CHAPTER 1

Introduction

Background and Significance of Problem

Changes occur continuously in the healthcare system resulting in healthcare evolution. As a result, healthcare recipients are able to more easily access the healthcare system, and health problems can be detected earlier with greater equity of healthcare services. Thailand has classified healthcare services similarly to those offered in many countries; based on the capacity of resources in healthcare institutions. In many countries, healthcare services have been categorized into three major levels: the primary care level, the secondary care level and tertiary care level (Boyle, 2011; French, Old, & Healy, 2001; Hilless & Healy, 2001; Kamoltham, 2011).

In Thailand, healthcare services have been classified by the geographical information system, or the network healthcare services. Healthcare services enable patients with complex conditions to be transferred for treatment where services are more adequate. General hospitals, regional hospitals, and university hospitals need to provide, and care for patients with complex conditions to a much greater degree than the primary care level and secondary care level hospitals (Bureau of Health Administration, 2012; Faramnuayphol, Ekachampaka, & Wattanamano, 2011). There are significantly more community hospitals than other hospitals, 717 community hospitals (78.88%), 95 general hospitals (10.45%), and 97 regional and university hospitals (10.67%). Moreover, the most common hospitals are the 30- to 90-bed hospitals, or medium community hospitals, which make up 72.25 percent of all the community hospitals (Bureau of Health Administration, 2012; Faramnuayphol, et al., 2011). This demonstrates that the majority of hospitals in Thailand are medium size community hospitals. Hence there are a large number of head nurses in community hospitals level.

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The evolution of healthcare system in Thailand has been directed by national and organizational policies, which are put into practice in the health service. Examples of policies are the National Health Security Act, A.D.2002, the Constitution of the Kingdom of Thailand 2007, the National Health Act, A.D.2007, and the Eleventh National Economic and Social Development Plan. These policies focus on the participation between government and community, the health care environment, strong community (Faramnuayphol et al., 2011), holistic integration, and human-centered care (Office of the National Economic and Social Development Board [NESDB], 2011). Community hospitals provide care both in unit and continuous care in the community so they have a close relationship to the community. Therefore, community hospitals should be effectively managed for quality healthcare in order that the communities are able to take care of themselves, and organizations reach their policy goals.

Presently, the Ministry of Public Health in Thailand policy is to provide health services with a seamless network covering promotion, prevention, cure, and rehabilitation. Healthcare providers must be facilitated to add up their competencies that can service for quality of services, be cost effective, and benefit from existing resources (Bureau of Health Administration, 2012). Community hospitals are categorized to five levels including: new community hospitals or outpatient service, small community hospitals or 10 beds, medium community hospitals or 30-to-90 beds, large community hospitals or 60-to-120 beds, and master community hospitals or more than 120 beds. In addition, they provide health services depending on the capability for each hospital level and the existing resources shared with other hospital levels. The 30 to 90 bed community hospitals are healthcare facilities which are located in different parts of Thailand, providing in-patient and out-patient care for patients with less complex conditions than the higher-level hospitals offering emergency services, operating rooms, and labor rooms; collaborating with primary care level; and screening and transferring the patients for higher capacity of caring (Bureau of Health Administration, 2012; Kamoltham, 2011). Community hospitals have to provide healthcare services associated with national public health policies, changing public demand, and the needs of growth nationwide (Meretojo, Eriksson, & Leino-Kilpi, 2002). They are isolated, have limited resources, their patient population

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lacks healthcare knowledge, have older and poorer populations, and a lack of needed services as compared with other hospitals (Eldridge & Judkins, 2003; Newhouse, 2005). These aspects impact on the capacity of head nurses in a community hospital acting differently from the others (Eldridge & Judkins, 2003). Therefore, head nurses in a community hospital also have different responsibilities and competencies of work from other level hospitals.

In general, a head nurse has a variety of names including; nurse manager, first line nurse manager, ward sister (Surakka, 2008), or even chief nurse officer (Yoder-Wise & Kowalski, 2006). In North America, the name head nurse was mainly used as the first line nurse manager or nurse manager whereas in the United Kingdom, it was used as a head nurse, and in Australia it was used as a unit manager (Duffield, 1991). However, the most official name is head nurse (Healthcare Providers and Services [HCPro], 2008; Keefe, 2011) which is at a first-line level of administration. In Thailand, the term "head nurse" is used in all government hospitals and some private hospitals.

Head nurses in community hospitals have broader roles than those in the other level hospitals (Paliadelis, 2005). They provide patient care and continuous healthcare management, control the quality of the unit for the whole 24 hours (Healthcare Professional, 2008; Ten Haaf et al., 2007), integrate healthcare system with the goals and vision of the organization to practice in the unit, (Giglio, 1994), and manage the human resource (Bumpres, 2011; Cipriano, 2011; Reid & Weller, 2010). Moreover, they have to manage systematically, plan, coordinate with multidisciplinary and community for nursing services, be healthcare instructors (Nursing Division, 2011), handle a wide variety of roles with limited human resources and supplies, and a have a broad knowledge with creativity and resourcefulness (Eldridge & Jenkins, 2003). Thus, they should be a manager, supervisor, coordinator, role model, and act as a transformational leader (Onchernjit & Sivirat, 2007). In Thailand, community involvement is also focused in addition to these a broad roles. Therefore, it is essential to achieve these roles in order to reach competency of the head nurse.

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Competency of the head nurse is defined as knowledge, skills and underlying characteristics or ability of a first-line nurse administrator that helps to carry out the work effectively and to achieve goals (Chase, 2010), and also include attitude. Competencies of head nurses in community hospitals are more significant in the clinic, and differ markedly from competencies of head nurses in other hospital levels (Paliadelis, 2005). Head nurses in community hospitals face distinctive issues and challenges (Newhouse, 2005), and they need to have competence in management in organizations (Joint Commission on the Accreditation of Healthcare [JCAHO], 2007). The dimension of competency of a head nurse depends on the characteristics of the community healthcare environment such as health factors, healthcare facilities, and provider shortage (Eldridge & Judkins, 2003). Most organizations ensured that their organizational outcomes were achieved when they used competency profiling (Shellabear, 2002). Especially, the changing environment and the evolution of social and technology result in the workforce needing to continually develop the practice for organizational achievement and a high quality care (Lynn, 2006). Moreover, competency was used to plan for learning of workforce and strategic development, which facilitate matching the workforce to their functions (Charles Darwin University, 2006). Therefore, competencies of a head nurse in community hospitals are significant for the organizational achievement.

If head nurses in community hospitals act with the required competencies, patients, family, and the community will receive quality services, safe care, and reduced healthcare costs (Roussel, 2009; Scott-Tilley, 2008; Valloze, 2009). In addition, subordinates will be satisfied with their work and in turn, reduce the turnover rate (Raup, 2008). Regarding the abilities of head nurses, nursing care and organization will be appropriately managed, and the healthcare team will be facilitated to be a learning organization (Cummings et al., 2010, Valloze, 2009) as a result, the research and healthcare quality improvement will be effectively conducted by a multidisciplinary approach (Moore & Rudd, 2005). In contrast, incompetent head nurses cannot support the efficiency of the nursing system, as well as human resource management (National Academy of Sciences, 2004), health care team (Raup, 2008), and workforce sustaining (Lewis & Malecha, 2011). Moreover, head nurses lacking the capacity to support the ability of the staff result in inaccuracies in drug

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administration, adverse events of nursing practice, harmful to patients, and the failure of goal attainment (Axley, 2008). Therefore, a competent head nurse is necessary to support the organization, and its objective.

The competencies can be classified into many types such as core, functional, professional, human, concept, and personal competencies. In general, there are three types of competencies, which are often used in a government organization in Thailand, including: core competency, functional competency, and professional competency. Since 2004, the Office of the Civil Service Commission [OCSC] has regulated only the core competency of the officers of government in Thailand that must be the behaviors of a person in organization (OCSC, 2006). Afterwards, the Nursing Division regulated core and functional competencies that come from knowledge, skill, and attitude; which are essential for each group of nurses. However, functional competency, which demonstrates the specific competency of head nurses, and facilitates their work effectively in the position, was not identified (Bureau of Nursing, 2005). Because of the various levels of nurses and the different role of nurses in each level, thus, functional competency is significant for professional nurses as it can differentiate the essential competencies of each work group.

According to numerous sources from the literature review, a head nurse should be competent in leadership skills, financial skills, management and organizational skills, communication skills, human resource skills, collaboration and team skills, clinical skills and knowledge, relationship building, thinking skills, integrity and awareness of regulatory requirements, informatics technology, and conflict resolution (Balke, 2006; Harrison, 2005; Jeans & Rowat, 2004; McCarthy & Fitzpatrick, 2009; Russell & Scoble, 2003). In Thailand, the head nurse should be competent in leadership, management and quality improvement, professionalism, human resource management, and communication and coordination (Aphinyanon, 2006; Bureau of Nursing, 2005; Promsorn, 2007; TNC, 2013). These competencies have been studied in general, regional, and university hospitals but not in community hospitals. However, Eldridge and Judkins (2003) describe the essential competencies for nursing administrative practice in community hospitals with the following factors: financial management, leadership, workforce management, cross-disciplinary practices, integration of need-based community services, and maximizing resources.

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These competencies have never been studied in Thailand. As a result, it is unknown whether the aforementioned competency factors are suitable for use in Thailand.

A pilot study was conducted by the researcher in 2012 in regional, general and community hospitals in Nakhon Sawan, Chainat, Sing Buri, Ang Thong, Phichit, Kamphaeng Phet, Uthai, Chiang Mai and Lamphun. The purpose of the study was to study the situation of head nurses working at each hospital level. The study found that the structure, environment and accountability of each level were different. The structure of community hospitals differs from other hospitals. It has a simple chain of command and direct contact between the units. There are supervisor nurses in some community hospitals. Notably, healthcare services in 30- to 90-bed-hospital sizes are similar in structure and provided care. They have been facilitated with limited resources. Their services include an in-patient unit with male and female patients, labour room, operating room, outpatient unit, and emergency room. Occasionally, a head nurse administers similar clinical tasks to staff nurses. The number of people accountable to a head nurse is the smallest of all hospital levels. A head nurse does not participate in planning the strategy, and directly lead the community health care. Thus, these aspects may impact on the continuing care between a hospital and a community, and goal achievement of the national policy. For the performance assessment of a head nurse in community hospitals, it was found that the five core competencies of OCSC were used including achievement motivation, service mind, expertise, integrity and teamwork, and the five functional competencies of nurse executives of Bureau of Nursing (2005) including caring and developing others, pro-activeness, analytical thinking, conceptual thinking, and leadership. The pilot study by the researcher in 2012, found that most community hospitals have assessed core competency only for performance appraisal or salary considerations, and head nurses have never been assessed by functional competency, which is specific for the characteristics of head nurses. Therefore, it is necessary to develop a functional competency assessment scale for head nurses in community hospitals in Thailand.

Since the functional competency of the head nurses in community hospitals has never been developed and assessed, it may influence the appropriateness of practice as a head nurse. As a result, goal achievement is difficult, and healthcare service can be at a low level of quality. Besides, most head nurses were selected by higher

executives, rather than based on the specified qualification (The Policy and Planning of the Secretariat of TNC, 2011). The study: The Partnership In Community Health, Sharpening roles of Nurses found that head nurses act only in the clinical unit (Hengboonyapan & Nantabut, 2008). The number of community nurses is insufficient, community development was decreasingly supported, and nurses' production for working in community was inappropriate. In 2009, the evaluation of nursing quality level in community hospitals, by the Ministry of Public Health, found that nursing care services must be instantaneously improved such as counseling, infectious control, nursing administration, and intensive care (Janta-um-mou, Jamjuree, & Leelawongs, 2011). Moreover, in 2010, only 26.09 percent of all community hospitals were accredited while 34.36 percent of the 30-90 bed community hospitals were accredited (Administration System Development Office, 2009-2010). Head nurses are a part of the solution so that their hospitals will be increasingly accredited. These findings imply that competency of head nurses in community hospitals may be insufficient, thus, it should be thoroughly developed. Whereas, the competency assessment scale is an essential tool to assess their actual competencies, and helping head nurses to be more aware of their competency level and develop themselves to strengthen their competencies, the competency assessment scale for a head nurse in community hospitals has never been developed either in Thailand or other countries.

A competency assessment scale for a head nurse in community hospitals is important for the achievement of an organization and its staff in that the instrument can measure the individual objectivity behavior, skills, knowledge, and ability to fulfill the tasks. It will reflect the performance of an individual, and reflect the performance outcome to continually develop the employee as well as the organization (Healthcare Professional, 2008). As a result, head nurses in community hospitals can encounter changes of practice, increasing job demands, and broader working knowledge (Bureau of Nursing, 2011). Moreover, these will have further positive impacts on the management system, competency improvement and healthcare quality. However, most head nurses have never been prepared for the position. Therefore, it was found that there were a large number of problems for the head nurses in a community hospital, more so than in general and central hospitals (Krungkaew,

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2004). Head nurses should be trained and prepared before they step into the position. Therefore, a competency assessment scale is necessary in order for self-assessment and self-development of head nurses. The scale needs to be tested to achieve psychometric properties; not only content validity testing, but also construct validity testing which actually measures the competency of head nurses in community hospitals as well as the validation of the measure are required (DeVellis, 2003).

The assessment of competency can be done using a variety of methods, for example: portfolios, an objective structured clinical examination, peer review, direct observation, self-assessment, and patient care outcomes which are linked to the objectives of organization such as performance appraisal, recruitment and human resource management (Evans, 2008). The most common form of competence assessment is self-assessment because of its cost-effectiveness, and the identification of strengths and weaknesses of individuals by self-assessment (Evans, 2008). However, it should be assessed by many raters and different types of people including: colleagues, patients, independent observers, and provider for the credibility of assessment (Kak, Burkhalter, & Cooper, 2001). The development of a competency assessment scale will use a large number of participants for validity and reliability scale (Nunnally, 1978). Therefore, self-assessment is the most appropriate method of all for the development of a competency assessment scale for head nurses in community hospitals.

In conclusion, the health care system is changed to provide health services with a seamless network and resources sharing for the best benefits. Healthcare providers must be facilitated to add up their competencies that improve the quality of services. Where community hospitals are limited in structure, resources and environment, the competencies of head nurses in community hospitals are different from those in other hospital levels. According to the literature review, and studying the situation of head nurses working in community hospitals, functional competency which demonstrates the specific competency of head nurses, has never been assessed and studied. Moreover, head nurses have never been prepared for the position, and in 2010, only 34.36% of all 30-to 90-bed community hospitals were accredited. Head nurses are a part of increasing their hospital accreditation. Therefore, it is significant to develop a competency assessment scale and examine the psychometric properties of a

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competency assessment scale. This scale will identify the essential competency for head nurses in community hospitals that will be consistent within the context of Thailand. Moreover, it will be applied to assess the competency of head nurses in community hospitals regarding their knowledge, skills or ability for preparation to be a head nurse, improvement themselves, and using for selection head nurses.

Objectives of the Study

1. To develop a competency assessment scale for head nurses in community hospitals.

2. To examine the psychometric properties of a competency assessment scale for head nurses in community hospitals.

Research Questions

1. What are the components of a competency assessment scale for head nurses in community hospitals?

2. What are the psychometric properties of a competency assessment scale for head nurses in community hospitals?

Definition of Terms

Competency is defined as the behavior of a person resulting from integration of the skills, knowledge, and characteristics to practice in various contexts for work achievement or superior performance.

Head nurses are registered nurses who are appointed to be a first line manager, and accountable in management and a leader in nursing in a clinical unit.

Competency for head nurses in community hospitals refers to a set of work behavior of head nurses resulting from knowledge, skills and characteristics that enable them to carry out their work effectively and to achieve the goals. Based on the competency framework of head nurses from Thailand Nursing and Midwifery Council [TNC] (2013), and the reviewed literature, it includes five domains of the competency

consisting of leadership, management and quality improvement, communication and relationships, code of professional conduct, ethical and legal practice, and policy and healthcare environment that each competency is defined as follows:

Leadership is defined as behaviors of a head nurse influencing the team to achieve their goals including the conceptual skills, analytical thinking and decision making, change management, negotiation and conflict management, and creative thinking.

Conceptual skill refers to the ability to view the whole organization, understand the relationships among the elements of service and the context, and has visions covering in the future.

Analytical thinking and decision-making refer to the ability to define the problems and issues that are important, accumulating information related to the problem, breaking down raw information and problems into specific, scrutinized and thought into their strengths and weaknesses, analyzing data of the best way to provide a service and make decisions that are based on available information

Change management refers to the ability to energize stakeholders and sustain their commitment to changes in approaches, processes, and strategies, share the leadership, inspire others to be positive in service improvement, support the capability and long-term development of others, and encourage others to embrace in change.

Negotiation and conflict management refer to the ability to give the alternatives to gain acceptance of all parties, keep arguments issue-oriented, attempt to satisfy mutual needs, and resolve a problem creatively.

Creative thinking refers to the ability to act as a positive role model for innovation, develop creative solutions to transform services and care, and support nursing care based on evidence-based practice

Management and quality improvement are defined as behaviors of head nurses integrating the vision and mission to plan strategy, set goals, prioritize, and formulate an action plan associated with persons, supply and quality services in order to achieve the goals including resources management, quality management, and knowledge management.

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Resources management refers to the ability to plan, lead, organize and control including strategic planning, setting objectives, resources management, the human development and financial assets needed to achieve goals.

Quality management refers to the ability to design the structure of a quality management system, the process, and the measure of the quality of care that involve the setting standards, determine criteria to meet those standards, plan for improvement by evaluation, and following up in each process towards its objectives.

Knowledge management and innovation refer to the ability to gather data appropriately, analyze the data, influence others to use knowledge and evidence to achieve best practice, lead the workforce to plan, coordinate, and deliberate the organizational knowledge management, and support the increase of innovative care.

Communication and relationships refer to the ability to communicate clearly and concisely with internal and external customers, and verbal and nonverbal communication, build relationships with the workforce and other disciplines to collaborate in healthcare service, and use the computerized information resources to effectively manage the patient care setting

Code of professional conduct and ethical and legal practices refer to the behaviors in human and patient rights advocacy, problem solving and nursing management based on ethics and law, and modeling for subordinates.

Policy and healthcare environment refers to the ability to understand the healthcare policy environments and the determinants of health that are transferred to perform, control the environmental factors including biological, physical, chemical psycho-social, and spiritual, facilitate the climate for healthy healthcare team and a good workplace environment.

Community hospitals are the secondary level of health care facilities which have 30 to 90 beds, providing: inpatient care, out-patient care, emergency service, operating room, labor room, and collaboration with primary care level.

Development of a competency assessment scale refers to the scale developed for assessing competencies for a head nurse in community hospitals using the process of scale development based on DeVellis (2003) which includes five steps: 1) specifying the construct of the measure, 2) generating an item pool, 3) determining the format for measurement, 4) having the initial item pool reviewed by experts and

pretesting the initial instrument, and 5) administering items to a development sample and evaluating the items.