The Development of Surveyor Competency for Thai Healthcare Accreditation Program

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ABSTRACT

The study aimed to establish a competency model for surveyors in the Thai healthcare accreditation program. The researchers conducted this study using mixed research methods. The specifically selected sampling groups were 12 experts who possess tacit knowledge, skills, and experiences in healthcare accreditation. The research methods included in-depth interviews and an observation of an actual survey, and the data were analyzed using a content analysis approach prior to concluding surveyor competencies and behavioral definitions, followed by a draft of surveyor competency models, validated with the 12 experts and another 24 surveyors.

The results found 26 competencies for surveyors: 1) seven core competencies: beliefs, philosophy and ethics, respect, professional development, interpersonal relationships, teamwork, and adaptability; 2) three management competencies: planning and organization, time management, and conflict management; and 3) 16 functional competencies of: knowledge of healthcare accreditation standards, professional standard knowledge, knowledge of other quality standards, healthcare service system knowledge, knowledge of the concept of quality and safety, analytical thinking skills, systems thinking skills, situation analysis skills, self-assessment report analysis, systems approach skills, communication skills, report writing skills, problem addressing skills, appreciative inquiry skills, coaching skills, and learning facilitation skills.

This study investigated competency models development, which was derived by experts. Each competency was extracted from tacit knowledge of experts who possess a high level of survey experience in Thai societal contexts. Significantly, these competency models, particularly beliefs and respect concerning people with friendly and humble manners are also reflected in Thai identities. Additionally, this study also identified learning facilitation, and appreciative inquiry competency models, which positively empowered. Hence, the developed surveyor competency models in this study are sufficient to change or improve Thai healthcare accreditation. Surveyors in Thai societal contexts must be assertive as both evaluators and learning developers in order to bring about positive changes for Thai healthcare accreditation.

Keywords: surveyor competency, competency, competency development

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บทคัดย่อ

การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อพัฒนาตัวแบบสมรรถนะผู้เยี่ยมสำรวจในระบบการรับรองคุณภาพสถานพยาบาล ดำเนินการวิจัยแบบผสานวิธี ศึกษาในกลุ่มผู้เชี่ยวชาญที่มีความรู้ฝังลึก มีทักษะและประสบการณ์ด้านเยี่ยมสำรวจ จำนวน 12 คน ด้วยการสัมภาษณ์เชิงลึกและสังเกตการเยี่ยมสำรวจจริง วิเคราะห์ข้อมูลโดยวิเคราะห์เนื้อหา จัดทำร่างตัวแบบสมรรถนะผู้เยี่ยมสำรวจ ตรวจสอบความเที่ยงตรงโดยผู้เชี่ยวชาญ และกลุ่มผู้เยี่ยมสำรวจทั่วไป 24 คน

ผลการศึกษา พบว่า สมรรถนะผู้เยี่ยมสำรวจทั้งหมด 26 สมรรถนะ จำแนกเป็น 3 ประเภท ได้แก่ 1) สมรรถนะหลัก 7 สมรรถนะได้แก่ ความเชื่อปรัชญาและจริยธรรม ความเคารพ การพัฒนาตนเองเชิงวิชาชีพ การมีปฏิสัมพันธ์ระหว่างบุคคล การทำงานเป็นทีม และการปรับตัว 2) สมรรถนะเชิงบริหาร 3 สมรรถนะ ได้แก่ การวางแผนและการจัดการ การบริหารเวลา และการลดความขัดแย้ง 3) สมรรถนะเฉพาะงาน 16 สมรรถนะ ได้แก่ ความรู้ด้านมาตรฐาน ความรู้เชิงวิชาชีพ ความรู้ด้านมาตรฐานระบบคุณภาพอื่น ความรู้ด้านบริการสุขภาพ ความรู้ด้านแนวคิดคุณภาพและเครื่องมือคุณภาพ การคิดเชิงวิเคราะห์ การคิดเชิงระบบ การวิเคราะห์สถานการณ์ การวิเคราะห์รายงานผลการประเมินตนเอง การใช้วิธีการเชิงระบบ การสื่อสาร การเขียนรายงาน การชี้ให้เห็นปัญหา การค้นหาสิ่งดีและสืบค้นอย่างเป็นระบบ การเป็นโค้ช และการกระตุ้นการเรียนรู้

สมรรถนะที่สะท้อนเอกลักษณ์ของความเป็นไทย ได้แก่ ความเชื่อและความเคารพผู้เกี่ยวข้องที่ส่งผลให้ผู้เยี่ยมสำรวจมีความเป็นกัลยาณมิตร สมรรถนะด้านการกระตุ้นการเรียนรู้ การมุ่งค้นหาสิ่งดีเป็นพลังบวก เป็นข้อค้นพบที่เป็นประโยชน์ต่อการพัฒนาผู้เยี่ยมสำรวจในระบบการรับรองคุณภาพสถานพยาบาล เพื่อให้ผู้เยี่ยมสำรวจในบริบทไทยเป็นทั้งนักประเมินและนักสร้างการเรียนรู้ที่จะก่อให้เกิดการเปลี่ยนแปลงคุณภาพในสถานพยาบาล

คำสำคัญ: สมรรถนะผู้เยี่ยมสำรวจ สมรรถนะ การสร้างสมรรถนะ

INTRODUCTION

With the enormous socio-economic and technological changes during the 1990s; many countries are facing the problems with service delivery and quality of medical care (Nitayarumphong, 1998, pp. 29). These countries have tried to promote healthcare reform and have developed a mechanism of quality assurance by using an external evaluation process for quality improvement in healthcare delivery programs (Scrivens, 1998, pp.1).

Healthcare accreditation (HA) is one such example of external evaluation. In the beginning, HA was seen as a penalty rather than an encouragement of continuous improvement. Thailand implemented the HA Program in 1997; the same time that many other countries started to incorporate the continuous quality improvement (CQI) and HA processes. The HA Program in Thailand was initiated with the concept of CQI not as being an inspection of the services provided, but rather as an educational process for continual improvement in quality and patient care. With the aim to encourage learning and improvement together with evaluation and accreditation, and the collaboration of various stakeholders in the health care sectors, the result has been a gradual change in the Thailand healthcare system. The HA program is recognized as one of the mechanisms that promotes healthcare quality and safety, with an increasing number of healthcare organizations participating in the program voluntarily (The Healthcare Accreditation Institute, 2010, pp. 5–6).

The rapid increase in the number of accredited healthcare organizations leads to concern regarding sustainability and the continuity of improvement. In addition to making accreditation a

voluntary process, the sustainability of the accreditation program depends on the understanding of all stakeholders that surveying is not just a technique or method, but it is learning processes that rely on a changing mindset and viewpoint for looking at problems. The accreditation decision is a collective process for the benefits of all parties (Phlainoi, 2006, pp. 56–58) and the survey result is used for diagnostic purposes, learning, and reviewing to improve the quality of work systems rather than just for making an accreditation or judgmental decision. The other important issue is that surveyors have sufficient knowledge and competency to apply the survey philosophy.

Research Question:

How would essential competencies for the surveyors in healthcare accreditation within Thai contexts be characterized?

Objective

To develop a competency model for surveyors of the Thai healthcare accreditation program.

LITERATURE REVIEW

The investigators studied the concepts, theories, and findings of related research and used them as the guide for conducting this research. These are presented in two parts: 1) surveyors in healthcare accreditation and 2) competency development concept.

Surveyors in healthcare accreditation

Surveyors are the competent persons who possess creditability and have experience and expertise in clinical and management areas and there should be a systematic process for recruiting and developing them (Shaw, 2004, pp.169–175). Surveyors should be careful about the role of power that keeps working unnoticeably at all times among the members in the survey team and between the survey team and the healthcare facility, because it is very likely that the power-based relationship can have an effect on the level of participation and decision-making (Phlainoi, 2006, pp. 56–58). Therefore, the surveyors should build up understanding, and develop attitudes and necessary skills in a way that allows them to be capable of adopting the functions of a surveyor in ensuring that the accreditation process is a learning process.

Surveyors play a very important part in the success of the accreditation process. Surveyors are representatives of the accreditation body who visit a participating healthcare organization in a limited working day depending upon the size and complexity of the organization. Surveyors use various approaches to collect data: interviewing staff, patients, and families; reviewing documents and medical records; and observation on patient care and supporting services. Surveyors give a verbal report before leaving the institution being surveyed and send a documented formal report of commendation and recommendation to the healthcare organization after the survey. With this important role, surveyors must be competent, trustworthy and have clinical and managerial experience and expertise (Shaw, 2004, pp. 169–175). The accreditation body must give guidance to the development of the surveyor to make accreditation a learning process as well as a continuous improvement mechanism.

The development of surveyors for the Thai accreditation program places the emphasis on the accreditation as a learning process and continuous improvement mechanism. However the concept is quite new—healthcare providers still perceive that surveying is a process whereby external experts come to inspect, find defects, and use the findings for judgmental purposes. Such feelings of resistance and insecurity undermine the learning opportunity during the survey process. (The Healthcare Accreditation Institute, 2010; Phlainoi, 2006, pp. 53). It is challenging in the surveyor's development program to make surveyors leave their specialty background, and be a learning facilitator and

assessor on standard compliance at the same time.

Competency development concept

"Competency" means capability, potential, or desirable behavior and has two key attributes. The first attribute is a tangible one, that is, knowledge and skill. Skill comes from regular practice in a specific area. Some call this "hard skill". The second one is a personal attribute, composed of conceptual, behavior, drive, or motivation. This attribute is quite difficult to develop because it is a tacit one, and some call this "soft skill" (Puvitayaphan, 2012, pp. 36–37; Rassametummachot, 2006, pp. 14).

Type of competency: The authors classify competencies into three types: core competency, managerial competency, and functional competency as shown in Table 1.

Competency development: There are many approaches to building a competency model. In 1996, Mansfield concluded there were three ways of building competency: the single-job competency model, the "one-size-fits-all" competency, and the multiple-job approach to developing a competency model. The single-job competency model is used for a job that is a key function of an organization, with the following steps (Mansfield, 1996, pp.7–18): 1) identify the critical job that requires the developed incumbents; 2) data collection usually includes both the focus groups of job holders and/or their managers, and interviews with jobholders. The data gathering phase may also include interviews with customers and direct observation of job holders at work; 3) analyze the data to distill it into a competency model that typically includes 10–20 traits or skills, each with a definition and a list of specific behaviors that describe what effective performers do and how to achieve effective results.

The disadvantage of this competency model is that it takes a long time to develop and has a high cost. However, it is widely used due to its strong point of clearly explaining the desirable behavior of each position.

According to previous studies, there is no evidence of direct competency building of surveyors in healthcare accreditation. The authors have applied a related study involving "establishing essential evaluator competency" (King, Stevahn & Minnema, 2001, pp. 229–247).

In Thailand, Garsaresome (2004) did a similar study to King et al. The difference was the starting point that used information from a document review to draft competencies, which were then examined by experts and analyzed, with the surveyor's job being to identify essential competencies using Multi-Attribute Consensus Reaching (MACR). This approach is similar to the work of De-Ong (2008) on the development of a competency model for research management in the public sector.

Table 1 Types of competency

Competency type	Meaning
Core competency	Desired behavior expected from all surveyors that demonstrates culture and values for functioning as surveyors following the accreditation's philosophy
Managerial competency	Desired behavior in survey management that supports achieving the purpose of each survey, and alignment with the context and culture of healthcare organization.
Functional competency	Desired behavior to function as surveyors who are capable of conducting "a survey as participatory learning",

Source: Applied from Puvitayaphan, 2012. pp. 39–47.

RESEARCH METHODOLOGY

This approach adopted a combination of the study of and competency model development for surveyors of the Thai healthcare accreditation program. The samples for the study were experienced surveyors who are experts as surveyor trainers, top management of the Healthcare Accreditation Institute (HAI), and representatives from healthcare organizations.

Data collection

Two methods of data collection were used; 1) in-depth interviews with six senior surveyors, three top management staff of the HAI, and three representatives of healthcare organizations, using the interview guideline of Rubin and Rubin (Podhisita, 2006, pp. 289–290) consisting of main questions, probing questions for detail and clarification, and an author-developed surveyor competency model to create an open-ended 5-rating questionnaire to determine the group experts' opinions; and 2) observation of a survey of one healthcare organization by senior surveyors.

Data analysis

There were two steps in the data analysis. The first involved data from in-depth interviews that were transcribed, edited, and arranged using the ATLAS.ti program (version 6.2; Scientific Software Development GmHb; Berlin, Germany) to code each statement of any length so that statements with a similar meaning received the same code, and to determine surveyor competencies and behavioral definitions. In the second step, the data were analyzed to determine the opinion of the experts towards competency and collected meaning as well as the level of commitment based on whether the inter-quartile range value was less than 1.50 (Wongvanich, 2005, pp. 228). In order to validate the reliability of the competency model, the author applied a competency questionnaire among 24 experienced surveyors.

RESULTS

The results of this study are described in two portions: in-depth interview results, and competency model validation.

In-depth interview result

From the in-depth interview, surveyor competencies were defined and classified as core competency, managerial competency, and functional competency, which were related, measureable and capable of being developed through training and education (Figure 1).

Core competencies

Core competencies is the behavior expected from all surveyors that reflects the culture and core values according to the accreditation philosophy. It was found that surveyor core competencies are a combination of personal attributes and other skills necessary for working together in the surveyor team. The details of core competencies are shown in Table 2.

Managerial competencies

Managerial competencies are the behavior expected for the effective management of each survey process according to the survey goals, culture, and context of the organization applying for accreditation. The details of managerial competencies are shown in Table 3.

Functional competencies

Functional competencies is the behavior expected from surveyors to incorporate the survey process and participatory learning. The details of functional competencies are shown in Table 4.

Competency models validation

The author validated the competency models with 12 experts and 24 surveyors through the 5-rating scale questionnaire. The validation results found that their comments were common and agreed with the development of competency models, illustrated by the absolute value of the mean and median values that were less than 1.00 in each competency model with the inter-quartile range

value was also less than 1.50. The results indicated that surveyors agreed with the developed competency models. In addition, the validation results from the 24 surveyors indicated that they agreed in a similar manner on the developed competency models. The details are shown in Table 5.

CONCLUSION AND DISCUSSION

This study investigated competency models development, which was derived by experts. Each competency was extracted from the tacit knowledge of the experts who possess a high level of survey experience in Thai societal contexts. Significantly, these competencies, particularly beliefs and respect concerning people with friendly and humble manners, are also reflected in Thai identities. Additionally, this study also found appreciative inquiry competency, which positively empowered.

For the competency of belief, the HA Thailand surveyors practice with the beliefs and trust that healthcare organization staff have good intentions to perform and make the required efforts to improve their work. The HAI surveyors believe that accreditation standards will reinforce safe, patient-care processes, and that the survey can be used as a learning process. With these beliefs, the surveyors maintain polite and gentle behavior and are able to create an effective learning environment, as is shown here in a message of support from an in-depth interview expert: *"With the belief that everyone has a good intention, we will understand and trust the people we meet. Our behavior will be gentle, and the surveys will emphasize more resilient learning. If the surveyors do not trust the people, they will try to probe for every detail, and be provided with fewer opportunities for learning. So 'belief' is a key driver for our work"*. This message conforms with the concept of Peter M. Senge concerning basic beliefs or mental models of individual influence on and understanding of the environment and his/her behaviors (Senge, 2006, pp. 162–171).

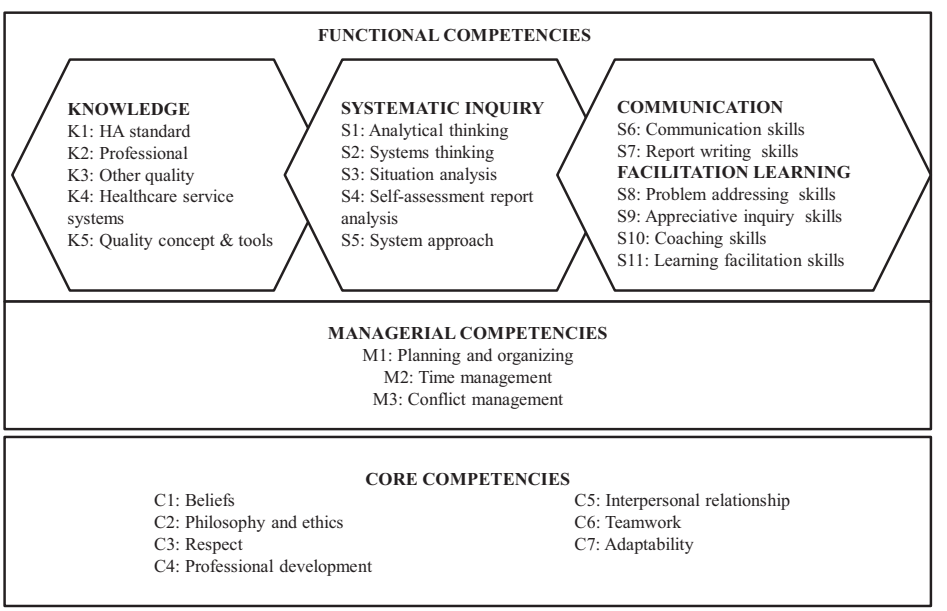

Figure 1 Surveyor competency model for Thai healthcare accreditation program (HA = Healthcare accreditation)

Table 2 Core competencies and behavioral definition

Competency	Description of desired behaviors
Beliefs	• Believe in healthcare organization's staff good intention to perform, understand mindset and feelings. • Believe in a holistic approach, and trust that the HA process will contribute to better healthcare services to patients and citizens. • Believe in concepts of learning, and understand and trust practitioners, and possess gentle and friendly manner. A survey is an approach that focuses on participatory learning.
Philosophy and Ethics	• Comply with the code of conduct of surveyors. • Undertake a survey as a learning process and encourage further improvement. • Assess level of safety and standard compliance in friendly manner. • Maintain confidentiality of the HCO and do not demand anything from the organization for self-interest.
Respect	• Give opportunities to staff to express and share different opinions, be willing to accept all information and not rush to make judgment. • Avoid aggressive behavior by words or actions, unreliable expressions, and technical superiority or making people lose face. • Respect and pay attention to everyone present during the survey with modest and humble manners, avoid insulting words, instead try to use words in which listeners can feel honor. • Build trust, create conducive atmosphere for learning, and support feeling of self-value.
Professional Development	• Bring new knowledge into practice and be able to share that knowledge with others with thorough understanding. • Use peer review process and customer feedback for self-improvement and development. • Learn from experienced surveyors through observation, experience exchange, and consultation.
Interpersonal Relationship	• Understand human nature, be easily accessible, friendly, and open-minded. • Use effective communication, appropriate language, and build relationships through discussion on various issues. • Be sensitive to the situation, build calming atmosphere and trust.
Teamwork	• Listen and gain understanding of people attributes. • Work as a team in a survey planning process, sharing information, and making conclusion of the findings.
Adaptability	• Be sensitive and flexible to the changing situations to conduct a smooth survey. • Use findings and learnings from the survey to improve work efficiency.

Table 3 Managerial competencies and behavioral definition

Competency	Description of desired behavior
Planning and organizing	• Develop a survey plan appropriate to the context and level of development of the healthcare organization, using information from a self-assessment report. • Develop a survey plan that supports the survey goals, encourages learning, and gets enough evidence to make an accreditation decision. The survey plan includes document review, observation, interview, and tracing. • Execute the survey smoothly according to the plan, and revise the plan as necessary.
Time management	• Manage the survey tasks according to the survey schedule and within the timeframe.
Conflict management	• Be sensitive to tension and potential conflict during the survey, and dissolve tension or conflict immediately. • Use simple language and a respectful manner to avoid conflict.

Table 4 Functional competencies and behavioral definition

Competency	Description of desired behavior
K1: Knowledge of healthcare accreditation standards	• Understand basic concepts and purpose of standards, interpret standards by meaning and intention, not by word. • Apply accreditation standards according to contexts, limitations, and capability of healthcare organization. • Assess compliance with accreditation standards and provide meaningful recommendations.
K2: Knowledge of professional standards	• Acquire knowledge and understandings on key professional standards related to the visited unit or system, including legal requirements for healthcare organization. • Acquire adequate professional experiences to understand the working nature of the visited unit or system and be able to assess that unit or system. • Be able to apply professional knowledge to encourage learning, stimulate new or extended ideas, and set issues for actionable sharing.
K3: Knowledge of other quality standard systems	• Acquire knowledge and understanding of other quality standards to the extent to be able to explain the linkage with accreditation standards and use for further development
K4: Knowledge of healthcare services system	• Understand National Health Service structure, policy direction and programs of the Ministry of Public Health and other relevant agencies, be able to link these directions with accreditation standards.
K5: Knowledge of quality concepts and tools	• Acquire in-depth understanding and updated knowledge of quality concepts and tools. • Apply quality concepts and tools during the survey, e.g. giving feedback, giving guidance, encourage learning and further improvement.
S1: Analytical thinking skills	• Integrate information from various sources, e.g. self-assessment report, document review, site visit and interview, and use appropriate framework or concept for analysis. • Use the result of analysis for learning and feedback.

Competency	Description of desired behavior
S2: System thinking skills	• Apply systems thinking to explain any situation in a holistic view and the relationship of various components or sub-systems, and use for learning.
S3: Situation analysis skills	• Use information from observations, listening, and document review to determine the organizational situation, including internal relationships, thoughts and feelings of people, and select appropriate approaches of interaction.
S4: Self-assessment report analysis	• Identify key context, strengths, opportunities for improvement, and determine level of development from healthcare organization self-assessment report. • Use information in the healthcare organization self-assessment report as a basis for survey planning and sharing during the survey, especially the linkages of various components, e.g. strategic challenges, strategic objectives and key performance indicator (KPI)s.
S5: System approach	• Use findings from document review and key points of standards for survey planning, e.g. patient or system tracing, interview questions. • Use system thinking as a framework for site visit and team interviews. • Use key findings from the survey for learning, and demonstrating causal relationship , including linkage with accreditation standards.
S6: Communication skills	• Use verbal communication with simple language that is precise, concise, and appropriate with people. • Observe personal reaction or body language, practices, and environment, and use to modify questions or approaches. • Use verbal and non-verbal communication to express intention of surveyors and provide inspiration for improvement.
S7: Report writing skills	• Write a survey report on commendation and recommendation based on accreditation standards, survey findings, and team consensus. • Write a valid survey report with simple language, convincing for implementation, and of high value for sustainable development.
S8: Problem addressing skills	• Link various survey findings to address problems in a holistic view and for relevant components, e.g. key risk issues, goals, KPIs. • Use survey findings and various statistics, e.g. patient care outcome, continuous quality improvement results, to indicate opportunities for improvement.
S9: Appreciative inquiry skills	• Use inquiry skills to appreciate staff strengths and supporting factors, facilitate finding opportunities for improvement of staff by themselves, empower healthcare organization's staff for continuous improvement.
S10: Coaching skills	• Use appropriate coaching skills, e.g. listening and questioning skills, according to situations and level of development. • Empower HCO staff to be confident in improving their work.
S11: Learning facilitation skills	• Use survey findings, improvement efforts, and core values to facilitate learning of HCO staff. • Encourage HCO staff to get used to probing and looking from a different viewpoint, and identifying opportunities for improvement and identifying possible solutions.

Table 5 Expert and surveyor opinion to surveyor competencies

Competency	Expert Opinion			HAI surveyor opinion		
	Mode	Absolute Value*	IR	Mode	Absolute Value*	IR
Core competency						
C1: Beliefs	5	0.00	0.00	5	0.00	0.00
C2: Philosophy and ethics	5	0.00	0.25	5	0.00	0.25
C3: Respect	5	0.00	0.00	5	0.00	0.00
C4: Professional development	5	0.00	0.00	5	0.00	1.00
C5: Teamwork	5	0.00	0.00	5	0.00	0.00
C6: Interpersonal relationship	5	0.00	0.00	5	0.00	0.00
C7: Adaptability	5	0.00	1.00	5	0.00	1.00
Managerial competency						
M1: Planning and organizing	5	0.00	0.25	5	0.00	1.00
M2: Time management	5	0.50	1.00	5	0.00	1.00
M3: Conflict management	5	0.00	0.00	5	0.00	0.00
Functional competency						
K1: HA standards	5	0.00	0.00	5	0.00	0.00
K2: Professional standards	4	0.00	0.63	4	0.00	1.13
K3: Other quality standard systems	3	1.00	1.25	4	0.00	1.25
K4: Healthcare services system	3	0.50	1.25	4	0.00	1.25
K5: Quality concepts and tools	5	0.00	0.00	5	0.00	0.00
S1: Analytical thinking skills	5	0.00	0.00	5	0.00	0.25
S2: System thinking skills	5	0.00	0.00	5	0.00	0.63
S3: Situational analysis skills	5	0.00	0.00	5	0.00	1.00
S4: Self-assessment report analysis	5	0.00	0.25	5	0.00	1.00
S5: System approach	5	0.00	0.00	5	0.00	1.00
S6: Communication skills	5	0.00	0.00	5	0.00	0.00
S7: Report writing skills	5	0.00	0.00	5	0.00	0.00
S8: Problem addressing skills	5	0.00	0.00	5	0.00	0.00
S9: Appreciative inquiry skills	5	0.00	1.00	5	0.00	1.00
S10: Coaching skills	5	0.00	0.25	5	0.00	0.00
S11: Learning facilitation skills	5	0.00	1.25	5	0.00	0.00

HAI = Healthcare accreditation institute; HA = Healthcare accreditation

* indicates the absolute value of different results between mode and median.

In the competency of appreciative inquiry skills, the experts suggested that surveyors should be able to use positive questions and encourage healthcare organization staff to review and sum up the lessons learned on what they have done well, what are the driving forces, what are opportunities for their improvement, and use success stories for empowerment. These suggestions are important and will be a powerful approach for information-gathering appropriate to the Thai context and leading to organizational changes as stated by Whitney and Trosten-Bloom. (2010, pp. 143–150). *"Appreciative interviews are at the top of the list of successful factors for any appreciative process. Appreciative interviews bring out the best in people and organization: they provide opportunities for people to speak and be heard, ignite curiosity and the spirit of learning, and increase organization knowledge and wisdom."*

Hence, the developed surveyor competency models in this study are sufficient to change or improve Thai healthcare accreditation, and empower surveyors to practically and tangibly apply them in their survey sessions. Surveyors in Thai societal contexts will assertively, be both evaluators and learning developers in order to bring about positive changes for Thai healthcare accreditation.

RECOMMENDATIONS

The developed competency models were extracted from the tacit knowledge and viewpoints of highly experienced surveyors. Hence, these competency models are appropriate to the duties of surveyors in Thai societal contexts and sufficient to push further for changes in the survey and accreditation process to enhance the learning process.

Therefore, the following recommendations are proposed in the application of these competency models. 1) The developed competency models should be applied to surveyors in healthcare accreditation in candidate surveyor recruitment and selection; be used in surveyor training and development, and applied in surveyor performance result management, so that surveyors can appropriately perform the survey following the philosophy of the organization and relevant to Thai societal contexts. 2) The competency model application guidelines for the surveyor development system identified that some competency models are hidden and not obvious such as beliefs, respect, philosophy, and ethics. To apply these competency models in the surveyor development system, the organization should study and more clearly develop the forms for competency model assessment in order to be able to efficiently select the right candidate surveyors whose competencies meet all the requirements.

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