

CHAPTER 3

Methodology

This chapter expresses research design, research settings, population and samples, research instruments, protection of human subjects, the data collection procedures, and data analysis procedures of this study in determining nurses' workplace spirituality and OCB.

Research Design

A descriptive correlational research design was used to explore the level of workplace spirituality, level of OCB, and the relationship between workplace spirituality and OCB among nurses in four general hospitals in Yangon Region, the Republic of the Union of Myanmar.

Research Settings

Data were collected from the nurses who are working in four general hospitals in Yangon, the Republic of The Union Of Myanmar. These hospitals were Sanpya General Hospital, Insein General Hospital, East Yangon General Hospital, and West Yangon General Hospital.

Population and Sample

Population

The accessible population was 373 nurses in four general hospitals in Yangon, the Republic of the Union of Myanmar, 126 nurses from the Sanpya General Hospital, 87 nurses from the Insein General Hospital, 87 from West Yangon General Hospital, and 73 from East Yangon General Hospital.

Sample

For the number of samples, Taro Yamane's (1973) formula was utilized in calculating the sample size with a 95% confidence level and p value was set at 0.05. The number of samples for this study was 193. In accordance with Israel (1992) and the previous research studies in Myanmar, twenty percent of possible loss of subjects 39 nurses were added to 193 and the total sample size was 232 nurses. Therefore, 143 staff nurses and 89 trained nurses were included in the sample. The proportional stratified random sampling method was used to get a greater degree of representativeness in two levels of nurses after getting a number of nurses from each ward of four hospitals. The number and type of nurses from each unit in general hospital were as shown in (Appendix A).

Inclusion Criteria

All samples were classified into two levels of nurses: trained nurses and staff nurses who had at least one year of experience in their hospitals and were willing to participate in the study.

Exclusion Criteria

Matron, ward sister and nurse administrators were excluded from the study excluded nurses who participated in the reliability test with the purpose of avoiding the bias of repeated measure.

Research Instruments

The research instruments were the self-administered questionnaires including three parts.

Part 1: Demographic Data Form

The demographic characteristics of the samples were developed by the researcher as gender, age, marital status, level of education, level of occupation, years of experience in nursing, type of units/wards, and name of the hospital (Appendix C).

Part 2: Workplace Spirituality Questionnaires

The measurement of workplace spirituality developed by Milliman et al. (2003) was used which included the adapted three dimensional scales with 21 items on the seven-point scale from 1 (disagree strongly) to 7 (agree strongly). The self-report questionnaires of workplace spirituality included meaningful work (six items), sense of community (seven items), and alignment with organizational values (eight items). To evaluate the level of workplace spirituality and levels of three dimensions, mean scores were divided into three levels as follow:

Level	Mean score
Low workplace spirituality level	1.00 - 3.00
Moderate workplace spirituality level	3.01 - 5.00
High workplace spirituality level	5.01 - 7.00

Part 3: Organizational Citizenship Behavior Questionnaires

The measurement of OCB developed by Konovsky and Organ (1996) was used which included the adapted five dimensional scales developed for the measurement of OCB in a hospital setting. Self-report questionnaires of OCB consist of five-dimensions with 19 items on the 7-point scale from 1 (strongly disagree) to 7 (strongly agree). These scales included five items in altruism and sportsmanship, three items in courtesy, four items in generalized compliance, and two items in civic virtue. Among five dimensions, sportsmanship contained five reverse-coded items. To evaluate the level of OCB and levels of five dimensions, mean scores were divided into three levels as follow:

Level	Mean score
Low OCB level	1.00 - 3.00
Moderate OCB level	3.01 - 5.00
High OCB level	5.01 - 7.00

Validity and Reliability of the Instruments

The OCB questionnaires and workplace spirituality questionnaires were translated into the Myanmar language by the researcher and back-translated into English by a bilingual Myanmar expert. The back-translated questionnaires were sent to the original authors to be approved for representation. After sending to the original authors, both versions of the questionnaires were checked by a native English speaking person to verify the accuracy and the equivalence of the instruments as shown in (Appendix O). The questionnaires of workplace spirituality and OCB had already been tested for validity by the developers. Therefore, the researcher did not test the validity of both instruments.

For measuring the internal consistency reliability of the OCB and workplace spirituality measurements, 15 nurses who had similar characteristics as the subjects were selected from West General Hospital in Yangon. The Cronbach's alpha coefficient of the internal consistency reliability of workplace spirituality and OCB were 0.90 and 0.77, respectively.

Protection of Human Subjects

The research proposal was submitted to the Research Ethics Review Committee, the Faculty of Nursing, Chiang Mai University, Thailand and the Research and Ethics Committee of the University of Nursing, Yangon, Myanmar to obtain approval of this study before data collection (Appendix F). After getting the permission from both committees, the data were collected by using the self-administered questionnaires. The questionnaires were translated into Myanmar language and prepared for accuracy and correctness permission from the original authors of the instruments (Appendix G, O). After getting permission from hospital administration, questionnaires with consent forms of permission to use their data were distributed to the 232 nurses in four general hospitals in Yangon, the Republic of the Union of Myanmar (Appendix B). The subjects had the right to refuse or withdraw from the study at any time without any punishment and their benefits that they would otherwise have at their hospital were assured. Confidentiality and anonymity of all the subjects was guaranteed. The purpose of the study was explained to the administrators of the hospitals (Medical Superintendent and

Matron). The mail box was placed in front of the nurses' station in each ward and unit of those hospitals.

Data Collection Procedures

Data were collected during February and March, 2014 in four general hospitals, Yangon, the Republic of the Union of Myanmar. Data collection proceeded according to the following steps.

1. Research proposal was submitted to the Research Ethics Review Committee (RERC) of Faculty of Nursing, Chiang Mai University (Appendix F).
2. After receiving approval from the Research Ethics Review Committee, Faculty of Nursing, Chiang Mai University, the research topic and application letter for permission to collect data were submitted to the Ministry of Health, Nay Pyi Taw, The Republic of the Union of Myanmar (Appendix H).
3. After receiving permission from the Ministry of Health, the certificate of ethical clearance to conduct the research in Myanmar was obtained from the Ethical and Research Committee of University of Nursing, Yangon, The Republic of the Union of Myanmar (Appendix F).
4. After receiving approval from the Ethical and Research Committee of University of Nursing, Yangon, the researcher got the permission letters from the Medical Superintendents of the Sanpya General Hospital, Insein General Hospital, East Yangon General Hospital, and West Yangon General Hospital, Yangon, The Republic of the Union of Myanmar (Appendix I, J, K, L).
5. The researcher prepared research packages including an information sheet, informed consent form, the questionnaires and an opened envelope for the 232 subjects.
6. The researcher selected the subjects by using proportional stratified random sampling from the list of departments and the list of the nurse's codes in the nursing department. After proportionally selected, the distribution of the packages was done by one coordinator (an office clerk) in each hospital.
7. The subjects were asked to return all questionnaires in the sealed envelopes to the box that the researcher provided at the nurses' station in each ward after one week. Then, each coordinator from hospital gathered all the responded questionnaires after two weeks. A total of the 222 (95.69%) questionnaires were returned.

8. The researcher checked for the completeness of the questionnaire. A total of the 219 completed questionnaires (94.39%) were used for data analysis.

Data Analysis Procedures

The data collected from the subjects were coded and entered into the Statistical package software to generate descriptive and inferential statistics. A data analysis was performed at a significance level of 0.05. The Data analysis consisted of three parts (a) demographic data, (b) nurses' level of workplace spirituality, and (c) organizational citizenship behavior.

1. Demographic data were analyzed by using frequency, percentage, range, mean, and standard deviation of sample's variance.

2. Scores of workplace spirituality and organizational citizenship behavior as perceived by nurses who were working at four general hospitals, Yangon, the Republic of the Union of Myanmar were analyzed by using mean, and standard deviation of each measurement scale.

3. For determining the relationship between nurses' workplace spirituality and OCB, Spearman's rank-order correlation coefficient test was used (Appendix E). After tested for normal distribution by using Kolmogorov Smirnov Z (KS) test, the distribution of OCB was in normal form whereas the distribution of workplace spirituality was not normal (Appendix D). According to Burns and Grove (2009), the level of correlation was classified in three levels as follows:

$r < 0.30$: weak linear relationship

$0.30 \leq r \leq 0.50$: moderate linear relationship

$r > 0.50$: strong linear relationship

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