CHAPTER 5
RESEARCH METHODOLOGY

5.1 INTRODUCTION

The purpose of the study is to focus on human resource development in Disability Rehabilitation undertaken by NGOs with a view to developing an assessment tool for effective management structure and analyse the self study response pattern of NGOs. The main concern is with systems and processes that must be adopted in order to provide an efficient and effective service by HRD in the rehabilitation of disability.

The tool will also provide the user or organization to support the delivery, monitoring and assurance of high quality service with right quantities in specific areas of operation, thereby contributing to effective practices in management.

In addition, it will also provide an awareness of an organisation and compliance with standards which focus on the organizational framework of service, provided to people with disabilities and to variety category of manpower.

Using the Scale, the organizational progress could be monitored and assessed. The instrument can be used for self assessment and peer evaluation among other things with participating organizations. It is an instrument of performance audit in relation of HRD practices and Disability Rehabilitation management in NGOs. The purpose here is to develop such an instrument.
5.2 DESIGN AND SAMPLE

The design of the study is based upon a casual-comparative approach. This type of study is quite common in special education research because comparisons of organisations varying in effectiveness are made with a view to finding out causality in rehabilitation management. While this becomes the objective, yet, causal relationships are not always warranted, rather the comparison permit model building based on functional parameters emerging from significant findings.

The number of NGOs working in the field of disability rehabilitation in Andhra Pradesh as per the directory of Institution are in single or multiple disabilities, the primary focus being on a single discipline / disability, as under:

- Mental retardation - 74
- Hearing impairment - 16
- Visual impairment - 15
- Locomotor impairment - 64

Total 169

Attempt has been made to cover all the non-governmental organisations in the State dealing with disability but the target was fixed at covering 50 percent of institutions as many organisations generally do not respond.

Hence, the sample of the study is based on 82 NGOs who responded to the questionnaire by mail. This is also representative of all the four major disabilities, as shown below:

- MR - 74
- HI - 16
- VI - 15
- LI - 64
5.3 TOOLS FOR ASSESSMENT

A questionnaire having three parts was developed keeping the objectives in view to study disability rehabilitation management in AP with focus on HRD practices.

Part I of the questionnaire elicited general information on date of inception of the organisation, recognitions received, labour/staff turnover, infrastructure, use of participation of the NGO in decision making at State and Central level, strength of teaching staff, disabled pupils/persons, with ancillary staff, post school adjustment of disabled.

Part II covered data on demographic information about the organisation e.g., location (rural-urban) service areas (MR, VI, HI, LI, Multiple disabilities), Qualified professionals, line of activities (service, HRD, consultancy, ownership of the building and adequacy of infrastructure, equipment, awareness materials, research and developmental activities from which the nature of organisation could be assessed.

Part III dealt with disability Rehabilitation management.

In the initial stage the DRM item were drawn from the pool of items available in the document on Wessex Regional Health authority Kingsfund Organisational Audit, Portsmouthend South East Humpshire (Health commission, 1994), organizational effectiveness scales (Cited in Sarupriya et al, 1996). The list of item based on 'yes', 'no' format and in some cases multiple responses (section-collaboration working), were judged by 10 experts working in disability rehabilitation and management in terms of relevance for Disability Rehabilitation management and the category to which an item belongs.

On the basis of 100 percent inter-observer agreement the following categorization and number of items were drawn to contribute the assessment tool.
The Assessment tool thus had six subsections each one contributing to disability rehabilitation management. For fair collection of information from NGOs who are not used to sophisticated responses, an 'Yes', 'No' format was selected including for the subscale on cooperative working, where multiple response categories were provided.

The subscales are:

i) Service values and meaning - 31 items
ii) Rights and Needs of person with disabilities - 17 items
iii) Individual attention to person with disabilities - 15 items
iv) Human resource development - 16 items
v) Resource management - 31 items
vi) Collaborative working - 35 items

Hence the tool consisted 145 items. The items were shown to two language and communication experts to see whether ideas expressed are precise, clear, and if any modification in the items is required to elicit accurate response.

The final scale after content validation and language modification was prepared and is given in Appendix – A.

A. Service values and meaning

This section has 31 items covering mission activities, planning, information system, employee policies, advocacy, training of staff, grievance redressal, monitoring, decision making, evaluation of service programme, quality improvement action plan, research, sharing of research, developmental programmes, awareness building, recognition and reinforcement system. The maximum score is 31 and minimum is 0 higher score indicating better system and process.
B. The Rights and needs of Persons with disabilities.

The section has 17 items dealing with the extent to which users are encouraged to exercise their rights and enjoy full citizenship within the community, decide about service and training, support and advocacy programme, access to records, legislative compliance, dignity for parents, sensitiveness to clientele, assessment and educational placement, staff awareness about legislation, duty and responsibilities, relevance of human resource development practices. The maximum score is 17 and minimum 0.

C. Individual attention to persons with disabilities

This sub scale has 15 items consisting personalized services, clear and practicable service system, referral system built on ethical principles, health care, medical facilities, awareness building programmes, need based therapy etc. The maximum score is 15 and minimum is 0. Higher the score better are the practices in the organization.

D. Human resource development

The subscale deals with 16 items covering emotional and practical support, sharing of feelings and emotional needs, satisfaction survey, information – communication system, staff involvement, counseling, empowerment, support, review, participation in organizational activities and decision making. The maximum score is 16 and minimum is 0.

E. Resource Management

This subscale consists 31 items dealing with general management of the organization, rehabilitation planning system, information system, employee development strategy, deployment of human resources, personnel management system, career planning and implementation of policy, staff appraisal system, training of staff, access to information, supervision etc. The maximum score is 31 and minimum is 0. Highest score indicates institutional
efficiency in resource management to achieve the stated mission and objectives.

F. Collaborative Working

The quality of service we receive depends on how adept we can be at negotiating bureaucracy. This subscale has 35 items that relate to team working, working boundaries, clear referral system, immediate action strategy, service planning & execution system, regular meetings on policy implementation, materials, policy related communication, inter organizational cooperation roles and responsibilities, case conferences, problem solving strategy etc. This subscale has 35 items. Maximum score is 35 and minimum is 0 Maximum score indicates collaborative working atmosphere in the organization.

While each subscale has a score for specific analysis, the item wise analysis would permit test validity and the total score based on all dimension will yield an over all management efficiency index for NGO to deal with HRD practices in rehabilitation management.

5.4 PROCEDURE

The complete questionnaire Part I, II and III were mailed to each of the 169 NGOs in AP with return postage and envelope to send their responses back to the investigator. The data collection duration was approximately one month during which if a questionnaire was received, then it was taken for analysis. Accordingly, filled questionnaires were received from 82 NGOs. They were scrutinized for completeness. Only 82 questionnaires were found to be complete in all respects and were used in the present study. These covered all disability areas.

Keeping in view with objective No.8 two NGOs which are high effective and two low effective were selected from among NGOs in AP included in this study for an indepth case study. Case study reports were collected personally
by going to the institutions and interacting with the head of the organizations along with objective information obtained from records. The head of the organization was also requested to reveal his/her personal experiences which have contributed for his success and the success of the organization based on candid data. His/her permission was also sought to make his success story as a part of the analysis in the present research. Similarly two NGOs which were designated as low effective were also interacted personally to get basic information leading to stagnation and/or inefficiency in the organization. Attempt was made to derive from the interaction about the problems he faced individually as well as organizationally in bringing this organization upto a mark.

5.5 SCORING

The different responses in part I and II were coded and categorized for analysis.

In part II the frequency counts were made under Yes/No and the mean response score were calculated along with SDs. And frequency counts were made in multiple response categories which are not mutually exclusive.

The frequency counts, means subscale scores, multiple responses found the basis of comparative analysis.

i) General information, and organisational data were analysed in term of frequency and percentages

ii) Itemwise analysis of the DRM scale was done in using $X^2$ to test goodness of fit on equal probability.

iii) Organisations were grouped as high, modest and low effectiveness in terms of total mean values of DRM on the subscales. On the basis of 33 per cent divide (High, moderate, low).
iv) Management parameters were analysed using one way Anova (High, moderate, low).

v) Inter-correlations were obtained between subscales of DRM.

The detailed analysis procedure is presented in the chapter on Analysis and interpretation of results.