

CHAPTER 5

CONCLUSSION, DISSCUSSION AND SUGGESTION

This research develops a Model for the Development of Health Promotion Leadership in Nursing Students in Nursing Colleges, through research and development. The objective of this research are (1) Factors analysis in health promotion leadership, (2) Create and develop a model for the development of health promotion leadership, and (3) Study the result of implementation of the Model for the Development of Health Promotion Leadership.

The methodology was divided to 3 phases. Phase 1 was studied of the factors in health promotion leadership. Phase 2 was created and developed a model for the development of health promotion leadership. Phase 3 was studied the result of implementation of the model.

Phase 1 analyzed the factors of health promotion leadership.

There were 2 steps. Step 1 was the suitable analysis of health promotion leadership performance criteria. The data sources were the document about concept, leadership theory, the health promotion of the scholars and experts, the nursing administration, the nursing education management. The testing of the suitable of the performance criteria was the questionnaire. Data analyzed by Mean and Standard Deviation. Step 2 was the Factor Analysis of the health promotion leadership. The samples were divided to 2 groups. Group 1 was 411 nurses that working at the primary care unit in 17 Northern provinces. Group 2 was the 108 nursing instructors in 5 Northern Boromarajonani Nursing Colleges. The samples were selected by Multiple Stage Sampling. The testing was a questionnaire, 5 Rating Scales. The reliability is 0.98. The data collected by the post mail. Data analyzed by Mean and Standard Deviation. The Factor Analysis of health promotion leadership was Exploratory factor Analysis.

Phase 2 was creating and developing a model for the development of health promotion leadership.

There were 2 steps. Step 1 was the creation the model (draft). There were 1) Setting the framework by review literatures and documents. 2) Data source were article, research, concept of leadership, concept of health promotion, text book and electronics mail. 3) Data tools were the data record form. Step 2 was the quality assessment. It was tested by 9 experts; health promotion, education administration and the scholars of leadership. The data tool was adapted from the quality assessment model of Somsak Phuvipadawat, et al., (2011). There were 5 standards: Feasibility, Utility, Propriety, Accuracy and Adequacy. The data collected by post mail and analyzed by Mean and Standard Deviation.

Phase 1 The result of Factor Analysis of Health Promotion Leadership

The result of Factor Analysis of Health Promotion Leadership was 6 factors. And they had Percentage of Variance from more to less. The researcher analyzed by Orthogonal Rotation with Varimax Method to variables correlation with factors that more clear. They can explain the variance of each factor and independent for each other's. (Yuth Kaiwan, 2007: 71)

Transformational Leadership Development (Bass, 1985) has 4 factors: 1) individualized consideration 2) intellectual stimulation 3) inspirational motivation 4) idealized influence. From this study, factor of Health Promotion Leadership has 6 factors: 1) Individual Consideration, 2) Intellectual Stimulation, 3) Moral, 4) Knowledge of Nursing and Health Promotion, 5) Inspiration Motivation, and 6) Personality. There have 3 factors as follows 3) Moral, 4) Knowledge of Nursing and Health Promotion and 6) Personality that consistent of Inspirational Motivation Leadership of Transformational Leadership Development.

The consideration of details in factors of Health Promotion Leadership:

1) Individual Consideration Leadership 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. It had 49.89 of Percentage of Variance, 12 health promotion performance criteria and factor loading between .451-.757, priorities by factor loading as: 1) Individual counseling and participate on self-health problem solving. 2) Promote two-way communication. 3) Ability to provide reliable information. 4) Encourage, promote and develop the individual experience as suitable. 5) Individual consideration by treating people differently according to their needs and abilities of each person. 6) Create the health promotion project on family, group of persons and community based. 7) Help people access their health information. 8) Evaluate the potential of others in now capability and future responsibility. 9) Encourage communities to mobilize resources that can be different to health. 10) Produce awareness to community and local government for participate in health promotion by individual consideration. 11) Train the self-care depend on individual potential and 12) Promote research based for health problem solving by individualized. 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 (Kaplan, Saillis & Patherson, 1993: 81; Pender, 1996: 34; Surakiat Achananupap, 1998; WHO, 1986) Moreover; it consist Graduate Identify of Prabomrajchanok Institute, "Health Service with a Human Heart". That service consider to individual, help nurses understand lifestyle, context, competency, ability that affect to people behavior. People should recognize and decision their health solution. Nurses promote people to self-reliance of health. (Prabomrajchanok Institue, the Ministry of Public Health, 2011)

The results of factor analysis in Factor 1, there have two health promotion performance criteria that are not related with others. That are (1) Create the health promotion project on family, group of persons and community and (2) Promote research based for health problem solving by individualized. Two factors are related with Intellectual Stimulation Leadership. So that, the researcher intergrade that factor into Intellectual Stimulation Leadership, Development Unit.

2) Intellectual Stimulation Leadership 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. It had 7.68 of Percentage of Variance, 11 health promotion performance criteria and factor loading between .452-.706, priorities by factor loading as: (1) According to the new ways to solve problems. (2) People feel that the problem is a challenge and an opportunity to solve common problems. (3) To encourage community participation in health promotion for the physical, cultural, social and ecological harmony with the community. (4) The public is encouraged to think and reason. And criticism of his ideas. (5) To confidential the public for problem solving and set goal for promote community health. (6) Stimulate people to life and health care (7) To stimulate public awareness of the issues that affect health. (8) Help clients understand the determinants the affect to health. (9) Be encouraged to assess community problems and needs. Participation in the planning and implementation of health problems. (10) Encourage community participation in the control of the supervision and evaluation of health promotion practices. And (11) Reinforcement to motivate and create a good atmosphere in their work. From the meaning of Intellectual Stimulation, that 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. That is consistent with Health Promotion Strategy, Advocate. (WHO, 1986) Good health is a major resource for social, economic and personal development and important dimension of quality of life. Political, economic, social, cultural, environmental, behavioral and biological factors can all be harmful to it. Health promotion action aims at making these conditions favorable through advocacy for health.

3) Moral Leadership refers to the ability of nursing students to express the well status. It had 7.68 of Percentage of Variance, 8 health promotion performance criteria and factor loading between .424-.825, priorities by factor loading as: (1) Responsibility for their actions. (2) Follow professional ethics. (3) Honest (4) Respect the worth and dignity of human beings (5) Discipline. (6) A good example to others and to sustain their operations. (7) Recognizing the importance of the rights of individuals. (8) Help people get to know and understand their rights. The finding of this research are thus consistent with Junthima Niljoy (2004) finding among nurses in Primary Health Care Unit should be responsibilities in their duties and faith of the participants and people. The same phenomenon is also finding by Jirapa Kumpisuit (2004) told that nurses should health service by ethics and professional morality, promote and protect the right of clients. That is consistent with Graduate Identify, "Health Service with Human Heart" . That is focus on friendly services, love, mercy, and care in suffering and problem of people. The service consider to private rather than public interests. (Praboromrajchanok Institue, the Ministry of Public Health, 2011: 4)

4) Knowledge of Nursing and Health Promotion Leadership refers to understanding in health promotion and nursing, then able to effective adoption. It had 2.58 of Percentage of Variance, 8 health promotion performance criteria and factor loading between .517-.737, priorities by factor loading as: (1) Knowledge and understanding of the essence of the process of acquiring knowledge. Knowledge Management (2) Knowledge and understanding of the essence of nursing science. (3) Knowledge and understanding of the essence of the nursing process and its use in health promotion service (4) Diagnostic evaluation of risk factors. Planning and health promotion. (5) Knowledge and understanding about health promotion and able to health promotion service. (6) Knowledge and understanding of key information technologies in the field of health promotion (7) Creative thinking and Critical thinking (8) Able to use of local knowledge for health promotion. The finding of the research is consist to Junthima Niljoy (2004) studied competency of nurses in Primary Care Unit, the study found that nurses in Primary Care Unit should have nursing community knowledge. The roles of health promotion are the health education. Nurses should to use the concept of health promotion, hygiene, empowerment, change behavior to promote health behavior. In addition, Nurses should give health education to health promotion and prevention. And they should advice people to self-care and self-rehabilitate. They should develop their teaching program and participate. That helps people to have realized knowledge and skill in self-care and change their lifestyle. (American Association of Colleges of Nursing (AACN), 2005; Leaddy, 2003: 11-12; Nuttaya Puthanawanichnun, 2005: 1; Thailand Nursing and Midwifery Council, 2009)

5) Inspirational Motivation Leadership refers to the ability of nursing students to motivate the people to be concerned rising attention their health. It had 2.276 of Percentage of Variance, 5 health promotion performance criteria and factor loading between .494-.722, priorities by factor loading as: (1) Able to produce the community for health promotion leadership (2) The ability to coordinate with health team, the organized and community for health promotion activities operation (3) The empowerment process for health promotion participatory (4) Strategies implemented in the community. To build a strong community (5) Able to reasonably to convince others. The finding of the research is consist to Viravan Senarat et al. (2003) studied Primary Health Care Reform: Case Study Kunkong Subdistrict Hang Dong District, Chiang Mai. The study found that nurses that work in community could promote strength community that helps people to self-dependent. They consider to social context and coordinate with another organization in community. Similary, Choochai Supavong (2009). told that the competencies of health personnel in Tambol Health Promotion Hospital should have ability to work proactively in the community.

6) Personality Leadership refers to the ability of nursing student to show good performance and then help the colleagues to trust, warmed, love, and commitment to set health. It had 2.236 of Percentage of Variance, 6 health promotion performance criteria and factor loading between .384-.649, priorities by factor loading as: (1) Show willingness and eager to serve (2) Healthy behaviors and present of reducing the healthy risk factor (3) The emotional maturity (4) awareness of the rights and duties in the profession (5) Reliable personality (6) Can behave appropriately in providing health care

to individuals. The meaning of Personality Leadership consists to the nursing curriculum purpose of Nursing College under Praboromrajchanok Institute. Graduate nurses, who are competent professional, communication skills and ethics to adhere to professional ethics, good attitude, leadership changes, a life-long learning. They can integrate knowledge of nursing and other disciplines to work in the health system and meet the needs of people in good health until the end of the life. They help the illnesses people to maintain and develop self-reliance, to the quality of life. They are the members of the profession, the good citizen and live happily. (Praboromrajchanok Institute, the Ministry of Public Health, 2002). And that consist to Sumrherng Yangkra tok and Ruchira Mangklasiri (2004) found that nurses in Primary Care Unit should have human relationships, which are good for everyone. Speak and act on what is going well.

Phase 2 The results of creative and development the Model for Health Promotion Leadership

2.1 Creative the Model for Health Promotion Leadership

The factors of the Model for Health Promotion Leadership are 7 factors. They are: (1) Goal of Development (2) Boundary of Development (3) Management Structure (4) Strategies of Development (5) Development Structure (6) Development Unit (7) Target of Output.

(1) Goal of Development: The goal setting helps staff to achieve the target. That is consist to Sunantha Loahanun (2008: 61) told that setting the goal of development is to setting the need in the future. The organization should be done. That is missioning setting.

(2) The boundary of development was 2 parts: (1) The dimension of development for health promotion leadership (2) The factor of development for health promotion leadership.

That is consistent with main factors 3 parts of Competency Model by The Leadership Center (2000). It is including: Knowledge, Skill, and Behavior, for leadership development. And consistent with Banff Center (2005) told that the leader should have Knowledge. It is base of work practice but it fast to change. The leader should have character and open mind to learning transformation education with honesty and strong. Their competencies are tools to create and sustained development. In addition to have knowledge, skill and behavior, Nursing Students should have good attitude in health promotion to work more efficiency. That is consistent with Yuwadee Luecha et al. (2006) found that good attitude in health promotion is the first needed of Graduate.

(3) Management Structure: Consist of Education setting policy Education setting management, The cooperation of education setting, PCU and community for made the develop the nursing leadership as the need of community.

Management Structure is consistent with Aruk Chaimongkol (2008: 119) told that A School Base Management, by the participation of experts and community to education. And consistent with Saowanit Chaimusik (2004: 25) told that the participation education management should help sustainable participation.

(4) Strategies of Development. Consist of

- The strategy of management with quality process used. It is the

Deming cycle, PDCA (Plan, Do, Check, Act). It is the basic for develop the efficacy. The Deming Cycle consist of 4 steps (Varapol Maneerat, 2000: 7), these are Plan, Do, Check and Act. That is consistent with Utai Dulkasame (2009: 1) told that the quality management is the systematic work to have satisfaction output and stakeholder confidence.

- The strategy of participatory promotion for produce the nurse.

These are cooperation of organization, Nursing College, community, PCU, local government and nursing student. Aruk Chaimongkol (2008: 135) told that the strategy of participatory is process that people and stakeholder have opportunity to exchange their perspective and discussion. That to finding guidelines, choices and decisions making the operation, follow up and evaluation. The health promotion leadership development is to develop nursing students to be nurses who understand context and life style of people in community. So that They can cooperative working with community. And consistent with Cheewan Kuntum (2004: 10-11) told that education in former was not intergrade the local. The education was isolated from community, not concern problem community. The learning focus on career, but they denied community and make weak community.

(5) Development Structure. It is the factor of model implementation; there are 5 steps; 1) preparing 2) pre-evaluation 3) development 4) post-evaluation and 5) adjustment. These finding is parallel with the research finding of Chawalit Kerdtip (2007) who studied Development Model of Education Technology Leadership for School Administrators under the Office of Basic Education Commission in Southern Thailand. The studied was 6 steps: 1) preparing 2) pre-evaluation 3) development 4) update 5) post-evaluation and 6) adjustment.

(6) Development Unit. It is create from data analysis of the 6 factors and 50 Performance criteria. So the Development Unit is the document that shown the content detail of learning experience for the participants. Each Development Unit has the factor that 1) concept/principle 2) goal of learning 3) content of learning 4) learning management 5) measurement and evaluation 6) resource 7) learning media.

(7) Target of Output. The Output is the development of the potential and quality of nursing student for performance in health promotion leadership in 6 parts. Consist of 1) the leadership of individual consideration, 2) the leadership of intellectual stimulation, 3) the leadership of moral, 4) the leadership of nursing knowledge and health promotion, 5) the leadership of inspiration motivation, and 6) the leadership of personality. Target of Development refer to setting the final target that student should achieved after learning. That is consistent with Bloom' Taxonomy (Bloom, 1984; 125) that has 3 goals: Cognitive Domain, Affective Domain, and Psychomotor Domain. The health promotion leadership developments focus on Knowledge, Attitude and Skill of 6 factors of health promotion leadership.

2.2 The results of qualities assessment of the Model

The result of qualities assessment of the Model was high level, the Means was 4.16. In each part had means between 3.89 and 4.40.

The result of created the Model reveal that the quality of the Model was pass the criteria. The Model was feasibility, utility, propriety, accuracy and adequacy. That means the Model able to implemented with nursing students follow by the research and development process, consist of (1) Reviewed Literature for Set Research Framework (2) Study Desirable Leadership and Requirements (3) Synthesis Model and Approach of Development (4) Construct Model (5) Validity (6) Experimental (7) Act (8) Evaluation and (9) Present Model. (Benjaporn Kaewmesri, 2002; Chawalit Kerdtip, 2007; Juntakan tunjaroenpanich, 1996; Kulyarat Meuangsong, 2007; Pakyanee Chaichanadee, 2003; Prateep Binchai, 2003; Paisan Chantarapakdee, 2005; Phichawee Mekkayai, 2007; *Somboon* Sirisunhirun , 2005; Ungsinan Intarakamhang and Tasana Tongpukdee, 2006; Worathep Poompakdeepan, 2007; Yongyutha Sornmai, 2007)

Phase 3 The Results of Implementation of the Model for Health Promotion Leadership Development

The results of the Model efficacy

3.1 The evaluation of students' achievement

The students had knowledge, attitude and skill at post operation more than pre-operation, significantly.

That finding shown the Model for Health Promotion Leadership Development affected to knowledge, attitude and skills of health promotion leadership in the example group. This may be due to the factors of the Model for Health Promotion Leadership Development, which consists: (1) The goal of development, (2) The scope of development, (3) The structure of administration, (4) The development of strategies, (5) The development of structure, (6) The development unit, and (7) The goal of development. Unit development has set variety of approach for development. The speakers could select the proper approach for the situation. So the sample group have high level of health promotion leadership all of 6 factors: 1) the leadership of individual consideration, 2) the leadership of intellectual stimulation, 3) the leadership of moral, 4) the leadership of nursing knowledge and health promotion, 5) the leadership of inspiration motivation, and 6) the leadership of personality. The students have passed the skill of the health promotion leadership at the highest level. This may be due to students had activities by participation learning. So they could conduct in every situation. (Bandura, 1977: 22-29)

This finding are consistent with Johnson & Johnson (1994: 60) summarize that training by experience learning, self-practice by ponder and have skill in work can create and develop the process cognitive, attitude and behavioral pattern. And consistent with Avolio & Bass (1995) that summarized, leadership can improve by variety approach The research finding consist with the research finding of Rattigorn Chongvisal (2001) who studied the effect of transformational leadership training on Kasetsart University Student Leaders. The research found that the experimental group had trends of satisfy more than control group. So leadership development is the parts of human resource development that help organization get achieve. Health promotion leadership means the learning process that help personnel have knowledge, capable and skill to lead with relationship

between leader and follower. They use influence of motivation to change and achieve goal of group or organization in their situation. The leadership can learn. (Capowski, 1994 : 10 – 17; Suthep Pongsriwat, 2002: 45) Everybody have potential to be a leader and can improve their leader potential. (Vichian Vitayaudom, 2005: 31) And Kaisang Chawasiri (2005: 22). Told that, development of nursing leadership can develop in nursing students. The development makes them to have knowledge and experience of leadership. When they are graduated, they should continue the development. That makes high performance personnel and help the student have good grades.

3.2 The results of evaluation of project had high level. The result of evaluation in part of context and output had highest level, input factor and process had high level. And satisfaction of project had highest level.

From the high level of evaluation, the cause of that was come from the research implemented follow by the Model of Health Promotion Leadership, by factors of the Model especially development strategy that use quality management to develop efficacy and quality. Utai Dulkasame (2009) the quality management is the process of satisfies, impressive and confidence of stakeholder. Moreover the researcher uses participation strategy from broad, instructors, students and community. They participated in every steps of development. Participation is preparing of planning, time setting, follow up and evaluation e.g. Chuchat Puangsomjit (1999) Participation make person feel to be the owner, learning activities help stakeholder to see and receive beneficial. So they can achieve a goal.

3.4 The results of the evaluation for efficacy of the Model

The Model by the speakers was highest level. It was more than the evaluation from 9 experts. The higher efficacy evaluation comes from the update of the Model by experts suggestions. That is consistent with Utai Dulkasame (2009) told that the update help planning to be more completely and quality. The process can achieve the targets and the purpose with efficiency and quality.

This 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. And this study created a model for health promotion leadership development that will be available for use in nursing training facilities and all health institutions. The beneficial of the Model for Health Promotion Leadership was been to develop health promotion leadership in nursing students that will be high performance nurse in the future.

Suggestions

Policy Suggestion

1. Nursing Colleges under Praboromrajchanok Institute, the Ministry of Public Health should implement the model to develop health promotion leadership of nursing students; because health promotion leadership is competency of desirable features of bachelor and identity of Graduate of Praboromrajchanok Institute. Moreover health promotion leadership is the competency of community nursing that work for health promotion in Primary Care Unit.

2. The health promotion leadership in nursing students is the guideline for develop students to be professional leadership. And there is an education quality control. So that administrators and staff should corroborate to continue develop by use the model in nursing curriculum.

Suggestion for use the Model to Develop Health Promotion Leadership.

1. The model suitable to develop in 4 years nursing student because they have studied administration nursing subject, health promotion subject and community nursing subject. It can use in short course or intergrade with others subjects that involved.

2. The colleges that use this model should study details and process before implement.

3. The colleges that use this model should analyze Identify Institute and Identify Graduate.

4. The colleges that use this model should prepare process before implementation. These prepare their Vision, Mission, Strategy, Target, Plan, Project, and Activity. The planning is good for resource management planning.

Recommendation for Future Research

1. There should to intergrade the model to practice with Community Nursing (2), this subject is practice for 1 month in community. Nursing students can learn and practices in community.

2. There should study about different between characteristic of nursing students such as gender, age, extra experience with health promotion leadership. The colleges can use the result of study to select students who will entrance to study in the future.