



THE PRACTICAL IMPACT OF ORGANIZATIONAL CLIMATE, DEVELOPMENT, WORK RESULT ON CLINICAL AND HOSPITAL GOVERNANCE: THE CASE OF MONGOLIA

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KEYWORDS

Governance, clinical governance, hospital governance, hospital governance evaluation,

ABSTRACT

The aim of this study is to analyze the influence of organizational climate, development, work result on clinical governance and hospital governance. To accomplish the determined aim of our study, the research collected data through a structured questionnaire from 605 staffs who work in hospitals. In our study of many others, we analyzed three hypotheses, and two of them had a positive relationship and one of them had a negative relationship with considered impacts. The result of data was determined online between August 2022 and February of fiscal 2023. We estimated SMART PLS 3.0 and SPSS 29.0 software in our study.

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INTRODUCTION

The world population has been increasing rapidly because of the fast development of the health sector and the consequent increase in life expectancy.

As the population increases, there is an urgent need for health institutions to improve the availability and quality of health care services.

The term “Governance” has been used in modern business for 40 years. Since then, scientists have studied this formula in depth and enriched it with new concepts, and used it widely in their work^{1,2}.

Hospital governance can be defined as the set of structures and processes that define the strategic

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direction for the hospital and the means by which resources are assembled and allocated to achieve them. Hospital governing bodies have a fundamental role in overseeing quality and safety by defining priorities and objectives, crafting strategy, shaping culture, and designing organizational control systems^{3,4}.

Clinical Governance: A Strategic Model for Developing Quality Health Care. Clinical governance is a topic of interest and demand for many researchers, but few empirical studies have been conducted in Mongolia. While many of the industry's challenges are context-related, some are rooted in the way an individual institution is managed, the legitimacy of governance, and how its organization overcomes challenges.

MATERIALS AND METHODS

Stakeholders and the 7 pillars of clinical governance, which are management theory research methods, were studied in clinical hospitals and services provided to patients. Deductive and inductive approaches were selected, and a mixture of quantitative and qualitative methods was used to collect quantitative data in one moment, conduct research on facts and methods to evaluate clinical governance, and conduct qualitative research^{5,6}. Clinical governance is assessed by a 7-pillar evaluation model. The clinical governance model is based on the objectives of safety and quality of health care, and the result is an internationally recognized model of quality of health care⁸.

2.1. Governance, clinical and hospital governance.

Governance theory encompasses a broad range of perspectives and scholars, and it is often interdisciplinary, drawing from political science, economics, sociology, and management studies. A common working definition of governance as below:

- < A clearly defined mission with specific goals and objectives;
- < A well-planned decision-making process;
- < A board structure tailored to the priorities at hand;
- < An information, reporting and communication system that focuses priorities.

Fast-forward to 2015 and the annual summit of the G20

Leaders, which became another important milestone in international corporate governance. To conclude, the endorsement of the G20/OECD Principles of Corporate Governance was not only a major event in global corporate governance by signaling the commitment by Leaders from all of the world's most important economies. It was also a recognition of the economy wide implications of public policy in the field of corporate governance. In particular, it illuminated its impact on corporate competitiveness, access to capital, and investment in a global and constantly changing business environment^{9,10}.

Clinical governance is being implemented in a few countries as a key strategy in quality improvement. Clinical governance is a "framework through which NHS organizations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"^{11,12,13}.

Clinical governance is central to this notion of a quality service, where quality is defined as doing the right things for the right people at the right time and doing them right first time. In the beginning of 2010, clinical governance office was established in Iran Ministry of Health to plan, organize, implement, and monitor clinical governance programs also to coordinate clinical governance offices of medical universities all over the country^{14,15}. This office had some priorities to be accomplished such as creating a supportive culture for quality improvement, training clinical governance concepts, planning, organizing, establishing appropriate structures for clinical governance development, implementing clinical governance programs according to determined policies and objectives, monitoring the implementation process and coordinating different organizations, institutions or departments having the role in the success of clinical governance program.

In the way of assuring implementation of clinical governance in all hospitals and medical universities also developing a supportive culture for quality, the clinical governance office in ministry of health triggered to set up a festival by emphasizing on appreciating good performing universities in implementing clinical

governance criteria and sharing successful experiences of universities all over the country¹⁶.

The criteria focused in the clinical governance festival are: public private involvement, patient safety and risk management, education and personnel management, use of information, clinical audit and clinical effectiveness. According to the festival criteria, the universities and their hospitals were ranked regarding to their performance in quality improvement and the level of clinical governance implementation¹⁷.

Clinical governance may be defined as the framework through which healthcare organizations are accountable for continuously improving the quality of their services and safeguarding high quality of care. Governance in healthcare is referred to as clinical governance, “a system through which NHS organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”.

The purpose of this study was to evaluate the impacts as organizational climate, development and training, work result on clinical governance^{18,19}.

2.2. Organizational climate and clinical and hospital governance.

One of the main job resources is the organizational climate. Organizational climate research is interested in understanding the ways in which workers in an organization experience and feel the climate, and how it is related to well-being. Schneider, Ehrhart and Macey defined climate as ‘the shared meaning organizational members attach to the events, policies, practices, and procedures they experience and the behaviors they see being rewarded, supported and expected’. Thus, organizational climate shows how employees’ shared perceptions are connected to their work environment²⁰.

The clinical governance climate aims to improve and develop the service process in a continuous way to minimize the mistakes of the clinicians and to achieve the predetermined personal and corporate goals. Because of this, it is defined as the predominance of an environment in which employees participate in management, the culture of blame, the protocols used during accidents, reward systems, and team member communication and

interaction. This includes assessments of employees’ honesty and personal growth as well as inquiries about their training opportunities.

Organizational climate is concerned with how members of an organization understand the cultural characteristics of an organization^{21,22}. Organizational culture is generally a philosophical statement, can function as a binding demand of the members of the organization because it can be formally formulated in various organizational rules and regulations²³.

Organizational climate is the perception of members of the organization (individually or in groups) and those who are in constant contact with the organization regarding what is or happens in the internal environment of the organization on a regular basis, which influences the attitudes and behavior of the organization and the performance of the members of the organization that then determines the performance of the organization²⁴.

The relation climate and governance is one of the software of the organization, but no less important is other software that serves to glue or integrate the organization. The organization is always growing and growing. According to the formation of an organizational culture with values that can create high work productivity. With high work productivity, organizations can easily apply company values to employees.

In the study of the relationship between organizational climate and clinical governance hypothesis prevails. The relationship between organizational climate and clinical governance is not a new one and has been shown to play a role in social science. According to the scholars’ literature review, the hypothesis was generated as below:

Hypothesis 1. Organizational climate will a positive impact on clinical governance.

2.3. Development and training and clinical governance.

Clinical governance represents one of the most significant policy developments in recent years. It places on all healthcare delivery organizations a statutory duty to develop the systems, standards and processes necessary to improve healthcare quality and

manage risk. Clinical governance is essentially ‘top-down’, and is built around formal standards, established procedures, and regular monitoring and reporting. In contrast, organizational learning emphasizes ‘bottom-up’ changes in values, beliefs and motivations in such a way that learning and change are prioritised²⁵.

Many healthcare organizations are seeking new ways in which learning can be retained and deployed more widely within the organization, an initiative that is termed organizational learning. Both approaches emphasize cultural changes as essential underpinnings to quality improvement. However, the two approaches also differ fundamentally in their logic of action. A good example is provided by governance and infection control in the UK. It is within this framework that workers in infection control were asked to develop their own methods of applying clinical governance. This example illustrates clinical governance as a tool to engage colleagues on a multidisciplinary front²⁶.

Training is a way that is done to improve the skills and knowledge of employees. Training is also a way of changing the attitude of employees to do work with more effectively. The training can be done at all levels late in the organization. At the lower level, training provides instruction on how to carry out a task.

Training is a learning activity directed towards the acquisition of specific knowledge and skills for the purpose of an occupation or task. The focus of training is the job or task for example, the need to have efficiency and safety in the operation of machines or equipment, or the need for an effective sales force to mention but a few²⁷.

The development is a method that is used to help to design the activities to download ingkatkan development ourselves with the maximum.

Training and development have an important role to improve employee performance to improve higher quality human resources. The technique used to analyze simple linear regression data and examine hypotheses simultaneously and partially. The result is that training and development significantly influence employee performance simultaneously²⁸. Researcher had advised to be a lot of organize training and development of

employees so that the skills and knowledge to improve as well as the adaptation of employees to the task much faster and re-sponsive²⁹.

The European Union of Medical Specialists defines Continuing profession professionally development as the educative means of updating, developing and enhancing the way doctors apply the knowledge, skills and attitudes required in their working lives Continuing professional development is part of a personal program of life long learning, from medical school to retirement. The most powerful motivating factors for Continuing professional development include: each doctor’s awareness of his or her responsibility for safe medical performance, the recognition of peers, and a collective emphasis on the quality of medical practice. According to the scholars’ literature review, the hypothesis was generated as below:

Hypothesis 2. Development and training will a positive impact on clinical governance.

2.4. Work result and clinical governance.

Work result is same meaning Clinical Effectiveness in clinical governance theme. Effective clinical governance needs to be underpinned and supported by the education and training of clinical staff that is relevant, up to date, flexible in its delivery and meets the needs of individual practitioners as well as the needs of the trust^{29,30}. The key benefits of effective clinical governance are:

- < Individual and team reflection on their practice and implementation of lessons learnt
- < An open and participative climate in which education, research and the sharing of good practice are valued
- < A commitment to quality that is shared by professionals and managers and supported by clearly identified resources, both human and financial
- < Routine engagement with the public and users through an organization-wide strategy, and user representation
- < Working as a multi-disciplinary team
- < Regular Board level discussion on quality issues
- < Strong leadership from the top

< Good use of information for planning and monitoring clinical governance

“Clinical governance” is in vogue at present. Most people have a vague sense that it is about delivering high quality care and about establishing monitoring systems to ensure this is taking place. This concept is intended for primary care practitioners and if you are a clinical governance lead in a hospital you are unlikely to find it very helpful. The vast bulk of the concept is about the practice of evidence-based medicine, that is,

identifying questions, searching for possible answers, and evaluating the literature. This is not novel ground and is better done in, for instance, Sackett’s framework on how to practice and teach evidence-based medicine. According to the scholars’ literature review, the hypothesis was generated as below:

Hypothesis 3. Work result will a positive impact on clinical governance.

According to hypothesis, the conceptual framework and model was generated as below in our study:

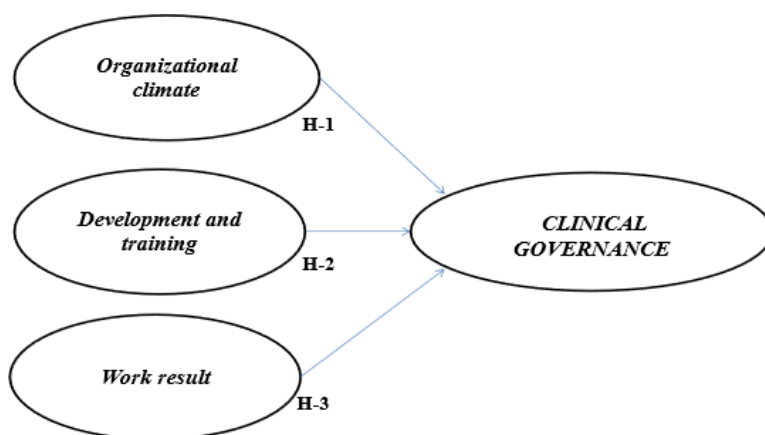


Figure 1. The conceptual framework on clinical governance

RESEARCH METHODOLOGY

In our study, we collected primary data for the research questionnaire using a standard procedure. Considering the above discussion of the literature review, the questionnaire approach was selected for the following reasons:

- The questionnaires of study were administrated during staffs and doctors who work in the sector National Health Agency of Mongolia.
- The questionnaires were collected online / Google form/ online between August 2022 and February of fiscal 2023.

We were chosen the facilitation of statistical analysis in our study by Likert scale with a score range of 1-5 is based on the need for a single dimension scale, the desire for fine discrimination of opinions, the deliberate

restriction to chosen criteria, differentiation from other scales, ease of interpretation.

We used a software program called Smart PLS 3.0 or variance-based structural equation modeling (PLS-SEM) and structural equation modeling (SEM). There are three variables as below:

- independent variables: organizational climate, development and training, work result.
- dependent variables: clinical governance.

RESULTS

Demographic characteristics of respondents refer to the socio-economic and personal attributes of the individuals participating in a study or survey. These characteristics provide a profile of the sample population and can be crucial for understanding how certain factors may influence responses or outcomes in our study^{30,31}.

Table 1. Demographic characteristics of respondents

№	Some social and demographic characteristics	The first central hospital of Mongolia		National dermatology center of Mongolia		Central clinic hospital 3.		Total participants on survey	
		num	percent	num	percent	num	percent	num	percent
1	Sex								
	Woman	278	88.3	34	91.9	225	88.9	537	88.8
	Male	37	11.7	3	8.1	28	11.1	68	11.2
2	Age group								
	18-25 years old	51	16.2	3	8.1	30	11.9	84	13.9
	26-35 years old	125	39.7	14	37.8	84	33.2	223	36.9
	36-45 years old	74	23.5	10	27.0	57	22.5	141	23.3
	46-60 years old	65	20.6	10	27.0	81	32.0	156	25.8
	More than 60	0	0.0	0	0.0	1	0.4	1	0.2
3	Education background								
	Diploma	64	20.3	7	18.9	80	31.6	151	25.0
	Bachelor	183	58.1	22	59.5	139	54.9	344	56.9
	Master's degree	38	12.1	2	5.4	19	7.5	59	9.8
	Doctor	2	0.6	0	0.0	0	0.0	2	0.3
	High school	28	8.9	6	16.2	15	5.9	49	8.1
4	Year of work								
	Less than 5 years	101	32.1	1	2.7	61	24.1	163	26.9
	5-10 years	95	30.2	24	64.9	57	22.5	176	29.1
	11-15 years	47	14.9	5	13.5	43	17.0	95	15.7
	16-25 years	43	13.7	4	10.8	42	16.6	89	14.7
	26-35 years	27	8.6	3	8.1	46	18.2	76	12.6
	More than 36 years	2	0.6	0	0.0	4	1.6	6	1.0
5	Position								
	Doctor	22	7.0	0	0.0	3	1.2	25	4.1
	Nurse	137	43.5	14	37.8	182	71.9	333	55.0
	Others	156	49.5	23	62.2	68	26.9	247	40.8
TOTAL	315	100	37	100	253	100	605	100	

Note: The result of study

Empirical research was conducted at State Hospital I, II, and III using the Clinical Governance Climate Questionnaire. A total of 605 questionnaires completed by medical staff were collected. Each of the indicators was calculated using a Likert scale to determine whether the participants agreed or disagreed with the positive and negative information expressed in the participants' own words. was 13%. The majority of participants, 92%, had a permanent or long-term working relationship with the organization. The internal consistency of the questionnaire was assessed using a Cronbach coefficient with an acceptable value of more than 0.6. The Cronbach's coefficient of the research factor was 0.94, indicating high internal consistency. A factor analysis (FA) was conducted to identify the main factors influencing the clinical governance climate of the study hospitals. Varimax rotation was used, and questionnaire data values > 0.30 and > 1 were considered accepted. A two-way analysis was conducted to investigate the correlation between the study factors (dependent variables) and each of the participants' demographics and work characteristics (independent variables). Analyzed

Structural Equation Modeling (SEM): Smart PLS 3.0 is primarily used for Structural Equation Modeling, a statistical technique that allows researchers to analyze and model complex relationships between latent (unobserved) and observed variables.

Table 2. List of items of organizational culture for each Construct of respondents

Factor	Items	Results	Factor	Items	Results	Factor	Items	Results	Factor	Items	Results
Organizational climate	cli-1	0.564	Development and training	dev-1	0.769	Work result	wo rslt-1	0.776	CLINICAL GOVERNANCE	GVRNNC-1	0.570
	cli-2	0.785		dev-2	0.716		wo rslt-2	0.686		GVRNNC-2	0.637
	cli-3	0.745		dev-3	0.723		wo rslt-3	0.590		GVRNNC-3	0.690
	cli-4	0.692		dev-4	0.347		wo rslt-4	0.723		GVRNNC-4	0.654
	cli-5	0.617		dev-5	0.606		wo rslt-5	0.689		GVRNNC-5	0.666
	cli-6	0.548		dev-6	0.457		wo rslt-6	0.741		GVRNNC-6	0.652
	cli-7	0.689		dev-7	0.651		wo rslt-7	0.655		GVRNNC-7	0.740
	cli-8	0.746		dev-8	0.500					GVRNNC-8	0.670
										GVRNNC-9	0.592

Note: The result of study

Organizational climate of 8 items measuring ranged from 0.564-0.785, summing these values:

Average= (0.564+0.785+0.745+0.692+0.617+0.548+0.689+0.746)/8=0.672.

So, the average of the provided values is approximately 0.672 means that does not reach the numerical value of 0.7, it can be concluded that the organizational culture in clinical governance is not mature.

Development and training of 8 items measuring ranged from 0.347-0.769, summing these values:

Average=(0.769+0.716+0.723+0.347+0.606+0.457+0.651+0.500)/8=0.546.

So, the result is 0.546 means that does not reach the numerical value of 0.7, it can be concluded that the development and training in clinical governance is not mature.

Work result of 7 items measuring ranged from 0.590-0.776, summing these values:

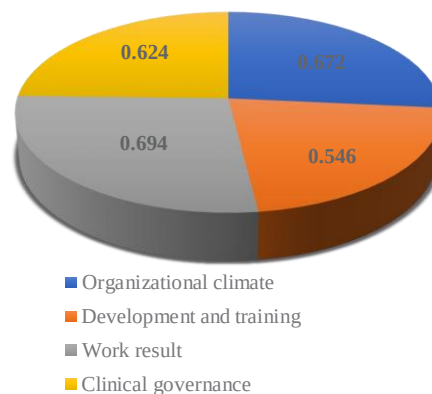
Average=(0.776+0.686+0.590+0.723+0.689+0.741+0.655)/7=0.694.

So, the result is 0.694 means that does not reach the numerical value of 0.7, it can be concluded that the work result and clinical effectiveness in clinical governance is not mature.

Clinical governance of 9 items measuring ranged from 0.570-0.769, summing these values:

Average=(0.570+0.637+0.690+0.654+0.666+0.652+0.740+0.670+0.592)/9=0.624

So, the result is 0.624 means that does not reach the numerical value of 0.7, it can be concluded that the development and training in clinical governance is not mature.

**Graphic 1.** The comparison for average results of items

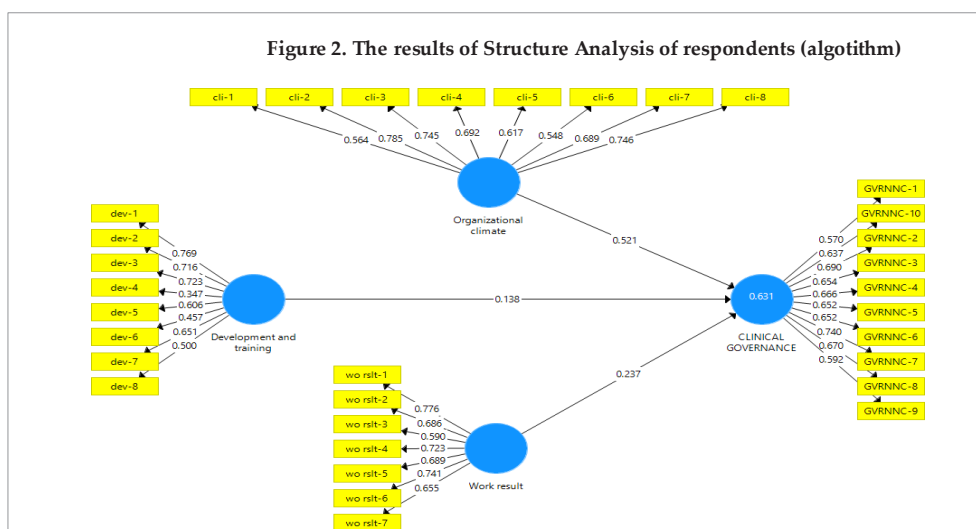


Figure 2. The results of Structure Analysis of respondents (algorithm)

Note: cli- organizational climate, development and training, wo result- work result, GVRNNC-clinical governance.

Table 3. The comparison of factors result /see appendix/

Factors	Cronbach's	Rho_A	CR	AVE
Organizational climate	0.829	0.837	0.870	0.460
Development and training	0.748	0.777	0.820	0.375
Work result	0.822	0.831	0.868	0.485
CLINICAL GOVERNANCE	0.852	0.858	0.881	0.428

Note: The result of study

Average of Cronbach's alpha= $(0.829+0.748+0.822+0.852)/4=3.251/4=0.812$

Average of Rho_A= $(0.837+0.777+0.831+0.858)/4=3.251/4=0.825$

Average of Composite reliability= $(0.870+0.820+0.868+0.881)/4=3.251/4=0.857$

In PLS-SEM, the focus is on the relationships between latent variables, and it is particularly useful in situations where the sample size is relatively small, and the distributional assumptions of traditional SEM may not be met. We used the path models, which represent the relationships between variables, and structural models, which include both measurement and structural components. We tested the value of the hypothesis by analyzing the standard deviation, T statistic, and P value using path analysis.

Table 4. Estimated Path Coefficients of respondents

Hypothesis	Sample Mean	Standard deviation	T Statistic	P values	Results
Organizational climate -> Clinical governance	0.521	0.093	5.581	0.000	Supported
Development and training -> Clinical governance	0.151	0.097	1.424	0.155	Not supported
Work result -> Clinical governance	0.233	0.091	2.607	0.009	Supported

Note: The result of study

Hypothesis 1 such as organizational climate has influence on clinical governance (mean 0.521), (Standard deviation 0.093), (T statistic 5.581) and (P value 0.000). Hypothesis 2 such as development and training have no influence on clinical governance (mean 0.151), (Standard deviation 0.097), (T statistic 1.424) and (P value 0.155). Hypothesis 3 such as work result and clinical effectiveness have influence on job performance (mean 0.233), (Standard deviation 0.091), (T statistic 2.607) and (P value 0.009).

DISCUSSION

In order to increase the perception of clinical governance climate, especially for nurses working in public hospitals, training seminars, certificate programs should be organized on this subject, and the opportunity to participate in scientific meetings such as congresses and workshops should be offered.

We have studied clinical governance based on theories, models, and assumptions of research work by international researchers and put forward three hypotheses, it means that our research is grounded in the work of researchers in the field of clinical governance.

The findings strongly support the hypothesis that organizational climate has a statistically significant influence on clinical governance. The mean value of 0.521, a T statistic of 5.581, and a very low P value (0.000) indicate a substantial impact.

The results do not provide enough evidence to reject the null hypothesis. With a mean value of 0.151, a T statistic of 1.424, and a P value of 0.155, it can be concluded that there is no statistically significant influence of development and training on clinical governance.

The findings support the hypothesis that work result and clinical effectiveness have a statistically significant influence on job performance. The mean value of 0.233, a T statistic of 2.607, and a P value of 0.009 suggest a meaningful impact on job performance.

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