of Senior Patients**

Data	Description	Frequency	Valid Percentage
Occupation	Government/State Enterprise Officer	9.00	18.75
	Private Company Employee	11.00	22.92
	Business Owner	13.00	27.08
	Contractor/Service Provider	1.00	2.08
	Others	14.00	29.17
	Total	**48.00**	**100.00**

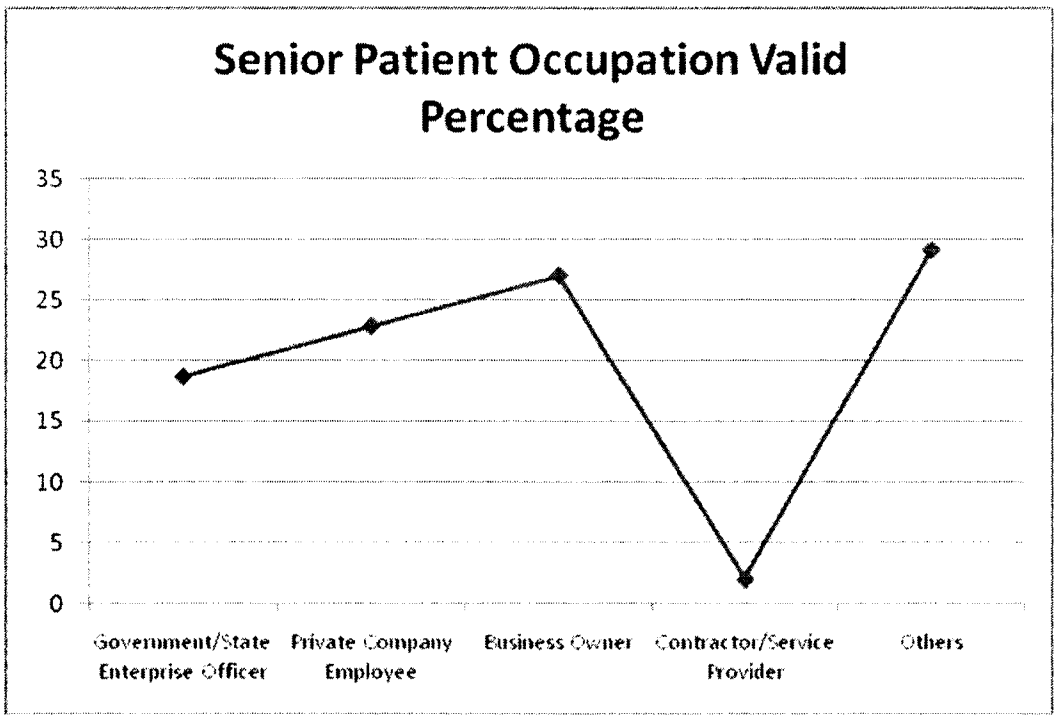

Figure 4.3: **Senior Patient Occupation Valid Percentage**

Age

According to the data of Sukavet, the senior patient age ***ranged from 50 to 90 years old***. The age analysis of senior patients utilized the weighted-average method.

As shown in ***Table 4.4: Age of Senior Patients*** and ***Figure 4.4: Senior Patient Age***, the result showed that the average age of senior patients was 58.29 years old with the minimum age of 50 years old and the maximum age of 95 years old. This data was derived from 49 respondents who answered from the total respondent size of 50 respondents. Only one respondent did not want to provide the age data.

Table 4.4: **Age of Senior Patients**

Data	Frequency	Minimum	Maximum	Mean	Std. Deviation
Age	49.00	50.00	95.00	58.29	11.55

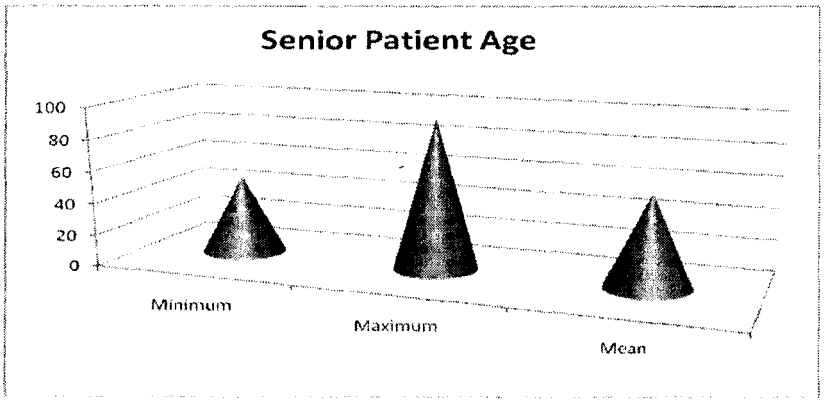

Figure 4.4: **Senior Patient Age**

Income

As shown in ***Table 4.5: Income of Senior Patients*** and ***Figure 4.5: Senior Patient Income***, only 30 respondents of the total respondent size of 50 wanted to provide their income data. The minimum income was 20,000.00 Thai Baht per month and the maximum was 90,000.00 Thai Baht per month. The average income was 41,653.33 Thai Baht per month. This wide range of income data presented the

diversity of income level. Twenty respondents did not want to disclose their income data.

Table 4.5: **Income of Senior Patients**

Data	Frequency	Minimum	Maximum	Mean	Std. Deviation
Income	30.00	20,000.00	90,000.00	41,653.33	17,445.24

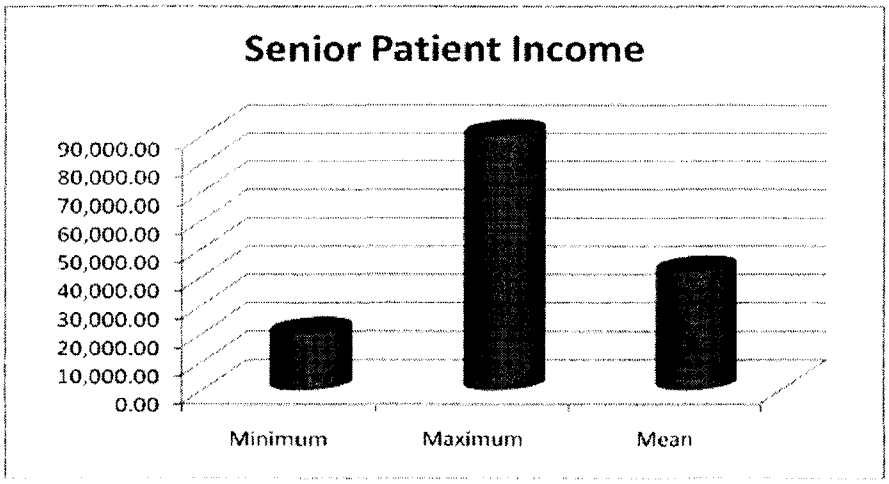

Figure 4.5: **Senior Patient Income**

How the Senior Patients or Family Members Knew Sukavet

As shown in ***Table 4.6: Demographical Data of How The Patients or Family Members Knew Sukavet*** and ***Figure 4.6: How The Patients/Family Members Knew Sukavet Valid Percentage***, the majority of respondents accounted for 46.94 % or 23 respondents from the total respondent size of 50 knew Sukavet from other channels that were ***advertisements*** of medical magazines, senior care magazines and pamphlets. The 30.61% or 15 respondents were from family members/relatives/friends, followed by 22.45 % or 11 respondents from doctor/hospital. Only one respondent did not want to provide the answer.

Table 4.6: **Demographical Data of How The Patients or Family Members Knew Sukavet**

Data	Frequency	Percent	Valid Percent
Doctor/Hospital	11.00	22.00	22.45
Family Members/Relatives/Friends	15.00	30.00	30.61
Others	23.00	46.00	46.94
Total	49.00	98.00	100.00

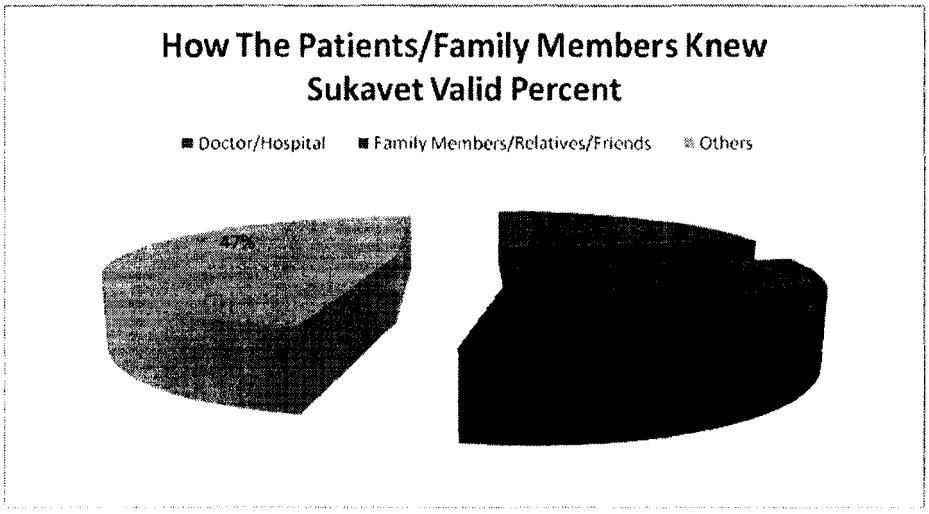

Figure 4.6: **How The Patients/Family Members Knew Sukavet Valid Percentage**

4.1.1.2 Actual Pre-ODI Quantitative Analysis of Staff Members

The demographic data of staff members were age, gender, year(s) of service in the institution, and their current work position.

Demographic Data of Staff Members

The study respondent size of 50 respondents was selected from the total population of 105 Sukavet staff members. The demographic data analyses of Sukavet staff members were as follows:

Age

As shown in ***Table 4.7: Age of Staff Members*** and ***Figure 4.7: Staff Member Age Valid Percentage***, from the respondent size of 50 respondents, most of

respondents were accounted for 70% or 35 respondents' age ***between 21 to 25 years old***. The second age rank between 26 to 40 years old was accounted for 18% or 9 respondents, followed by the age range between 51 to 55 years old for 6% or 3 respondents and the age range between 41 to 50 years old for 4% or 2 respondents. The rest of 2% or 1 staff member was more than 55 years old.

The reason of the ***majority young age*** in the staff members was that ***most caretakers were young generations.*** With the young generations and high enthusiasm, they were willing to be *trained before starting on actual senior care practice.*

Table 4.7: **Age of Staff Members**

Data		Frequency	Valid Percent
Age	21 - 25 Years Old	35.00	70.00
	26 - 40 Years Old	9.00	18.00
	41 - 50 Years Old	2.00	4.00
	51 - 55 Years Old	3.00	6.00
	56 - 60 Years Old	1.00	2.00
	Total	**50.00**	**100.00**

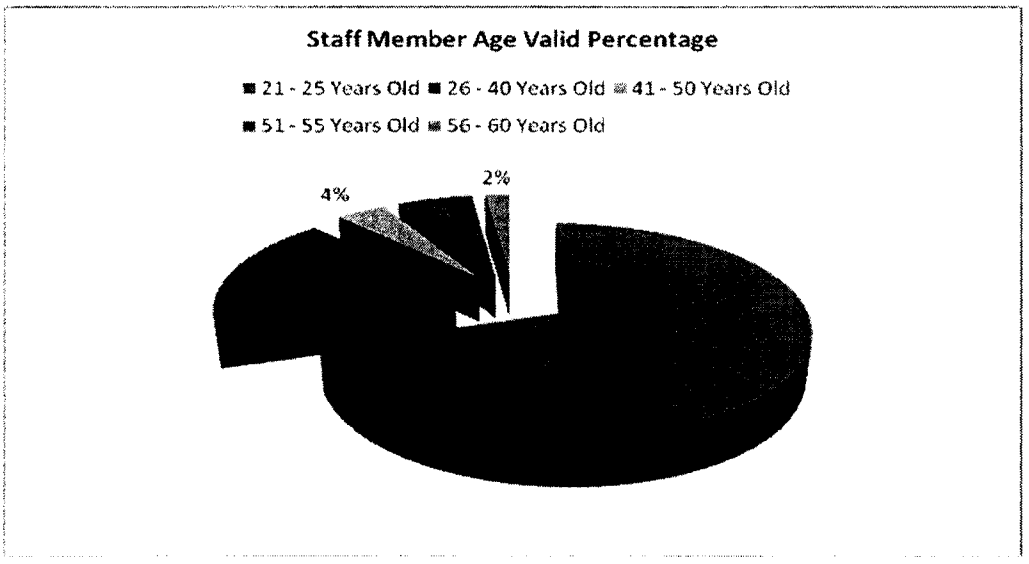

Figure 4.7: **Staff Member Age Valid Percentage**

Gender

From the data of Sukavet, there were **only 5 males from all staff members** in the total population of 105 staff members. When compared the ratio of 5 male staff members to the total population of 105 staff members, the **total population of male staff members were represented only 4.76%.**

As shown in ***Table 4.8: Gender of Staff Members*** and ***Figure 4.8: Staff Member Gender Valid Percentage***, the survey results of the gender presented that 90% or 45 respondents were female. The male respondents were accounted for 10% or 5 respondents from the total respondent size.

Table 4.8: **Gender of Staff Members**

Data		Frequency	Valid Percent
Gender	Male	5.00	10.00
	Female	45.00	90.00
	Total	**50.00**	**100.00**

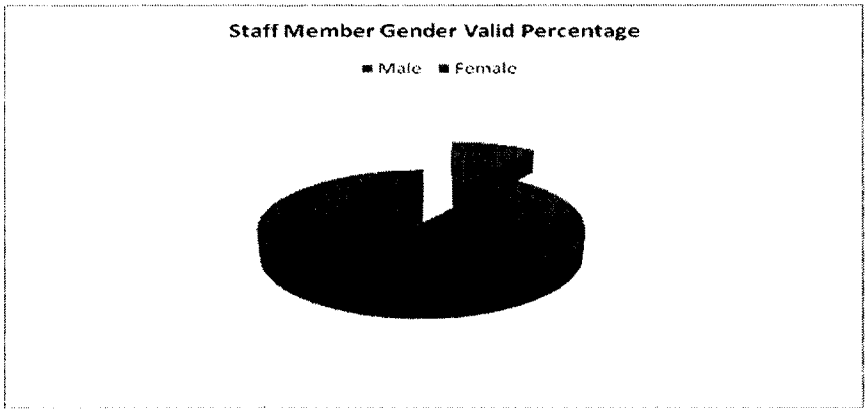

Figure 4.8: **Staff Member Gender Valid Percentage**

Year(s) of Service

As shown in ***Table 4.9: Year(s) of Service for Staff Members*** and ***Figure 4.9: Staff Member Year(s) of Service Valid Percentage***, most staff members were accounted for 84% or 42 respondents from the total respondent size of 50 respondents,

working within 4 years. The second rank was 12% or 6 respondents having years of service from 9 to 12 years. The rest of 4% or 2 respondents had 5 to 8 years of services.

Table 4.9: **Year(s) of Service for Staff Members**

Data		Frequency	Valid Percentage
Year(s) of Service	0 - 4 Years	42.00	84.00
	5 - 8 Years	2.00	4.00
	9 - 12 Years	6.00	12.00
	Total	**50.00**	**100.00**

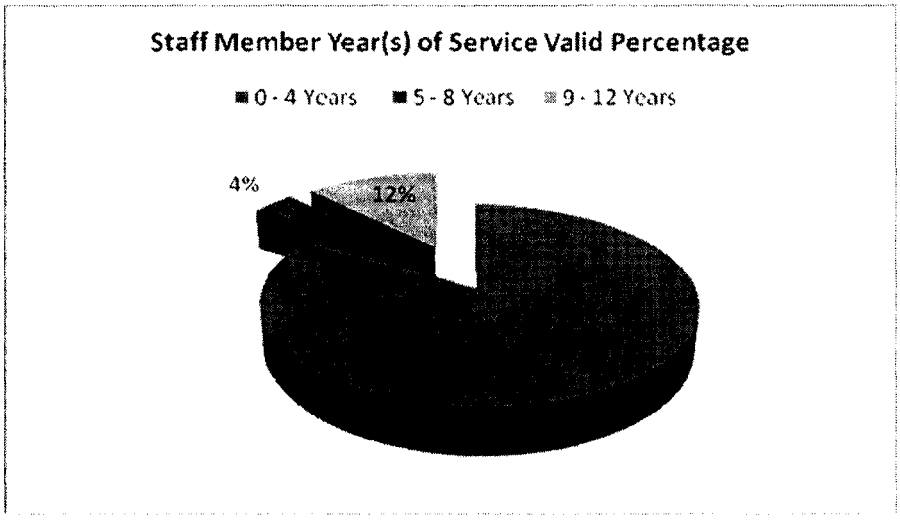

Figure 4.9: **Staff Member Year(s) of Service Valid Percentage**

Current Position

As shown in ***Table 4.10: Current Position of Staff Members*** and ***Figure 4.10: Staff Member Current Position Valid Percentage***, most respondents of 80.00% or 40 respondents were working in the ***position of caretaker***, followed by 10.00% or 5 respondents working in the position of nurse, 6.00% or 3 respondents working in the position of financial & accounting administrator and 4.00% or 2 respondents working in the position of medical doctors.

Table 4.10: **Current Position of Staff Members**

Data		Frequency	Valid Percentage
Current Position	Nurse	5.00	10.00
	Caretaker	40.00	80.00
	Medical Doctor	2.00	4.00
	Administrative Staff Members	3.00	6.00
	Total	**50.00**	**100.00**

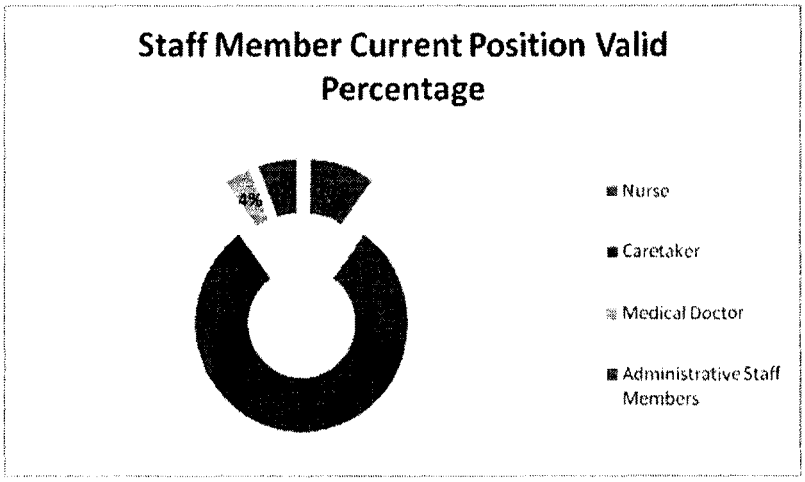

Figure 4.10: **Staff Member Current Position Valid Percentage**

4.1.2 Qualitative Analysis of Actual Pre-ODI

The researcher discussed the Actual Pre-ODI qualitative analysis of senior patients/family members and staff members.

4.1.2.1 Actual Pre-ODI Qualitative Analysis of Senior Patients/Family Members

The observation with the Actual Pre-ODI inspection checklist and Pre-ODI focus group discussions were analyzed as follows:

Actual Pre-ODI Observation by Inspection Checklist and Actual Pre-ODI Focus Group Discussions

The researcher observed the staff members and the senior patients as well as family members by ***using the inspection checklist.*** **The official observation was**

started from April 23, 2009 per Research Approval Letter of Sukavet. (See Appendix O)

During the observation, the ***researcher had a conversation in the focus group discussion with the family members and staff members***. The **family members discussed** *the quality of senior patient care, ambiance in the institution, cost of senior patient care, additional senior care cost, emergency care and quality of staff members.*

The **staff members discussed** *the work processes, problems of senior patients/family members and compensation/fringe benefit. The researcher also observed the documentation of Administrative Department.*

Additionally, the researcher **walked through the institution to observe** the staff member offices, senior patient rooms and reception area. The observation also included the outside facilities in the outside garden.

Summary of Actual Pre-ODI Inspection Checklist and Actual Pre-ODI Focus Group Discussions

As shown in ***Table 4.11: Summary of Actual Pre-ODI Observation Inspection and Actual Pre-ODI Focus Group Discussion of Senior Patients/Family Members***, the important aspect of each *focus group discussion and observation utilizing the inspection checklist* was the **quality care service**. The senior patients and family members needed the quality care services in the rehabilitation of senior patients who were discharged from the hospital and later moved to have a continuing care at Sukavet. The development of physical rehabilitation was on-time medication, physical therapy and acute care in case of emergency. They also would like the senior patients to live comfortable.

The good point was that the staff members were trained for the ethical senior care procedure. Therefore, they did not get angry but forgave the senior patients who had the most aggressive behaviors.

All senior patients and family member were satisfied with the life-supported equipment and acute care in case of emergency. In case of acute illness, the Sukavet ambulance transported the senior patients to the nearest hospital or other hospitals that the senior patients used to have the treatment.

As the researcher inquired from the senior patients who stayed in the VIP rooms, they were very satisfied with their VIP rooms since the rooms were for the private use. However, the VIP rooms needed the improvement of furniture and room colors that were old painted. Due to the aging facility, the building also needed an improvement.

The researcher **found many things to be improved or developed**. From the observation of researcher, some family members had the financial problems that needed to arrange with the administrative staff members. Sometimes, there were some disputes of monthly payment(s) or additional care expenses. Besides, the staff members infrequently informed the rehabilitation progress of senior patients to the family members.

The physical therapy was not enough for physical rehabilitation. Most activities were only watching the television because there was no recreation room. When the visitors or family members came to visit the senior patients, there was no living room for the senior patients and family members to meet in the assigned area. Additionally, the garden outside the building was not maintained or organized. Therefore, there was no outside activity. Furthermore, the prospective customers who visited the institution did not have the formal reception area.

In the patient car service, there was no information system development since the staff members used the paper-based information system management. At the same time, the promotion of the institution was only from the paper brochure.

Table 4.11: **Summary of Actual Pre-ODI Observation Inspection and Actual Pre-ODI Focus Group Discussion of Senior Patients/Family Members**

Inspection and Pre - ODI				
Checklist Items	**Good**	**Moderate**	**Fair**	**Remarks**
Do the staff members attentively provide the quality care procedures?	X			The patients/family members needed safety quality care.
Are the staff members friendly and polite to the senior patients?	X			The staff members had friendly and politely conversations/interactions with senior patients.
Are the staff members friendly and polite to the family members?			X	The administrative staff members had some obstacles from follow-up of monthly senior care invoice payment(s) and additional expenses.
Do the staff members always put the senior patients as their first priority?	X			The staff members followed the policy of quality care.
Do the staff members have a positive ***attitude*** to all senior patients?	X			The staff members were trained to ethically work like doing good merit.
Do the staff members have a positive ***attitude*** to all family members?		X		The staff members infrequently informed the current progress of senior patients to family members.
Are the VIP patients (males/females) feeling comfortable in VIP patient room?		X		The VIP rooms were completely arranged like private rooms.
Are the regular male/female senior patients feeling comfortable in standard group patient room?		X		Aging facility must be improved.

Checklist Items	Good	Moderate	Fair	Remarks
Are the senior patients (males/females) feeling comfortable in the recreation room?			X	No recreation room. The research to suggest arranging the recreation room.
Are the senior patients (males/females) satisfied with the inside and outside ambience of Sukavet?			X	No reception area. No patients/family member visitor area. No garden developed.
Do the senior patients (males/females) enjoy participating in the indoor activities?			X	Due to no recreation room, no inside activities were created. The only inside activity was to watch TV.
Do the senior patients (males/females) enjoy participating in the outdoor activities?			X	No outside activity created. The researcher to suggest developing outside activities.
Are the senior patients (males/females) satisfied with life support equipment/Suakvet's ambulance used *in case of emergency*?	X			Life-supported equipment in ambulance and hospital supporting emergency patients
Are Sukavet developed in terms of new technology?			X	No development of new information technology. Only paper-based information.

4.1.2.2 Actual Pre-ODI Qualitative Analysis of Staff Members

The Actual Pre-ODI observation and Actual Pre-ODI focus group discussions of staff members were performed by the researcher.

Actual Pre-ODI Observation and Actual Pre- ODI Focus Group Discussions

The researcher had a ***focus group discussion*** with the ***financial officer*** and found that the institution had a ***problem of cash collection from monthly senior patient care service invoices***. This problem led to the insufficient cash flows or liquidity of the institution. In the ***observation***, the *financial officer* also *informed* the

managing director many times about the *overdue customer invoices*. In addition, the ***researcher*** had a ***focus group discussion*** with the ***managing director***.

The managing director wanted to provide the ***high quality senior care service***, need the ***good financial sustainability*** and create the ***business sustainability*** of the institution. The researcher discussed with the managing director that the researcher previously formed the focus group discussions with the senior patients, family members and staff members.

The senior patients and family members ***requested*** the *development of the* ***recreation room***, ***living room*** *for senior patients and family member meeting,* ***inside senior patient activities***, ***outside senior patient activities***, *and the* ***reception room*** *for the visitors and the family members to meet and discuss with the financial officer or administrator*. From the data-gathering of the focus group discussion between the researcher and staff members, they wanted to ***create a good reputation*** of the institution. At the same time, they want the ***job security***, ***effective job evaluation*** and ***good compensation***.

4.2 Actual Organization Development Intervention (Actual ODI)

The researcher provided the ***qualitative suggestions during the focus group discussions*** to the senior patients/family members and staff members to solve the problems in a constructive way.

4.2.1 Actual Appreciative Inquiry-based ODI Description of Senior Patients and Family Members

In the ***actual ODI processes***, the ***senior patients/family members*** provided their ***input of problems*** in *Focus Group Discussion 1: Patient Care* described in the first column of 'Actual Problems' on pages 139 to 142.

The ***staff members*** identified their ***problems*** in *Focus Group Discussion 2: Staff Member Development* described in the first column of 'Actual Problems' on pages 142 and 143.

The ***senior patients, family members and staff members*** provided their ***input of problems*** in *Focus Group Discussion 3: Relationship Development* described in the first column of 'Actual Problems' on page 144.

In the ***actual appreciative inquiry-based organization development intervention process***, the ***researcher provided the constructive suggestions*** to the focus group discussion members including the senior patients, family members and staff member in Focus Group Discussion 1: Patient Care, Focus Group Discussion 2: Staff Member Development and Focus Group Discussion 3: Staff Member Development explained in the second column of 'Actual ODI by Suggestions of Researcher" from pages 139 to 144.

The details of actual problems and actual organization development intervention suggested by the researcher were described in the table format as follows:

Focus Group Discussion 1: Patient Care

Actual Problems	Actual ODI by Suggestions of Researcher
I. Family members wanted to be frequently informed about **progress of senior patients**	1. The staff members frequently **reported the family members** about the progress or symptom of senior patients via telephone, e-mail, etc. 2. Family members were encouraged to **frequently visit** the senior patients at the institution to make them satisfy and **see a progress of senior patient health**.

Actual Problems	Actual ODI by Suggestions of Researcher
II. Family members wanted to have **updated additional senior care expenses** in each month before making payment in the end of each month.	1. The necessary expensive supplementary medical supplies (e.g. feeding tube) to be used must be **informed to the family members in advance**, if possible. 2. In case of **urgency and compulsory**, the necessary supplementary medical supplies must be notified to the family members **as soon as possible**. 3. The additional medical expenses were **updated** to the family member **every one or two week**.
III. In case of **emergency**, senior patients suffering from acute illness must be taken care of **as soon as possible**.	1. The staff members **maintained the previous hospital patient medical records** and sent the senior patients directly to that hospital. 2. If the direct hospital to send the senior patients was **far-away**, the senior patients must be **sent to the nearest hospital**. 3. The family members must be **informed as soon as possible**.
IV. Besides physical treatment in the institution, the family members wanted the senior patients to **have mental rehabilitation**.	1. If possible, the senior patients were **moved from patient bed** and walked or are wheel-chaired. 2. The senior patients participated in indoor **activities with other senior patients** e.g. talking, watching television. The purpose was that the senior patients saw there were also many others still in treatment. 3. To develop the soul and spirit, the senior patients could visit the indoor religious chapel. The staff members encouraged the senior patients to participate in **praying and taking meditation**. 4. To get **fresh air and relax**, the senior patients were encouraged to visit the **garden of the institution**.
V. The family members would like the senior patients to have **regularly physical therapy**.	1. The staff members **organized the physical therapy schedule** for the paralysis senior patients who needed the physical rehabilitation. Additionally, the staff members organized an equal chance of all senior patients to have their physical treatment. 2. The physical treatment was not only from physical therapy. The senior patients could participate in other activities e.g. singing Karaoke, playing cards (no gambling), playing games, etc. The researcher would **propose to the management** for creating the **recreation room.**

Actual Problems	Actual ODI by Suggestions of Researcher
VI. The family members wanted the **living room to meet the senior patients when visiting.**	There was no proper assigned area. The family members wanted to have the private area to meet with the senior patients. The researcher would **propose to the management.**
VII. The senior patients and family members wanted to **go outside the institution** e.g. Shopping Center, Park, Temple, Church	1. The outside activities were only in Bangkok. If travelling outside of Bangkok, the senior patients would be more fatigued and increased the cost of transportation. The researcher would **propose the management** to organize the **outside activities.** 2. The director of Nursing Department **assigned the staff members** who took care of the outside activities.
VIII. The family members wanted the senior patients to consume **food** with **complete nutrients.**	1. The institution arranged the food **according to the illness and symptom** of each senior patient. For example, the senior patients who could not consume food by themselves, they needed to be fed the liquid food by tube and, in case of the diabetic senior patients, the staff members must not give sugar to those senior patients. 2. The **nurses and caretakers needed to study the food nutrition** of each illness. The incorrect food nutrition had substantial affected on the health of senior patients. 3. The researcher suggested the **family members** to bring the senior patient's **favorite food**, provided under nurse's approval. 4. The family members were encouraged to **bring the nutrient** food e.g. chicken broth, bird nest to the staff members for supplementary food.
IX. The **family members** wanted to have senior **care knowledge** when they brought the senior patients back to their home.	1. The institution organized the **seminar** how to properly take care of senior patients when the family members took them to visit their home or after discharged from the institution e.g. feeding by tube, CPR 2. The researcher suggested the staff members to **prepare the brochures/CDs** of senior patient care knowledge for family members.

Actual Problems	Actual ODI by Suggestions of Researcher
X. The family members and staff members wanted the institution to create the **reception room** for visitors or prospective customers.	1. The **visitors and staff members** were **not both convenient** to contact for information in the administrative office because there were many confidential documents in the office. Therefore, the reception room facilitated the visitors, including the prospective customers. 2. The researcher **suggested the management** to create a separate room for visitors and prospective customers by building the reception room.

Focus Group Discussion 2: Staff Member Development

Actual Problems	Actual ODI by Suggestions of Researcher
I. The staff members wanted Sukavet to have a good **reputation** senior care business	1. The staff members needed to provide the senior care to the patients **as best as they could**. 2. The institution promoted the **ethical senior patient care**. 3. The staff members warmly treated the senior patients and family members **like their family**.
II. The staff members wanted Sukavet to be up-to-date **like a large nursing home**.	1. The new technology was implemented by management e.g. **advance medical technology.** 2. The medical records were changed **from paper-based to electronic database**. 3. The researcher would suggest to the management to create the Sukavet Nursing Home **Website** to promote the institution. 4. The researcher encouraged the staff members to **initiate and suggest their ideas to the direct supervisors** and **later** supervisors suggested to the **management**. 5. The **frequent meeting** of the directors from each department was encouraged. The meeting was related to the various senior illness and urgency of treatment.
III. The staff members wanted **job security**.	1. The researcher suggested the administrative department to propose to the management level for the **social security**. 2. The **compensation** must be **at the same level or higher** than other nursing homes.

Actual Problems	Actual ODI by Suggestions of Researcher
IV. The staff members wanted to have a **fair job evaluation.**	1. The direct supervisors of each department provided a **fair evaluation.** 2. The **increment of annual compensation evaluation** was **fair.** 3. The good performance staff members in each month would receive the **special monthly monetary rewards.**
V. The staff members wanted to have a **good compensation.**	1. The researcher would suggest the management to set the compensation **standard** like other nursing homes. 2. The researcher suggested implementing the monetary motivation rewards of **great performance employees** and posting their achievement on the **company bulletin board.** The purpose was to encourage the other employees to have a job motivation. 3. The **non-monetary rewards** were suggested as "Great Performance Employee Certificate." 4. The researcher suggested the monetary rewards to the staff members who **never used their vacation days.**
VI. The staff members wanted to have a **good career path.**	1. The researcher suggested the head of each department to provide the senior care **training** or additional seminars to **enrich** the **knowledge** of staff members. 2. The **head of staff members** also attended the **seminars** provided by *Ministry of Public Health* and used the new senior care knowledge or technology to improve the institution. 3. Due to most staff members, especially 82 caretakers working in the same tasks of providing senior patient care, the caretakers were **divided into groups** and each group would elect their **group leader** to *coordinate and suggest* the productive ideas or comments to the **direct supervisor** of the **Nursing Department.**

Focus Group Discussion 3: Relationship Development

Actual Problems	Actual ODI by Suggestions of Researcher
I. The senior patients wanted to have **metal rehabilitation** by having good relationship with the **staff members.**	1. The staff members had **more conversations** with the senior patients to make them not to feel lonely. 2. By **using the tools** that senior patients liked most, the staff members and senior patients could do activities together e.g. using the impressive tools, favorite old pictures, inspiring things requested from the family members to initiate the communication with the senior patients. 3. Some senior patients could not speak. Therefore, they had to use **non-verbal communications** such as writing, signals of staff members, nodding, smiling.
II. The **family** members infrequently **visited** the senior patients.	1. The frequent visitation of family members made the senior patients **feel not neglected** but created the warmness of family. 2. The family members brought the **person(s) who the senior patients loved the most** to visit to increase the satisfaction of senior patients. 3. When visiting the senior patients, the family members **took care of the senior patients** e.g. bringing the favorite food to feed the senior patients. 4. The family members **took the senior patients to walk or wheel-chair** around the institution. 5. Sometimes, the family members **took the senior patients outside the institution** e.g. visiting home, visiting other favorite places. The caretaker(s) went along with the family members and senior patients. ***The senior patients thought the caretaker(s) were also a part of his/her family.***

4.2.2 Actual Appreciative Inquiry-based ODI Description of Staff Members

The ***financial officer and the managing director*** provided their ***input of problems*** in Focus Group Discussion 4: Management and Financial Support in the first column of 'Actual Problems' on pages 145 to 148. The ***researcher*** provided the ***constructive suggestions of AI-based ODI*** in the second column of 'Actual ODI by Suggestions of Researcher.' The explanations were described in the table as follows:

Focus Group Discussion 4: Management and Financial Support

Actual Problems	Actual ODI by Suggestions of Researcher
I. Financial officer had problems of **overdue invoice** payment of family members.	1. The researcher **suggested the financial officer** about the financial problems of both short-term and long-term as follows: **a. Short-term** The family members had financial problems from business operations. They had **insufficient cash inflows**. The researcher suggested them to **meet the financial officer** and work on the new payment plan. For example, the family members could make an instalment plan of monthly payment or new payment schedule that the payment would be made as soon as possible. **b. Long-term** The researcher suggested the family members to **contact the financial institution(s)** to obtain a ***personal loan*** or if the family members had the ***life insurance savings***, they could use this portion. 2. The researcher also provided the **suggestions to the financial officer** to **categorize** the family members into three groups as follows: **a. Good Financial Group** The financial officer did not have any problem with this group. **b. Temporary Financial Delinquency Group** The financial officer frequently checked and followed up the overdue payments. **c. Continuous Financial Delinquency Group** The Finance Office needed to report to the managing director for his decision-making.
II. Resulted from **financial crisis of 30% revenue reduction and unstable cash collections**, the cash flow problems of Sukavet were to be solved.	1. The researcher **suggested the financial officer** to **prepare the financial statements** and the **statement of actual cash flows every week**. In addition, the officer needed to prepare the **cash flows forecast report** and the monthly summary of financial status to present the managing director. 2. The researcher **recommended the managing director** to have **reserved cash** for business operations at least three months.

Actual Problems	Actual ODI by Suggestions of Researcher
III. Sukavet needed **cash** for **quality** senior patient **care** and **sustainable business development** as follows:	The researcher **recommended the managing director** to prepare **the budget** for the following implementations: ➢ There were three suggestions of business development to generate the addition cash inflows into the institution **without making any capital investment.** a. The **market expansion** of senior patient care outside the institution was **home care and hospital care.** Due to the *limited 40 patient beds complied with the Ministry of Public Health*, the researcher suggested to expand the market share and cash generation by expanding home/hospital care. The institution could utilize the staff members, especially caretakers. The **website** would be **created** to **promote a new market expansion** e.g. well-trained caretakers, ethical senior patient care, guaranteed not to steal the valuable belongings of the senior patients at home/hospital and not harm the senior patients in any matter, etc. b. The institution could **prepare four spare patient beds** *(10% of total 40 patient beds)* for new patients. Some senior patients were leaving the institution to stay at home. During the last month before the old patient leaving the institution, the new senior patients could be admitted using spare patient beds. The institution would not lose the revenue during lead time between old and new senior patients. c. Currently, the ambulance(s) of Sukavet was used to commute the senior patients in the institution in case of emergency to take the acute illness patients to the nearest hospital. The researcher suggested the **maximum utilization** of **Sukavet ambulance(s) by also taking the home care senior patients to the hospital.** This idea could be **promoted on the website.**
❖ **Recreation Room** Construction (Patient Care Item V, Page 140)	* The researcher suggested the managing director to allocate the **space** for recreation room development and arrange the **recreational equipment** e.g. Karaoke, Games, Cards (No Gambling), Building Blocks, etc.

Actual Problems	Actual ODI by Suggestions of Researcher
❖ **Living Room** Implementation (Patient Care Item VI, Page 141)	* The researcher suggested the managing director to assign the **proper area** of living room and acquire the **furniture**.
❖ **Outside Activity** Development (Patient Care Item VII, Page 141)	* The researcher recommended the managing director to implement the outdoor activities. There would an **additional expense** of outside activities. Each outside activity would *be calculated the cost* to present to the family members and senior patients. The researcher suggested setting **the standard price** of each spot in Bangkok. The group travel was less expensive than individual travel.
❖ **Reception Room** Creation (Patient Care Item X, Page 142)	* The researcher provided the suggestion to the managing director to develop the **private area** of senior patients and family members and necessary furniture per area space.
❖ **Reputation of Sukavet** (Staff Member Development Items I and II, Page 142)	* The researcher offered the recommendations to the managing director to **improve the aging facility** by **new painting** inside and outside of the institution. The **new furniture** and **new technological equipment** were to be acquired. The staff members needed to **know how to operate** the computing system. In addition, the paper-based promotion must be changed to the **Internet website promotion**. Additionally, the **staff members** were encouraged to provide **their suggestions** to the direct supervisor.
❖ **Job Security** Development (Staff Member Development Item III, Page 142)	* The researcher suggested the managing director to provide the **social security** to the employees in case they were sick or pregnant. The social security would provide the **retirement fund** for staff members.

Actual Problems	Actual ODI by Suggestions of Researcher
❖ **Job Evaluation and Compensation** Implementation (Staff Development Items IV and V Page 143)	* The researcher suggested the managing director to provide the **standard compensation** at the same level or higher than other nursing homes to maintain the *job satisfaction and commitment* of staff members. The **job performance evaluation** of the staff members needed to be **fair** and the **special monetary rewards** would motivate the *effectiveness and efficiency* of employees. In addition, the employees who never took leave in the fiscal year could be rewarded by **special monetary rewards**.

4.3 Expected Post-Organization Development Intervention (Expected Post-ODI)

The researcher explained the expected post-ODI results from the data gatherings of senior patients/family members and staff members.

4.3.1 Expected Post-ODI of Senior Patients/Family Members

The expected ODI results were categorized into three groups of Patient Care, Staff Member Development and Relationship Development as follows:

Focus Group Discussion 1: Patient Care

The topic of patient care also included the family members of senior patients. The researcher expected after providing the actual organization development intervention (Actual ODI) the staff members would provide a **quality senior patient care**. The staff members were ***expected to take the researcher's suggestions*** into their consideration. If every staff member put their efforts to *achieve a high quality senior care standard*, the final results expected to be **very productive** for the ***best interest of senior patients***.

The staff members were **expected to start developing and improving little by little and day by day**. They were welcome the researcher's ideas for sustainable

senior patient care by ***starting with the easy things to do first.*** If there were any difficulties, the staff members were expected to suggest to their direct supervisor. At the same time, the directors of each department would begin to have **more communications between each department** to cooperate and achieve the high quality senior patient care development. Finally, the senior patients were expected to be more **physically and mentally strong.**

However, there were some **drawbacks** expected by researcher. The **most important thing** to be achieved was the **physical rehabilitation** since most senior patients did not like to exercise nor had a physical therapy. Therefore, the staff members were strongly expected of taking a good care of making sure that the senior patients regularly did physical therapy. The **family members** also **thought the same thing** as the researcher's expectation of the physical therapy.

As ***suggested by researcher***, the ***creation of recreation room*** would **motivate** the senior patients to do **more exercising** and actively ***participate in the indoor activities as the supplementary physical exercises.***

Focus Group Discussion 2: Staff Member Development

The employees expected to have a **good compensation** when they had a **good job performance** as suggested by the researcher. The high compensation would motivate the employees to provide high quality senior care. The researcher also ***encouraged*** the staff members to do their best in every task. The researcher's suggestions made the employee increase their satisfaction and work commitment and, at the same time, every staff member wanted the institution to grow in the sustainable business. Eventually, ***all staff members would like to grow along with the success of the institution.***

The **most difficult factor** to be achieved was that sometimes the employees tried to work their best but the family members wanted to have more satisfactions **because of high expectations**. This situation *made the employees feel less motivated to work.*

The researcher would like to provide the suggestions to the staff members that they could ***achieve the difficulties*** by **endurance**, **forgiveness** and **understanding the family members**.

Focus Group Discussion 3: Relationship Development

The researcher expected the **good relationship development** among senior patients, family members and staff members for the **ultimate benefit of senior patients**. However, the senior patient care tasks were hard work job and, sometimes, made the employees not joyful. Therefore, *the good relationship management among the parties was essential.*

The family members and staff members were trying to develop the good relationship for benefits of senior patients. Unfortunately, in **some cases**, the staff members might have **some problems** with the **family members** who were **unable to pay their invoices**. This situation made the relationship deteriorated and made the family members not want to visit the senior patients. It would utterly affect the senior patients.

The researcher **suggested** the family members who had financial difficulty **not to avoid the situation** but to meet with the staff members to **work out the ways to solve the financial problems**. As a result, everyone wanted to see the senior patients healthy and could go back to stay with family.

4.3.2 Expected Post-ODI of Staff Members

The researcher expected the ODI results of the management and financial support were as follows:

Focus Group Discussion 4: Management and Financial Support

The researcher expected the **financial officer** to proceed as suggested. The financial officer would **prepare** the **essential financial statements** that were the *statement of* ***actual cash flows*** and the *statement of* ***cash flows forecast.*** The statement of actual cash flows presented the actual cash receipts minus the actual cash payments and the statement of cash flows forecast presented the expected cash to be received per due date of invoices minus the expected cash to be paid per vendor invoices. These statements were prepared every week to **present the management** to facilitate the **company financial management**. With the **well – planned financial management**, the serious financial problems were prevented before it would actually happen.

The **suggested** *business expansion of home/hospital care, the spare patient beds and the maximum utilization of ambulance(s)* expected to be ***implemented first*** because they needed ***no addition capital investment.*** The researcher also expected the **managing director** who had over 10 years experience to continue implementing the **vision of senior patient care management** as suggested by researcher. The years of experience and good reputation of **Sukavet** would make it **sustainable development**, developing into the larger nursing home in the future.

4.4 Triangulation

The ***triangulation*** between the ***qualitative and quantitative data analysis*** resulted in the **same direction** since both qualitative and quantitative data analysis released the **same a positive increase between pre and post**-organization development intervention utilizing Appreciative Inquiry-based of the institution.

Moreover, the ***researcher*** also ***consulted*** with the ***statistical professor of Assumption University*** for the comparison review data of before and after-organization development intervention results. The ***triangulation results*** were ***in the same direction for the positive increase of the satisfaction and engagement of senior patients/family members and sustainability of the institution.***

Therefore, the **overall results** ***confirmed*** the **success** of *sustainable development for satisfaction and engagement of senior patients/family members and sustainability of the institution.*

4.5 Pre and Post-ODI Difference and Hypothesis Results

The researcher had attempted to test the two hypotheses of the satisfaction of senior patients/family members and the sustainability of institution.

4.5.1 Satisfaction and Engagement Level of Senior Patients

As shown in ***Table 4.12: Pre and Post-ODI Summary of the Satisfaction and Engagement Level of Senior Patients and Family Members*** and ***Figure 4.11: Pre and Post-ODI of the Satisfaction of Senior Patients/Family Members***, the satisfaction and engagement of senior patients and family members were determined by the difference between pre and post-ODI of satisfaction level.

Table 4.12: **Pre and Post-ODI Summary of the Satisfaction and Engagement Level of Senior Patients and Family Members**

Data	BEFORE ODI		AFTER ODI	
	Mean	Std. Deviation	Mean	Std. Deviation
Patient Care				
Staff Suggestion	4.628	1.134	4.953	1.045
Staff Enthusiasm	4.714	1.195	5.214	0.951
Patient Care Priority Based on Urgency	4.073	1.253	4.756	1.113
Speed of Provided Service	4.707	1.188	4.854	1.131
Satisfactory of Medical Equipment	3.951	1.341	4.244	1.463
Document/Patient Data Effectiveness	4.190	1.565	4.429	1.564
Hygiene Standard	4.525	1.240	4.750	1.256
Patient Communication				
Patient Activity Participation	4.081	1.441	4.189	1.488
Patient Satisfaction and Engagement				
Comfortable Level	4.703	0.968	**5.081**	1.010
Overall Satisfaction and Engagement	4.541	1.043	**5.027**	0.957

Notes: With the scale information of the satisfactory level ranges from 1 (Strongly Disagree), 2 (Disagree), 3 (Slightly Disagree), 4 (Slightly Agree), **5 (Agree)**, to 6 (Strongly Agree)

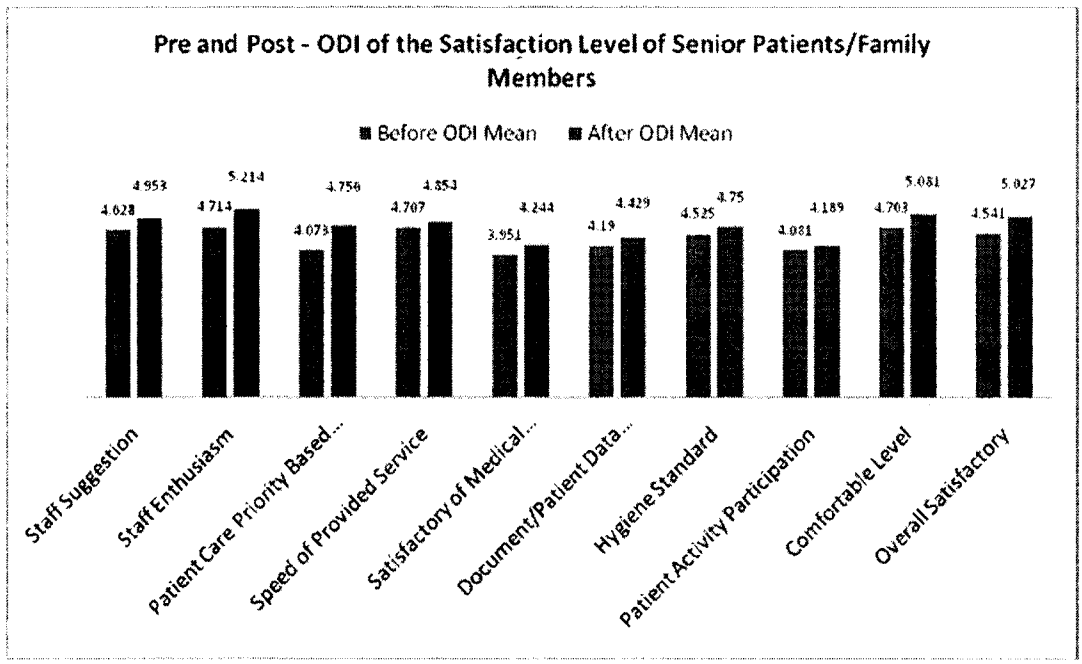

Figure 4.11: **Pre and Post-ODI of the Satisfaction and Engagement of Senior Patients/Family Members**

Patient Care

The suggestion and enthusiasm of staff members showed an *improvement from "Slightly Agree" of satisfaction and engagement to* ***"Agree."*** The patient care priority based on urgency and speed of provided service showed an increase of satisfaction and engagement level. However, the staff members were more concerned about the safety senior patient care. In addition, the senior patients and family members were also satisfied with the medical equipment, document/patient data effectiveness and hygiene standard.

Patient Communication

The senior patients were *slightly agreed* with the improvement of their communications by participating in the recreation activities because, at that time, the staff members were just received the suggestions from the researcher.

Patient Satisfaction and Engagement

The patient satisfaction and engagement were ***the most important factor***. The **comfortable level** and **overall satisfaction and engagement** increased from "Slightly Agree" to "***Agree***."

In conclusion, ***all means*** of senior patient satisfaction and engagement level for *after-organization development intervention* were ***higher*** than all means of *before-organization development intervention.* Especially, the important data of senior patient comfort and ***overall satisfaction and engagement showed the level of "Agree."***

The Limitations of Statistical Analysis for Senior Patients

The limitation of statistical analysis was that ***the satisfaction and engagement were subjective*** and the researcher was *unable to use the t-test of parametric statistic because the histogram data showed the left-skewed.* Therefore, it was the ***most appropriate to use the non-parametric statistical analysis.***

The ***researcher*** also ***consulted and reviewed the non-parametric statistical analysis with the statistical professor of Assumption University.*** The ***overall statistical analysis showed a positive increase of the satisfaction and engagement level the after-organization development intervention.*** There was the **only one significance of *the analysis in* the marital status of senior patients *had a significant influence on the patient care priority based on urgency, the speed of provided service and the comfortable level*** as shown in the additional test of ***marital status group analysis*** for after organization development intervention of senior patients on page 157 to 158.

Additional Test of Group Analysis for After-Organization Development Intervention on Senior Patients

The researcher examined the ***further test of group*** analysis for *after-organization development intervention data* whether the groups of gender (male or female), age, marital status and occupation had an **additional influence** on the senior patients and family members.

Gender

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction and engagement level based on each question asked. If P-

value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction and engagement level.

As shown ***in Table 4.13: Results of Additional Group Analysis by Gender of Senior Patients***, the results of additional gender group analysis of senior patients by using Mann-Whitney U Test and Wilcoxon W Test showed there was ***no additional influence based on gender either male or females***.

Table 4.13: **Results of Additional Group Analysis by Gender of Senior Patients**

Gender	*Mann-Whitney U*	*Wilcoxon W*	*Z*	*Asymp. Sig. (2-tailed)*
Staff Suggestion	238.000	374.000	-.238	.812
Staff Enthusiasm	219.500	355.500	-.702	.483
Patient Care Priority Based on Urgency	238.500	374.500	-.234	.815
Speed of Provided Service	238.500	734.500	-.230	.818
Satisfactory of Medical Equipment	222.000	358.000	-.247	.805
Document/Patient Data Effectiveness	231.000	367.000	-.215	.829
Hygiene Standard	171.500	307.500	-1.589	.112
Patient Activity Participation	192.000	328.000	-.633	.526
Comfortable Level	183.000	319.000	-.920	.358
Overall Satisfactory	169.000	305.000	-1.353	.176

Age

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction and engagement level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction and engagement level.

As shown in ***Table 4.14: Results of Additional Group Analysis by Age of Senior Patients***, the results of additional age group analysis for senior patients by using Kruskal Wallis Test showed there was ***no additional influence based on age.***

Table 4.14: **Results of Additional Group Analysis by Age of Senior Patients**

Age	*Kruskal Wallis Test*	*Df*	*Asymp. Sig.*
Staff Suggestion	27.889	30	.576
Staff Enthusiasm	29.229	30	.506
Patient Care Priority Based on Urgency	24.333	30	.757
Speed of Provided Service	33.434	30	.304
Satisfactory of Medical Equipment	24.534	30	.747
Document/Patient Data Effectiveness	19.542	29	.907
Hygiene Standard	30.461	29	.391
Patient Activity Participation	21.495	29	.841
Comfortable Level	28.419	29	.496
Overall Satisfactory	25.546	29	.650

Marital Status

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction and engagement level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction and engagement level.

As shown in ***Table 4.15: Results of Additional Group Analysis by Marital Status of Senior Patients***, the results of additional marital status group analysis by using Kruskal Wallis Test showed there were **additional influences based on senior patients for the patient care priority based on urgency, the speed of provided service and the comfortable level**. In other words, ***the analysis showed that the marital status of senior patients had an additional significant influence on the***

patient care priority based on urgency, the speed of provided service and the comfortable level.

Table 4.15: **Results of Additional Group Analysis by Marital Status of Senior Patients**

Marital Status	*Kruskal Wallis Test*	*Df*	*Asymp. Sig.*
Staff Suggestion	5.238	3	.155
Staff Enthusiasm	6.818	3	.078
Patient Care Priority Based on Urgency	10.798	3	**.013**
Speed of Provided Service	9.357	3	**.025**
Satisfactory of Medical Equipment	6.302	3	.098
Document/Patient Data Effectiveness	6.845	3	.077
Hygiene Standard	1.769	3	.622
Patient Activity Participation	3.848	3	.278
Comfortable Level	10.444	3	**.015**
Overall Satisfactory	6.679	3	.083

Occupation

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction and engagement level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction and engagement level.

As shown in ***Table 4.16: Results of Additional Group Analysis by Occupation of Senior Patients***, the results of additional occupation group analysis by using Kruskal Wallis Test showed there was ***no additional influence based on occupation.***

Table 4.16: **Results of Additional Group Analysis by Occupation of Senior Patients**

Occupation	*Kruskal Wallis Test*	*Df*	*Asymp. Sig.*
Staff Suggestion	0.919	4	.922
Staff Enthusiasm	5.084	4	.279
Patient Care Priority Based on Urgency	1.853	4	.763
Speed of Provided Service	0.088	4	.999
Satisfactory of Medical Equipment	1.403	4	.844
Document/Patient Data Effectiveness	1.107	4	.893
Hygiene Standard	7.793	4	.099
Patient Activity Participation	2.660	4	.616
Comfortable Level	2.587	4	.629
Overall Satisfactory	2.604	4	.626

Hypothesis One

H0: There is ***no difference of the satisfaction and engagement of senior patients***.

H1: There is ***a difference of the satisfaction and engagement of senior patients***.

Results of Hypothesis One

The researcher accepted "H1: There is ***a difference of the satisfaction and engagement of senior patients***." because there was a ***significant difference in the marital status*** between pre and post-organization development intervention since both qualitative and quantitative data analysis showed a ***positive increase of the difference*** between pre and post-organization development intervention with Appreciative Inquiry-based.

4.5.2 Sustainability of Institution and Satisfaction of Staff Members

As shown in ***Table 4.17: Pre and Post-ODI Summary of the Satisfaction and Engagement Level of Staff Members*** and ***Figure 4.12: Pre and Post-ODI of the Satisfaction and Engagement of Staff Members***, the sustainability of institution or

the satisfaction of staff members was determined by the difference between pre and post-ODI of satisfaction level.

Table 4.17: **Pre and Post-ODI Summary of the Satisfaction Level of Staff Members**

Data	BEFORE ODI		AFTER ODI	
	Mean	Std. Deviation	Mean	Std. Deviation
Job Evaluation				
Fair Job Evaluation from Both Supervisor and Patients	3.960	0.903	4.300	0.832
Great Support from Immediate Supervisor	4.200	0.991	4.383	0.945
Great Support from Co-workers	4.478	0.983	4.646	0.812
Efficient and Effective Communication between Staffs and Patients	4.304	0.840	4.792	0.798
Job Evaluation Satisfaction	4.391	0.802	4.542	0.798
Reward System				
Monetary Compensation Satisfaction	4.217	1.073	4.563	1.090
Monetary and Non-monetary Compensation Satisfaction	4.109	1.038	4.396	0.962
Non-monetary Reward from Sukavet and Social Recognition	4.186	1.029	4.556	0.943
Career Growth				
Work Commitment	4.250	0.892	4.826	0.877
Job Enrichment Experience	4.222	0.951	4.702	0.832
Years of Services and Trainings	4.444	0.967	4.915	0.952
Good Work Performance towards New Career Development	4.756	0.802	**5.064**	0.818
Work to Make a Difference	5.044	0.737	**5.109**	0.795

Notes: With the scale information of the satisfactory level ranges from 1 (Strongly Disagree), 2 (Disagree), 3 (Slightly Disagree), 4 (Slightly Agree), **5 (Agree)**, to 6 (Strongly Agree)

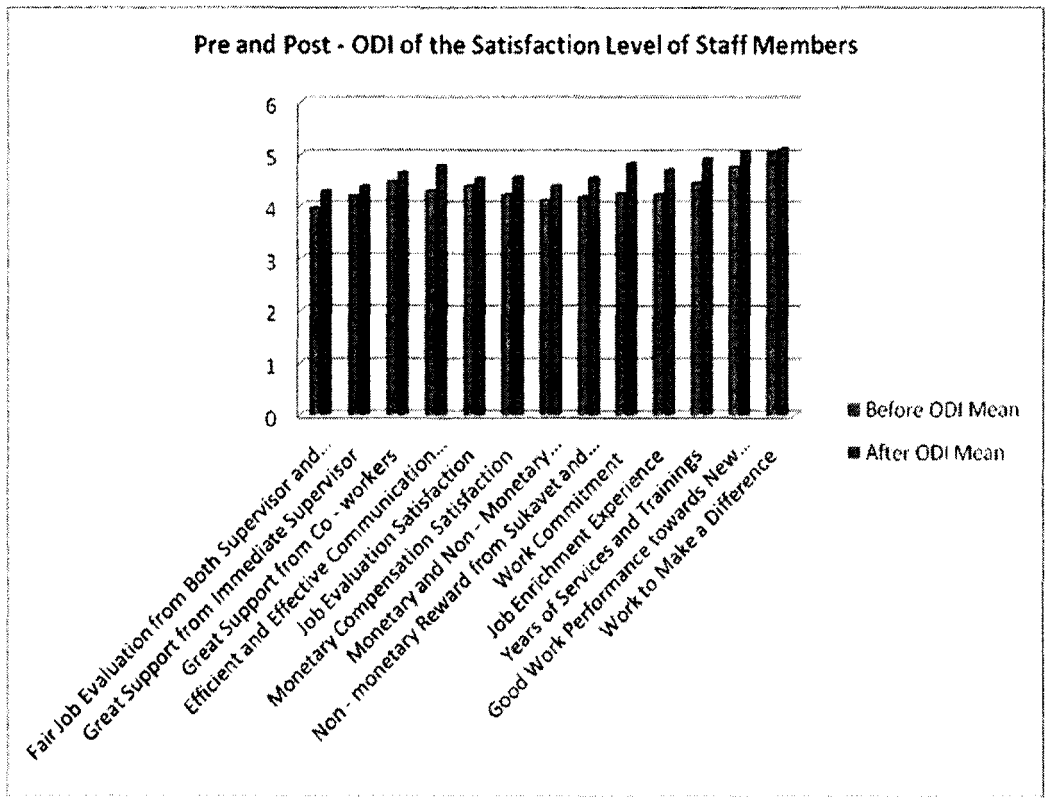

Figure 4.12: **Pre and Post-ODI of the Satisfaction of Staff Members**

Job Evaluation

The employees received an ***increase of satisfactory*** *level* in the fair job evaluation from both immediate supervisor and senior patients including family members. They were satisfied with the great support from both their immediate supervisor and co-workers. Their efficiency and effectiveness of communication between staff members and senior patients were also improved. In overall, the staff members were satisfied with their job evaluation.

Reward System

The staff members were *not only satisfied with the monetary reward system but they were also satisfied with the non-monetary compensation.* When compared their only monetary compensation satisfaction with the combination of both monetary

and non-monetary compensation satisfaction, the ***only monetary compensation had more influenced on their satisfaction level***. However, the current reward system of both **monetary reward** in terms of "***Special Monthly Rewards***" and **non-monetary reward** with social recognition of "***The Employees of the Month***" ***certificate*** provided a positive contribution and increased additional satisfaction of the staff members.

Career Growth

The *work commitment and job enrichment experience* had increased the satisfaction level of staff members. Same was true with their years of services and training. When the staff members had *more tenured in their positions and experiences with trainings provided, they had increased in their satisfaction level of good work performance with the new career development of job enrichment.* Additionally, they came to work not only for the compensation but they would also rather to work to make a difference attitude.

In conclusion, ***all means*** of satisfaction level for staff members' *after-organization development intervention* were ***higher*** than all means of *before-organization development intervention.* Especially, the *important point of* ***working to make a difference*** *with doing good deeds showed the level of "**Agree**" satisfaction.*

The Limitations of Statistical Analysis for Staff Members

The limitation of statistical analysis was that ***the satisfaction of staff members was subjective*** and the researcher was *unable to use the t-test of parametric statistic because the histogram data showed the left-skewed.* Therefore, it was the ***most appropriate to use the non-parametric statistical analysis***.

The *researcher* also ***consulted and reviewed the non-parametric statistical analysis with the statistical professor of Assumption University***. The ***overall statistical analysis showed an incremental satisfaction level in the after-organization development intervention***. There was no significance of the additional test of group analysis for after-organization development intervention of staff members as presented from pages 163 to 167.

Additional Test of Group Analysis for After-Organization Development Intervention on Staff Members

The researcher presented the ***further test of group*** analysis for after-organization development intervention data whether the groups of gender (male or female), age, year(s) of service and current position had an additional influence on the staff members based on each question asked.

Gender

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction level.

As shown in ***Table 4.18: Results of Additional Group Analysis by Gender of Staff Members***, the results of additional gender group analysis by using Mann-Whitney U Test and Wilcoxon W Test showed there was ***no additional influence based on gender.***

Table 4.18: **Results of Additional Group Analysis by Gender of Staff Members**

Gender	*Mann-Whitney U*	*Wilcoxon W*	*Z*	*Asymp. Sig. (2-tailed)*	*Exact Sig. [2*(1-tailed Sig.)]*
Fair Job Evaluation from Both Supervisor and Patients	18.000	19.000	-.459	.646	.776
Great Support from Immediate Supervisor	18.000	19.000	-.445	.656	.776
Great Support from Co- workers	13.500	14.500	-.810	.418	.560
Efficient and Effective Communication between Staffs and Patients	9.500	10.500	-1.144	.253	.400
Job Evaluation Satisfaction	15.000	1240.000	-.707	.480	.640
Monetary Compensation Satisfaction	15.000	16.000	-.686	.493	.640
Monetary and Non-monetary Compensation Satisfaction	17.500	18.500	-.514	.607	.720
Non-monetary Reward from Sukavet and Social Recognition	14.500	15.500	-.717	.473	.612
Work Commitment	20.500	1245.500	-.297	.766	.840
Job Enrichment Experience	18.000	1243.000	-.481	.630	.760
Years of Services and Trainings	23.000	1248.000	-.109	.913	.960
Good Work Performance towards New Career Development	8.500	9.500	-1.170	.242	.360
Work to Make a Difference	22.000	23.000	-.152	.879	.939

Age

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction level.

As shown in ***Table 4.19: Results of Additional Group Analysis by Age of Staff Members***, the results of additional age group analysis by using Kruskal Wallis Test showed there was ***no additional influence based on age.***

Table 4.19: **Results of Additional Group Analysis by Age of Staff Members**

Age	*Kruskal Wallis Test*	*df*	*Asymp. Sig.*
Fair Job Evaluation from Both Supervisor and Patients	7.649	7	.365
Great Support from Immediate Supervisor	10.495	7	.162
Great Support from Co-workers	7.933	7	.339
Efficient and Effective Communication between Staffs and Patients	5.325	7	.620
Job Evaluation Satisfaction	10.619	7	.156
Monetary Compensation Satisfaction	9.679	7	.207
Monetary and Non-monetary Compensation Satisfaction	8.521	7	.289
Non-monetary Reward from Sukavet and Social Recognition	7.104	7	.418
Work Commitment	7.621	7	.367
Job Enrichment Experience	9.446	7	.222
Years of Services and Trainings	6.084	7	.530
Good Work Performance towards New Career Development	6.440	7	.489
Work to Make a Difference	7.449	7	.384

Year(s) of Service

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction level.

As shown in ***Table 4.20: Results of Additional Group Analysis by Year(s) of Service for Staff Members***, the results of additional year(s) of service group analysis by using Kruskal Wallis Test showed there was ***no additional influence based on year(s) of service.***

Table 4.20: **Results of Additional Group Analysis by Year(s) of Service for Staff Members**

Year(s) of Service	*Kruskal Wallis Test*	*Df*	*Asymp. Sig.*
Fair Job Evaluation from Both Supervisor and Patients	4.824	2	.090
Great Support from Immediate Supervisor	3.437	2	.179
Great Support from Co-workers	0.758	2	.685
Efficient and Effective Communication between Staffs and Patients	2.872	2	.238
Job Evaluation Satisfaction	3.489	2	.175
Monetary Compensation Satisfaction	1.757	2	.415
Monetary and Non-monetary Compensation Satisfaction	3.912	2	.141
Non-monetary Reward from Sukavet and Social Recognition	1.646	2	.439
Work Commitment	0.167	2	.920
Job Enrichment Experience	1.629	2	.443
Years of Services and Trainings	4.567	2	.102
Good Work Performance towards New Career Development	3.163	2	.206
Work to Make a Difference	0.669	2	.716

Current Position

The P-value (Asymptotic Significance Two-tailed) measured the additional influence of satisfaction level based on each question asked. If P-value was less than 0.05, the result presented the significant additional influence after-organization development intervention of increasing satisfaction level.

As shown in ***Table 4.21: Results of Additional Group Analysis by Current Position for Staff Members***, the results of additional current position group analysis by using Kruskal Wallis Test showed there was ***no additional influence based on current position.***

Table 4.21: **Results of Additional Group Analysis by Current Position for Staff Members**

Current Position	*Kruskal Wallis Test*	*Df*	*Asymp. Sig.*
Fair Job Evaluation from Both Supervisor and Patients	4.276	3	.233
Great Support from Immediate Supervisor	6.778	3	.079
Great Support from Co-workers	3.488	3	.322
Efficient and Effective Communication between Staffs and Patients	4.264	3	.234
Job Evaluation Satisfaction	5.373	3	.146
Monetary Compensation Satisfaction	5.538	3	.136
Monetary and Non-monetary Compensation Satisfaction	5.169	3	.160
Non-monetary Reward from Sukavet and Social Recognition	2.901	3	.407
Work Commitment	3.727	3	.293
Job Enrichment Experience	0.904	3	.824
Years of Services and Trainings	2.855	3	.415
Good Work Performance towards New Career Development	6.383	3	.094
Work to Make a Difference	1.659	3	.646

Hypothesis Two

H0: There is ***no sustainable business development of the institution.***

H1: There is ***a sustainable business development of the institution.***

Results of Hypothesis Two

The researcher accepted "H1: There is ***a sustainable business development of the institution.***" since there was a ***business sustainability*** between pre and post-organization development intervention of the staff members since the qualitative and quantitative data analysis showed a ***positive increase of the difference*** between pre and post-organization development intervention with Appreciative Inquiry-based.

CHAPTER FIVE

Summary, Conclusion and Recommendations

This **summary** of the findings, conclusion results and recommendations is included with the suggestions of future study from **data analysis as presented in Chapter 4 of the Presentation and Analysis of Findings.**

5.1 Summary of Findings

The ***positive approach of the appreciative inquiry (AI)*** was ***used in the summary of literature review basis*** that was emphasized on the positive factors and contributions of every member in the institution. The AI was ***more than the problem-solving*** since it ***inspired and created an appreciation*** of each member in the institution. The researcher ***utilized the AI protocol of value, peak and miracle*** in the organization development intervention process. The *positive changes started when asking the positive questions* of the value questions to create the valuable answers and outcomes, the peak questions derived from the storytelling of the most impressive moment and the miracle questions to envision the future expectation.

The researcher applied the ***Four-D Cycle of Appreciative Inquiry*** on the ***discover*** of identifying and appreciating what is, the ***dream*** of envision for the future work processes, the ***design*** of planning and prioritizing work processes and the ***destiny or delivery*** of implementing and executing the proposed design. The **main concept** of institution development was to determine ***what works, rather than trying to fix what does not.*** Additionally, the AI **fostered a constructive change** in the business.

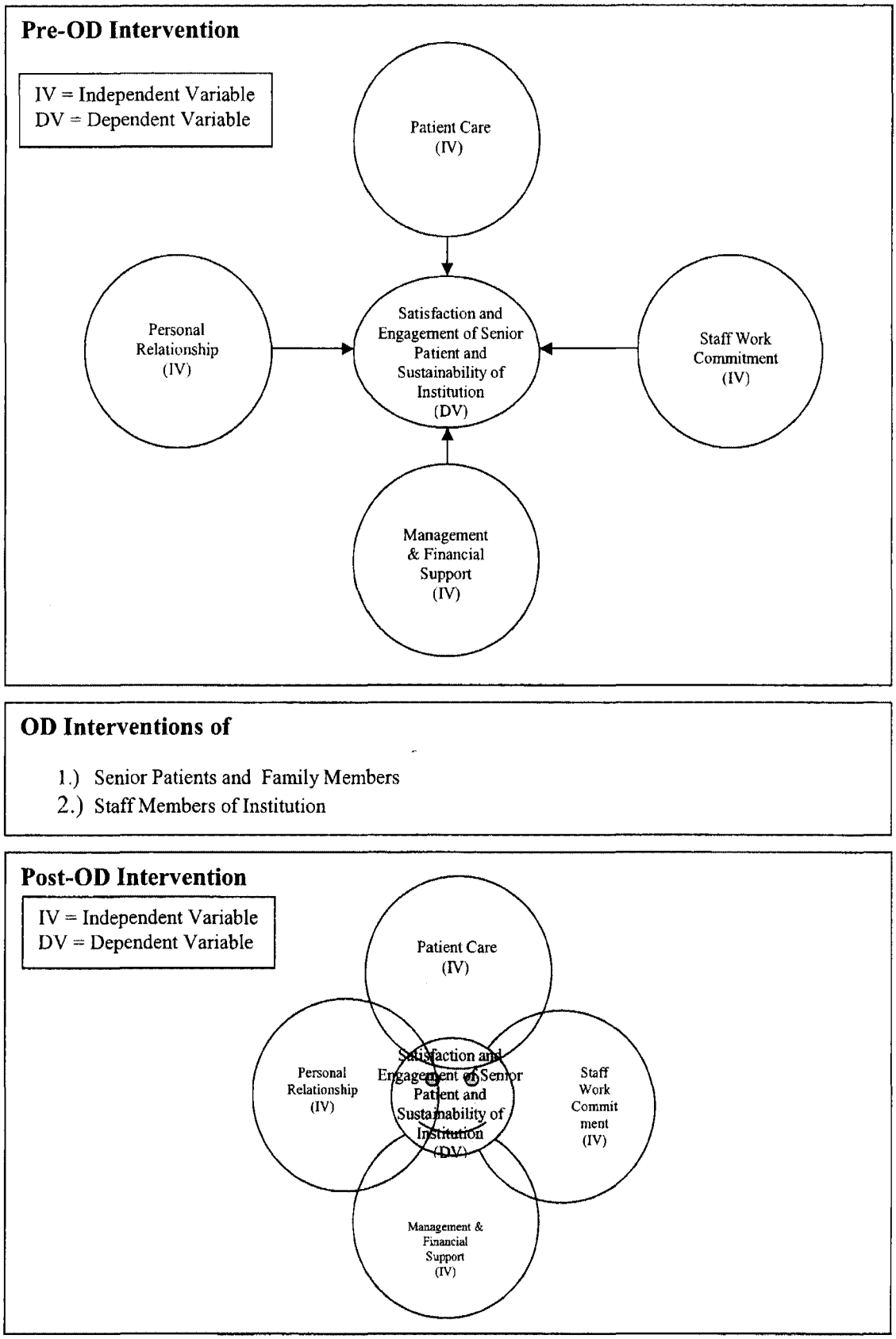

Figure 5.1: **Revised Conceptual Research Framework**

The ***Figure 5.1: Revised Conceptual Research Framework*** was the total conceptual research framework of this dissertation in the Pre-ODI, ODI and After-ODI. The framework summary of findings by stages as shown in ***Table 5.1: Framework of the Summary of Findings and Conclusion Results*** was derived from the ***Figure 5.1*** and was integrated *with both qualitative and quantitative data analysis* as presented in Chapter 4 of the Presentation and Analysis of Findings.

Table 5.1: **Framework of the Summary of Findings and Conclusion Results**

Actual Pre-Organization Development Intervention (Actual Pre-ODI)	**Actual Organization Development Intervention (Actual ODI)**	**Actual Post-Organization Development Intervention (Actual Post-ODI)**
Identification of Problems: ***Sustainable Senior Patient Care*** 1.) Senior Patient Care 2.) Staff Member Development 3.) Relationship Development ***Business Sustainability of the Institution*** 4.) Management and Financial Support	**Suggested ODI and Consultations:** ***ODI for*** 1.) Senior Patients 2.) Family Members 3.) Staff Members ***Suggested Group Consultations to*** 1.) Senior Patients 2.) Family Members 3.) Staff Members 3.1) Caretakers 3.2) Nursing Staff Members 3.3) Administrative Staff Members 3.4) Management	**Results:** ***Summary of Results for Sustainable Development*** 1.1) Agreed or Disagreed 1.2) Satisfied or Dissatisfied

The details of the summary findings were presented in ***Appendix A*** shown in the *table format*, presenting the identified problems in the ***Actual Pre-Organization Development Intervention*** (Actual Pre-ODI), followed by ***Actual Appreciative Inquiry-based Process Organization Development Intervention*** (Actual ODI) for senior patients/family members and staff members in the institution, and the last

column of ***Actual After-Organization Development Intervention*** (Actual After-ODI) for the results. The summary of findings was discussed in the full details and analysis of two main groups of sustainable senior patient care and business sustainability as follows:

Sustainable Senior Patient Care

1.) Senior Patient Care
2.) Staff Member Development
3.) Relationship Development

Business Sustainability

4.) Management and Financial Support

5.2 Conclusions

The conclusions were described into **two aspects** of the **sustainability of senior patient care** and the **business operations of institution**.

The Sustainability of Senior Patient Care

The researcher accepted "H1: There is ***a difference of the satisfaction and engagement of senior patients.***" because there was a ***significant difference*** between pre and post-organization development intervention in the ***marital status of senior patients*** since both qualitative and quantitative data analysis showed a ***positive incremental difference*** between pre and post-organization development intervention with Appreciative Inquiry-based. There was **significant in the marital status of senior patients** ***on the patient care priority based on urgency, the speed of provided service and the comfortable level.***

The senior patient care was improved when the staff members contacted the family members and provided the current health progress report of senior patients in the institution. The staff members started using the computerized system of medical information management system to create effectiveness and efficiency data

management system. The ambulance(s) of the institution was always ready for 24 hours in case of emergency. The quality senior patient care was not only the physical rehabilitation but also improved the mental rehabilitation. The physical rehabilitation schedule was created to provide an equal chance of all senior patients to improve their physical strength. The mental rehabilitation was the spiritual and soul one of senior patients improved by praying and meditating in the religious chapel. The caretakers rotated taking care of each senior patient to increase their satisfaction. Sometimes, the caretakers or family members take the senior patients to walk or wheelchair in the garden of the institution. As suggested by the researcher, the managing director built the recreational room for senior patients to do the supplementary indoor activities because they would have more opportunities to exercise besides the regular physical therapy. The family members requested the arrangement of living room for the family members and senior patients to privately use when they visited the senior patients at the institution. The nutrition enrichment was fully implemented to properly prepare the solid or liquid food of each senior patient's illness and symptoms, and the nutritionists were regularly sent to attend the seminars organized by the Ministry of Public Health. The family members could bring the supplementary food and pass to the nurses to give to the senior patients. The staff members organized the senior patient care seminar to the family members who were interested to attend. Additionally, the staff members prepared the brochures or CDs of senior care knowledge. The family members requested the reception room when the visitors or family members came to meet with the financial officers or administrators. For the sustainable business development promotion and advertisement, the institution website of www.sukavet.com was created and launched in February 2010, finishing at the same time of the completion of reception room. Since the launch of the website,

many visitors have been visited the website and are interested in using the senior patient care service of the institution. In addition, the outside activities as suggested by the researcher were in process of implementation because there were many factors taken into consideration of the cost calculation and the place(s) that would match with the preference of both senior patients and family members.

The staff members agreed with the suggestions of researcher because they also had the common vision to see the sustainable growth in reputation of the institution. Since the researcher provided the appreciative inquiry-based organization development interventions, the staff members dedicated their efforts in patient care tasks and were more encouraged to achieve the best senior patient care and ethical practices. However, the growth of the institution depended on the management policy and financial strength. The medical records were gradually changed from the paper-based to the electronic database. The new implementation of the medical records yielded the most benefits to the senior patients and family members for the high quality care and, at the same time, the staff members could expedite the work flows processes. From the job commitment analysis, the staff members wanted the job security, fair job evaluation and good compensation. The non-monetary rewards were implemented as well as the special monetary rewards. Lastly, the staff members wanted to have a good career path and they were encouraged to suggest their ideas to their direct supervisor.

The relationships development of senior patients, family members and staff members developed a good relationship by having more verbal and non-verbal communications. By calling the senior patients and family members as their direct family members, the staff members improved their good relationships development with the senior patients as well as the family members. However, there were some

obstacles of relationships between the family members and staff members about the overdue invoices. The researcher suggested the family members not to avoid the problems but meet with the financial officer to solve the problem together. Therefore, the family members were encouraged to regularly visit the senior patients and could do the activities together on the weekend.

The Sustainability of Institution

The researcher accepted "H1: There is ***a sustainable business development of the institution.***" since there was a ***business sustainability development*** between pre and post-organization development intervention of the staff members since the qualitative and quantitative data analysis showed a ***positive increase between difference*** between pre and post-organization development intervention with Appreciative Inquiry-based.

The ***institution sustainability*** was the ***management*** and ***financial support***. The institution had a financial problem that some family members were unable to pay their monthly invoices. The researcher suggested the financial officer to implement the short-term and long-term solutions. The family members who had financial problems in the short-term period could discuss the new payment plan while the family members having a long-term financial problem were suggested to consult with the financial institution(s) to obtain a personal loan or life insurance saving. These overdue invoices led to the unstable cash flows of the institution. The financial officer was suggested to prepare the statement of actual cash flows and cash flows forecast to summarize the current cash flows situation and the managing director was encouraged to regularly review these statements. The cash reserve of at least three months was in

process of implementation since the managing director needed to propose to the shareholders.

With the proposed facility implementation of the interior and exterior building improvement, recreation room, living room, outside activities and reception room, the institution needed a substantial amount of capital investment. In the first place, the researcher suggested the institution to loan a capital from the financial institution(s). After the researcher proposed this idea to the managing director, the managing director later proposed to the shareholders. The result was that the shareholders did not have a policy to borrow the capital from the financial institution(s) because there were many risks of high interest rates, default payment leading to the business repossession and ultimate impacts of senior patients in the institution. The shareholders approved using their dividends to complete the proposed facility implementation without borrowing money from the bank(s). Currently, the improvement of interior and exterior building and the creation of recreation room, living room and reception room had been finished. These rooms are currently used by the senior patients, family members and staff members.

As proposed by the researcher, the managing director agreed to offer more job security of social security and retirement fund as well as the effective and fair job evaluation and compensation. The reputation of the institution was improved by the facility improvement and the institution website creation. The reputation of the institution depended on the staff members and they were cooperating to achieve the good reputation of high quality senior health care and sustainable growth of the institution. The management also supported the ***two-way communication management approach*** by encouraging the staff members to providing their productive suggestions.

With the financial constraints, the organization development interventions ***could be done immediately if the interventions were not required the capital investments***. As suggested by the researcher, the market share expansion of home/hospital care, maximized utilization of ambulance(s) and spare senior patient beds were immediately approved since they did not require any initial capital investment.

5.3 Recommendations

The recommendations discussed into two sections of the future organization development intervention (Future ODI) and the future research as follows:

a.) Future ODI

On **April 23, 2009**, the Managing Director of Sukavet officially **approved** the project of the Appreciative Inquiry-based-Organization Development Interventions on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of Nursing Home. Since then, the researcher had been working on the Actual Pre-ODI of senior patients/family members, caretakers, nurses and administrative staff members and, later, conducting the actual organization development interventions (ODI) for the group of senior patients/family members, caretakers, nurses and administrative staff members as well as proposing the ideas and suggestions to the management.

With the summary of finding and conclusion resulted from both qualitative and quantitative data analysis, the researcher would like to kindly provide the following recommendations of the ***future ODI***:

1.) To maintain the good cash flows position, Sukavet was recommended to request for the ***credit line*** from the *financial institution(s)* to use as the ***cash reserved and the contingency financial backup.***

2.) Sukavet management was recommended to have future ***in-depth ODI study*** for the current and prospect ***staff members*** to continuously motivate the vision of "Working Everyday is Like Doing Daily Good Merit" as well as the ***nurses and caretakers*** to think and treat the senior patients as ***a part of family members.***

3.) The ODI of ***appreciative inquiry method*** was *recommended* because this method was focused on increasing the positive factors including efficiency and effectiveness. The appreciative inquiry method ***did not disregard the problems*** but it *turned the current identified problems into many* ***new challenges***, the *current identified opportunities into* ***new aspiration***, the *current identified weaknesses in to* ***new potential opportunities*** and the *current identified strengths into the* ***sustainable competitive advantages/competencies.***

4.) Due to the ***physical and aging limitation*** of senior patients to answer the quantitative data collections of questionnaire; the ***qualitative ODI analysis*** of observation with inspection list and focus group discussion were ***more important and useful*** to the sustainable business development.

5.) With the ***limitation of current facility space*** and limited 40-***patient bed capacity***, the researcher recommended the future ODI of ***expanding*** their senior patient care services to the off-facility care that included providing ***care at patient's residence and major hospitals.*** The senior patients ***admitted in the institution*** (in-facility senior patients) would be firstly ***prioritized or reserved for the most needed in terms of critical illness senior patients.*** On

the other hand, the institution could *generate additional revenue and profit from care services outside the facility.* With these recommendations, the senior patients would receive that most benefits of maximizing service utilization while the institution would capture more revenues and profits from the off-facility care without concerning of the limitation of patient bed capacity and limited facility space.

6.) The researcher recommended the staff members to ***continue updating and adding new features of interactive system*** on the institution **website** of www.sukavet.com as a part of the future ODI. For example, the website visitor counter provided the statistical data for the comparison between the number of website visitors in each month and the number of new senior patients using the care service in each month. Currently, the visitor counter had been implemented and added on the WebPages. As of August 15, 2010, there were 2,292 Internet visitors.

7.) The future ODI recommendation was the ***customer-based expansion***. The institution could expand its market share and develop into the large nursing home.

b.) Future Research

The researcher recommended the institution to ***continue the sustainable development research to yield the win/win or win/win-plus benefits*** not just only for the senior patients and institution but also for the staff members including the stakeholders in the society.

The researcher is more than welcome to have the further visitation for additional consultations and suggestions of the new thinking concepts or ideas for the sustainable business development at no cost to the institution.

Last but not least, the researcher kindly suggested the future students who would like to select and work on the topic of Nursing Home for Seniors to dedicate their heart and understand the feeling of elders. Additionally, they needed to understand the dedication of staff members in the senior nursing home facility that the value of gratitude to the parents and elders in the family is a pure and unconditional love and one of the most precious values in order to develop and strengthen the social values and, further, the value of country.

The future students who choose to work on this topic are not only having a *chance to apply the study of management and organization development* but they are going to **make a difference** in their every day's life and the society.

Epilogue

When I first applied for the Doctor of Philosophy in Management and Organization Development (Ph.D. MOD) Program, I was impressed with the concept of "***Educating Intelligences and Active Minds to Change the World.***" This concept is matched with my continued life-long learning experience. My concept and definition of "Life-long Learning" is not just only the in-class or in the university environment, but it includes ***my everyday's life***. When I wake up in the morning, there is a list of things that I would like to accomplish within that day, a week, a month, a year or years.

My father, Major General Vinai Hirunwat, told me that money is very important element in my life but it is not everything in my life and I have to work and do things that make me satisfy. He made me realize that the most important thing in my life that makes me the most satisfied is to make my parents stay healthy and comfortable. Therefore, when I had a chance to visit Assumption University on February 16, 2008, I applied for the Ph.D. MOD Program because I realized that this program would not only make me develop many new thinking perspectives for management and business development, but I could contribute the positive and productive efforts to the organization and my family, achieving the win/win or win/win-plus situation. When I studied this program, I have developed my new thinking process of all elements or members in the organization that they are all important, but the most important ones are people. I have learnt that everybody in the organization has his or her talents and values, and I can bring the best talent or effort from everybody to contribute to the organization.

During studying the course works of Ph.D. MOD Program, my grandfather suffered from elderly illnesses and was admitted in Ramkhamhaeng Hospital since the

beginning of 2008. If he continued receiving the physical therapy treatment from the hospital in the long-term care service, the cost of his aging care would be very expensive and the family would not be able to afford his long-term care service. With the kind suggestion of the medical doctor of Ramkhamhaeng Hospital, when my grandfather recovered from his illnesses, he could move to the Nursing Home for Seniors that provided the care service for elders who were unable to take care of themselves. In addition, my relatives, at that time, were unable to provide care service to him as good as the Nursing Home for Seniors.

I started contacting the Sukavet in June 2008 and my grandfather moved to the Sukavet in the same month. I and my family members usually visited him at Sukavet and were impressed with the great working attitude of staff members for taking care of elders.

I was impressed with the staff members providing a quality care service to my grandfather; the cost of care at Sukavet was less expensive when compared with other nursing homes and hospitals that provided the same level of care services. Sukavet has its main purpose of helping the unprivileged elderly patients and family members who have low income. Sukavet accepts all elderly patients regardless of their gender, race and social status whether they are rich or poor.

During my grandfather stayed in Sukavet, I would like to support the great cause of the institution and discussed about the sustainable business development with the family members and staff members including medical doctors, nurses, caretakers and administrators. Therefore, I chose the topic of my dissertation of the Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of A Nursing Home because I could make a difference by providing

suggestions at no cost at all to make the elderly patients stay healthy and comfortable for their remaining life.

Later, I submitted the dissertation proposal letter to the Managing Director of Sukavet on April 12, 2009 and he approved this project on April 23, 2009.

My father is also a senior citizen. Once he knew that I would like to do this dissertation, he gave me a great support, dedicating his time and providing many great suggestions. After the researcher has finished the dissertation, the researcher is willing to continue visiting the institution to offer a continuous consultation for sustainable development and for a greater good of elderly patients in the society at no cost at all. In Thai society, the gratitude of parents and elders is very important since we treat the elders with great respect. At the same time, I treat my parents with the most respect and would like them to be healthy and comfortable. I want to provide them the best things in their life. **When my parents are in their aging years, I also would like to give them the best elderly care. With the great cause of doing my dissertation of this topic and upon the completion of this dissertation, I have learnt how to take a good care of elders and may later request the elderly care from Sukavet for my parents, if needed.**

The success of this dissertation did not directly come from me but from my father, Major General Vinai Hirunwat, who provided many great suggestions in the position of patient family member and senior citizen. Essentially, the most important person who I would like to thank you the most was Reverend Brother Doctor Prathip Martin Komolmas and all Ph.D. MOD faculty members of Assumption University who have sharpen my knowledge of thinking and learning processes, and encouraged me to have the educating intelligences and active mind to change the world.

Bibliography

Books:

Allen, Derek R. and Rao, T.R. (2000). *Analysis of Customer Satisfaction Data*, Wisconsin, U.S.A.: ASQ Quality Press.

Anderson, D. R., Sweeney D. J. and Williams, T. A. (2002). *Statistics for Business and Economics (8th Edition),* Ohio, U.S.A.: South-Western Thomson Learning.

Black, Ken (2004). *Business Statistics for Contemporary Decision Making (4th Edition)*, Massachusetts, U.S.A.: John Wiley and Sons, Inc.

Brewerton, P. and Millward, L. (2001). *Organization Research Methods: A Guide for Students and Researchers*, London, United Kingdom: Sage Publications Inc.

Burton, S. and Steane, P. (2004). *Surviving Your Thesis*, New York, U.S.A.: Routledge.

Coghlan, D. and Brannick, T. (2002). *Doing Action Research in Your Own Organization*, London, United Kingdom: Sage Publications, Ltd.

Cooperrider, D. L. & Avital, M. (2004). *Advances in Appreciative Inquiry Volume 1: Constructive Discourse and Human Organization*, Oxford, United Kingdom: Elsevier Ltd.

Costello, J. (2004). *Nursing the Dying Patient: Caring in Different Contexts*, New York, U.S.A.: Palgrave Macmillan.

Cummings, T. G. and Worley, C. G. (2005). *Organization Development and Change (8th Edition),* Ohio, U.S.A.: Thompson South-Western.

Denham, Michael J. (1991). Care of the Long-stay Elderly Patient (2nd Edition), London, United Kingdom: Chapman and Hall.

deWit, S. C. (2009). *Medical – Surgical Nursing Concepts & Practice*, China: Saunders Elsevier.

Ellis, Janice Rider and Nowlis, Elizabeth Ann (1985). *Nursing – A Human Needs Approach (3rd Edition)*, Massachusetts, U.S.A.: Houghton Mifflin Company.

Evengelista, S., Fuentes, R. O. & Fernando, M. L. (2008). *The Philippine Experience of Appreciative Inquiry*, Antipolo City, Philippines: Southeast Asia Interdisciplinary Institute School of Organization Development.

Folland, S., Goodman, A. C. & Stano, M. (2001). *The Economics of Health and Health Care (3rd Edition)*, New Jersey, U.S.A.: Prentice-Hall Inc.

Ford, N. D. (1994). *Painstoppers: The Magic of All – Natural Pain Relief: Stop Pain in Seconds with 101 Doctor – Tested Techniques – Without Drugs or Surgery*, New York, U.S.A.: Parker Publishing Company.

Books: *(Cont.)*

Hill, C. W. L. (2009). *International Business: Competing in the Global Marketplace (7th Edition)*, New York, U.S.A.: McGraw-Hill/Irwin International.

Kumar, R. (2005). *Research Methodology: A Step-by-step Guide for Beginner (2nd Edition)*, Delhi, India: Pearson Education.

Lewenson, S. B. and Truglio-Londrigan, M. (2008). *Decision-making in Nursing: Thoughtful Approaches for Practice*, Massachusetts, U.S.A.: Jones and Bartlette Publishers.

Milstead, J. A. (2008). *Health Policy and Politics: A Nurse's Guide (3rd Edition)*, Sudbury, Massachusetts, U.S.A.: Jones and Bartlette Publishers.

Malloy, Catherine and Hartshorn, Jeanette (1989). *Acute Care Nursing in the Home – A Holistic Approach,* Philadelphia, U.S.A.: J.B. Lippincott Company.

Nichols, M. P. (2008). *Family Therapy Concepts and Methods (8th Edition)*, Massachusetts, U.S.A.: Pearson Education, Inc.

O'Brien, M. E. (2008). *Spirituality in Nursing: Standing on Holy Ground (3rd Edition)*, Massachusetts, U.S.A.: Jones and Bartlett Publishers.

Orem, S. L., Binkert, J. and Clancy A. L. (2007). *Appreciative Coaching: A Positive Process for Change*, California, U.S.A.: Jossey-Bass.

Peterson, S. J. and Bredow T. S. (2009). *Middle Range Theories: Application to Nursing Research (2nd Edition)*, Philadelphia, U.S.A.: Lippincott Williams & Wilkins.

Reed, J. (2007). *Appreciative Inquiry: Research for Change*, California, U.S.A: Sage Publishing, Inc.

Stringer, E. S. (1996). *Action Research: A Handbook for Practitioners*, California, U.S.A.: Sage Publications.

Timm, Paul R. (2001). *Customer Service Career Success Through Customer Satisfaction (2nd Edition),* New Jersey, U.S.A.: Prentice-Hall.

Weihrich, H. and Koontz, H. (2005). *Management: A Global Perspective (11th Edition)*, Bangkok, Thailand: Phongwarin Printing Limited.

Welch, J. (2005). *Winning*, New York, U.S.A.: Harper Business.

Wetchamalinon, V. (2008). *Friendship Network: List of Individuals, Organizations, Networks and Medial Knowledge of Palliative Care Management*, Bangkok, Thailand: Bhuddhika Networks.

Books: *(Cont.)*

Wheelen, Thomas L. and Hunger, J. David (2010). *Strategic Management and Business Policy – Achieving Sustainability International Edition*, New Jersey, U.S.A.: Pearson Education, Inc.

Williams, E. K. (1999). *Patient Care: Essentials of Medical Imaging Series*, New York, U.S.A.: McGraw-Hill Health Professions Division.

Whitney, D. and Trosten-Bloom, A. (2003). *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*, San Francisco, U.S.A.: Berrett-Koehler Publishers, Inc.

Zikmund, William G. (1994). *Business Research Methods – International Edition (4th Edition)*, Texas, U.S.A.: The Dryden Press.

Articles:

Business Section, (2010, March 24). Medical Tourism Gaining Momentum for Price and Quality, *The Nation Newspaper Online.*

Dick, B. (2003). *What Can Action Researchers Learn from Grounded Theorists?,* Australian and New Zealand ALARPM/SCIAR Conference, Gold Coast, May 4 – 5, 2003.

Dodds, W. B. (1997). *Managing Customer Value*, Fort Lewis College, Mid-American Journal and Business Vol. 14 No. 1 Spring 1999, Indiana, U.S.A.

Follmer, Conrad M. (2001). *All About Human Life Cycle*, Teacher's Guide – Human Body for Children, Schlessinger Media Media, A Division of Library Video Company, Pennsylvania, U.S.A.

Eden, C. and Huxham, C. (1996). *Action Research for Management Research*, British Journal of Management Vol 7, pp. 75 – 86, British Academy of Management, United Kingdom.

Ekvitthayavechnukul, C. (2009, July 3). Competitiveness Conference: Thailand 'Could Lead World' in Food and Alternative Fuel, *The Nation Newspaper*, 34, 1.

Goldkuhl, Goran. (1998). *The Six Phases of Business Processes – Business Communication and the Exchange of Value*, Sweden: Center for Studies on Humans, Technology and Organization (CMTO) of Linkoping University.

Lind, Mikael. (1996). *Business Process Thinking in Practice*, Sweden: Department of Computer Science and Business Administration at University of Boras.

Articles: *(Cont.)*

Meredith, J. R. and Mantel Jr., S. J. (2000). *Project Management: A Managerial Approach (4th Edition)*, Chapter 10 Monitoring and Information System, Presentation by RTBM WebGroup: John Wiley & Sons, Inc.

Westbrook, R. (1994). *Action Research: A New Paradigm for Research in Production and Operations Management*, United Kingdom: University Press.

Theses:

Panichprechakorn, Navina (2007). *The Impact of Organization Development Intervention on Employee Motivation and Communication Process: A Case Study on Blue Jeans Company Limited*, Published Master's Thesis, Assumption University, Bangkok, Thailand.

Tippakomut, Peerapong (2007). *A study of In-flight Service and Proposed Organization Development Intervention: A Case Study of Thai Airways International Public Company Limited,* Published Master's Thesis, Assumption University, Bangkok, Thailand.

Project & Seminars:

2008 Asian Organization Development Summit: Creating Triple-bottom-line Value: Leveraging Asian Wisdom and Organization Development Strategies for Sustained Success, Assumption University – Suvarnabhumi Campus, Thailand, October 1 – 4, 2008.

2009 International Organization Development Seminar: Stanford Center for Professional Development, Stanford University, California, U.S.A., August 31, 2009 to September 3, 2009.

2010 Art and Science of Appreciative Coaching: A Coach's Workshop, Assumption University – Hua Mak Campus, Thailand, July 13, 2010 to July 14, 2010.

Project Coordinator and Research Assistant of Data-gathering Phase, Appreciative Inquiry Action Research of Rev. Bro. Dr. Prathip Martin Komolmas Book Project, Assumption University – Hua Mak Campus, June 15, 2009 to June 25, 2009.

Participant, Association of Major Religious Superiors in Thailand Appreciative Inquiry (AI) Seminar – Workshop by Dr. Rosalina Fuentes, Ph.D., Baan Phu Waan, Nakhon Pathom, June 30, 2009 to July 2009.

Work Cited of Electronics Sources:

Answers.com
www.answers.com

BJ Seminar International: Accessed on September 9, 2010
http://bjseminars.com.au/our-approach/appreciative-inquiry/the-4-d-cycle/

Online Dictionary: Accessed on July 3, 2010
www.dictionary.com

Bulletin of the Department of Medical Sciences: Accessed on September 17, 2009
www.dmsc.moph.go.th/net/jms/

Department for Development of Thai Tradition and Alternative Medicine Ministry of Public Health & Division of Complementary and Alternative Medicine: Accessed on September 17, 2009
www.dtam.moph.go.th/internet/

Culture Dimensions by Professor Geert Hofstede: Accessed on October 19, 2010
www.geerthofstede.com

U.S. Health Care Reform: Accessed on September 17, 2009
http://healthreform.gov/

Kluaynamthai Hospital: Accessed on September 17, 2009
http://www.kluaynamthai.com/webknt/html/webknt2/index.php

Ministry of Public Health & Bureau of Policy and Strategy – Statistics: Accessed on September 17, 2009
www.moph.go.th

Differences between Eastern and Western Culture – Discourse on America's Discourse, Published by Matt Armstrong: Accessed on August 22, 2010
http://mountainrunner.us/

The Nation Newspapers Online: Accessed on March 24, 2010
www.nationmultimedia.com

ProvenModels: Accessed on September 7, 2010
http://www.provenmodels.com/23

RapidBI-Mgt, Leadership, Business Improvement Articles: Accessed on September 7, 2010
http://rapidbi.com/management/swot-or-soar-strategy-and-tools-in-business/

Work Cited of Electronics Sources: *(Cont.)*

Burden of Disease and Injuries in Thailand & International Health Policy Program, Ministry of Public Health: Accessed on September 17, 2009 www.thaibod.org

Paper4You.com: Accessed on September 7, 2010 http://university-essays.tripod.com/mckinsey_7s_framework.html

Online Encyclopedia: Accessed on September 5, 2010 www.wikipedia.com

World Health Organization: Accessed on September 17, 2009 www.who.int

Appendices

Sustainable Senior Patient Care

i. Senior Patient Care

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
I. Family members wanted to be frequently informed about **progress of senior patients**	1. The staff members **reported the family members** about the progress or symptom of senior patients via telephone, e-mail, etc. 2. Family members were encouraged to **frequently visit** the senior patients at the institution to increase their satisfaction and **saw a progress of senior patient health**.	The researcher **saw** an improvement of the staff members, **contacted** the family members and reported the current progress of senior patients. Most family members frequently came to visit the senior patients and saw the progress by themselves. Most senior patients were **satisfied**.
II. Family members wanted to have **updated additional senior care expenses** (supplementary medical supplies) in each month before making payment in the end of each month.	1. The necessary expensive supplementary medical supplies (e.g. feeding tube) to be used would be **informed to the family members in advance**, if possible. 2. In case of **urgency and compulsory**, the necessary supplementary medical supplies must be notified to the family members **as soon as possible**. 3. The additional medical expenses were **updated** to the family member **every one or two week**.	The staff members **agreed**. These suggestions were **matched** with the needs of family members and the financial officer **started implementing** the update of additional medical expenses by using the computer.

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
III. In case of **emergency**, senior patients suffering from acute illness must be taken care of **as soon as possible**.	1. The staff members **maintained the previous hospital patient medical records** and sent the senior patients directly to that hospital. 2. If the direct hospital to send the senior patients was **far-away**, the senior patients must be **sent to the nearest hospital**. 3. The family members must be **informed as soon as possible**.	Before the researcher provided this suggest, the staff members had **already done**. The institution **prepared** the doctor, nurse, ambulance and life-support equipment for **24 hours** in case of emergency.
IV. Besides physical treatment in the institution, the family members wanted the senior patients to **have mental rehabilitation**.	1. If possible, the senior patients **moved from patient bed** and walked or are wheel-chaired. 2. The senior patients participated in indoor **activities with other senior patients** e.g. talking, watching television. The purpose was that the senior patients saw there were also many others still in treatment. 3. To develop the soul and spirit, the senior patients could visit the indoor religious chapel. The staff members encouraged the senior patients to participate in **praying and taking meditation**. 4. To get **fresh air and relax**, the senior patients were encouraged to visit the **garden of the institution**.	The caretakers **started rotating** the senior patients to **move** them to increase the physical treatment, resulting that the senior patients felt **less lonely** and **less depressive**. Most senior patients who prayed or meditated in the religious chapel of the institution were **females**. The researcher **saw** the new **renovated garden** by using flowers in the containers that made the garden lively. It showed that the caretakers **followed** the suggestion of researcher.

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
V. The family members would like the senior patients to have **regularly physical therapy**.	1. The staff members **organized the physical therapy schedule** for the paralysis senior patients who needed the physical rehabilitation. The staff members organized an equal chance of all senior patients to have their physical treatment. 2. The physical treatment was not only from physical therapy. The senior patients could participate in other activities e.g. singing Karaoke, playing cards (no gambling), playing games, etc. The researcher would **propose to the management** for creating the **recreation room.**	The nursing department **organized** the physical therapy of senior patients into groups. See ***Appendix B: Schedule of Weekly Activities for Senior Patients*** After suggesting by researcher, the **managing director approved** the recreation room. This room has been **finished** the implementation. The senior patients have **started using** the room.
VI. The family members wanted the **living room to meet the senior patients when visiting.**	There was no proper assigned area. The family members wanted to have the private area to meet with the senior patients. The researcher would **propose to the management**.	After the researcher recommended to the managing director for the benefits of living room, he **approved** the room construction. Currently, the family members who come to visit the senior patients are **using this room.**

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
VII. The senior patients and family members wanted to **go outside the institution** e.g. visit Shopping Center, Public Park, Temple, Church.	1. The outside activities were only in Bangkok. If travelling outside of Bangkok, the senior patients would be more fatigued and increased the cost of transportation. The researcher would **propose the management** to organize the **outside activities**. 2. The director of Nursing Department **assigned the staff members** who would take care of the outside activities.	**In process of implementations**. There were many factors involved such as cost calculation of transportation, nurses and visiting place(s). The places to be visited must be matched the preference of both senior patients and family members.
VIII. The family members wanted the senior patients to consume **food** that have **complete nutrients.**	1. The institution would arrange the food **according to the illness and symptom** of each senior patient. 2. The **nurses and caretakers needed to study the food nutrition** of each illness. The incorrect food nutrition had substantial affected on the health of senior patients. 3. The researcher suggested the **family members** to bring the senior patient's **favorite food**, provided under nurse's approval. 4. The family members could **bring the nutrient** food e.g. chicken broth, bird nest to the staff members for supplementary food.	The staff members and family members **agreed with** the researcher's suggestions. The institution frequently sent the nutritionists to **attend** the **seminars** of Ministry of Public Health. The liquid and solid foods were **properly prepared** per each patient's illness and symptoms. The researcher **saw** the nurses receive the supplementary food from family member and attach the patient name label.

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
IX. The **family members** wanted to have senior **care knowledge** when they brought the senior patients back to their home.	1. The institution organized the **seminar** how to properly take care of senior patients when the family members took them to visit home or after discharged from the institution e.g. feeding by tube, CPR 2. The researcher suggested the staff members to **prepare the brochures/CDs** of senior patient care knowledge for family members.	These suggestions were **agreed** and have **been implemented**.
X. The family members and staff members wanted the institution to create the **reception room** for visitors or prospective customers.	1. The **visitors and staff members** were **not both convenient** to contact for information in the administrative office because there were many confidential documents in the office. Therefore, the reception room were created to facilitate the visitors, including the prospective customers. 2. The researcher **suggested the management** to create a separate room for visitors and prospective customers by building the reception room.	The researcher suggested the institution to create the company website and, therefore, the development of reception room must be done first. Currently, the **reception room** had been **finished** at the **same time of** the **launch of company website** www.sukavet.com in February 2010.

2. Staff Member Development

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
I. The staff members wanted Sukavet to have a good **reputation** senior care business	1. The staff members needed to provide the senior care to the patients **as best as they could**. 2. The institution promoted the **ethical senior patient care**. 3. The staff members warmly treated the senior patients and family members **like their family**.	The staff members **accepted** the suggestions of researcher to **promote** the best senior patient care and ethical patient care. The researcher **saw** the *motivation and enthusiasm* of the staff members taking a good care of senior patients. From the researcher observation, they also **treated** the senior patients and family members **like their family** by calling "Grandfather", "Grandmother", "Uncle" and "Aunt."
II. The staff members wanted Sukavet to be up-to-date **like a large nursing home**.	1. The new technology was implemented by management e.g. **advance medical technology.** 2. The medical records were changed **from paper-based to electronic database**. 3. The researcher suggested to the management to create the Sukavet Nursing Home **Website** to promote the institution. 4. The researcher encouraged the staff members to **initiate and suggest their ideas to the direct supervisors** and **later** supervisors suggested to the **management**. 5. The **frequent meeting** of the director of each department was encouraged. The meeting was related to the various senior illness and urgency of treatment.	**In process of implementations.** The development **depended on** the **management policy** and **financial management**. The researcher saw the dedication of nurses and caretakers could make the development possible in the future. The **good start** was from the introduction of Sukavet Nursing Home **website** and the **gradual change** from paper-based information to electronic database system.

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
III. The staff members want **job security**.	1. The researcher suggested the administrative department to propose to the management level for the **social security**. 2. The **compensation** must be **at the same level or higher** than other nursing homes.	**Completed** implementation by the managing director.
IV. The staff members wanted to have a **fair job evaluation**.	1. The direct supervisors of each department must provide a **fair evaluation**. 2. The **increment of annual compensation** evaluation must be **fair**. 3. The good performance staff members in each month would receive the **special monthly monetary rewards**.	**Fully implemented** by the director of each department. The special monthly monetary rewards were also **approved** by the managing director.
V. The staff members wanted to have a **good compensation**.	1. The researcher would suggest the management to set the compensation **standard** like other nursing homes. 2. The researcher suggested implementing the monetary motivation rewards of **great performance employees** and posting their achievement on the **company bulletin board**. The purpose was to encourage the other employees to have a job motivation. 3. The **non-monetary rewards** were suggested as "Great Performance Employee Certificate." 4. The researcher suggested the monetary rewards to the staff members who **never used their vacation days**.	The managing director **agreed** but the compensation **depended on the financial situation** of the institution. However, the managing director tried *not to reduce the current compensation* during the financial crisis. The **non-monetary rewards** of the great employee performance could be **implemented immediately**. The **special monetary** rewards were also **approved** by the managing director.

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
VI. The staff members wanted to have a **good career path**.	1. The researcher suggested the head of each department to provide the senior care **training** or additional seminars to **enrich** the **knowledge** of staff members. 2. The **head of staff members** also attended the **seminars** provided by *Ministry of Public Health* and used the new senior care knowledge or technology to improve the institution. 3. Due to most of staff members, especially 82 caretakers working in the same tasks of providing senior patient care, the caretakers were **divided into groups** and each group would elect their **group leader** to *coordinate and suggest* the productive ideas or comments to the **direct supervisor** of the **Nursing Department**.	The researcher **followed up** the results from the nurses and managing director that they were **providing the training** for the new caretakers at no charge to enrich of the knowledge of staff members. The ***managing director*** also **attended** the seminar at the government hospital (Siriraj Hospital) to improve the new technology and medical knowledge. The **caretakers** were **coordinating** between each other to provide the good senior care service. They also **met** with their **direct supervisor** and the **nurse** to **receive** the productive **suggestions**.

3. Relationship Development

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
I. The senior patients wanted to have **metal rehabilitation** by having good relationship with the **staff members**.	1. The staff members had **more conversations** with the senior patients to make them not to feel lonely. 2. By **using the tools** that senior patients like most, the staff members and senior patients did activities together e.g. using the impressive tools, favorite old pictures, inspiring things requested from the family members to initiate the communication with the senior patients. 3. Some senior patients could not speak. Therefore, they had to use **non-verbal communications** such as writing, signals of staff members, nodding, smiling.	**Completed implemented.** The researcher **saw** the **cooperation** of **family members brought** the **pictures** of senior patients placing on the table next to the senior patient bed. The staff members also initiated the **conversation** with the senior patients. For the senior **patients** who **could not talk**, the staff members were **provided** the **whiteboard** and erasable markers for the senior patients to write and communicate.
II. The **family** members were encouraged to **frequently visit** the senior patients.	1. The frequent visitation of family members made the senior patients **feel not neglected** but felt warmness of family.	

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
	2. The family members brought the **person(s) who the senior patients loved the most** to visit that increase the satisfaction and engagement of senior patients. 3. When visiting the senior patients, the family members **took care of the senior patients** e.g. bringing the favorite food to feed the senior patients. 4. The family members **took the senior patients to walk or wheel-chair** around the institution. 5. Sometimes, the family members **took the senior patients outside the institution** e.g. visiting home, visiting other favorite places. The caretaker(s) went along with the family members and senior patients. ***The senior patients would think the caretaker(s) were also a part of his/her family.***	On the weekend and special holidays, the **groups** of **family members visited** the senior patients. They had activities with senior patients such as feeding food, wheel-chairing. Some families drove to the institution by their vehicles. They **took** the senior patients **outside** the institution and the **caretakers** also **travelled along** with them.

Business Sustainability of the Institution

4. Management and Financial Support

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
I. Financial officer had problems of **overdue invoice** payment of family members.	1. The researcher **suggested the financial officer** about the financial problems of both short-term and long-term as follows: **a. Short-term** The family members had financial problems from business operations. They had **insufficient cash inflows**. The researcher suggested them to **meet the financial officer** and worked on the new payment plan. For example, the family members could make an instalment plan of monthly payment or new payment schedule that the payment would be made as soon as possible. **b. Long-term** The researcher suggested the family members to **contact the financial institution(s)** and obtain a ***personal loan*** or if the family members had the ***life insurance savings***, they could use this portion. 2. The researcher also provided **suggestions to the financial officer** to **categorize** the family members into three groups as follows:	**In process of implementations** In **short-term**, the researcher found that the financial officer was working on **follow-up** the overdue invoices but utilizing the computing systems. The debt processes were in forms of **telephone notification** and **reminding letter** of overdue payments. Additionally, the financial officer could discuss about the overdue invoice(s) with family members when they visited the senior patients at the institution. In **long-term**, the researcher provided the **suggestions** to both ***financial officer*** and ***managing director*** at the same time.

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
	a. Good Financial Group The financial officer did not have any problem with this group. **b. Temporary Financial Delinquency Group** The financial officer frequently checked and followed up the overdue payments. **c. Continuous Financial Delinquency Group** The Finance Office needed to report to the managing director for his decision-making.	
II. Resulted from **financial crisis of 30% revenue reduction and unstable cash collections**, the **cash flow problems** of Sukavet were to be solved.	1. The researcher **suggested the financial officer** to **prepare the financial statements** and the **statement of actual cash flows by week**. In addition, the officer needed to prepare the **cash flows forecast report** and the monthly summary of financial status to present the managing director. 2. The researcher **recommended the managing director** to have **reserved cash** for business operations at least three months.	**Fully implementation of financial status update.** The financial officer regularly met with the managing director to update the current financial status. **In process of cash reserved implementation by managing director.**

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
III. Sukavet needed **cash** for **quality** senior patient **care** and **sustainable business development** as follows:	The researcher **recommended the managing director** to prepare **the budget** for the following implementations: ➢ There were three suggestions of business development to generate the addition cash inflows into the institution **without making any capital investment**. a. The **market expansion** of senior patient care outside the institution was **home care and hospital care**. Due to the *limited 40 patient beds complied with the Ministry of Public Health*, the researcher suggested to expand the market share and cash generation by expanding home/hospital care. The institution could utilize the staff members, especially caretakers. The **website** must be **created** to **promote a new market expansion** e.g. well-trained caretakers, ethical senior patient care, guaranteed not to steal the valuable belongings of the senior patients at home/hospital and not harm the senior patients in any matter, etc. b. The institution could **prepare four spare patient beds** *(10% of total 40 patient beds)* for new patients. Some senior patients were leaving the institution to stay at home. During the last month before the old patient leaving the institution, the new senior patients	The researcher **discussed** with the **managing director** to **loan** the capital investment **from financial institution(s)**. However, the **shareholders did not have a policy to borrow money from the financial institution(s)** since it was risky of high interest rate or default payment and it might affect to the senior patients that they were risky of ***business insolvency***. ***Therefore, the shareholders decided to use their dividends to develop the business and financial management per suggestions of the researcher. The managing director kept the accounting records of how much the capital lent from the shareholders. In the future, once the financial position is solid, the shareholders will receive their unpaid dividends.***

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
	could be admitted in terms of using spare patient beds. The institution would not lose the revenue during lead time between old and new senior patients. c. Currently, the ambulance(s) of Sukavet was used to commute the senior patient in the institution in case of emergency to take the acute illness patients to the nearest hospital. The researcher suggested the **maximum utilization** of **Sukavet ambulance(s) by also taking the home care senior patients to the hospital.** This idea could be **promoted on the website.**	Per three **suggestions of the researcher** to ***generate more revenue and cash inflows without the capital investment*** that came from ***expanding to home/hospital senior patient care, preparation of four spare patient beds and maximized utilization of ambulance(s),*** the institution could generate more cash inflows for business operations. The managing director had **fully implemented these suggestions.**
❖ **Recreation Room** Construction (Patient Care Item V, Page 193)	* The researcher suggested the managing director to allocate the **space** for recreation room development and arrange the **recreational equipment** e.g. Karaoke, Games, Cards (No Gambling), Building Blocks, etc.	**Recreation room construction completed.**
❖ **Living Room** Implementation (Patient Care Item VI, Page 193)	* The researcher suggested the managing director to assign the **proper area** of living room and acquire new **furniture**.	**Living room of senior patients and family members completed.**

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
❖ **Outside Activity** Development (Patient Care Item VII, Page 194)	* The researcher recommended the managing director to implement the outdoor activities. There would be an **additional expense** of outside activities. Each outside activity would *be calculated the cost* to present to the family members and senior patients. The researcher suggested setting **the standard price** of each spot in Bangkok. The group travel was less expensive than individual travel.	**In process of implementations.**
❖ **Reception Room** Creation (Patient Care Item X, Page 195)	* The researcher provided the suggestion to the managing director to develop the **private area** of senior patients and family members and necessary furniture per area space.	**Reception room completed at the same time of Sukavet Website Launch in February 2010**
❖ **Reputation of Sukavet** (Staff Member Development Items I and II, Page 196)	* The researcher offered the recommendations to the managing director to **improve the aging facility** by **new painting** inside and outside of the institution. The **new furniture** and **new technological equipment** were acquired. The staff members **knew how to operate** the computing system. In addition, the paper-based promotion was changed to the **Internet website promotion**. Additionally, the **staff members** were encouraged to provide **their suggestions** to the direct supervisor.	**In process of implementations.** There were many factors to be considered of huge capital investments. The researcher **suggested** that the *old technological* equipment was *replaced* and the ***new ones*** would be ***acquired*** for the **safety of the senior patients.**

Actual Pre-ODI	Actual ODI by Suggestions of Researcher	Actual Post-ODI
❖ **Job Security** Development (Staff Member Development Item III, Page 197)	* The researcher suggested the managing director to provide the **social security** to the employees in case they were sick or pregnant. The social security provided the **retirement fund** for staff members.	The managing director **approved** to provide the social security to ***create job security and job commitment***.
❖ **Job Evaluation and Compensation** Implementation (Staff Development Items IV and V Page 197)	* The researcher suggested the managing director to provide the **standard compensation** at the same level or high than other nursing homes to maintain the *job satisfaction and commitment* of staff members. The **job performance evaluation** of the staff members must be **fair** and the **special monetary rewards** to be provided would motivate the *effectiveness and efficiency* of employees. In addition, the employees who never took leave in the fiscal year were rewarded by **special monetary rewards**.	As the researcher discussed with the managing director, the compensation would **not** be **reduced** even if the economy was not good. **To get money was easier than creating the good performance employees.**

Appendix B: **Schedule of Weekly Activities for Senior Patients**

Days / Sessions	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Session	**Group A** • Physical Therapy • Additional Indoor Activities • Watch TV or Movies	**Group C** • Physical Therapy • Additional Indoor Activities for Other Groups • Watch TV or Movies	**Group E** • Physical Therapy • Additional Indoor Activities for Other Groups • Watch TV or Movies	**Group B** • Physical Therapy • Additional Indoor Activities for Other Groups • Watch TV or Movies	• Buddhist Activities e.g. alms to monks **Group D** • Physical Therapy • Additional Indoor Activities for Other Groups • Watch TV or Movies	**Family Day** • Family Member Visitation • Watch TV or Movies • Indoor/Outdoor Activities with Family Members	**Family Day** • Family Member Visitation • Watch TV or Movies • Indoor/Outdoor Activities with Family Members
Afternoon Session	**Group B** • Physical Therapy • Watch TV or Movies • Additional Indoor Activities • Outdoor Activities Per Consent of Senior Patients and Family Members	**Group D** • Physical Therapy • Additional Indoor Activities • Watch TV or Movies • Outdoor Activities Per Consent of Senior Patients and Family Members	**Group A** • Physical Therapy • Additional Indoor Activities • Watch TV or Movies • Outdoor Activities Per Consent of Senior Patients and Family Members	**Group C** • Physical Therapy • Additional Indoor Activities • Watch TV or Movies • Outdoor Activities Per Consent of Senior Patients and Family Members	**Group E** • Physical Therapy • Additional Indoor Activities • Watch TV or Movies • Outdoor Activities Per Consent of Senior Patients and Family Members	**Family Day** • Family Member Visitation • Watch TV or Movies • Indoor/Outdoor Activities with Family Members	**Family Day** • Family Member Visitation • Watch TV or Movies • Indoor/Outdoor Activities with Family Members

Notes: * Due to limited space of physical therapy facility, the senior patients were assigned into groups to schedule for the physical therapy twice a week. All senior patients would have an equal chance of rehabilitation.
**Additional Indoor Activities organized per requested of Senior Patients
***Additional Outdoor Activities organized per requested of both Senior Patients and Family Members

Appendix C: **Survey 1 (English)**

January 14, 2010

Dear Research Participants,

Currently, I am a Ph. D. in Management and Organization Development Batch III of Assumption University and preparing the dissertation for the title of "Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of A Nursing Home"

The purpose of this questionnaire is designed to survey the attitudes about your work commitment and communication process of the impact of organization development intervention between staff members and patients.

I would appreciate your kind answer for each question in the following pages with your careful attention. Your information from questionnaire completion will be processed by computer to summarize the answer in statistical form and, therefore, the individual will not be identified.

Please kindly be assured that all answers will be treated with the most respect and confidential. Once you have completed the questionnaire, please kindly hand in this questionnaire back to the management team. I am sincerely thankful toward your participation and contribution to this project.

Best Regards,

Piya Hirunwat

Ph.D. in Management and Organization Development Candidate, Researcher

Please kindly complete the following questions. This questionnaire is for educational research only. All information will be treated with respect and kept confidential. Your cooperation is highly appreciated.

Part 1: Demographic Profile of Personal Data

Please mark "x" in the following choices.

1.) Age

☐	21 – 25	☐	26 – 40
☐	41 – 50	☐	51 – 55
☐	56 – 60	☐	Over 60

2.) Gender

☐	Male	☐	Female

3.) Year(s) of Service

☐	0 – 4	☐	5 – 8
☐	9 – 12	☐	Over 12

4.) Current Position

☐	Medical Doctor	☐	Nurse
☐	Caretaker	☐	Administration

Part 2: Individual Characteristic

Please mark "x" on the block number that best represents your perception.

Scale Information

1 = Strongly Disagree
2 = Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Agree
6 = Strongly Agree

The questions in Part 2 intend to measure the difference between the before and after-organization development intervention if there will be a positive change in Sukavet Staff's work commitment categorized into job evaluation, reward system and career growth.

Before-OD Intervention									After-OD Intervention							
Job Evaluation									Job Evaluation							
5.)	I have a good fair score of job evaluation from immediate supervisor.	1	2	3	4	5	6		5.)	I have a good fair score of job evaluation from both supervisor and patients.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Job Evaluation								Job Evaluation							
6.)	I have received a good support from immediate supervisor.	1	2	3	4	5	6	6.)	I have received a great support from immediate supervisor.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Job Evaluation								Job Evaluation							
7.)	I have received a good support from colleagues.	1	2	3	4	5	6	7.)	I have received a great support from colleagues.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Job Evaluation								Job Evaluation							
8.)	My communications between staff are efficient and effective.	1	2	3	4	5	6	8.)	My communications between staff and patients are more efficient and effective.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Job Evaluation								Job Evaluation							
9.)	I agree with my job evaluation performance reviewed by immediate supervisor.	1	2	3	4	5	6	9.)	I am satisfied with my job evaluation performance reviewed by immediate supervisor and patients.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Reward System									Reward System							
10.)	I am satisfied with my current compensation and fringe benefits.	1	2	3	4	5	6		10.)	I am satisfied with my current compensation, fringe benefits and more satisfied with non – monetary reward.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Reward System									Reward System							
11.)	I am satisfied with both monetary and non-monetary complimentary reward from immediate supervisor.	1	2	3	4	5	6		11.)	I am more satisfied with both monetary and non-monetary complimentary from patients.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Reward System									Reward System							
12.)	My non-monetary reward is from Sukavet.	1	2	3	4	5	6		12.)	My non-monetary reward is from Sukavet and social recognition.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Career Growth									Career Growth							
13.)	My career growth is related to monetary compensation.	1	2	3	4	5	6		13.)	My career growth is related to my work commitment.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Career Growth									Career Growth							
14.)	My career path is related to job specialization.	1	2	3	4	5	6		14.)	My career path is more related to job enrichment experience.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Career Growth									Career Growth							
15.)	My career growth is positively related to the years of service.	1	2	3	4	5	6		15.)	My career growth is positively related to the years of services and trainings.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Career Growth									Career Growth							
16.)	My current career growth leads to motivation to perform work in high standard.	1	2	3	4	5	6		16.)	I am ready to perform work very well and establish goal when new career development has implemented.	1	2	3	4	5	6

Before-OD Intervention									After-OD Intervention							
Career Growth									Career Growth							
17.)	My career path is leading to doing good merit in everyday.	1	2	3	4	5	6		17.)	I am making a difference in my career path.	1	2	3	4	5	6

Suggestion:

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Thank You for Your Kind Participation

Appendix D: **Survey I (Thai)**

แบบสอบถาม ชุดที่ 1 สำหรับพนักงาน สถานพยาบาลศุขเวช เนอสซิ่งโฮม (รามฯ 21)

วันที่ 14 มกราคม 2553

กราบเรียนท่านผู้ตอบแบบสอบถาม

กระผม นาย ปิยะ หิรัญวัฒน์ ปัจจุบันกระผมเป็นนักศึกษาปริญญาเอก สาขาการจัดการและการพัฒนาธุรกิจ รุ่นที่ 3 ของมหาวิทยาลัยอัสสัมชัญ และในขณะนี้กระผมกำลังทำวิทยานิพนธ์ หัวข้อ การศึกษาและการพัฒนาธุรกิจที่ยั่งยืนของสถานดูแลผู้สูงอายุโดยวิถีเชิงบวก สถานพยาบาลศุขเวช เนอสซิ่งโฮม

จุดประสงค์ของแบบสอบถามฉบับนี้ได้ออกแบบเพื่อสอบถามทัศนคติเกี่ยวกับความมุ่งมั่นในการทำงานและกระบวนการสื่อสารของท่านก่อนและหลังจากที่ได้รับคำแนะนำการพัฒนาธุรกิจที่ยั่งยืนให้สถานพยาบาลศุขเวช เนอสซิ่งโฮม ระหว่างพนักงานและผู้ป่วยสูงอายุ

กระผมขอกราบขอบพระคุณท่านผู้กรอกแบบสอบถามที่ได้ให้ความอนุเคราะห์ตอบแบบสอบถามที่แนบมาด้วยความพินิจพิเคราะห์ ข้อมูลที่ท่านกรอกในแบบสอบถามฉบับนี้จะถูกประมวลผลโดยโปรแกรมสถิติคอมพิวเตอร์ ดังนั้นจึงไม่สามารถระบุตัวบุคคลของผู้ตอบแบบสอบถามฉบับนี้ได้

โปรดให้ความมั่นใจได้ว่าคำตอบทุกๆคำตอบจะได้รับความเคารพและเก็บเป็นความลับ เมื่อท่านได้กรอกแบบสอบถามเสร็จสมบูรณ์แล้ว ขอความกรุณาท่านส่งแบบสอบถามฉบับนี้คืนให้คณะผู้บริหาร กระผมขอกราบขอบพระคุณที่ท่านตอบแบบสอบถามฉบับนี้และได้มีส่วนร่วมในโครงการนี้

ด้วยความเคารพอย่างสูง

นาย ปิยะ หิรัญวัฒน์

นักศึกษาปริญญาเอก สาขาการจัดการและการพัฒนาธุรกิจ รุ่นที่ 3 ของมหาวิทยาลัยอัสสัมชัญ

กรุณาตอบแบบสอบถามดังต่อไปนี้ ข้อมูลในแบบสอบถามฉบับนี้ใช้เพื่อการศึกษาเท่านั้น กระผมจะเคารพในทุกๆคำตอบของท่านและข้อมูลของท่านจะถูกเก็บเป็นความลับ กระผมขอกราบขอบพระคุณที่ท่านกรุณาตอบแบบสอบถาม

ส่วนที่ 1: ข้อมูลส่วนบุคคล

กรุณาทำเรื่องหมายกากะบาท (x) เพียงหนึ่งตัวเลือกเท่านั้นสำหรับคำถามที่ 1 ถึง 4

1.) อายุ (ปี)

☐ 21 – 25 ☐ 26 – 40

☐ 41 – 50 ☐ 51 – 55

☐ 56 – 60 ☐ มากกว่า 60 ปี ขึ้นไป

2.) เพศ

☐ ชาย ☐ หญิง

3.) อายุการทำงานของท่านที่สถานพยาบาลศุขเวช เนอซิงโฮม (ปี)

☐ 0 – 4 ☐ 5 – 8

☐ 9 – 12 ☐ มากกว่า 12 ปี ขึ้นไป

4.) ตำแหน่งปัจจุบันที่สถานพยาบาลศุขเวช เนอสซิ่งโฮม

☐ แพทย์ ☐ พยาบาล

☐ ผู้ช่วยพยาบาลดูแลผู้สูงอายุ ☐ ฝ่ายการจัดการ

ส่วนที่ 2: ความคิดเห็นส่วนบุคคล

กรุณาทำเรื่องหมายกากะบาท (x) เพียงหนึ่งตัวเลือกเท่านั้นสำหรับคำถามที่ 5 ถึง 17 ตามความคิดเห็นของท่าน

ข้อมูลระดับความเห็นด้วยของท่าน

1 = ไม่เห็นด้วยอย่างยิ่ง

2 = ไม่เห็นด้วย

3 = ไม่เห็นด้วยบ้าง

4 = เห็นด้วยบ้าง

5 = เห็นด้วย

6 = เห็นด้วยอย่างยิ่ง

คำถามในส่วนที่ 2 นี้จะวัดระดับความแตกต่างระหว่างก่อนและหลังให้คำแนะนำการพัฒนาธุรกิจถ้ามีการเปลี่ยนแปลงไปในทางที่ดีขึ้นกับการอุทิศตนในการทำงานของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ในการประเมินผลงาน, การให้ค่าตอบแทน และ ความเจริญก้าวหน้าทางการทำงาน

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การประเมินผลงาน								การประเมินผลงาน							
5.)	ข้าพเจ้าได้รับการประเมินผลงานเป็นที่น่าพึงพอใจจากผู้บังคับบัญชาโดยตรง	1	2	3	4	5	6	5.)	ข้าพเจ้าได้รับการประเมินผลงานเป็นที่น่าพึงพอใจจากทั้งผู้บังคับบัญชาโดยตรงและผู้ป่วย	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การประเมินผลงาน								การประเมินผลงาน							
6.)	ข้าพเจ้าได้รับการสนับสนุนที่ดีจากผู้บังคับบัญชาโดยตรง	1	2	3	4	5	6	6.)	ข้าพเจ้าได้รับการสนับสนุนที่ดีเยี่ยมจากผู้บังคับบัญชาโดยตรง	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การประเมินผลงาน								การประเมินผลงาน							
7.)	ข้าพเจ้าได้รับการสนับสนุนที่ดีจากเพื่อนร่วมงาน	1	2	3	4	5	6	7.)	ข้าพเจ้าได้รับการสนับสนุนที่ดีเยี่ยมจากเพื่อนร่วมงาน	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การประเมินผลงาน								การประเมินผลงาน							
8.)	การสื่อสารของข้าพเจ้าระหว่างเพื่อนร่วมงานมีความประสิทธิภาพและมีประสิทธิผล	1	2	3	4	5	6	8.)	การสื่อสารของข้าพเจ้าระหว่างเพื่อนร่วมงานมีความประสิทธิภาพและมีประสิทธิผลมากกว่าขึ้นแต่ก่อน	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การประเมินผลงาน								การประเมินผลงาน							
9.)	ข้าพเจ้าเห็นด้วยกับการประเมิณผลงานที่ได้รับจากผู้บังคับบัญชาโดยตรง	1	2	3	4	5	6	9.)	ข้าพเจ้าพึงพอใจกับการประเมิณผลงานที่ได้รับจากผู้บังคับบัญชาโดยตรง	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การให้ค่าตอบแทน								การให้ค่าตอบแทน							
10.)	ข้าพเจ้าพึงพอใจกับค่าตอบแทนทางการเงินและสวัสดิการในปัจจุบัน	1	2	3	4	5	6	10.)	ข้าพเจ้าพึงพอใจกับค่าตอบแทนทางการเงินและสวัสดิการในปัจจุบัน รวมทั้งค่าตอบแทนที่ไม่ใช่ทางการเงิน	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ							
การให้ค่าตอบแทน									การให้ค่าตอบแทน							
11.)	ข้าพเจ้าพึงพอใจกับค่าตอบแทนทางการเงินและคำชื่นชมที่ได้รับจากผู้บังคับบัญชาโดยตรง	1	2	3	4	5	6		11.)	ข้าพเจ้าพึงพอใจกับค่าตอบแทนทางการเงินและคำชื่นชมที่ได้รับจากผู้บังคับบัญชาโดยตรงและผู้ป่วย	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ							
การให้ค่าตอบแทน									การให้ค่าตอบแทน							
12.)	ค่าตอบแทนที่ไม่ใช่ทางการเงินของข้าพเจ้าได้รับจาก สถานพยาบาลศุขเวช เนอสซิ่งโฮม	1	2	3	4	5	6		12.)	ค่าตอบแทนที่ไม่ใช่ทางการเงินของข้าพเจ้าได้รับจาก สถานพยาบาลศุขเวช เนอสซิ่งโฮม และได้รับจากการยอมรับจากสังคมภายนอก	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความเจริญก้าวหน้าทางการทำงาน								ความเจริญก้าวหน้าทางการทำงาน							
13.)	ความเจริญก้าวหน้าทางการทำงานของข้าพเจ้าเกี่ยวของกับค่าตอบแทนทางการเงิน	1	2	3	4	5	6	13.)	ความเจริญก้าวหน้าทางการทำงานของข้าพเจ้าเกี่ยวของกับการมุ่งมั่นการทำงานของข้าพเจ้า	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความเจริญก้าวหน้าทางการทำงาน								ความเจริญก้าวหน้าทางการทำงาน							
14.)	ลักษณะงานของข้าพเจ้าเกี่ยวข้องกับการชำนาญการเฉพาะทาง	1	2	3	4	5	6	14.)	ลักษณะงานของข้าพเจ้าเกี่ยวข้องกับการเพิ่มเติมประสบประการณ์มากกว่า การชำนาญการเฉพาะ	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความเจริญก้าวหน้าทางการทำงาน								ความเจริญก้าวหน้าทางการทำงาน							
15.)	ความเจริญก้าวหน้าทางการทำงานของข้าพเจ้ามีความเกี่ยวข้องที่เป็นบวกกับอายุการทำงานของข้าพเจ้า	1	2	3	4	5	6	15.)	ความเจริญก้าวหน้าทางการทำงานของข้าพเจ้ามีความเกี่ยวข้องที่เป็นบวกกับอายุการทำงานของข้าพเจ้าและการอบรมพัฒนา	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความเจริญก้าวหน้าทางการทำงาน								ความเจริญก้าวหน้าทางการทำงาน							
16.)	ความเจริญก้าวหน้าทางการทำงานของข้าพเจ้านำไปสู่การกระตุ้นให้ทำงานได้มีมาตรฐานที่สูงขึ้น	1	2	3	4	5	6	16.)	ข้าพเจ้าพร้อมที่จะปฏิบัติงานอย่างดีที่สุดและได้ตั้งเป้า เมื่อได้รับโอกาสสร้างความเจริญก้าวหน้าทางการทำงาน	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความเจริญก้าวหน้าทางการทำงาน									ความเจริญก้าวหน้าทางการทำงาน							
17.)	การทำงานของข้าพเจ้านำไปสู่การทำความดีทุกๆวัน	1	2	3	4	5	6		17.)	ข้าพเจ้าได้ทำทำงานเพื่ออุดมการณ์	1	2	3	4	5	6

คำแนะนำเพิ่มเติม:

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กระผมขอกราบขอบพระคุณที่ท่านกรุณาตอบแบบสอบถาม

Appendix E: **Survey II (English)**

January 14, 2010

Dear Research Participants,

Currently, I am a Ph. D. in Management and Organization Development Batch III of Assumption University and preparing the dissertation for the title of "Appreciative Inquiry-based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of A Nursing Home."

The purpose of this questionnaire is designed to survey your satisfaction and engagement level of Sukavet. Your valuable answers will help improve the care service and increase the satisfaction and engagement of senior patients.

I would appreciate your kind answer for each question in the following pages with your careful attention. Your information from questionnaire completion will be processed by computer to summarize the answer in statistical form and, therefore, the individual will not be identified.

Please kindly be assured that all answers will be treated with the most respect and confidential. Once you have completed the questionnaire, please kindly hand in this questionnaire back to the management team. I am sincerely thankful toward your participation and contribution to this project.

Best Regards,

Piya Hirunwat

Ph.D. in Management and Organization Development Candidate, Researcher

Please kindly complete the following questions. This questionnaire is for educational research only. All information will be treated with respect and kept confidential. Your cooperation is highly appreciated.

Part 1: Demographic Profile of Personal Data

Please mark "x" in the following choices.

1.) Gender

☐ Male ☐ Female

2.) Age.....Years Old

3.) Marital Status

☐ Single ☐ Married
☐ Widow ☐ Divorce

4.) Occupation

☐ Government/State Enterprise ☐ Private Company ☐ Own Business
☐ Contractor/Service Provider ☐ Others, Please Specify .....

5.) Monthly Income .....THB

6.) How Do You Know Sukavet?

☐ Doctor/Hospital ☐ Patient's Family Members/Relatives/Friends

☐ Others, Please Specify .....

Part 2: Individual Characteristic

Please mark "x" on the block number that best represents your perception.

Scale Information

1 = Strongly Disagree
2 = Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Agree
6 = Strongly Agree

The questions in Part 2 intend to measure the difference between the before and after-organization development intervention if there will be a positive change in the patient care and implemented activities.

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
7.)	The staff provides clearly answers and suggestions.	1	2	3	4	5	6	7.)	The staff quickly provides clearly correct answers and suggestions.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
8.)	The staff is enthusiastically caring and willing to provide services.	1	2	3	4	5	6	8.)	The staff is politely and friendly caring and willing to provide service.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
9.)	The patient care is provided according to first – come, first – served.	1	2	3	4	5	6	9.)	The patient care is provided according the priority of each patient's condition.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
10.)	The speed of care procedure is very important.	1	2	3	4	5	6	10.)	The speed of care procedure is equally important with appropriate standard procedure.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
11.)	The facility has the sufficient medical equipment for patients.	1	2	3	4	5	6	11.)	The facility has the satisfactory medical equipment for patients.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
12.)	The document/form is ready upon requested.	1	2	3	4	5	6	12.)	The document/form is ready upon requested and easy to understand.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Care								Patient Care							
13.)	The facility has good hygiene standard.	1	2	3	4	5	6	13.)	The facility has great hygiene standard and orderly organized.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Personal Communication								Patient Personal Communication							
14.)	The patient is participating in activities.	1	2	3	4	5	6	14.)	The patient is enjoying activities.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Satisfaction and Engagement								Patient Satisfaction and Engagement							
15.)	The patient is comfortable to stay in Sukavet.	1	2	3	4	5	6	15.)	The patient is very comfortable and satisfied to stay in Sukavet.	1	2	3	4	5	6

Before-OD Intervention								After-OD Intervention							
Patient Satisfaction and Engagement								Patient Satisfaction and Engagement							
16.)	In overall, the patient is satisfied with Sukavet.	1	2	3	4	5	6	16.)	In overall, both patient and family members are satisfied with Sukavet.	1	2	3	4	5	6

Suggestion:

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Thank You for Your Kind Participation

Appendix F: **Survey II (Thai)**

แบบสอบถาม ชุดที่ 2 สำหรับผู้ป่วยสูงอายุและครอบครัวของ สถานพยาบาล ศุขเวช เนอสซิ่งโฮม (รามฯ 21)

วันที่ 14 มกราคม 2553

กราบเรียนท่านผู้ตอบแบบสอบถาม

กระผม นาย ปิยะ หิรัญวัฒน์ ปัจจุบันกระผมเป็นนักศึกษาปริญญาเอก สาขาการจัดการและการพัฒนาธุรกิจ รุ่นที่ 3 ของมหาวิทยาลัยอัสสัมชัญ และในขณะนี้กระผมกำลังทำวิทยานิพนธ์ หัวข้อ การศึกษาและการพัฒนาธุรกิจที่ยั่งยืนของสถานดูแลผู้สูงอายุโดยวิถีเชิงบวก สถานพยาบาลศุขเวช เนอสซิ่งโฮม

จุดประสงค์ของแบบสอบถามฉบับนี้ได้ออกแบบเพื่อสอบถามถึงความสุขและความพึงพอใจของท่านต่อสถานพยาบาลศุขเวช เนอสซิ่งโฮม ทุกๆคำตอบอันมีค่าของท่านจะช่วยในการพัฒนาการดูแลรักษาและเพิ่มระดับความพึงพอใจให้กับผู้ป่วยสูงอายุ ของสถานพยาบาลศุขเวช เนอสซิ่งโฮม

กระผมขอกราบขอบพระคุณท่านผู้กรอกแบบสอบถามที่ได้ให้ความอนุเคราะห์ตอบแบบสอบถามที่แนบมาด้วยความพินิจพิเคราะห์ ข้อมูลที่ท่านกรอกในแบบสอบถามฉบับนี้จะถูกประมวลผลโดยโปรแกรมสถิติคอมพิวเตอร์ ดังนั้นจึงไม่สามารถระบุตัวบุคคลของผู้ตอบแบบสอบถามฉบับนี้ได้

โปรดให้ความมั่นใจได้ว่าคำตอบทุกๆคำตอบจะได้รับความเคารพและเก็บเป็นความลับ เมื่อท่านได้กรอกแบบสอบถามเสร็จสมบูรณ์แล้ว ขอความกรุณาท่านส่งแบบสอบถามฉบับนี้คืนให้คณะผู้บริหาร กระผมขอกราบขอบพระคุณที่ท่านตอบแบบสอบถามฉบับนี้และได้มีส่วนร่วมในโครงการนี้

ด้วยความเคารพอย่างสูง

นาย ปิยะ หิรัญวัฒน์
นักศึกษาปริญญาเอก สาขาการจัดการและการพัฒนาธุรกิจ รุ่นที่ 3 ของมหาวิทยาลัยอัสสัมชัญ

กรุณาตอบแบบสอบถามดังต่อไปนี้ ข้อมูลในแบบสอบถามฉบับนี้ใช้เพื่อการศึกษาเท่านั้น กระผมจะเคารพในทุกๆคำตอบของท่านและข้อมูลของท่านจะถูกเก็บเป็นความลับ กระผมขอกราบขอบพระคุณที่ท่านกรุณาตอบแบบสอบถาม

ส่วนที่ 1: ข้อมูลส่วนบุคคล

กรุณาทำเรื่องหมายกากะบาท (x) เพียงหนึ่งตัวเลือกเท่านั้นสำหรับคำถามที่ 1 ถึง 6

1.) เพศ

☐ ชาย ☐ หญิง

2.) อายุ.....ปี

3.) สถานภาพสมรส

☐ โสด ☐ แต่งงาน

☐ หม้าย ☐ หย่า

4.) อาชีพ

☐ รับราชการ/รัฐวิสาหกิจ ☐ พนักงานบริษัทเอกชน ☐ ประกอบธุรกิจส่วนตัว

☐ รับจ้างทั่วไป ☐ อื่นๆ, โปรดระบุ .....

5.) รายได้ต่อเดือน .....บาท

6.) ท่านรู้จักสถานพยาบาล ศุขเวช เนอสซิ่งโฮม จากใคร?

☐ แพทย์/โรงพยาบาล ☐ ครอบครัวของผู้ป่วย/ญาติ/เพื่อน

☐ อื่นๆ, โปรดระบุ .....

ส่วนที่ 2: ความคิดเห็นส่วนบุคคล

กรุณาทำเรื่องหมายกากะบาท (x) เพียงหนึ่งตัวเลือกเท่านั้นสำหรับคำถามที่ 7 ถึง 16 ตามความคิดเห็นของท่าน

ข้อมูลระดับความเห็นด้วยของท่าน

1 = ไม่เห็นด้วยอย่างยิ่ง

2 = ไม่เห็นด้วย

3 = ไม่เห็นด้วยบ้าง

4 = เห็นด้วยบ้าง

5 = เห็นด้วย

6 = เห็นด้วยอย่างยิ่ง

คำถามในส่วนที่ 2 นี้จะวัดระดับความแตกต่างระหว่างก่อนและหลังให้คำแนะนำการพัฒนาธุรกิจถ้ามีการเปลี่ยนแปลงไปในทางที่ดีขึ้นกับการดูแลผู้ป่วยของสถานพยาบาลศุขเวช เนอสซิ่งโฮม และกิจกรรมต่างๆ

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ								
การดูแลผู้ป่วย									การดูแลผู้ป่วย								
7.)	เจ้าหน้าที่ของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ได้ให้คำตอบและคำแนะนำที่ชัดเจน	1	2	3	4	5	6		7.)	เจ้าหน้าที่ของสถานพยาบาลศุขเวช เนอสซิ่งโฮมได้ให้คำตอบและคำแนะนำที่รวดเร็ว ชัดเจน และถูกต้อง	1	2	3	4	5	6	

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ								
การดูแลผู้ป่วย									การดูแลผู้ป่วย								
8.)	เจ้าหน้าที่ของสถานพยาบาลศุขเวช เนอสซิ่งโฮม มีความกระตือรือร้นในการให้การดูแลรักษาและเต็มใจที่ให้บริการ	1	2	3	4	5	6		8.)	เจ้าหน้าที่ของสถานพยาบาลศุขเวช เนอสซิ่งโฮม มีความสุภาพและเป็นมิตรในการให้การดูแลรักษาและเต็มใจที่ให้บริการ	1	2	3	4	5	6	

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การดูแลผู้ป่วย								การดูแลผู้ป่วย							
9.)	เจ้าหน้าที่ของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ให้การดูแลรักษาผู้ป่วยตามลำดับมาก่อนหลัง	1	2	3	4	5	6	9.)	เจ้าหน้าที่ของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ให้การให้การดูแลรักษาผู้ป่วยตามความจำเป็นเร่งด่วนของอาการของผู้ป่วยแต่ละท่าน	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การดูแลผู้ป่วย								การดูแลผู้ป่วย							
10.)	ความรวดเร็วในการให้การดูแลรักษามีความสำคัญมาก	1	2	3	4	5	6	10.)	ความรวดเร็วในการให้การดูแลรักษามีความสำคัญเท่ากันกับการให้การดูแลรักษาตามความเหมาะสม	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การดูแลผู้ป่วย								การดูแลผู้ป่วย							
11.)	สถานพยาบาลศุขเวช เนอสซิ่งโฮม มีอุปกรณ์การรักษาทางการแพทย์ที่เพียงพอ	1	2	3	4	5	6	11.)	สถานพยาบาลศุขเวช เนอสซิ่งโฮม มีอุปกรณ์การรักษาทางการแพทย์ที่เพียงพอและเป็นที่พึงพอใจแก่ผู้ป่วย	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
การดูแลผู้ป่วย								การดูแลผู้ป่วย							
12.)	สถานพยาบาลศุขเวช เนอสซิ่งโฮม มีความพร้อมในการส่งมอบเอกสาร/แบบฟอร์มของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ตามความต้องการของผู้ป่วย	1	2	3	4	5	6	12.)	สถานพยาบาลศุขเวช เนอสซิ่งโฮม มีความพร้อมในการส่งมอบเอกสาร/แบบฟอร์มของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ตามความต้องการของผู้ป่วย และเอกสารอ่านเข้าใจง่าย	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ							
การดูแลผู้ป่วย									การดูแลผู้ป่วย							
13.)	สถานพยาบาลศุขเวช เนอสซิ่งโฮม มีความสะอาดตามมาตรฐาน	1	2	3	4	5	6		13.)	สถานพยาบาลศุขเวช เนอสซิ่งโฮม มีความสะอาดตามมาตรฐาน และมีการจัดสถานที่อย่างเป็นระเบียบ	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ									หลังให้คำแนะนำการพัฒนาธุรกิจ							
การสื่อสารของผู้ป่วย									การสื่อสารของผู้ป่วย							
14.)	ผู้ป่วยของสถานพยาบาลศุขเวช เนอสซิ่งโฮม มีส่วนร่วมในการทำกิจกรรมต่างๆ	1	2	3	4	5	6		14.)	ผู้ป่วยของสถานพยาบาลศุขเวช เนอสซิ่งโฮม ชื่นชอบในการมีส่วนร่วมในการทำกิจกรรมต่างๆ	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความพึงพอใจของผู้ป่วย								ความพึงพอใจของผู้ป่วย							
15.)	ผู้ป่วยพักอยู่ที่สถานพยาบาลศุขเวช เนอสซิ่งโฮม อย่างสะดวกสบาย	1	2	3	4	5	6	15.)	ผู้ป่วยพักอยู่ที่สถานพยาบาลศุขเวช เนอสซิ่งโฮม อย่างสะดวกสบายและมีความสุข	1	2	3	4	5	6

ก่อนให้คำแนะนำการพัฒนาธุรกิจ								หลังให้คำแนะนำการพัฒนาธุรกิจ							
ความพึงพอใจของผู้ป่วย								ความพึงพอใจของผู้ป่วย							
16.)	โดยรวมผู้ป่วยมีความพึงพอใจที่พักอยู่ที่สถานพยาบาลศุขเวช เนอสซิ่งโฮม	1	2	3	4	5	6	16.)	โดยรวมผู้ป่วยรวมทั้งครอบครัวของผู้ป่วยมีความพึงพอใจที่ผู้ป่วยได้พักอยู่ที่สถานพยาบาลศุขเวช เนอสซิ่งโฮม	1	2	3	4	5	6

คำแนะนำเพิ่มเติม:

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กระผมขอกราบขอบพระคุณที่ท่านกรุณาตอบแบบสอบถาม

Appendix G: **Focus Group Discussion 1 Topics (English)**

Theme: "Sukavet Healthy Home"

1.) Value Questions

- Staff Performance: What is your most valuable factor of your job performance?
- Evaluation System: How do you make the evaluation system valuable?
- Reward System: What is the most precious aspect of the reward system?
- Career Path: Why is your career path valuable?

2.) Peak Questions

- Staff Performance: What was your most impressive experience of your job performance?
- Evaluation System: When was your best evaluation and how?
- Reward System: What was your most valuable inspiration of monetary and non-monetary rewards?
- Career Path: When did you have your best career path? Please kindly explain.

3.) Miracle Questions

- Staff Performance: What would you do to enrich your job performance?
- Evaluation System: What will you attempt achieve in your evaluation for the next three years?
- Reward System: Explain both of monetary and non-monetary rewards that will significantly be important in the next year?
- Career Path: What would you recommend to focus on your career path target in the next three years?

Appendix H: **Focus Group Discussion 1 Topics (Thai)**

แบบสัมภาษณ์สำหรับพนักงานของสถานพยาบาลศุขเวช เนอสซิ่งโฮม (รามฯ 21)

ในหัวเรื่อง "ศุขเวช เนอสซิ่งโฮม บ้านแห่งสุขภาพดี"

1.) คำถามเพื่อค้นหาการเพิ่มมูลค่า

- ประสิทธิภาพของพนักงาน: อะไรที่มีค่ามากที่สุดในการเพิ่มประสิทธิภาพในการทำงานของคุณ?
- การประเมินผลงาน: คุณจะทำให้ระบบการประเมินผลงานมีคุณค่าได้อย่างไร?
- การให้ค่าตอบแทน: อะไรที่ทำให้ระบบการให้ค่าตอบแทนมีค่ามากที่สุด?
- ความเจริญก้าวหน้าทางการทำงาน: ทำไมความเจริญก้าวหน้าทางการทำงานของคุณถึงมีค่า?

2.) คำถามเพื่อค้นหาความประทับใจที่สุด

- ประสิทธิภาพของพนักงาน: อะไรที่มีความประทับใจที่สุดมากที่สุดในการเพิ่มประสิทธิภาพในการทำงานของคุณ?
- การประเมินผลงาน: เมื่อไรที่คุณได้รับการประเมินผลงานที่ดีที่สุดและประทับใจอย่างไร?
- การให้ค่าตอบแทน: อะไรที่มีค่ามากที่สุดในการทำให้ระบบการให้ค่าตอบแทนทั้งรูปแบบของเงินและไม่ใช่ในรูปแบบของเงินของคุณมีความประทับใจมากที่สุด?
- ความเจริญก้าวหน้าทางการทำงาน: เมื่อไรที่คุณได้รับความเจริญก้าวหน้าทางการทำงานของคุณที่ดีที่สุด? ขอความกรุณาช่วยอธิบายรายละเอียด?

3.) คำถามเพื่อค้นหาวิสัยทัศน์

- ประสิทธิภาพของพนักงาน: อะไรที่เพิ่มพูนวิสัยทัศน์ที่สุดในการเพิ่มประสิทธิภาพในการทำงานของคุณ?
- การประเมินผลงาน: อะไรที่คุณตั้งเป้าหมายว่าจะต้องทำให้ได้ในการประเมินผลงานของคุณในอีก 3 ปีข้างหน้า?
- การให้ค่าตอบแทน: ขอความกรุณาช่วยอธิบายรายละเอียดอะไรที่มีความสำคัญมากที่สุดในการให้ค่าตอบแทนทั้งรูปแบบของเงินและไม่ใช่ในรูปแบบของเงินของคุณในปีหน้า?
- ความเจริญก้าวหน้าทางการทำงาน: อะไรที่คุณอยากจะเสนอแนะเพื่อเป็นหลักของการสร้างความเจริญก้าวหน้าในการทำงานของคุณในอีก 3 ปีข้างหน้า?

Appendix I: **Focus Group Discussion 2 Topics (English)**

Theme: "Sukavet Healthy Home"

1.) Value Questions

- What makes you very satisfied and healthy in your aging years?

2.) Peak Questions

- Please explain when you were most appreciated in life. What, when, where, why and how did it happen?

3.) Miracle Questions

- What will you do in the next three years to keep yourself aging satisfied and healthy?

Appendix J: **Focus Group Discussion 2 Topics (Thai)**

แบบสัมภาษณ์สำหรับผู้ป่วยของสถานพยาบาล ศุขเวช เนอสซิ่งโฮม (รามฯ 21) และครอบครัวของผู้ป่วย

ในหัวเรื่อง "ศุขเวช เนอสซิ่งโฮม บ้านแห่งสุขภาพดี"

1.) คำถามเพื่อค้นหาการเพิ่มมูลค่า

- อะไรที่ทำให้คุณมีความพึงพอใจและสุขภาพดีอย่างมากในช่วงวัยสูงอายุ?

2.) คำถามเพื่อค้นหาความประทับใจที่สุด

- ขอความกรุณาช่วยอธิบายรายละเอียด ตอนไหนที่คุณความประทับใจที่สุดในชีวิต อะไร, เมื่อไร, ที่ไหน, ทำไม และ เกิดขึ้นได้อย่างไร?

3.) ความเจริญก้าวหน้าทางการทำงาน

- อะไรที่คุณอยากจะทำในอีก 3 ปีข้างหน้า เพื่อให้คุณมีความพึงพอใจและสุขภาพดี?

Appendix K: **Inspection and Pre-ODI Checklist**

Inspection & Pre-ODI				
Checklist Items	**Good**	**Moderate**	**Fair**	**Remarks**
Do the staff members attentively provide the quality care procedures?				
Are the staff members friendly and polite to the senior patients?				
Are the staff members friendly and polite to the family members?				
Do the staff members always put the senior patients as their first priority?				
Do the staff members have a positive ***attitude*** to all senior patients?				
Do the staff members have a positive ***attitude*** to all family members?				
Are the VIP patients (males/females) feeling comfortable in VIP patient room?				
Are the regular male/female senior patients feeling comfortable in standard group patient room?				
Are the senior patients (males/females) feeling comfortable in the recreation room?				
Are the senior patients (males/females) satisfied with the inside and outside ambience of Sukavet?				
Do the senior patients (males/females) enjoy participating in the indoor activities?				
Do the senior patients (males/females) enjoy participating in the outdoor activities?				
Are the senior patients (males/females) satisfied with life support equipment/Suakvet's ambulance used *in case of emergency*?				
Are Sukavet developed in terms of new technology?				

Appendix L: **Research Consent Form**

GRADUATE SCHOOL OF BUSINESS ASSUMPTION UNIVERSTIY

DOCTORAL DISSERTATION PROGRAM
Ph.D. MOD

INFORMED CONSENT FORM

I have been requested to be a respondent to this study/research to be conducted by

_____ on the topic_____ to achieve the purpose of:

_____.

I understand the value and purposes of this study and I hereby support it with my consent.

Signature:

_____.

Print Name

_____.

Date:

_____.

Appendix M

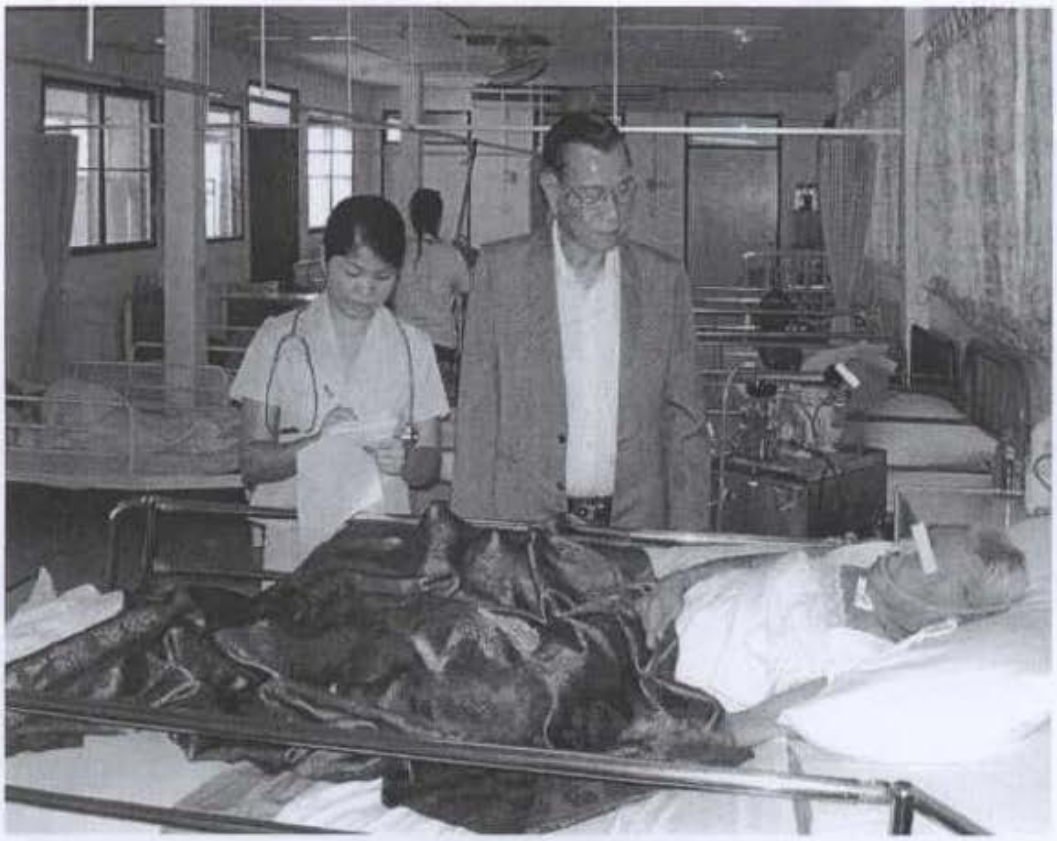
Pictures of Sukavet

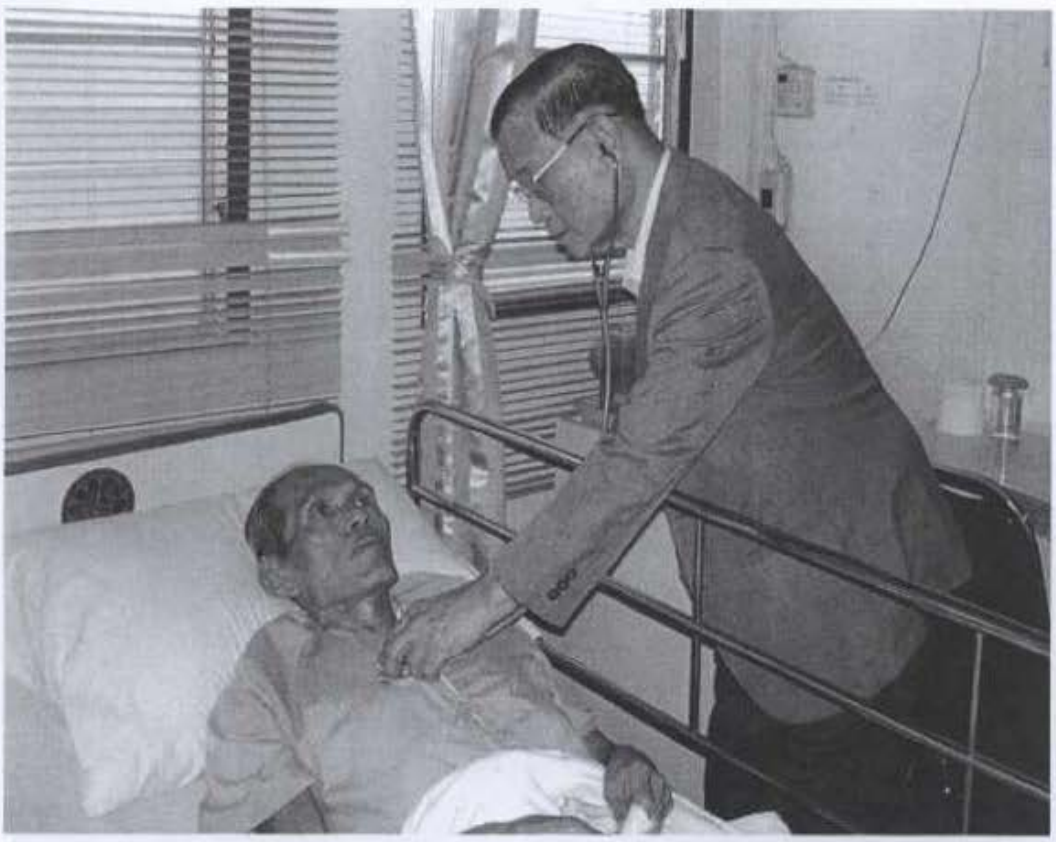
Appendix M: Pictures of Change from Paper Brochure to Website Creation

สถานพยาบาลผู้ป่วยเรื้อรัง

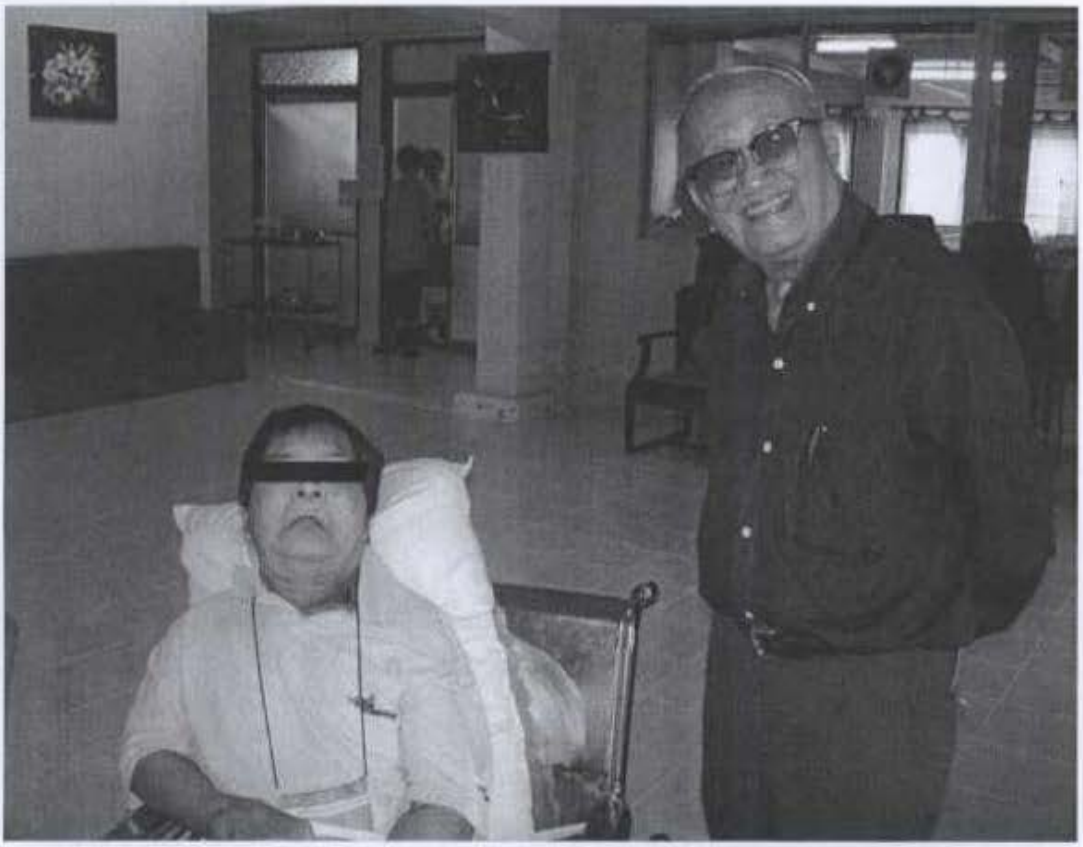
Appendix M: Pictures of Sukavet *(Cont.)*

Appendix M: Pictures of Sukavet *(Cont.)*

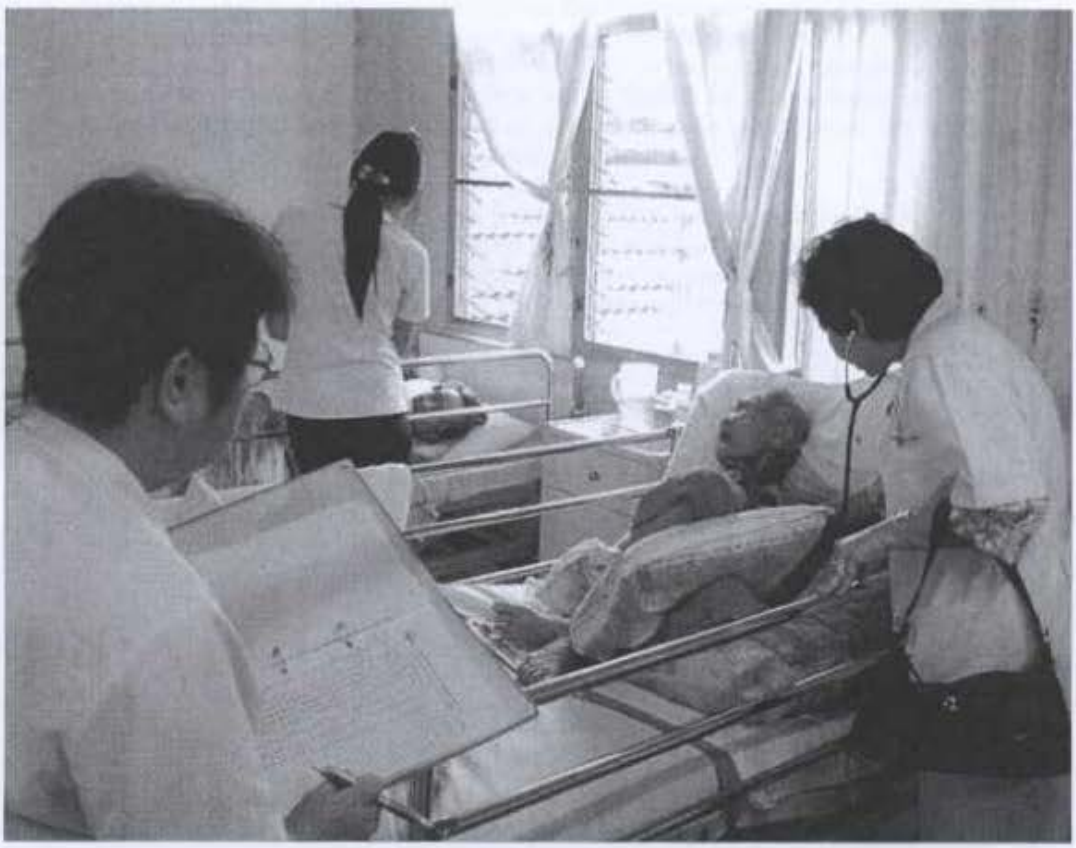




Appendix M: Pictures of Sukavet *(Cont.)*



Appendix M: Pictures of Sukavet *(Cont.)*



Appendix N: Action Research Letter

ABAC GRADUATE SCHOOL OF BUSINESS

August 20, 2009

Mr. Pissanu Chitrasumroeng
Managing Director
Sukavet Nursing Home
Navasri Medical Center Co., Ltd.
20/6 Navasri (Ram 21) Soi 2
Ramkumhang Rd. Wangthonglang, Bangkok.

*Subject: **Action Research Project***

Dear Mr. Pissanu Chitrasumroeng,

Mr. Piya Hirunwat, student ID holder of 511-9913, is studying in Doctor of Philosophy in Management & Organization Development (Ph.DMOD) Program under Graduate School of Business at the Assumption University (ABAC) of Thailand.

Mr. Piya Hirunwat is working on Action Research Project which is the fundamental and essential part of the Ph.DMOD program requirement. The purpose of the Action Research Project is to gain the practical knowledge of a planned change process in response to an identified problem. He would like to explore the Sukavet Nursing Home in the aspects of Business Development using Appreciative Inquiry.

Therefore, on behalf of the university, I would like to request your permission to use your organization as a model for his Action Research Project. In conducting his research, he will distribute questionnaires and make interview to the selected persons in your organization. We believe that his research will be fruitful for your company too. We assure you that all information gained or heard during the project work are strictly confidential and will only be used for academic purposes.

We do thank you for providing this great possibility and opportunity for Mr. Piya Hirunwat, and thus supporting Ph.DMOD Program at ABAC. Should you need further information, please do not hesitate to contact Office of Graduate Studies, we will be very willing to furnish any information about Mr. Piya Hirunwat's research.

Yours Sincerely,

Dr. Kitti Phothikitti
Dean of Graduate School of Business
Assumption University of Thailand
Tel: +662 7191088
Fax: + 662 7191521

Appendix O: Approval Letter of Sukavet

Piya Hirunwat (Peter)

111/81 – 82 Mu 10 Muban Buathong, Kanchanaphisek Road,

Bang Bua Thong, Nonthaburi 11110

Thailand

Tel. 02 594 4848, Cell. 081 858 5558, 081 818 5886

E-mail: peterhirunwat@hotmail.com

April 12, 2009

Subject: Permission Request of Sukavet Nursing Home (Ram 21) Business Development Research

Dear Director of the Sukavet Nursing Home (Ram 21),

I am Mr. Piya Hirunwat, the son of Major General Vinai Hirunwat and Mrs. Tida Hirunwat. Currently, I am enrolled in the Doctor of Management in Organization Development Program at Assumption University (ABAC) and will be a part – time lecturer of Assumption University (ABAC) Hua Mak Campus in July 2009. Please kindly see my enclosed resume.

My grandfather, Mr. Chinda Phloysophon, has been admitted in the Sukavet Nursing Home (Ram 21). I have been usually visiting him and have impressed with the facility and care services. The staffs welcome, take care of my grandfather like taken care by direct relatives and greatly facilitate the visitors. They are dedicated themselves providing care of seniors as doing good causes by their heart.

I have realized that the nursing home hospice business of seniors is very important since the number of seniors has been significantly increasing. The Thai family lifestyle has changed for past years because the younger family members do not have adequate time to take care of their elders and must work harder to support the family's income.

Appendix O: Approval Letter of Sukavet *(Cont.)*

I am in a process of preparing a proposal of my dissertation and would like to propose the topic of Sukavet Nursing Home (Ram 21) Business Development Research. The results of this research will be completely handed to Sukavet Nursing Home (Ram 21)'s procession. At the same time, the dissertation prepared in English will be shelved in the Assumption University (ABAC) Library.

The researcher will not request for any expenses because this research is dedicated to the benefits of Sukavet Nursing Home (Ram 21). The dissertation shelved in the Assumption University (ABAC) Library will directly yield the academic benefits to the Faculty of Nursing and indirectly promote as advertised the business of Sukavet Nursing Home (Ram 21).

I and my family are willing to support the Sukavet Nursing Home (Ram 21). May we have an opportunity to meet and provide you additional details in persons? Our contact numbers are as follows:

My Telephone Number	081 858 5558
My Parents' Telephone Numbers	081 818 5886, 02 594 4848

Lastly, I would like to thank you for your kind consideration and support of the research permission as I am striving for supporting of the Sukavet Nursing Home (Ram 21) Business Development.

Respectfully Yours,

Piya Hirunwat

Piya Hirunwat

Enclosure: Resume

Business Development
Approved
Sinan Chantawong
23/9/09

Appendix P: Resume of Researcher

Mr. Piya "Peter" Hirunwat

111/81 – 82 Mu 10 Muban Buathong
Kanchanaphisek Road, Bang Bua Thong,
Nonthaburi 11110 Thailand

Tel. (66) 02 594 4848
Cell. (66) 081 858 5558
E-mail: peterhirunwat@hotmail.com

Personal Data

Date of Birth: April 22, 1976

Educations

Assumption University (ABAC), Bangkok, Thailand
Doctor of Philosophy in Management and Organization Development (Ph.D. MOD)

- Management & Organization Development January 2010

University of Houston – Clear Lake, Houston, U.S.A.
Master of Science (MS)

- Accounting August 2002 GPA 3.88
- Beta Gamma Sigma Honor

Master of Business Administration (MBA)

- Management Information System (MIS) May 1999 GPA 3.97
- Beta Gamma Sigma Honor

Assumption University (ABAC), Bangkok, Thailand
Bachelor of Business Administration (BBA)

- Finance and Banking May 1996 GPA 2.77

Honor

Member ID 722937 of Beta Gamma Sigma, an international honor society recognizing the highest academic achievements of students enrolled in collegiate business and management programs accredited by the International Association for Management Education (AACSB), May 1999 to Present

Work Experiences

- Part-time Lecturer of Assumption University (ABAC), Bangkok, Thailand, July 2009 to Present

Appendix P: Resume of Researcher *(Cont.)*

Work Experiences (Cont.)

- *Power Service Project Controller* at ALSTOM (Thailand), Ltd., Bangkok, Thailand, November 2007 to January 2009

- *Power Service Controller* at ALSTOM Power (Thailand), Ltd., Bangkok, Thailand, March 2006 to October 2007

- *Business Office Manager/Accountant & Bookkeeper* at Clear Lake Pathology Associates/Partners, Webster, Texas, U.S.A., August 2002 to February 2006

- *Notary Public for the State of Texas*, Secretary of the State Commission ID 12430115-7, August 12, 2002 to August 12, 2006

Trainings & Developments

- 2010 The Art & Science of Appreciative Coaching – A Coach's Workshop by Dr. Ann Clancy and Dr. Jackie Binkert, Assumption University – Hua Mak Campus, Thailand, July 13, 2010 to July 14, 2010

- "Maximize Effectiveness for Your Business: Use Coaching to Increase Employee Satisfaction" Conference by Linda J. Miller, Windsor Suite Hotel Sukhumvit, Bangkok, Thailand, November 20, 2009

- "Organization Development Thailand Network World Café" Workshop by Douglas Lee-O' Loughlin, Salle D' Expo, Assumption University – Hua Mak Campus, Thailand, October 17, 2009

- Library Conference by Book Promotion & Service Co., Ltd., Assumption University – Suvarnabhumi Campus, Thailand, September 28, 2009 to September 29, 2009

- EndNote Web Training, Assumption University Library, Assumption University – Hua Mak Campus, Thailand, September 24, 2009

- Master of Science in Management Research Training Workshop, Assumption University – Hua Mak Campus, Thailand, September 21, 2009 to September 22, 2009

- 2009 International Organization Development Seminar: Stanford Center for Professional Development, Stanford University, California, U.S.A., August 31, 2009 to September 3, 2009

- "The Insiders' Guide to Getting Published in International Research Journals" Workshop, Assumption University – Hua Mak Campus, August 28, 2009

Appendix P: Resume of Researcher *(Cont.)*

Trainings & Developments (Cont.)

- ABAC Master of Business Administration Speaker of the Month "Business Overview of CP All" by Mr. Somyot Viriyatharangkurn, Deputy General Manager of International Business Networking Division, CP All Public Co., Ltd., Salle D Expo of Assumption University – Hua Mak Campus, July 28, 2009.

- Project Coordinator and Research Assistant, Research Utilizing Appreciative Inquiry (AI) Application of Rev. Bro. Dr. Prathip Martin Komolmas Book Project, Assumption University – Hua Mak Campus, June 15, 2009 to June 25, 2009

- Basic Orientation and Training in Appreciative Inquiry by Southeast Asia Interdisciplinary Development Institute (SAIDI): Graduate School of Organization Development, Baan Phu Waan, Nakhon Pathom, Thailand, June 30, 2009 to July 2, 2009

- SET 50 Index Futures, Investment Course, Thailand Securities Institute, Bangkok, Thailand, March 28, 2009

- SET 50 Index Options, Investment Course, Thailand Securities Institute, Bangkok, Thailand, March 28, 2009

- Internet Trading Self - Investment Methods, Investment Course, Thailand Securities Institute, Bangkok, Thailand, March 22, 2009

- Strategy of Professional Online Investors, Investment Course, Thailand Securities Institute, Bangkok, Thailand, March 22, 2009

- Gold Futures, Investment Course, Thailand Securities Institute, Bangkok, Thailand, March 21, 2009

- Single Stock Futures, Investment Course, Thailand Securities Institute, Bangkok, Thailand, March 21, 2009

- Executive Talk at Maruey Stock Exchange of Thailand Library, Investment Seminar, Thailand Securities Institute, Bangkok, Thailand, March 21, 2009

- Internet Trading - Derivatives, Investment Course, Thailand Securities Institute, Bangkok, Thailand, February 22, 2009

- Portfolio Management, Investment Course, Thailand Securities Institute, Bangkok, Thailand, February 22, 2009

- ALSTOM (Thailand), Ltd. Team Building, Nakhon Nayok, Thailand, December 12, 2009 to December 13, 2009

Appendix P: Resume of Researcher *(Cont.)*

Trainings & Developments (Cont.)

- 2008 Asian Organization Development Summit: Creating Triple-Bottom-Line Value: Leveraging Asian Wisdom and Organization Development Strategies for Sustained Success, Assumption University – Suvarnabhumi Campus, Thailand, October 1, 2008 to October 4, 2008

- ALSTOM Power Service (Thailand) Powering Performance Branding Launch, Bang Bo Combined Cycle Power Plant, Samut Prakan, Thailand, August 29, 2008

- ALSTOM Human Resource Training, Manorom Building, Bangkok, Thailand, April 29, 2008

- ALSTOM (Thailand), Ltd. Team Building, Greenery Resort, Nakhon Ratchasima, Thailand, December 4, 2007 to December 5, 2007

- Project Accounting, ALSTOM University, Kuala Lumpur, Malaysia, December 2007

- Customer Relationship Management (CRM), Service Online Platform, ALSTOM Power (Thailand), Ltd., Bangkok, Thailand, August 2007

- Foreign Exchange Risk Management (FIRST Software), ALSTOM University, Singapore, September 2006

- ALSTOM Power Service (Thailand) Team Building, Rabiangdao Garden & Resort, Nakhon Ratchasima, August 4, 2006 to August 5, 2006

- Where the Money Comes From, College of American Pathologist's Continuing Medical Education, Audio Seminar, Houston, Texas, U.S.A., December 2004

- Participant of Texas Worker's Compensation Commission Seminar, Moody Garden Hotel, Galveston, Texas, U.S.A., December 2002

Activities

- Participant of Christian Life Seminar, Couples for Christ Foundation, Inc., Assumption University – Hua Mak Campus, July 19, 2009 to August 16, 2009

- Published "*How Do You Define Corporate Responsibility*?" in Service in Action, ALSTOM Power Service Internal Magazine, Issue No. 12, December 2008

Appendix P: Resume of Researcher *(Cont.)*

Activities (Cont.)

- Representative of ALSTOM (Thailand), Ltd. to participate in Bangkok Area Revenue Department's Charity Bowling for Good Health, ***Winning Champion Team***, Blu-O Rhythm & Bowl Siam Paragon, Bangkok, December 5, 2008

- Representative of ALSTOM Power Service (Thailand), Ltd. to participate in Siemens' New Product Launch by Evereng, Radisson Hotel, Bangkok, January 26, 2008

- Representative of ALSTOM Power (Thailand), Ltd. to participate in Uthai Thanian Association, Major Bowl Hit Ratchayothin, September 30, 2006

- Member of Thai Student Association (TSA), Houston, Texas, January 1998 to February 2006

- Member of Accounting Association, University of Houston – Clear Lake, June 1999 to May 2002

- Member of Management Information System (MISO), University of Houston – Clear Lake, January 1998 to May 1999

Appendix Q: Testimonial Letter of Sukavet Nursing Home

Sukavet nursing home

October 27, 2010

Dr. Kitti Phothikitti

Dean of Graduate School of Business
Assumption University of Thailand

Subject: ***Testimonial Letter***

Dear Dr. Kitti Phothikitti,

According to your request for permission to use Sukavet Nursing Home as an ideal example of the action research project, **Mr. Piya Hirunwat** has completed his dissertation of the Appreciative Inquiry – Based Organization Development Intervention Process on Satisfaction and Engagement of Senior Patients and Sustainability of Sukavet Institution: A Case Study of Nursing Home.

Mr. Piya Hirunwat actively worked on his action research project and gained the practical knowledge of a plan change process in response to the identified problems. We would like to report the achievements as follows:

1.) After the appreciative inquiry – based organization development intervention process, the senior patients and family members have increased their satisfaction and engagement in the senior care services and complimented the inside and outside facility improvement.

2.) The staff members effectively and efficiently have developed their work and increased their work commitment.

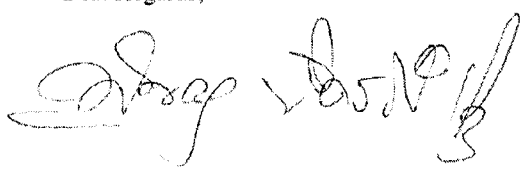
3.) The result of launching the website creation suggested by Mr. Piya Hirunwat and equipped with the counter feature of the number of website visitors is that there is a significant increase of new customers.

4.) From all suggestions of Mr. Piya Hirunwat, Sukavet Nursing Home uses them for business development and sustainable future growth.

Appendix Q: Testimonial Letter of Sukavet Nursing Home *(Cont.)*

We greatly appreciated and would like to thank ***Assumption University – Graduate School of Business, Doctor of Management Program in Organization Development and Mr. Piya Hirunwat*** for significantly dedicating the effort and time to make Sukavet Nursing Home succeed in the sustainable business development.

Best Regards,



Mr. Pissanu Chitrasumroeng

Managing Director
Sukavet Nursing Home
Navasri Medical Center Co., Ltd.
20/6 Navasri (Ram 21) Soi 2
Ramkumhang Rd., Wangthonglang, Bangkok