

## CHAPTER 1

### INTRODUCTION

This research develops a model for the development of health promotion leadership in nursing students in nursing colleges, through research and development. This model addresses concerns about the health promotion leadership skills of nurses that work in Primary Care Units (PCUs) in Thailand. In this chapter, I discuss health issues in Thailand and the need for health promotion and health promotion leadership in nursing, as well as issues regarding implementation. Sections include the background and significance of the problem, research questions, and objectives of the study, scope of the study, definition of terms and expected benefits of the study.

#### Background and Significance of the Problem

Health Promotion as an approach to health care began in 1972 when the World Health Organization (WHO) set the objective of health for all using primary health care strategies. The concept was that people should not wait for service from health officers but should actively work to improve their own health. (WHO, 1981). According to the Ottawa charter for Health Promotion (WHO, 1986), “Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being”

In 1986, Thailand began to use the health promotion process, improving overall health in Thailand; however, Thai people continue to have many health problems and these tend to be long term. The top five causes of illness in 2010 were respiratory disease, circulation disease, musculoskeletal disease, problems with the digestive system and endocrinology disease and nutrition and metabolism. (Office of Policy and Strategy, 2010). The top five causes of death in 2003–2007 were cancer and tumors, accidents, hypertension and cerebral vascular disease, heart disease and pneumonia and lung disease. (National Statistical Office, 2010). Furthermore, the number of outpatients in public hospitals increased to 140,078,456 in 2007 and to 152,424,645 in 2009. In fact, the government paid 76,598.80 million baht for people in the government health security system at an average of 2,100 baht per person per year, resulting in a budget deficit in 2008. Public hospitals were further indebted for 1,600 million baht. Most of these illnesses and deaths were caused by non-communicable diseases that could have been prevented through health promotion;

however, health promotion was limited by a lack of capacity in Primary Care Units (PCUs).

Primary Care Units (PCUs) are primary public health services that are easily accessible to the community. They are also known as First Line Care, Primary Care, Primary Medical Care, Family Practice, Family Service and Health Promotion Hospital District (Working Group on the Universal Health Insurance Policy, 2010). The role of PCUs is to emphasize health promotion, prevention, treatment and rehabilitation for individuals, families and communities. PCUs must create a strong community and coordinate with other local organizations. While the National Health System Reform Office standards specify that PCUs are not required to have a full time doctor, dentist or pharmacist, they should always have nurses and health officials.

The importance of nurses in PCUs is underscored in a study by Thusana Boonthong (2005) which found that nurses were the most important health personnel in PCUs. People wanted nurses to do home visits, follow up treatment outcomes and provide treatment and health counseling. Another study by Sumrherng Yangkra tok and the Department of Nursing (2002) found that nurses were the driving force in PCUs, and staff at PCUs could not operate without them.

In addition to their client responsibilities, nurses in PCUs must have competency in health promotion leadership. They must be able to lead and motivate people to change their lifestyle, environment and social life to be more physically and mentally healthy and live a long life, leading to a better quality of life. However, research shows that nurses often lack this basic competency. For example, Kobkul Puncharoen-Worakul et al. (2001) surveyed 351 primary staff in 28 Thai hospitals. They found that nurses' basic skills of communication, coordination, leadership and decision-making at the individual, family and community level were inadequate.

Other studies show nurses lack competency in basic health promotion skills. Areewan Klunklin et al. (2003) studied the competencies of 161 graduated nurses in the nursing institute at Chiang Mai University in 2000. They found that health promotion competency, prevention, treatment and rehabilitation were only average. In fact, Patricia Wright, CNOR. (2003) found that the health profession as a whole was not concerned about health promotion. However, under the new standards, nurses must now advise people on how maintain their health instead of focusing only on treating illness. To facilitate this change, nurses should learn about and understand health promotion so that they can transfer this knowledge to clients, leading to the opportunity for universal health.

From the concept's change of Health Care Service System that focus on Health Promotion. So health personnel should change their concept and practice. The important personnel are nurses. That participated with community to work the Health Promotion in Primary care Unit all of individual, family and community. To work in community should consider to Individualized, potential, capability of people. Nurses have to communicate with head of community, organization for cooperate health promotion activities. Moreover, they will be available to work on a health team. A health promotion leadership is based on "transformation leadership theory" (Bass et al., 1985). Transformational leadership is defined as a leadership approach that causes change in individuals and social systems. In its ideal form, it creates valuable and positive change in followers with the end goal of developing followers into leaders.

enacted in its true form, transformational leadership enhances the motivation, morale and performance of followers through a variety of mechanisms. These include connecting the follower's sense of identity and self to the mission and the collective identity of the organization, being a role model for followers that inspires them, challenging followers to take greater ownership of their work and understanding the strengths and weaknesses of followers, so the leader can align followers with tasks that optimize their performance (Bass et al., 1985: 152). The importance of nurses for achieving the goals of health promotion, and the need for comprehensive health promotion leadership training means that nursing colleges need to supplement the traditional curriculum with health promotion leadership development. Health promotion leadership development can be done in the fourth year of the nursing curriculum since fourth year students will have already completed coursework in both nursing theory and practice.

There have been several studies on health promotion leadership development in education. Siriporn Khampalikit (2006) analyzed the curriculum of nursing health promotion. The study found that while there had been education in personal knowledge of health promotion and education in basic nursing skills, training in leadership skills for the promotion of health education was quite limited. Undergraduates did not receive any education in research and knowledge management of health promotion. Chanthana Chunbunjong (2001) and Kesorn Sumpoatong and Sune Numkum. (2005) studied the development of the health promotion curriculum. They found that the necessary skills for health promotion were communication, analysis, policy development, planning and public health science. Kesorn Sumpoatong and Sune Numkum (2005) looked at demand for knowledge and skills for health promotion development. They found that nurses wanted nutrition knowledge such as food - specific diseases, nutritional needs for each age group, nutritional needs assessment skills, and knowledge of exercise patients with chronic diseases. A study by Prakin Suchaya et al. (2002) revealed that nurses complained about workload, skill, anxiety, management and opportunities for professional development.

From these studies, it is clear that the lack of education in health promotion research and knowledge management, and the limited training in health promotion leadership is affecting the competency of nurses in PCUs. In this dissertation, I address this issue and develop a model for health promotion leadership development through research and development. First, I analyze factors of health promotion leadership competency. Second, I develop a model for health promotion leadership development of nursing students. Finally, I study the implementation results of this model in fourth year nursing students. The outcome will be a model for developing health promotion leadership in nursing college students. It will be available for use in all health institutions and nursing training facilities. Developing health promotion leadership in nursing students prior to graduation will contribute to producing high performance nurses with health promotion leadership competency that can be a driving force for health promotion in Thailand and help the country achieve its goal of universal health.

### Research Questions

1. What are factors of health promotion leadership of nurses?
2. How should suitable character of the model for health promotion leadership look like?
3. How effectiveness of the model when it was implemented?

### Objectives of the Study

1. To analyze the factors of health promotion leadership in nursing.
2. To create and develop the model for health promotion leadership in nursing student.
3. To study the results of implementation of the model.

### Scope of the Study

#### Scope of the population

1. The population used to analyze the factors of health promotion leadership are divided into two groups:
  - 1.1 The 230 nursing instructors in nursing colleges.
  - 1.2 The 2,223 professional nurses in Primary Care Units of seventeen province of north of Thailand.
2. The data sources used to the model quality assessment are 9 experts.
  - 2.1 The 4 experts in health promotion.
  - 2.2 The 3 experts in education management.
  - 2.3 The 2 experts that have studied about leadership development.
3. The population who used the health promotion model is 100, fourth year nursing students in Chiang Mai Boromarajanoni Nursing College.

#### Scope of the content

This research is concerned with the health promotion leadership in nurses that work in Primary Care Units (PCUs) in Thailand. The study is based on Transformational Leadership Theory (Bass, 1985). There are four elements of Transformational Leadership: (1) Individualized Consideration (2) Intellectual Stimulation (3) Inspirational Motivation (4) Idealized Influence

### Definition of Terms

**Health promotion** refers to the process of enabling people to increase control over, and to improve, their health.

**Health promotion leadership** refers to the ability of nursing students to lead and motivate people to change their lifestyle, environment and social life to be more physically and mentally healthy and live a long life, leading to a better quality of life and able to evaluated by the knowledge, attitude, health promotion behavior form. The health promotion leadership consists of 6 factors.

**1) Individualized Consideration** refers to the individual characteristics of nursing students, that promotes health team membership, helps them to be a role model for health promotion and encourages client peace of mind, happiness, love, faith, belief, respect and trust.



2) **Intellectual Stimulation** refers to the ability of nursing students to create strong vigorous communities, create cooperation among people to decrease health risks and create health promotion activities.

3) **Moral** refers to the ability of nursing students to express the well status.

4) **Knowledge of Nursing and Health Promotion** refers to understanding in health promotion and nursing, then able to effective adoption.

5) **Inspirational Motivation** refers to the ability of nursing students to motivate the people to be concerned rising attention their health.

6) **Personality** refers to the ability of nursing student to show the good performance and then help the colleagues to trust, warmed, love, commitment to set health.

**Model for health promotion leadership development of nursing students** refers to the structure that present the connection of factors for develop the health promotion leadership of nursing students, although participation of Nursing College, Primary Care Unit, community and nursing student. The Model has 7 factors as the followings.

1) **The aims of development** refer to setting need of nursing student from model implementation to capable and has 6 factors of health promotion leadership. They are 1) Individualized Consideration 2) Intellectual Stimulation 3) Moral 4) Nursing knowledge and health promotion 5) Inspirational Motivation and 6) Personality.

2) **The scope of development** refers to setting the category and direction of the develop the health promotion leadership. The development mentioned the knowledge, attitude and skill.

- **Knowledge development** refers to the process to rising the understanding of the health promotion leadership by the model for the nursing student.

- **Attitude development** refers to the process to rising the feeling, value and motivation of the health promotion leadership by the model for the nursing student.

- **Skill development** refers to the rising of health promotion leadership behaviors for nursing student.

3) **The structure of management** refers to the elementary to help planning and operation to successful. They are policy, administration and cooperating between PCU and community.

4) **The development strategies** refers to guideline or method of the operating to reach targets. This study use PDCA of Deming Cycle (Plan Do Check Act) and participatory of Nursing College, community, PCU, community organization, local administration,

5) **The development structure** refers to the factors for model implementation. They are 5 steps; 1) pre operation 2) pre evaluation 3) operation 4) post evaluation 6) adjustment.

6) **Unit development** refers to instructional document of health promotion leadership. They are 5 factors; (1) concept (2) aim of knowledge (3) content of knowledge (4) knowledge management (5) evaluation (6) resource (7) learning media.

**7) Target of output** refers to the development of the nursing student to be health promotion leadership. They are 6 parts as follow; (1) Individualized Consideration (2) Intellectual Stimulation (3) Moral (4) Nursing knowledge and health promotion (5) Inspirational Motivation and (6) Personality.

**Quality of the model** refers to the suitable and response of model for develops the leadership and must be standardized. The standards are Feasibility Standards, Utility Standards, Propriety Standards, Accuracy Standards and Adequacy Standards.

**Primary Care Units** refer to the community health services, consist of: (1) District Health Promotion Hospital (2) Family Medicine Department in Community Hospital.

### **The Benefits of the Study**

#### **1. The benefits for nursing students.**

1.1 They will be rise in the health promotion leadership, which is a bachelor of desirable features and Identity of the student. In addition, it is an important competency for health promotion performance in Primary Care Unit.

1.2 They will be a Transformational Leadership for Asian Economic Community (AEC). In 2015 Countries in Asia will cooperate to Asian Economic Community. That has changing of economic, social cultural and the trunk stability. And nurse can work in another country in Asia. If they have Health Promotion Leadership, they will be profession team leader, service system leader and nursing leader that consistent the change.

#### **2. The benefits for the nurse instructors.**

2.1 The study found reveal factors of health promotion leadership that were previously unknown. This will improve knowledge of nursing and help to improve health care in Thailand.

2.2 The study created the Model for Health Promotion Leadership Development that will be available for training nursing students and health science students.

3. The benefits for the administrators, they get academic administration innovation for education management that suitable with the changing of social and health care system.

4. The benefits for the nursing colleges, can use this knowledge for set their direction and mission to produce nurse with clarify and consistency with need of stake holder.

5. The benefits for social and community, they have opportunity to participate in education management that consistent with their problem needs. And they have potential health personnel and able to work in health promotion by participation with community.