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Management training needs of Thai army hospital nurse managers

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**Management training needs of Thai army hospital nurse
managers**

Krarurum, Worapun, M.S.

San Jose State University, 1993

MANAGEMENT TRAINING NEEDS OF THAI ARMY
HOSPITAL NURSE MANAGERS

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
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May, 1993

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ABSTRACT

MANAGEMENT TRAINING NEEDS OF THAI ARMY HOSPITAL NURSE MANAGERS

by Worapun Krarurum

This study addresses the need for management training courses of Thai Army hospital nurse managers, head nurses, chiefs of inservice, and supervisors, in order to increase the benefits of designing a management course to assist them to work effectively in their management positions. The nurses were asked about the adequacy of preparedness for their present positions, where their management skills had been obtained, and what additional skills were needed to improve their performance.

Means, frequencies, and Cramer's V were employed in this study. Seventy-one nurse managers (69%) responded to the questionnaire. Forty nurse managers (56%) perceived they learned most of management skills from their experiences. Although 41 nurse managers (58%) thought they had been adequately prepared for management, 3 groups of the nurse managers ranked motivation skill as the most useful topic. There was a moderately positive correlation between their management adequacy and two characteristics: (a) types of managed service and (b) number of managed employees.

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Chapter 1

INTRODUCTION

In recent years, the management of health care services has become an increasingly important and complex issue. Growth of these services to an ever-increasing population has led to a variety of management situations and problems. Therefore, more sophisticated methods of management are needed to deal with the ensuing challenges in an effort to meet the need for high quality health care.

Since the majority of health care personnel are nurses, they have faced the challenges of delivering quality health care. In particular, nurse managers in their roles of ensuring organizational effectiveness and efficiency have felt these challenges (Duffield, 1991). Regardless of their specialty, all nurses have the chance to be nursing leaders and managers of patients, non-nursing personnel, and other nurses. When a nurse who moves to a management position is required to handle various management issues, he/she has to change his/her concept of competence from technical to managerial skills. This shift can lead to role conflict and role stress, both of which can cause tension, anxiety, job dissatisfaction, less effective work and, worse, the intention to leave the profession (Burke & Scalzi, 1988). Such results increase an organization's costs while decreasing its efficiency. According to Gleenson, Nestor, and Riddell (1983), the shift that requires management

expertise and skills to cross from clinical to management positions may be a threshold step for many people who are ill-prepared.

In Thailand, as in the U.S., the nursing profession is characterized by mastery of specialized clinical skills. The more highly technical set of competencies a nurse possesses, the more likely are his/her opportunities for promotion to management positions. Within the Thai military, nursing management positions are filled not only on the basis of clinical competence, but also on the basis of traditional chain of command. Thus, Thai Army staff nurses who are promoted tend to view management as a new step in a traditionally hierarchical ladder and to rely on their experiences rather than on a clear understanding of the management process. Some inadequately prepared nurse managers may experience role conflict and role stress because they are expected to organize and manage various management problems effectively without the education to do so. In addition, the current health care climate complicates the expectations made of managers because of the various nursing organizations, advances in health care technology, issues of cost containment, nursing shortages, and the major changes in nursing education and practice. Emerton (1977) supports the importance of education for facing this climate, stating: "New knowledge and new skills must be acquired by all nurses throughout their career"

(p. 145). Hence, the education of nurse managers, either by way of formal or informal programs, is needed to provide them with the management knowledge and skills necessary for them to be effective in their positions.

Problem Area

Since World War II, the nature of Thai nursing has changed dramatically (Muecke & Srisuphan, 1990), and Thai nurses in general have been in demand during a time of expansion of health care services and of technical advances. Thai Army hospitals provide a case in point.

Between 1964 and 1973, the first nursing curriculum of the Royal Thai Army School of Nursing was designed to emphasize bedside patient care with courses in general nursing care and nursing midwifery. Little instruction and practice were provided regarding management or leadership skills. In the past, the requirement for admission to the nursing school was a tenth-grade education, and the students were expected to complete the program within 4 years, earning on graduation a certificate in Nursing and Midwifery. Due to low entry requirements during 1964-1973, along with little access to learn formal management education, it is now perceived that many older nurse managers need more management training to be effective leaders. Although the nursing curriculum has been strengthened by the admission of high school graduates, as well as a 3 1/2-year Diploma Degree or a 4-year Bachelor

Degree option, these programs have not proven to be enough to provide a deep understanding of management concepts to meet the needs of a complex health care system.

Most Thai Army nurses begin their studies with a Certification in Nursing and Midwifery and a Diploma Degree, proceeding thereafter to a Bachelor of Nursing Science (BNS) or other bachelor degree. Few nurses intend to study in master's programs, regardless of their area specialty. In addition, there is no management training program available in Thai Army hospitals.

The hierarchical organizing principle of the Thai Army may influence Thai Army nurse managers to view management as simply a new rung in the ladder, thereby encouraging them to learn management skills from their experiences. Well-prepared nurse managers are required to assist the Thai health care system as well as the Thai Army hospital organization to cope with rapid changes. Barriers to learning management skills must be removed. These nurse managers need specific management training if they are to function effectively in their positions. Before such a program is established, an assessment of management training needs should be conducted to insure relevance to current concerns and to provide the benefits that are anticipated.

Purpose

This exploratory study was designed to determine the perceptions of Thai Army hospital nurse managers regarding

the adequacy of their education for their management positions. The nurses were also asked where their management skills had been obtained and what additional skills were needed to improve them.

Research Questions

This study sought answers to the following questions:

1. What are the perceived management skills of Thai Army hospital nurse managers regarding their present managerial functions?
2. Where do Thai Army hospital nurse managers obtain management education?
3. How do Thai Army hospital nurse managers feel about the adequacy of their preparation for their present positions?
4. What is the relationship between the perceived adequacy of preparedness for management positions of Thai Army hospital nurse managers and certain demographic characteristics?

Definition of Terms

The following terms were used in this study:

1. Management and administration are used interchangeably as "the process by which organizational goals and objectives are accomplished through the use of technical, interpersonal, and conceptual skills to carry out defined functions" (McFarland, Leonard, & Morris, 1984, p. 90). Management is viewed as "a component within the

broad framework of nursing administration" (Yura, Ozimek, & Walsh, 1981, p. 74).

2. Training means "an activity that is primarily directed at improving an employee's current job performance" (Douglass, 1984, p. 224).

3. A perceived need refers to the "mental awareness" required to identify the type of knowledge needed to improve management skills, as well as to determine discrepancies between required knowledge and knowledge already attained (Langford, 1981).

4. A training need refers to the disparities between actual performance and the desired or standard performance (Moore & Dutton, 1978).

5. Thai Army hospital means a hospital subordinate to the Thai Army Medical Department. There are two Thai Army hospitals: Pramongkutklao Hospital (1500 beds) and Anandamahidol Hospital (500 beds). The directors of both hospitals are physicians. The Pramongkutklao Hospital consists of 15 divisions (see Appendix A), including Medicine, Surgery, Orthopedics, Nursing, Pediatrics, Accident and Emergency units, Obstetrics-Gynecology, Psychiatric, Ophthalmic, Ear-Nose-Throat, Outpatients, Rehabilitation, Operating Room, Anesthesia, and Radiation. Five divisions are subordinate to the Anandamahidol Hospital (see Appendix B), including Medicine, Surgery, Nursing, Obstetrics-Gynecology, and Outpatients.

6. Thai Army Nursing Division means a division subordinate to the director of either Pramongkutklao Hospital or Anandamahidol Hospital. Nursing Division personnel of Pramongkutklao Hospital (see Appendix A) consists of the Director, the Deputy Director (responsible for administration), the Assistant Director (responsible for inservice education), supervisors, chiefs of inservice, head nurses, subhead nurses, registered nurses, practical nurses, nurse assistants, ward clerks, and workers. The Deputy Director, the Assistant Director, supervisors, and chiefs of inservice are directly subordinate to the Director of the Nursing division. Supervisors do not usually have direct authority to supervise head nurses or the subordinates of head nurses, whereas the chiefs of inservice do. The organization of the Anandamahidol nursing personnel (see Appendix B) is different from that of Pramongkutklao Hospital as a result of fewer nursing employees and smaller managed units. The personnel consists of the chiefs of Nursing Division, supervisors (responsible for education, service, as well as supply and administration), chiefs of inservice, head nurses, and other employees, as noted in the description of Pramongkutklao Hospital. The chiefs of inservice can coordinate with the supervisors as supervisory nurses who can directly supervise head nurses and their subordinate employees. However, head nurses are more commonly thought of as subordinate to chiefs of inservice

rather than to supervisors in the Nursing Division.

7. A nurse manager is a registered nurse whose regular responsibility is the management of personnel. Nurse managers include top-level nurse managers (directors of nursing service), middle-level nurse managers (supervisors, patient care coordinators), and first-line nurse managers (head nurses) (Kron, 1981, p. 22). In this study, the nurse managers are female and consist of supervisors, chiefs of inservice, and head nurses who work in the two Thai Army hospitals.

8. Thai Army hospital head nurse is a nurse manager who has major responsibility for clinical nursing care, patient teaching, staff development, and overall unit management of a clinical care unit (Ganong & Ganong, 1978).

9. Thai Army hospital chief of inservice is a nurse manager who has major responsibility for clinical nursing care, patient teaching, staff development, and overall management of two or more clinical care units.

10. Thai Army hospital supervisor is a nurse who has major responsibility for coordinating overall management between the Nursing Division and Nursing Services. Although her direct authority over clinical unit employees is less than that of a chief of inservice, supervisors can make recommendations to improve units and employee functions.

11. A managerial role function involves any management activities of nurse managers, such as planning, organizing,

directing, and evaluating care (Sullivan, 1990, p. 9).

12. Management skills means a set of four specific management skills, including technical skills, human skills, conceptual skills, and diagnostic skills, needed by all nurses but most particularly by nurse managers. Technical skills refers to the ability to use tools and techniques necessary for specific tasks. Human skills refers to the ability to select, motivate, work with, and lead employees. Conceptual skills refers to the ability to integrate and coordinate activities. Diagnostic skills refers to the ability to analyze and examine a particular situation (Douglass, 1984, pp. 225-226).

The fact that the Thai Army nurse managers perform multiple social roles--as women, nurses, leaders, managers, and military officers--tends to place contradictory demands on them. In addition, job performance, cultural and educational differences have profound impact on managers' roles. Thus, role theory as explained in Chapter 2 provides a means for analyzing these interactions.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Concepts derived from the literature concerning the roles of society-related management of a head nurse, a chief of inservice, and a supervisor serve as the basis for research regarding the management training needs of nurse managers. These concepts are discussed in the following conceptual framework and related literature.

Conceptual Framework

This study uses a conceptual framework derived from role theory because it is the basic social unit of analysis that provides a link to the social exchange framework (Hardy & Conway, 1978). Hardy and Conway also state that this link "increases the descriptive, explanatory, and predictive capabilities available for the study of social interactions" (1978, p. 78). Three points of role theory described in this context include role conflict (when the nurse enters management) (Duffield, 1991), role stress (which results from role conflict and role ambiguity) (Burke & Scalzi, 1988), and the reduction of anxiety through management education.

Role Conflict

The word "role" commonly refers to "the expected and actual behaviors associated with a position in a social structure" (Hardy & Conway, 1988, p. 165). Each of the jobs that individuals perform carry with them certain

expectations, either within the work itself or in the society at large (Langford, 1981). The role expectations are defined as "position-specific norms that identify the attitudes, behaviors, and cognitions that are required and anticipated for a role occupant" (Hardy & Conway, 1978, p. 76).

If role expectations are unclear, a person does not know what role enactment is appropriate and cannot forecast the conduct and cognitions of those with whom he/she interacts. A person cannot enact a role for which he/she lacks the necessary role expectations; neither does he/she have the resources for accomplishing the role expectations (Sarbin & Allen, 1968). On the other hand, an appropriate enactment can be accomplished where role expectations are clear and where he/she possesses the necessary resources. Role expectations in a social unit (the organization) are conveyed through job descriptions. Social acceptance or other rewards (compensation, recognition, and promotions) are given to the person whose individual role expectations are compatible with those of the social system. According to the definition of a role, or the interaction of a person with the social position, an individual brings to a role a set of basic resources, individual physical, social, and cognitive skills, a variety of needs that the individual strives to satisfy, and the individual's goals. He/she also brings expectations regarding the ability to perform and to

represent his/her self-concept based on the personal needs and resources (Cyert & MacCrimmon, 1968).

A person's self-concept may fit or overlap with the performance expectations required by a role thus demonstrating self-role congruence (Sarbin & Allen, 1968). This is "reflected in observations that the person seems to like the role, is involved in it, and is committed to it" (Sarbin & Allen, 1968, p. 524). Self-role congruence results in a state of equilibrium or psychological balance for the individual. Equilibrium as a result of self-role congruence is maintained until an individual must adopt a role that is incongruent with self-concept. The incongruity of expectations associated with a role is called "role conflict" (Scalzi, 1988). Rizzo, House, and Lirtzman (1970) described the phenomenon as conflict manifested in the following ways: (a) between an individual's internal values and the defined role behavior; (b) between an individual's time, resources, or capacities and the defined role behavior; (c) within the form of incompatible organizational policies and requests; and (d) between several roles for the same person that require different or incompatible behaviors, otherwise known as "role overload." The potential for role conflict increases as the nurse moves away from purely clinical duties into a management position (Duffield, 1991), and in particular into a role for which the nurse has not been educationally prepared

(Gleenson, Nestor, & Riddle, 1983). Such a situation creates both satisfaction and dissatisfaction for some of those who first enter management (Gillies & Child, 1989; Langford, 1981). Although some managers feel satisfied with the promotion, they experience stress because they must face difficult tasks for which they lack effective management skills (Gillies & Child, 1989). The dissatisfaction and stress increase when the individual lacks specific cognitive and social skills necessary for appropriate performance of new role expectations.

Moreover, several concepts in role theory provide a useful framework to study the problem of job-related stress (Biddle, 1979). Role theory postulates that greater diversity of a role set gives rise to greater potential for role conflict and role ambiguity--a lack of clarity of role expectations. Scalzi (1988) states that organizational roles in which individuals are linked between two or more systems are likely to involve more extensive networks, and, therefore, potentially higher levels of role conflict. These role problems lead to less concern or involvement with the group, lower job satisfaction, as well as increased tension, anxiety, depression, and resentment (Caplan & Jones, 1975).

In their review of the literature, Cooper and Smith (1986) conclude that workers who expend less physical energy, such as managers, clerks, and professionals, are

more prone to experience role conflict than others. In other words, as the people move from work which requires more physical energy towards clerical, managerial, and professional work, occupational stress is more likely to be caused by problems of identity and other interpersonal dynamics than by the physical conditions of the work. Hence, a nurse who moves from a clinician's role to a manager's role has a tendency to experience role confusion, role conflict, and role ambiguity.

Role Stress

The term "role stress" has been used interchangeably with role strain (Hardy & Conway, 1978). Role stress refers to a "social, structural condition in which role obligations are vague, irritating, difficult, conflicting, or impossible to meet" (Hardy & Conway, 1978, p. 76). Role stress includes role conflict, role ambiguity, as well as role incongruity--a significant role transition that creates conflict between the individual's values and the defined role expectation, and role overload--unfinished tasks because of limited time (Hardy & Conway, 1978). As a person who possesses a role and is exposed to these demands, he/she may experience tension or frustration (Hardy & Conway, 1978). It is reasonable to assume that such prevailing social conditions as inadequate adult socialization, rapid changes in social organizations, and advances in technology contribute to more numerous and extensive forms of role

stress today than in the past (Hardy & Conway, 1978).

Some people may not attempt to eliminate these types of role stress, which is a cause of tension and anxiety, but instead may actively seek some new level of tension. In addition, a person who is given insufficient information regarding his/her organization is likely to use coping behavior to solve problems or avoid stress. A person may use defense mechanisms to avoid reality and its uncomfortable situations (Burke & Scalzi, 1988); these mechanisms can also create dissatisfaction, anxiety, tension, stress, and ultimately, less effective work (Rizzo, House, & Lirtzman, 1970).

It is stated that nursing is a stressful profession (Hingley & Cooper, 1986). Stress can be seen as having both positive and negative aspects, but too much stress may have harmful effects. Many studies have located the factors related to the negative effects and the coping strategies to solve them. Rosse and Rosse (1981) found that the levels of role conflict and ambiguity were significantly related to job stress, organizational commitment, job satisfaction, and intentions to leave the profession. Other researchers have suggested that role conflict is often a major problem and one that many nurses find particularly difficult to handle. Such stress results in absenteeism, high turnover, low morale, somatic complaints, depression, anxiety, and frustration (Hingley & Cooper, 1986). All of which increase

an organization's costs while decreasing its efficiency.

Education and Anxiety Reduction

Anxiety, one of the common causes of role stress, is defined by Lazarus and Averill (1972) as a mentally and physiologically aroused state that rises from the appraised perception of potential harm. The authors note that these perceptions, or cognitive appraisals, can mediate environmental influences as well as chosen or available coping mechanisms. An individual may decide on a method of coping based on cognitive appraisal and may choose to direct actions toward striving for a goal that would reduce the anxiety. For example, a nurse may appraise demands for effective managerial role performance as being threatening or harmful to his/her self-concept, a concept based on the individual's perception of needs and resources. The possibility of harm exists in the form of the lost management role due to inadequate demonstration of role expectations. Therefore, his/her goal is to perform effectively to meet the role expectations. Following a reappraisal of events, there may be a period of personal reflection. Some people may determine that the goal is unrealistic and may relinquish their management positions, returning to the nursing role familiar to them and for which they have the necessary resources for effective role performance. This action may decrease their anxiety and produce self-role congruence. As another alternative, some

people may decide that attaining effective management performance will reduce anxiety. Education in management may reduce the anxiety concerning role performance by strengthening resources and restoring equilibrium to the self-concept.

Nurse managers who have management skills seem to have more chances to handle various management issues appropriately. Skorga (1989) studied the factors associated with role conflict and role ambiguity among 72 nurse managers. The results revealed that the nurse managers perceived both conflict and role ambiguity. When conflict and ambiguity increased, so did anxiety. In addition, the study found that participation in decision making was identified as a worthwhile strategy to reduce role conflict and role ambiguity, so that suitable education for nurse managers should be developed and presented to reduce negative outcomes. Other studies support the contention that continuous education toward basic understanding of managerial role functions can help nurse managers reduce role conflict and role ambiguity, which are causes of anxiety, tension, frustration, job dissatisfaction, absenteeism, turnover and intentions to leave the profession (Burke & Scalzi, 1988). To decrease the ensuing negative outcomes, it is necessary to regard management education and training for the future as making the best use of the most valuable and expensive resources--employees, particularly

those nurse managers who are in pivotal management positions.

Education in management is a means to reach the goal of effectively performing managerial role functions; it can reduce the negative outcomes that result from performing these functions. Because education does not happen in isolation, but rather involves the educator, students, and the way that the learning process takes place, designing a management education program to fit the unique requirements of nurse managers who have different abilities, experiences and educational learning characteristics becomes increasingly difficult. Ascertaining the learning needs of nurse managers can assist nursing educators to provide appropriate management content and activities for the transfer of newly learned management concepts from the classroom to the professional setting.

Related Literature

A review of the literature is related to the following areas:

1. Current American management
2. Job, educational, and cultural differences between the U.S. and Thailand
3. Management functions of nurse managers require educational preparation (Adams, 1991; American Organization of Nurse Executives or AONE, 1992; Duffield, 1991).

Current American Management

The increasingly complex health care climates, including complicated nursing organizations, advances in health care technology, issues of cost containment, nursing shortages, and the major changes in nursing education and practice, have a profound impact on today's nurse managers who face multi-layered responsibilities (AONE, 1992; Forrest, 1983; Gillies & Child, 1989; Johnson & D'Argenio, 1991). These responsibilities are especially difficult for first-line nurse managers or mid-level nurse managers (head nurses, supervisors, nurse leaders) because they are expected to perform their tasks competently, effectively, and creatively, thereby heightening the quality of patient care and optimizing the usefulness of available human and other resources (AONE, 1992; Gillies & Child, 1989; Johnson & D'Argenio, 1991; Zander, 1983). The goals of the entire organization are dependent on the success of their performance (Sheridan, Bronsten, & Walker, 1984). Although well-prepared nurse managers are needed for the nursing profession, they rarely receive the required preparation for their positions (Johnson & D'Argenio, 1991).

Most studies about management issues suggest that nurse managers have been promoted to their positions based more on their effective clinical skills than on their management abilities (del Bueno, 1989; Eubanks, 1991; Forrest, 1983; Gillies & Child, 1989; Zander, 1983). Although there are

many ways to reward professional competencies, such as pay and recognition, highly trained nurses are generally rewarded by being placed in supervisory positions. Some nursing experts believe that nursing managers need to be clinical experts in order to be credible nursing and physician staff members (Achenbach & Shepard, 1989; del Bueno, 1989). For these reasons, new nurse managers may have a tendency to view management as a new step in a hierarchical ladder rather than as a new set of skills (Zander, 1983). They may focus more on day-to-day concrete management tasks or routine assignments rather than long term management aspects, such as coaching or motivating staff (Eubanks, 1991). Although the step of role transition is a common option of promotion in organizations, role transition may not benefit the clinician if he/she does not apply necessary management skills to his/her career. Reasonably, many studies state that a good clinician does not automatically translate to be a good manager (Achenbach & Shepard, 1989; del Bueno, 1989; Eubanks, 1991).

Zander (1983) has noted that nurse managers lacked academic management training because leadership and management were neither required nor recommended as electives in diploma, baccalaureate, or graduate nursing programs. Recent studies show that the baccalaureate nursing curriculum does not intend to prepare graduates for unit level nursing management positions, and only a few

health care agencies provide nurse managers with management preparation (Gillies & Child, 1989). Furthermore, Manfredi and Valiga (1990) have shown that preparing nurse leaders in baccalaureate curricula is not part of the academic plan-- 20% of the schools surveyed had no leadership or management course specially identified, and while 60% of the schools reported having a component related to leadership or management, the description of the experience was generally vague.

Although management experience may be a prerequisite for management positions, it cannot be entirely assumed that the promoted nurse managers will work effectively through experience alone. As Zander (1983) states, "Experiences without formal feedback will force a nurse manager into premature closure of a leadership style in her or his attempts to deal with the stressors of the role" (p. 79). When the individual crosses into the management position, a major shift of expertise from clinical skills to management skills is required, and formal feedback about performance is critical to ensure that transition of new nurse managers is clear and smooth. If they feel uncertainty about whether the role is interpreted as clinical, managerial, or a combination of both, they may experience role confusion, role conflict, and role ambiguity (Duffield, 1991). This is identified as a common stressor for head nurses who work both clinical and management sides (Stewart, 1983).

Jacobson and McGrath (1983) note that changes in the role of women in Western society correspond to many problems within the nursing profession. Women working outside the home as nurses have changed the traditional women's role.

Levenstein (1981) suggests that the essential characteristics needed for leadership are "masculine" traits that focus on a tough approach, in contrast to "feminine" traits that are identified with tenderness, compassion, and emotion. The author also concludes from a meeting of staff members of the Stanford Research Institute that the differences which exist between men and women in the exercise of leadership are a result of society's conditioning of the sexes rather than innate psychological traits. Men are defined as having an Alpha style of leadership that thrives on competitive challenges, with a view that the world is a place where mastery is essential to the attainment of one's solutions to problems. On the other hand, women are defined as having a Beta style which evolves out of countless daily crises. Therefore, women develop in small groups, such as the family, and have not gained recognition as viable leaders anywhere except in small groups (Levenstein, 1981).

In analyzing causes of female leadership weakness, Gunning (1983) states, "Because women and nurses have generally acted as mediators, they have not learned to manage conflict constructively" (p. 124). He also views

that this deficiency has become an obstacle to leadership. McClure (1978) states, "Psychological inertia causes nurses to see themselves primarily as responders rather than initiators" (p. 49). Regardless of the causes of their leadership style, nurses face significant difficulties in asserting their power as the largest number of health care personnel (Gunning, 1983). Henry, Heyden, and Richardson (1990) support the notion that limited participation by nurses in planning health services at local, national, or international level is one of biggest problems impacting nurses in management positions in hospitals and health care services. Not surprisingly, the majority of the administrative team in many hospitals are male physicians.

Thai culture In Thai society, not only have women's roles been weaker than men's roles as in the earlier description of U.S. culture, but women are also referred to as "followers" while men are described as "leaders," particularly among women who are primarily concerned with household responsibilities rather than with outside work (Muecke & Srisuphun, 1990). Such influences reach into the Thai nursing profession, traditionally a female occupational field (Muecke & Srisuphun, 1989).

According in a report by Dayal (1985) to the World Health Organization (WHO), women are predominant in Thai health care fields, comprising 72.6% of professional workers. The report reveals that midwifery and nursing have

the greatest number of female personnel at 100% and 92.5%, respectively. Due to the fact that in Thailand, midwifery is commonly identified as a field of nursing, it is reasonable to combine the number of both arenas' personnel and to call them nursing personnel. Therefore, it can be assumed that of the total female health care personnel there are 56.27% who are nursing personnel. Also, 41% of the total health care personnel are female nursing personnel.

The literature review by Muecke and Srisuphun (1990) indicated that the nursing profession in Asia has to maximize its resources to take care of its population. Thailand provides a case in point. Since World War II, more than 35 Thai nursing institutions have been established, providing tremendous growth in nursing education that ranges from Nursing Certificate programs to Doctoral programs. The majority of nursing institutions offer baccalaureate-equivalent nursing programs, with a requirement of completing a twelfth-grade education prior to enrolling in nursing school to study for 4 years (Muecke & Srisuphun, 1990). The Thai Army Nursing College has provided registered nurses to serve the Army and the country since 1964 to alleviate the shortage of nurses. After students have completed a 4-year program in the college, they receive a Bachelor of Nursing Science degree and serve in the Army in the rank of Second Lieutenant. Although the number of nursing schools has been increased, the Asian

community still needs nurses, particularly in the country of Thailand. To meet this need, a new level of nurse, called "Technical Nurse," has been established in many nursing colleges to solve the nursing shortage. High school graduates are enrolled to study in the two-year program. After completing it, they will work as registered technical nurses.

Muecke and Srisuphun (1990) claim that the roles of women and nurses are related to each other. Their study was concerned with "the cultural definitions of women in Thai society," particularly in determining why ordinary women in Thai society are not considered to be leaders (p. 22). The survey by open-ended questionnaire was done among 16 Thai nurses with doctoral degrees. The researchers found that the majority of nurses thought success in their career occurred because of hard work, self-sacrifice, and a strong sense of responsibility and commitment. Although the minority focused on the qualification of scholarship and management skills, these values have emerged as a new evolutionary step for the nursing profession in Thailand. At this point, nurses have improved the profession along with advanced training within nursing academic institutions (Muecke & Srisuphun, 1990).

Recently, there have been major impediments against women's participation in administrative functions. According to those who argue against women's participation,

administrative work is tough (Muntarbhorn, Jamnarnvej, & Boonlue, 1990). Although women constitute a major part of the workplace, their participation in decision-making positions, according to Muntarbhorn, Jamnarnvej, and Boonlue (1990), is still minimal. Furthermore, most Thai studies indicate a marked disparity between the genders concerning administrative, executive, and managerial positions. These authors also note that women are the majority members in certain trade unions, although men predominate in union management. In response to such discrepancies, the Thai national policy during 1976-1985 focused on the elimination of all forms of discrimination against women; recent Thai national policy emphasizes the placement of women in administrative positions by focusing on priorities pertinent to women's issues.

Although the government has supported gender equality, it remains true that education is often beyond the reach of women. For example, in the military academy there is no prohibition against female teachers, but there is also no provision for female students (Muntarbhorn, Jamnarnvej, & Boonlue, 1990). Hence, the channel to becoming military generals is closed to women, as women are not permitted to participate in the educational process leading to high positions in the armed forces.

The male or female stereotypes are reflected within the health care professions, both in relationships with other

parallel disciplines and within the professional hierarchy. The usual gender patterns in health care prevail: a preponderance of males hold the higher status jobs, while more females hold lower status positions. The overall effect of this is to produce very distinct gender differences that are likely to create a variety of strain experiences. Therefore, Muecke and Srisuphun (1990) state that establishing nursing in Thai academic programs up to the doctoral level is one of the ways to support the independence of women as well as supporting the nursing profession. They also view recruiting men into the Thai nursing profession as a good strategy for reducing existing obstacles.

Management Education for Nurse Managers

Nursing is normally acknowledged as a stressful profession (Jacobson & McGrath, 1983) and as an occupation with many role conflicts characterized by stressors (Revicki & May, 1989). Sanders (1980) described stress and burnout among nurses and concluded: "Many nurses are experiencing stress symptoms mainly because they are women" (p. 30). She also notes that the main causes of burnout among health care professionals are working conditions combined with demanding home responsibilities resulting in a distancing from patients, a lack of professional confidence, and complete physical or mental breakdown.

Positions of responsibility in both the social and

professional spheres may cause women to experience stress (Halsey, 1978). Their need to fill several roles simultaneously increases role strain and role conflict among them (Jacobson, 1983). Recent work also indicates that multiple positions generate stress with family and work; thus, how women handle such situations is important (Gray, 1983; Johnson & Johnson, 1977). In addition to being situation variables, the concepts of role and role set are descriptive of the nature and structure of the role of nurse managers. The fundamental assumption of the present study is that nurse managers must maintain a highly diversified set of relationships in their roles and that their role set typically includes individuals from many clinical units, as well as from other professions.

Holle and Blatchley (1989) state that the need for qualified and educated nurses for leadership roles has become acute for an increasing number of nursing positions. Thus, nurses in management positions, as leaders of nursing and non-nursing personnel, are expected to manage people and allocate available resources in ways not required of them before. In addition, changing patterns of health care, technology, and other critical issues will dictate the number of skilled nurse managers that will be needed in the future (Duffield, 1991; Forrest, 1983). Duffield (1991) supports the contention that nurse managers should support formal management training rather than the traditional

method of learning while on the job that reflects a lack of resources or educational standards. She also recommends that nurse managers take management-related business courses. However, Brown (1983) suggests that nurse managers basically need a combination of clinical and managerial expertise to expand their roles appropriately within complex health care systems. He also strongly supports the concept that all nurses must be educated about management concepts so that the future nurse managers are adequately prepared.

While it has been identified that well prepared nurse managers are needed, nurse managers frequently have difficulty functioning effectively in their present positions. Several studies show that some barriers exist for the transfer of knowledge to a clinical setting (Bindsted, Stuart, & Long, 1980; Duffield, 1991; Gillies & Child, 1989) despite the fact that some health agencies encourage nurse managers to attend an academic management program (Gillies & Child, 1989). Many studies have analyzed the possible causes of the difficulty, such as the belief that work situations are unique (Gillies & Child, 1989), as well as a lack of experience on the part of the teacher, the superiors' unrealistic expectations regarding the students' increased knowledge, and a lack of administrator involvement (Duffield, 1991). However, many authors suggest that management programs and the teaching strategies should be based on a theoretical understanding of management process

(Gillies & Child, 1989; Molander & Walton, 1984).

The organization responsible for representing U.S. nursing administrative practice and also being a role model for another country, the American Organization of Nurse Executives (AONE), developed guidelines regarding the role and function of the hospital nurse manager (AONE, 1992). The organization's mission is "to promote the growth of nurses in management and administration and to facilitate the evolution of nursing administrative practice" (AONE, 1992, p. 36). As a result of complex roles and multiple responsibilities, a nurse manager needs clinical, leadership, and management skills to effectively meet the requirements of the position (AONE, 1992). According to AONE, nurse managers need the following skills: (a) finance or budgeting, (b) computer, (c) organizational theory, (d) human resource management, (e) management applications, and (f) marketing. The nurse manager must continuously learn these kinds of skills from programs designed by health care institutions either as continuing education (CE) or at the graduate level.

Several studies have been conducted to assess the need for CE management courses for nurse managers facing new challenges that increasingly require management skills (Adams, 1991; Hodges, Knapp, & Cooper, 1987; Ziemann, 1984). Therefore, an emphasis on the skills perceived as the most beneficial by nurse managers can be the best way for

providing management training when under time and cost constraints (Adams, 1991).

In contrast to the U.S., the CE required for renewal of nursing licenses has not been available nor required in Thailand. Thus, Thai nurse managers have little access to advanced management training courses except those who study them at the master's degree level. However, the Thai Nursing Council has been working on the CE process and it is expected to be effective in late 1993 (Muecke & Srisuphun, 1989). This emerges as a new evolutionary step for the nursing profession in Thailand.

Many researchers focus on the benefits of management education programs and have attempted to measure their effectiveness. Evers, Porter-O'Grady, George, and Lewis (1989) report the results of evaluating the program provided for a nursing service administration in Mississippi. The study revealed that there were significant changes when nurse managers were involved in the financial management process, with the majority responsible for the service budget. In addition, 33.3% of the participants were certified in nursing service administration by the American Nurses' Association.

Gillies and Child (1989) studied maximizing the benefits of management education for nurses. Three workshops representing management approaches and techniques were offered. Each workshop consisted of lectures, group

counseling, and support to participants by means of telephone coaching. Results revealed that 25%, 50%, and 36% of participants in the first, second, and third sessions, respectively, had registered for graduate credit. Some of the participants were curious enough to ask for information about a Master of Science (MS) with Master of Business Administration (MBA) program in nursing administration. According to the findings, formative evaluation data also revealed that participants had used course information to change their approach toward coworkers and prepared themselves for future management positions.

Summary

The need for effectively qualified and educated nurse managers has become acute during the increase of complex organizations, technology advances, and various management issues. Nurse managers who are inadequately prepared for their positions and also have multiple roles are inclined to experience role conflict, role ambiguity, and role stress. These role problems can be causes of anxiety, stress, frustration, job dissatisfaction, and decreased effectiveness. To decrease the negative outcomes and assist those who wish to make the transition to becoming nurse managers or who wish to improve their managerial role functions, management education and training should be directed at designing a program that facilitates this process effectively.

Chapter 3

METHODOLOGY

This study was designed to obtain descriptive data about the perceptions of Thai Army head nurses, chiefs of inservice, and supervisors regarding the adequacy of preparedness for their present positions. Descriptive data on their management learning sources and on their perceived needs for additional management skills were also obtained.

Design

The study used a descriptive exploratory design to determine management training needs of the Thai Army nurse managers. The study variables consisted of demographic data described in the instrument section, adequacy of management preparedness, management learning source, and perceived skill needs. Data were collected by means of a questionnaire after the investigator received approval from the Human Subjects-Institutional Review Board (HS-IRB) of San Jose State University (SJSU) (see Appendix C). Stratified and simple random sampling methods were employed to complete a pilot study as well as the main study.

Demographics

The respondents in this study were female Thai Army hospital nurse managers whose age ranged between 30 and 60 years and who worked in clinical units of 2 major Thai Army hospitals, Pramongkutklao Hospital (1500 beds) and Anandamahidol Hospital (500 beds). These hospitals employed

a total of 111 nurse managers--84 nurse managers at Pramongkutklao Hospital, and 27 nurse managers at Anandamahidol Hospital. Selection of participants in the study was completed in a series of steps. Initially, a pilot study ($n=8$) of participants was done, using a stratified random sampling, or quota sampling, a method to guarantee that nurses came from different groups of nurse managers from both Pramongkutklao and Anandamahidol Hospitals, as well as from different groups within each hospital. Thereafter, a simple random sampling method was used to get 5 participants from Pramongkutklao Hospital, including 2 head nurses ($N=60$), 2 chiefs of inservice ($N=18$), and 1 supervisor ($N=6$), as well as 3 nurses from Anandamahidol Hospital, including 1 head nurse ($N=17$), 1 chief of inservice ($N=4$), and 1 supervisor ($N=6$). For the last step, the main study using a revised questionnaire was done among the remaining subjects ($n=103$)--79 and 24 nurse managers at Pramongkutklao and Anandamahidol Hospitals, respectively.

Human Subjects Approval

Permission from the Thai Army hospitals for the participation of nurses (see Appendix D) was obtained prior to requesting the HS-IRB approval from the University. After the study was approved by the HS-IRB Committee, the questionnaire was pilot tested on 8 Thai Army nurse managers. The participants were told that there might be

some minor changes made to items in the instrument after the pilot study in order to clarify the instrument for use in the main survey.

Pilot Study

In the pilot study, 8 participants (5 Pramongkutklao and 3 Anandamahidol nurse managers) received an envelope enclosing a cover letter explaining the purpose of the study, instructions, the questionnaire for completion, and a return coded envelope. Two centrally-located collection points were listed in the cover letter for return of the surveys, one for each hospital. Because the investigator did not return to Thailand, the recruiting of participants from Pramongkutklao and Anandamahidol Hospitals was done by 3 Thai Army nurse representatives. The participation was without benefit or penalty. Confidentiality was maintained.

Data Collection

Collecting data in the main study was similar to that in the pilot study. A cover letter and instructions with the explanation that participation was voluntary were included for each participant with the questionnaire. The participants were also informed that they could withdraw at any time without penalty and that there were no risks or benefits in participation. The cover letter also ensured that confidentiality and anonymity would be maintained. The respondents were requested to return the questionnaire either to one of the locked collection boxes located at the

Nursing Division of their hospital (Pramongkutklo Hospital or Anandahidol Hospital) or to mail it to the nurse representative in the Royal Thai Army Nursing (RTAN) College. The boxes remained locked until the final date for collecting the data, which was August 17, 1992. After that time, both of the nurse representatives at the hospitals opened the boxes to collect the sealed, coded envelopes containing the questionnaires. These questionnaires were sent to the RTAN College. These sealed envelopes were then carried to the investigator in the U.S. by a Thai Army nursing instructor.

Instrument

The questionnaire in this study was based on an instrument designed by Adams (1991). The Adams questionnaire was developed to assess the management learning needs of head nurses and supervisors in an effort to construct a continuing education (CE) program. Permission was granted for use of the instrument by Adams (see Appendix E). She stated that the instrument lacks reliability but it had content validity according to experts in the field of Administration. This instrument was the most complete one found in the literature that was suitable for the purpose of this study. The Adams instrument was revised on two items of the management topics part by:

- (a) using "Analyzing hospital system" instead of "Analyzing agency's system" and
- (b) adding "burnout" on

"Reducing absenteeism and turnover." The instrument also was modified in the request of background characteristics by: (a) taking out number of beds in their agencies, (b) including additional information about present hospital, rank, age, times of transfer between hospitals, and (c) adding assessment of management skills (management learning source and adequacy of management preparedness). Some format was changed from open-ended questions to a check list, such as type of patients on their units, and number of employees supervised directly.

The revised instrument package (see Appendix F) was translated into Thai (see Appendix G) and certified for correct translation by a U.S. State Department certified translator. The translated instrument was validated for content by a bilingual nurse expert in nursing administration from the U.S., and a bilingual nurse expert in nursing education from Thailand. In order to establish reliability of the instrument, the questionnaire was pilot tested on 8 nurse managers in the two Thai Army hospitals.

The questionnaire consists of two parts (see Appendix F). Part 1 has 12 items to identify background characteristics, such as present title, present hospital, present rank, present age, years as nurse and nurse manager, years in present position and present hospital, number of times transferred between hospitals (including the present time), educational preparation, type of current service

managed, and number of directly supervised employees. Part 2 includes 14 items to identify management knowledge and skills. The topics were ranked from 1 (the most useful) to 14 (the least useful) by the nurse managers. One open-ended question was provided for further suggestions. The questions to identify sources of management education and the adequacy of the nurses' education for their present positions as managers completed the survey.

Data Analysis

Data were analyzed by using the Statistical Package for the Social Science (SPSS) computer program. Descriptive statistics were calculated using crosstabulations between the nurses' present positions and 3 groups of data: (a) background characteristics, (b) the source for learning management skills, and (c) preparedness of respondents. In addition, Cramer's V statistic was calculated to determine a relationship between the perceived adequacy of preparedness for management positions of Thai Army hospital nurse managers and their specific background characteristics, such as title, present hospital, highest education, years in present hospital, years as nurse manager and nurse manager in present position, type of managed service, number of managed employees, and management learning source. The mean score of each item between items 1 and 14 regarding management knowledge and skills was calculated by dividing the total number of ratings in each

item with the total number of subjects in each group. The topics were ranked from the most useful topic to the least useful topic, according to the least mean score to the largest mean score.

Chapter 4

FINDINGS AND INTERPRETATION

This was a descriptive exploratory study focusing on the following research questions: what are the perceived management needs of Thai Army head nurses, chiefs of inservice, and supervisors; what are their management education sources; as well as how adequate is their preparedness for their present positions; and what is a relationship between their preparedness and their certain demographic characteristics?

Description of Sample

This assessment survey was conducted by a questionnaire. The questionnaire was distributed to 103 Thai Army female nurse managers at both Pramongkutklao Hospital and at Anandamahidol Hospital. Seventy-five questionnaires were returned. Seventy-one nurse managers completely responded to the questionnaire, representing a 69% return. Two of the questionnaires were incomplete and the other 2 were blank.

The respondents (N=71) were comprised of 50 head nurses (70%), 15 chiefs of inservice (21%), and 6 supervisors (9%). Major was the most common rank among 37 head nurses (74%) and 9 chiefs of inservice (60%), while the most common rank of supervisors was Lt.Col. (n=3, 50%). Forty-nine nurse managers had worked at Pramongkutklao Hospital (69%) and 22 nurse managers had worked at Anandamahidol Hospital (31%). The majority of the nurse managers (n=51) had 11 to 25 years

(72%) in their present hospitals. Eighty-nine percent (n=63) had never served outside their present hospitals.

Fifty-one nurse managers (72%) were between 36 and 45 years of age. The age of the head nurses (n=32) mostly ranged between 36 and 40 years (64%), whereas that of chiefs of inservice (n=12) and supervisors (n=4) was 41 to 50 (80%) and more than 50 years (67%), respectively. Ninety-three percent of the managers (n=66) had completed a baccalaureate program. One nurse manager (1.4%) was certified in Nursing and Midwifery and 4 nurse managers (5.6%) had a Diploma Degree. No respondents had obtained master's or doctoral degrees.

The majority of the nurse managers (n=51) had 10 to 20 years of experience as nurses (72%), particularly among 48 head nurses (96%), while the majority of chiefs of inservice (n=13) and supervisors (n=3) had between 21 and 30 (87%) and more than 30 years (50%), respectively. Eighty-five percent of the nurse managers (n=60) had 1 to 15 years of experience as nurse managers. Thirty-seven head nurses (74%) had 1 to 10 years of experience as head nurses, whereas 11 chiefs of inservice (73%) and 4 supervisors (67%) had experience of 6 to 15, and 11 to 20 years in their managerial positions, respectively. The majority of the nurse managers (n=62) reported that they had less than 10 years of experience in their present positions (87%). The majority of head nurses (n=42, 84%) and chiefs of inservice (n=14, 94%) had less

than 10 years experience in their present positions, whereas all supervisors ($\underline{n}=6$) had at least 1 year but less than 10 years.

The majority of the nurse managers ($\underline{n}=11$, 16%) had worked either in medical units or multiple managed units. The majority of head nurses ($\underline{n}=8$) had worked in Medical units (16%), while the majority of chiefs of inservice ($\underline{n}=4$, 27%) and supervisors ($\underline{n}=4$, 67%) had worked in multiple managed units. No respondents had worked in orthopedic units. The most common number of employees managed by chiefs of inservice ($\underline{n}=11$, 73%) and supervisors ($\underline{n}=4$, 67%) were more than 45, while those by head nurses ($\underline{n}=26$) were between 15 and 30 (52%).

Findings Related to Research Questions

The descriptive data with tables are used and presented to answer the following research questions:

1. What are the Perceived Management Skills of the Thai Army Nurse Managers Regarding their Present Positions?

Table 1 presents the rank order of management usefulness and the mean score for the items assessing their management training needs among 3 groups of nurse managers. The results showed that 3 groups of the nurse managers ranked "Motivating staff" as the most useful management skill. The category of "Communication skill" was also ranked as the most useful topic by supervisors, while it was ranked as the fourth most useful skill among both chiefs of inservice and

Table 1

Management Knowledge and Skills Respondents Desire in a
Management Training Program (N=71)

Management Skills and Concepts	Head Nurses (<u>n</u> =50)		Chiefs of Inservice (<u>n</u> =15)		Supervisor (<u>n</u> =6)	
	Rank Mean		Rank Mean		Rank Mean	
Motivation	1	3.7	1	3.3	1.5	2.3
Problem-Solving & Decision-Making	2	5.2	3	4.8	7	7.3
Time Management	3	5.4	2	4.3	3	5.0
Communication	4	5.4	4	5.6	1.5	2.3
Change Process	5	6.6	9	8.2	9	8.0
Quality Assurance	6	7.1	8	7.4	10	8.2
Conflict Resolution	7	7.2	7	7.0	5.5	7.2
Dealing with Higher	8	7.3	10	8.8	5.5	7.2
Performance Appraisal	9	7.7	5	6.3	8	7.7
Reducing Turnover	10	8.7	6	6.9	4	6.7
Budgeting	11	9.6	13	11.0	11	8.3
Analyzing Hospital	12	10.0	11	9.4	12	11.0
Recruiting	13	10.3	14	11.6	14	11.5
Behavioral Objectives	14	11.2	12	9.9	13	11.3

Note. The first rank means the most useful and the last rank means the least useful.

head nurses. The chiefs of inservice ranked "Time management" as the second most useful skill, whereas the head nurses and supervisors ranked it as the third most useful topic.

"Change process," and "Quality assurance" were ranked higher by the head nurses than by the chiefs of inservice and the supervisors. Interestingly, the chiefs of inservice and supervisors perceived "Performance appraisal" as more useful than did the head nurses. Supervisors ranked "Reducing absenteeism," "Dealing with higher administration," and "Conflict resolution" as more useful than did the head nurses and chiefs of inservice. All groups mostly ranked "Budgeting," "Analyzing hospital system," "Recruiting and Interviewing," and "Behavioral objectives" as the least useful management group.

The nurse managers suggested other topics of interest to them for a management course. The majority of the suggestions were morale, legal and ethical aspects, leadership role and style, assertive communication, job description and delegation, as well as management process, criteria, and standards.

2. Where do They Obtain Most of Management Education?

Table 2 shows the frequency of management education sources of the Thai Army nurse managers. The majority of nurse managers ($\underline{n}=40$) learned most of their management skills from their experiences (56.3%). The next most frequently noted learning source for them ($\underline{n}=13$) was either baccalaureate programs or mentorship-preceptorship programs (18.3%). Three nurse managers (4.2%) had learned management skills from multiple learning sources. Two nurse managers (2.8%) reported learning most of management skills from management training.

Table 2

Respondents' Most Management Learning Sources (N=71)

Sources of management learning	Frequency	Percent
Experience and Self-Learning	40	56.3
Baccalaureate Program	13	18.3
Mentorship-Preceptorship	13	18.3
Other (Multiple learning)	3	4.2
Management Training Program	2	2.8

Note. Multiple learning means learning management skills from many sources of education.

3. How do They Feel About the Adequacy of Their Preparation for Their Present Positions?

The findings on Table 3 show that the majority of the nurse managers ($n=36$) perceived their management preparedness as "Adequate" (50.7%), while 21 nurse managers (29.6%) thought their preparedness was "Inadequate." Five nurse managers (7%) perceive their management preparedness as "Very adequate," whereas 2 nurse managers (2.8%) reported theirs as "Very inadequate." When the "Inadequate" group is combined with those rated "Very inadequate," the total is 32.4% ($n=23$) of the respondents. Likewise, when "Very adequate" and "Adequate" are combined, the total is 57.7% ($n=41$). Seven nurse managers (9.9%) reported being "Unsure." Eight chiefs of inservice perceived their preparedness as inadequate (53.4%), whereas 5 chiefs of inservice (33.4%) cited theirs as adequate.

Twenty-five responses were given for inadequate preparation for management positions. The major reason was a lack of management training (8 responses or 32%); the second reason was inadequate management experience (7 responses or 28%), and the third reason was a lack of management knowledge (3 responses or 12%). Subordinate nurse managers perceived their superior managers as lacking both knowledge and qualification (3 responses or 12%), inadequate orientation (3 responses or 12%), and a lack of an appropriate management promotion (1 response or 4%).

Table 3

Respondents' Adequacy of Management Preparedness by Position Held (N=71)

Adequacy of Preparedness	Head Nurses	Chiefs of Inservice	Supervisors	Total
	<u>n</u> (%)	<u>n</u> (%)	<u>n</u> (%)	<u>n</u> (%)
Very adequate	4 (8.0)	1 (6.7)	- -	5 (7.0)
Adequate	25 (56.0)	4 (26.7)	4 (66.7)	36 (50.7)
Unsure	4 (8.0)	2 (13.3)	1 (16.7)	7 (9.9)
Inadequate	13 (26.0)	7 (46.7)	1 (16.7)	21 (29.6)
Very inadequate	1 (2.0)	1 (6.7)	- -	2 (2.8)

4. What is the Relationship Between the Adequacy of Management Preparedness and Certain Demographic Characteristics?

Table 4 of the study results shows the data on the correlation between management preparation and 9 demographic characteristics. Two demographic characteristics (type of managed service and number of managed employees) had a moderately positive correlation with adequacy of management preparation. Six demographic characteristics (title, education, years in present hospital, years as nurse manager, years as present nurse manager, and management learning source) showed low correlation with the adequacy of

preparation. The characteristic of "present hospital" had a weak relationship with the adequacy of preparation.

Table 4

Relationship Between Adequacy and Certain Characteristics
(N=71)

Certain Characteristics	Cramer's V
1. Title	0.21
2. Present Hospital	0.15
3. Highest Education	0.29
4. Years in Present Hospital	0.27
5. Years as Nurse Manager	0.25
6. Years as Present Nurse Manager	0.22
7. Managed Service	0.44
8. Number of Subordinate Employees	0.60
9. Management Learning Source	0.21

Summary

The findings presented described a sample of 71 Thai Army female nurse managers who were predominantly head nurses and had worked at Pramongkutklao Hospital. Nurse managers fell most frequently within the range of 36 to 45 years of age. The majority of nurse managers had experience of 1 to 10 years in their present positions. They mostly perceived that they had learned most of management education

from experience.

Although the majority thought of their management preparation as "Adequate" rather than as "Inadequate," they definitely ranked "Motivation skill" as the most useful topic. The next most useful topics were time management, problem-solving and decision-making, as well as communication. The overall data, compounded with the major reason for inadequate management preparation--a lack of management training--indicate that nurse educators must provide management courses to assist nurse managers to work effectively in their positions.

Chapter 5

DISCUSSION

This chapter presents a summary of the study, possible conclusions derived from the data, the scope and limitations as well as recommendations based on the study. The data are summarized and conclusions are drawn in the following paragraphs.

Summary of the Study

The purpose of this study was to determine the perceptions of Thai Army nurse managers regarding the adequacy of their education for their present positions, where their management skills had been obtained, and what additional skills were needed to improve them. The study used a descriptive exploratory design to answer the following research questions: what are their perceived management skills, where do they obtain management education, as well as how do they feel about the adequacy of their management preparation, and what is the relationship between their management preparation and selected demographic characteristics?

The sample consisted of 71 female nurse managers (69%) which could be divided into 3 groups: (a) 50 head nurses (70%), (b) 15 chiefs of inservice (21%), and (c) 6 supervisors (9%). The mode age range was 36 to 45 years (72%). Ninety-three percent ($n=66$) of the managers received a bachelor degree. Most nurses had less than 10 years in

their present assignments (87%). More of their management skills came from their experiences (56.3%) than from formal education. Forty-one nurse managers (57.7%) believed themselves as adequately prepared for their present positions, while 23 nurse managers (32.4%) thought they were not adequately prepared for their present positions. The main reason given for a rating of inadequacy was a lack of management training. "Adequate preparation in their present positions" was moderately correlated with two characteristics: (a) "types of managed service" and (b) "the number of managed employees." Three groups of the nurse managers ranked "Motivation" as the "most useful" topic, while "Recruiting and interviewing" were ranked as the "least useful" by the chiefs of inservice and supervisors, and "Behavioral objectives" was ranked as the "least useful" by the head nurses. Furthermore, the nurse managers suggested that the following topics be covered in a management course: (a) morale, (b) legal and ethical aspects, (c) leadership roles, and (d) assertive communication.

Conclusions

The nurse managers had been RNs for at least 10 years. The majority of the head nurses (90%), the chiefs of inservice (100%), and the supervisors (100%) held bachelor degrees either in nursing or non-nursing fields. Fifty-five percent of the nurse managers had fewer than 5 years

experience as nurse manager in their present positions.

Despite the variance in years as nurses and nurse managers in their present positions, as well as educational preparation, 41 respondents (57.7%), the majority of the nurse managers, responded that they were adequately prepared for their present positions. Interestingly, the majority of the chiefs of inservice (53.4%) perceived that they required higher order skills than the majority of the head nurses (64%) and supervisors (66.7%). However, only 9.9% of the nurse managers ($n=7$) perceived their preparation as "Unsure," which was somewhat negative and meant that these nurse managers were likely to need a management course. The percent that would need such a course would be 42.3% ($n=30$) if it included those rated "Inadequate," and "Very inadequate." The perceived major cause of inadequate preparedness was a lack of management training (8 out of 25 responses or 32%).

According to a study by Davison and Sutherland (1992), a lack of management training was a major source of stress among managers in the United Kingdom. Management topics in continuing education (CE) classes are often the most requested for U.S. nurses according to Adams (1991). A lack of CE requirements in the Thai nursing profession, compounded with a lack of in-house management training, supported the data that only two nurse managers (2.8%) had learned most of their management skills from management

training programs. In addition, the advanced nursing courses in Thailand usually focus on the clinical specialist and the various functions of nurses in units. Advanced management courses are mainly provided at the master's level or in business arenas. Nurses who come from the clinical backgrounds have little access to learn management skills compared to MBA or business workers. Because of the lack of availability of management courses, the majority of nurse managers learned management skills from experiences (56.3%). Some (18.3%) had learned management skills from baccalaureate programs or mentorship-preceptorship. However, another major reason for their inadequacy was inadequate experience of management practice (7 out of 25 responses or 28%). This might imply that their management learning experience was not focused enough on management skills and practice. Lack of management courses and experience could be related to the other causes of their inadequate preparation, such as a lack of management knowledge (12%), a lack of qualified mentors or an inadequate orientation (12%), and a lack of an appropriate management promotion (3.8%).

However, the correlation between preparation adequacy and selected demographic characteristics was generally low, except for types of managed service ($r=.60$) and number of managed employees ($r=.44$) which were moderate. In this study, the majority of chiefs of inservice (73%) and the

supervisors (67%) supervised more than 45 employees, while the head nurses supervised 31 to 45 employees (72%). The head nurses ($n=8$) had worked had mostly on the medical units (16%), while the chiefs of inservice (26.7%) and supervisors (66.7%) had worked on multiple managed units.

From the list of 14 ranked skills, it was quite clear that "Motivating staff" emerged as the "most useful" to all groups of the nurse managers, and "Communication skill" was seen as the "most useful" for the supervisors. Huband (1992) suggested that motivating and leading people may be the most valuable skills as long as effective managers have to "get things done through people" (p. 44). According to a study of Patz, Biordi, and Holm (1991), the human management skills were also perceived by chief nurse executives (CNEs) and middle nurse managers (MNM) as the most important criterion of the MNM effectiveness. Some studies about the training needs of engineering managers supported that senior managers perceived communication as a more important skill than did middle or junior managers (Tharenou, 1991; Young, 1989). Those results might reflect another concern about the communication skills for the future managers.

The head nurses, chiefs of inservice, and supervisors were more likely to rank "Problem-solving and Decision-making" and "Time management" as the next most useful. They also ranked "Change process," "Performance appraisal," "Quality assurance (Q.A.)" as average useful, and ranked

"Behavioral objectives," "Analyzing hospital," "Budgeting," and "Recruiting" as the "least" useful topics group.

The supervisors were more likely to rank "Reducing absenteeism," "Conflict resolution," and "Dealing with higher administration" more useful than did the chiefs of inservice and head nurses.

A Comparison of this Study with Adams' Study

This replicate study was analyzed with Adams' study (1991) to compare the skills and possible reasons for similarities or the differences.

While this study ranked motivation and communication as the most useful topics, Adams' study ranked those skills as the least useful topics. In addition, this study presented "Analyzing hospital," "Budgeting," "Recruiting," and "Behavioral objectives" as the least useful group, whereas Adams' study presented "Analyzing hospital," "Dealing with higher administration" "Recruiting," and "Reducing absenteeism" as the "most" useful topics group. These opposite results between two studies might derive from different organizational cultures, differences in the sample characteristics, workplace, roles, in addition to tremendous cultural differences.

It is easy to understand the preference for "Analyzing hospital" and "Dealing with higher administration" by U.S. nurse managers who work in more complex health care climates, as related to various health professions and

advanced health care technology than the Thai Army hospital organization. In addition, because of many changes in the U.S. health care industry, nurse managers have been encouraged to study the analysis of organizations, political and strategic planning, and financial management among their post-graduate courses (Koszalka, 1990). This also explains why the previous study ranked "Budgeting and resource allocation" in the more useful category.

According to a study by Kreman (1990), the U.S. nursing profession has been facing a nursing turnover rate of 46%, particularly among registered nurses. Also, the nurse shortage has existed as an important issue to nurse managers (Johnson & D'Argenio, 1991). Even leadership positions at the administrator level are hard to fill, and a non-nursing administrator may be hired to manage nursing service (Koszalka, 1990). That means that the U.S. nursing organizations were more concerned about recruiting and retention than the Thai Army organization. The data on transfer of the Thai Army hospital nurses showed that the nurse managers in this study did not have as much mobility as did those in the U.S. They normally move to another Army hospital because of getting a promotion or responsibilities to their families in that geographic area. However, the decreased concern about recruiting in the Thai Army hospital might be for the following reasons: (a) having its own nursing college to provide a supply of nurses, (b) contracts

with the government make it harder for nurses to leave the organization, and (c) some advantageous benefits, such as either social security or military prestige, to attract nurses to work for the organization until they retire.

In this study, there also were advantages of "Reducing turnover" in the organization, but not necessarily "Reducing absenteeism and burnout" of employees. Therefore, these skills were not different for the two studies in the supervisor group but were different in the head nurse group. One of the reasons might come from identifying what causes concerned them. Concerns about absenteeism, burnout, or turnover may vary for different nurse groups. It would be more useful to specify more detail on this skill.

In the earlier literature review, the multiple roles of the Thai Army nurses may increased their role conflict, role ambiguity, and role stress. This strain might make them more easily tired, fatigued, and susceptible to burnout. This was why the supervisors in this study were concerned about reducing this problem. However, the Army nursing organization had not faced the problem of turnover as much as in the U.S. Kreman (1990) stated that many U.S. nurses considered their positions as "dead-end" jobs and this was a cause of turnover. In addition, having more freedom in the complex health care climates gives the U.S. nurses more chance to change jobs, regardless of any specific reasons. It is not surprising why the Adams' study showed that nurse

managers were much more concerned about reducing absenteeism and turnover as well as recruiting and selecting of staff.

In the current study, the supervisors' consideration of reduced absenteeism, burnout, and turnover might relate not only to motivation and communication, but also on "Conflict resolution" in order to increase morale. That may support why the majority of their topic suggestions were ethics, morale, leadership role, and assertive communication.

Interestingly, in Adams' study, "Performance appraisal," "Quality assurance," and "Change process" were in the "least" useful group, while these factors were more important to nurse managers in this study. This can indicate a great future for the Thai Army organization that the nurse managers were interested in these skills to improve their work setting. The reason might be due to a difference in the development process of the Thai managers. In the U.S., those topics have been popular and well-developed but that is not in the case in Thailand. Adams (1991) stated that longer experiences than normal in dealing with a situation might cause the nurse to perceive those skills as less useful than might be expected.

In the Thai Army nursing organization, nurses are familiar with "quality control" more than being familiar with the word "quality assurance" and "quality improvement." They might be curious to change and improve their settings by applying those skills to their clinical practice.

In addition, the Thai Army hospital organization has not had an outside organization, such as the Joint Commission on Accreditation of Health Care Organizations (JCAHO), to examine the quality of health care by focusing on quality assurance programs and quality improvement. The Army organization has its own committee to assure health care quality. A greater concern for the skills of the nurse managers in this study might help improve health care in the Thai Army nursing organizations.

Summary

The 14 described management topics are related to one another. Management skills perceived as the beneficial among the nurse managers in the two Thai Army hospitals might exist in the other 33 Thai Army hospitals throughout Thailand. In fact, no one wants to be a bad manager. Therefore, all nurse managers need to continue developing effective management skills, particularly those perceived as useful for them, as long as they want success for themselves, their employees, their patients, and their hospitals. This study is useful for Thai Army nurse educators to understand the nurse managers' perspectives on what makes them effective and what courses are needed to assist them to improve their managerial skills in their present positions. These perspectives have implications for the future educational programs for preparing nurse managers in the Thai Army nursing organization.

Scope and Limitations

Limitations of this study include that this exploratory design involved a convenience sample. It was limited geographically because data were collected from only two major Thai Army hospitals out of a total 35 Thai Army hospitals throughout Thailand. Although the findings cannot be generalized to other population, it might be assumed that one could generalize the findings to the other Thai Army hospitals' settings because of the similar organizational system. However, the findings could be useful to any nurse manager practicing in the hospital setting in the role of a supervisor, a chief of inservice, and a head nurse.

In addition, the individual level of self-awareness may affect the "management training perceived need." However, a control for the varying degree of self-awareness is beyond the scope of this study.

Recommendations

Based on this study, it is recommended that the research be replicated in order to include a larger sample with more subjects at the different levels of nurse management and to include a larger number of hospitals. Also, analysis of the questionnaire should be done to establish a measure of reliability.

Some changes in the questionnaire could improve clarity and make questions more easily understood. For example, in the section on "Management Learning Needs Information,"

this researcher would suggest a check list grouping of the item on "Reducing absenteeism, burnout, and turnover."

In addition, this study provides information that could be valuable to other nurse managers to focus analysis on the top 7 ranking knowledge and skill items of the 14 topics listed on the questionnaire. This information could be used to select courses to teach new nurse managers.

Based on this study, it is recommended that more education and training be made available by the Thai Army hospitals to new nurse managers, and nurse managers should seek education as they are promoted to higher management levels. Some courses that might prove valuable are: (a) motivation, (b) communication, (c) problem-solving and decision-making, and (d) time management.

Adams (1991) stated that the skills perceived as less useful than expected might be due to longer experiences than normal in dealing with situations using these skills. If a follow-up study revealed this to be true, nurse managers could use their experiences to design a program for preparing subordinates for their future management positions.

REFERENCES

References

- Achenbach, R., & Shepard, J. (1989). The study of management styles. Nursing Management, 20(6), 76.
- Adams, D. (1991). Management needs of head nurses and supervisors: Designing a continuing education course. The Journal of Continuing Education in Nursing, 22(1), 16-20.
- American Organization of Nurse Executives (AONE). (1992). The role and function of the hospital nurse manager. Nursing Management, 23(9), 36-37.
- Biddle, B. (1979). Role theory: Expectations, identities and behaviors. New York: Academic Press.
- Binsted, D., Stuart, R., & Long, G. (1980). Promoting useful management learning: Problems of translation and transfer. In J. Beck & C. Cox (Eds.). Advances in Management Education (pp. 323-349). New York: John Wiley.
- Brown, B. J. (1983). From the editor. Nursing Administration Quarterly, 7(2), viii-xi.
- Burke, G. C., & Scalzi, C. C. (1988). Role stress in hospital executives and nursing executives. Health Care Management Review, 13(3), 67-72.
- Caplan, R. D., & Jones, K. W. (1975). Effects of workload, role ambiguity, and type A personality on anxiety, depression and heart rate. Journal of Applied Psychology, 60(6), 713-719.

- Cleland, V. (1971). Sex discrimination: Nursing is most pervasive problem. American Journal of Nursing, 71(10), 1542-1547.
- Cooper, C. L., & Smith, M. J. (1986). Job stress and blue collar work. New York: John Wiley.
- Cyert, R. M., & MacCrimmon, K. R. (1968). Organizations. In G. Lindzey & E. Aronson (Eds.). The Handbook of Social Psychology (2nd. ed.) (pp. 568-603). Menlo Park, CA: Addison-Wesley.
- Davison, M. I., & Sutherland, V. J. (1992). Stress and construction site managers: Issue for Euroep. Employee Relation, 14(2), 25-38.
- Dayal, R. (1985). Women in health and development in South-East Asia. SEARO Regional Health Papers (No. 8). New Delhi: SEARO WHO, 88.
- del Bueno, D. J. (1989). Preparation of nurse manager. International Nursing Review, 36(4), 117-120.
- Douglass, L. M. (1984). The effective nurse: Leader and manager (2nd. ed.). St. Louis: C.V. Mosby.
- Duffield, C. (1991). First-line nurse managers: Issues in the literature. Journal of Advanced Nursing, 16(10), 1247-1253.
- Emerton, A. C. (1977). Development and training. In E. Raybould (Ed.). A Guide for Nurse Managers (pp. 142-155). Bristol: Western Printing Services.

- Eubanks, P. (1991). Clinicians: Manage your move to manager. Hospitals, 65(5), 60.
- Evers, J. M., Porter-O'Grady, T., George, E. J., & Lewis, K. (1989). New directions for nurse managers. The Journal of Continuing Education in Nursing, 20(5), 200-205.
- Forrest, L. (1983). Management education and training of nurses: Research study. Journal of Advanced Nursing, 8(2), 139-145.
- Ganong, J., & Ganong, W. (1978). HELP... for the head nurse: A management guide. Chapel Hill: W.L. Ganong.
- Gillies, D. A., & Child, D. A. (1989). Maximizing the benefits of management education for nurses. The Journal of Continuing Education in Nursing, 21(4), 154-159.
- Gleeson, S., Nestor, O. W., & Riddell, A. J. (1983). Helping nurses through the management threshold. Nursing Administration Quarterly, 7(2), 11-16.
- Gray, J. D. (1983). The married professional women: An examination of her role conflicts and coping strategies. Psychology of Women Quarterly, 7(3), 235.
- Gunning, C. S. (1983). The profession itself as a source of stress. In S. F. Jacobson & H. M. McGrath (Eds.). Nurses Under Stress (pp. 113-125). New York: John Wiley.

- Halsy, S. (1978). The queen bee syndrome: One solution to role conflict for nurse managers. In M. Hardy & M. Conway (Eds.). Role Theory: Perspectives for Health Professionals (pp. 231-149). New York: Appleton-Century-Crofts.
- Hardy, M. J., & Conway, M. E. (1978). Role theory: Perspectives for health professionals. New York: Appleton-Century-Crofts.
- Hardy, M. J., & Conway, M. E. (1988). Role theory: Perspectives for health professionals (2nd. ed.). Norwalk, CT: Appleton & Range.
- Henry, B., Heyden, R., & Richardson, B. (1990). International administration of nursing service. International Nursing Review, 37(2), 251.
- Hingley, P., & Cooper, C. L. (1986). Stress and the nurse manager. New York: John Wiley.
- Hodges, L. C., Knapp, R., & Cooper, J. (1987). Head nurses: Their practice and education. Journal of Nursing Administration, 17(12), 39-44.
- Holle, M. L., & Blatchley, M. E. (1989). Teaching leadership with role theory. Nursing Connections, 2(4), 53-61.
- Huband, E. A. (1992). Developing effective management skills. Management Accounting, 74(1), 44-46.

- Jacobson, S. F. (1983). The contexts of nurses' stress. In S.F. Jacobson & H. M. McGrath (Eds.). Nurses Under Stress (pp. 49-60). New York: John Wiley.
- Jacobson, S. F., & McGreath, H. M. (1983). Nurses under stress. New York: John Wiley.
- Johnson, C. L., & Johnson, F. A. (1977). Attitudes toward parenting in dual career families. American Journal of Psychiatry, 134(5), 391.
- Johnson, K. R., & D'Argenio, C. (1991). Management training effects on nurse manager leadership behavior. Nursing Economics, 9(4), 249-254.
- Koszalka, M. (1990). Preparing nursing leaders. Nursing Management, 21(7), 23.
- Kron, T. (1981). The management of patient care: Putting leadership skills to work (5th. ed.). Philadelphia: W.B Saunders.
- Kreman, M. (1990). Clinical ladder: A retention strategy. Nursing Management, 21(7), 23-24.
- Langford, T. L. (1981). Managing and being managed. Englewood Cliffs, NJ: Prentice-Hall.
- Lazarus, R. S., & Averill, J. R. (1972). Emotion and cognition: With special reference to anxiety. In C. Spielberger (Ed.). Anxiety (Vol. 2) (pp. 241-279). New York: Academic Press.

- Levenstein, A. (1981). The art and science of supervision: Leadership and sex. The Journal for Nursing Leadership and Management, 12(1), 15-16.
- Manfredi, C. M., & Valiga, T. M. (1990). How are we preparing nurse leaders?: A study of baccalaureate curricular. Journal of Nursing Education, 29(1), 4-9.
- McClure, M. L. (1978). The long road to accountability. Nursing Outlook, 26(1), 47.
- McDermott, S. (1992). Skills that can increase your autonomy: Management skills for clinical nurses. Professional Nurses, 7(8), 515-518.
- McFarland, G. K., Leonard, H. S., & Morris, M. M. (1984). Nursing leadership and management: Contemporary strategies. New York: John Wiley.
- Molander, C., & Walton, D. (1984). Getting management developing started: The manager as trainer. In C. Cox & J. Beck (Eds.). Management Development: Advances in Practice & Theory (pp. 151-163). New York: John Wiley.
- Moore, M. L., & Dutton, P. (1978). Training needs analysis: Review and critique. Academy of Management Review, 7(2), 532-545.
- Muecke, M. A., & Srisuphan, W. (1989). Born female: The development of nursing in Thailand. Social Science of Medicine, 29(5), 643-652.

- Muecke, M. A., & Srisuphan, W. (1990). From women in white to scholarship: The new nurse leaders in Thailand. Journal of Transcultural Nursing, 1(2), 21-32.
- Muntarbhorn, V., Jamnarnvej, W., & Boonlue, T. (1990). The status of women in Thailand. Bangkok: Unesco Principal Regional Office for Asia and the Pacific.
- Patz, J. M., Biordi, D. L., & Holm, K. (1991). Middle nurse managers effectiveness. The Journal of Nursing Administration, 21(1), 15-24.
- Revicki, D. A., & May, H. J. (1989). Organizational characteristics, occupational stress and mental health in nurses. Behavioral Medicine, 15(1), 30-35.
- Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role conflict and ambiguity in complex organizations. Administrative Science Quarterly, 15(2), 150-163.
- Rosse, J. G., & Rosse, P. H. (1981). Role conflict and ambiguity: An empirical investigation of nursing personnel. Evaluation and the Health Profession, 4(4), 385-405.
- Sanders, M. M. (1980). Stressed? or burn out? Canadian Nurse, 76(9), 30-33.
- Sarbin, T. R., & Allen, V. L. (1968). Role theory. In G. Lindzey & E. Aronson (Eds.). The Handbook of Social Psychology (2nd. ed.) (pp. 488-558). Menlo Park, CA: Addison-Wesley.

- Scalzi, C. C. (1988). Role stress and coping strategies of nurse executives. Journal of Nursing Administration, 18(3), 34-37.
- Sheridan, D. R., Bronstein, J. E., & Walker, D. D. (1984). The new nurse manager: A guide to management development. Rockville, MD: Aspen.
- Skorga, P. (1989). Factors associated with role stress in middle managers. The Journal of Nursing Administration, 19(10), 5 & 22.
- Stein, L., Watts, D. T., & Howell, T. (1990). The doctor-nurse game revisited. New England Journal of Medicine, 222(8), 546-549.
- Stewart, N. (1983). The role of the head nurses in preventing and managing stress. In S.F. Jacobson & H. M. McGrath (Eds.). Nurses Under Stress (pp. 113-125). New York: John Wiley.
- Sullivan, M. P. (1990). Nursing leadership and management: A study and learning tool. Springhouse, PA: Springhouse Corp.
- Tharenou, P. (1991). Managers' training needs and preferred training strategies. Journal of Management Development, 10(5), 46-50.
- Young, B. A. (1989). Management skills and knowledge: A case example from the construction industry. Leadership and Organization Development Journal, 10(6), 3-9.

- Yura, H., Ozimex, D., & Walsh, M. (1981). Nursing leadership: Theory and process (2nd. ed.). New York: Appleton-Century-Crofts.
- Zander, K. (1983). Management training won't work unless nursing administration provides it. Nursing Administration Quarterly, 7(2), 77-78.
- Ziemann, L. (1984). Moving into management: A CE video program for RNs. The Journal of Continuing Education in Nursing, 15(5), 164-167.

APPENDIX A

Nursing Division of Pramongkutklao Hospital

Nursing Division of Pramongkutklao Hospital
Organizational Chart

_____ Direct Command

----- Coordinating

APPENDIX B

Nursing Division of Anandamahidol Hospital

Nursing Division of Anandamahidol Hospital
Organizational Chart

_____ Direct Command

----- Coordinating

APPENDIX C

Human Subjects-Institutional Review Board Permission

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Worapun Krarurum, Nursing
423 South 7th Street #6
San Jose, CA 95112

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: July 9, 1992

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"Management Training Needs of Thai Army Hospital
Nurse Managers"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

CC: Bobbye Gorenberg, Nursing

APPENDIX D

Agency Permission for Participation

Pramongkutklao Hospital
Bangkok, Thailand

August 4, 1992

To Whom It May Concern:

This is to certify that LT. Worapun Krarurum, a candidate for the Master's Degree in Nursing Administration at San Jose State University, U.S.A., has permission to conduct a nursing research entitled "Management Training Needs of Thai Army Hospital Nurse Managers" during July-August 1992. The sample will be obtained by questionnaire. Voluntary, anonymity, and confidentiality of the respondents will be obtained. Respondents will have access to the results of the data upon request.

Sincerely Yours,

Pravit Tanprasert
Assistant Director of
Pramongkutklao Hospital
Col., MC, RTA.

Anandamahidol Hospital
Loburi, Thailand

1LT. Worapun Krarurum, a candidate for the Master's Degree in Nursing Administration at San Jose State University, U.S.A., has permission to conduct a nursing research entitled "Management Training Needs of Thai Army Hospital Nurse Managers" during July-August 1992. The sample will be obtained by questionnaire. Voluntary, anonymity, and confidentiality of the respondents will be obtained. Respondents will have access to the results of the data upon request.

Sincerely Yours,

(Narong Waiwudhe)

Director of Anandamahidol Hospital

August 7, 1992

APPENDIX E

Letter of Permission for Use of the Instrument

Arizona State University

College of Nursing
Tempe, Arizona 85287-2602
FAX: 602/965-0212

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April 14, 1992

Warapun Krarurum
423 S. 7th Street, Apt. #6
San Jose, CA 95112

Dear Ms. Krarurum:

Thank you for your kind comments about my article. I found the original form we used to gather the information for the continuing education class. Respondents to the assessment had many good ideas under the "Please list other topics" section.

As I told you on the phone, the instrument has no reliability. It probably has some validity as the topics were obtained from research, theories, and experts in the area.

I hope this helps. Please feel free to contact me if I can be of further help.

Sincerely,

Donna Adams, RN, DNSc
Assistant Professor

Enclosure

DA/po

APPENDIX F
Data Collection Instrument

College of Applied Sciences and Arts • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX 408/924-3135

July , 1992

Dear Nursing Supervisors, Chiefs of Inservice, and Head Nurses:

I am 1st Lt. Worapun Krarurum, a Thai Army nursing instructor and a graduate student in nursing Administration at San Jose State University, U.S.A. As part of the requirements for my Master's Degree, I am conducting my thesis entitled "Management Training Needs of Thai Army Hospital Nurse Managers." You are invited to participate in this study as a volunteer.

The purpose of this study is to determine your perception of the adequacy of your education for your present management position, where your management skills have been obtained, and what additional skills are needed to improve these management skills. The returned data will enable both the Royal Thai Army Nursing (RTAN) College, as well as the Nursing Divisions of Pramongkutklao Hospital and Anandamahidol Hospital, to collaborate in designing a management program to help you improve your managerial role function.

Your voluntary participation in this study is requested. You can withdraw at any time without penalty. There are no risks and benefits for participation. Results from this study may be published, but all information from this study will be reported in aggregate form. Please be assured that your responses will be anonymous and confidential. All responses will be coded and not identified by name. Please feel free to share your opinions about topics you believe would be of value to a management program and also feel free to make any further suggestions.

I would appreciate it if you would complete the attached 4-page questionnaire and place it in the white envelope marked "San Jose State University," and "Nursing Research," then return it to the RTAN College by August 17, 1992. The self-addressed stamped envelope is provided so that you may return it by mail or drop it in one of two central locked boxes located at the Nursing Divisions of Pramongkutklao Hospital and Anandamahidol Hospital.

(Continue on the next page)

If you have any questions regarding the study or the questionnaire, you may contact three Thai Army nurse representatives: Lt.Col. Oranun Harnyoot at (02) 2460066 ext 3565 (The RTAN College), Lt.Col. Anchan Paiboon at (036) 411601 ext 170 (The Nursing Division of Anandamahidol Hospital), and Maj. Praorn Pimparyon at (02) 2460066 ext 3379 (The Nursing Division of Pramongkutklao Hospital).

Although I have to remain in the U.S.A. to complete my studies, I would be happy to talk with you. I can be reached at (408) 279-4645. Concerns about the procedures may be presented to Dr. Bobbye Gorenberg at (408) 924-3134. For questions about research subject's rights contact Dr. Serena Stanford (Associate Vice President of Graduate Studies and Research) at (408) 924-2480.

Thank you very much in advance for your participation in this nursing research and for sharing with me your experiences as a nurse manager.

Sincerely,

Worapun Krarurum
Master's Candidate
San Jose State University

(Continue on the next page)

Instructions

<< If you do not want to respond to the questionnaire, replace it in an envelope, seal, and either return it by mail to the RTAN College or drop it in the central locked boxes located at the Nursing Divisions of Pramongkutklao Hospital and Anandamahidol Hospital.

<< If you want to respond to the questionnaire, please follow this step by step procedure:

1. Do not write your name anywhere on the questionnaire or the return envelope.

2. Read the instructions of Part 1 and Part 2 carefully before filling out the 4-page questionnaire.

3. After completing the questionnaire, please mail it to the above address or drop it in one of the above central locked boxes by the specified date.

<< If you have any question(s) regarding the questionnaire, please contact any of three Thai Army nurse representatives named on the cover letter.

I regret that I cannot contact you directly because I have to remain in the U.S.A. in order to complete my studies. However, the knowledgeable Thai nurse representatives can provide very good answers regarding the questionnaire for you, and I will keep in touch with them as much as I can.

(Continue on the next page)

Part 1 Background Characteristics Information

1. Present Title Supervisor (Nursing Division) (1)

Chief of Inservice (2)

Head Nurse (3)

2. Present Hospital Pramongkutkloa (1)

Anandamahidol (2)

3. Present Highest Academic Preparation

Diploma (1)

BS: _____ (please specify field) (2)

MS: (please specify field) (3)

Ph.D (4)

4. Type of Current Service Managed

Medicine (1)

Psychiatric (9)

Surgery (2)

Ophthalmic (10)

OB-GYN (3)

Ear-Nose-Throat (11)

Pediatric (4)

Outpatients (12)

Operating Room (5)

Rehabilitation (13)

Anaesthesia (6)

Radiation (14)

Accident and Emergency Room (7)

Orthopedic (8)

Other: _____ (15)

(Specify)

(Continue on the next page)

5. Number of Employees Supervised Directly (by you in your current assignment)

___ Not directly (1)	___ 31-45 (4)
___ Less than 15 (2)	___ More than 45 (5)
___ 15-30 (3)	

<<< Please fill in the following blanks

6. Present Rank: _____
7. Age (years): _____
8. Years as Nurse: _____
9. Years as Nurse Manager: _____
10. Years in Present Position: _____
11. Total Years in Present Hospital (even though they are not continuous): _____
12. If the years in item 11 are not continuous, how many times have you worked there (including the present time)? _____

(Continue on the next page)

Part 2 Management Learning Needs Information

<<< Listed below are management knowledge and skills topics that you as a nurse manager may use. Please rank the items from 1 (most useful) to 14 (least useful). Assign a different number from 1 to 14 for each item.

Rank of Usefulness	Management Knowledge and Skills Topics
_____	-Communication skills
_____	-Motivating staff (staff development)
_____	-Managing your time
_____	-Problem-solving and decision-making
_____	-Performance appraisals (evaluation of personnel)
_____	-Reducing absenteeism, burnout, and turnover
_____	-Dealing with conflict
_____	-Dealing with higher management
_____	-Budgeting and resource allocation
_____	-How to write and implement behavioral objectives (please check one or more) _____ for yourself _____ for your department _____ for your personnel
_____	-Recruiting and interviewing techniques, selection of staff
_____	-Analysis of your hospital's system (including how your unit fits into the overall pattern)
_____	-How to plan and implement change
_____	-Methods to upgrade patient care (Quality Assurance)

(Continue on the next page)

Please list any other topics you believe should be included: _____

<<< Please write an "X" on an appropriate one

1. Where have you received your most Management skills learning?

- ___ Baccalaureate Nursing Program (1)
- ___ Experience (including self-learning) (2)
- ___ Preceptorship-Mentorship (3)
- ___ Management educational program (e.g. management training, MBA, MS in Nursing Management or Administration) (4)
- ___ Other: _____ (specify) (5)

2. How adequate do you feel about your preparedness for your present position?

- ___ Very adequate (1) ___ Inadequate (4)
- ___ Adequate (2) ___ Very inadequate (5)
- ___ Unsure (3)

3. If you answer item 2 as "Inadequate" or "Very inadequate," please specify your reason(s): _____

Thank you very much for taking the time to complete this questionnaire. Remember that all of your responses are confidential.

APPENDIX G

Thai Data Collection Instrument

College of Applied Sciences and Arts • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX 408/924-3135

กรกฎาคม 2535

เรื่อง ขอความร่วมมือในการทำวิจัย

เรียน พยาบาลผู้ตรวจการ พยาบาลหัวหน้าแผนก และพยาบาลหัวหน้าหอผู้ป่วย

ดิฉัน ร.ท. หญิง วรพรรณ คะรัมย์ ตำแหน่งครูพยาบาลวิทยาลัยพยาบาล
กองทัพบก (วพบ) และนักศึกษาปริญญาโทสาขการบริหารการพยาบาล ณ มหาวิทยาลัย
San Jose State ประเทศสหรัฐอเมริกา ในฐานะส่วนหนึ่งของการศึกษาระดับ
ปริญญาโท ดิฉันได้กำลังทำวิทยานิพนธ์เรื่อง "ความต้องการในหลักสูตรอบรมด้าน
การบริหารของผู้บริหารงานทางการพยาบาลใน ร.พ. ของกองทัพบก
(Management Training Needs of Thai Army Hospital Nurse
Managers)" ท่านในฐานะผู้บริหารงานทางการพยาบาลได้รับเชิญให้ร่วมในการทำ
วิจัยครั้งนี้

จุดประสงค์ของการทำวิจัยครั้งนี้เพื่อที่จะศึกษาการรับรู้ทางด้านความ
เพียงพอในการเตรียมตัวของท่านในตำแหน่งบริหารปัจจุบัน แหล่งความรู้และทักษะ
ทางด้านการบริหารที่ท่านได้รับ ตลอดจนทักษะอื่นๆที่ท่านต้องการเรียนรู้เพิ่มเติมเพื่อ
ปรับปรุงทักษะด้านการบริหารของท่าน ข้อมูลต่างๆที่ได้รับนั้นทางวิทยาลัยพยาบาล
กองทัพบก ตลอดจนกองการพยาบาลของ ร.พ. พระมงกุฎเกล้า และ ร.พ. อานันทม-
หิตล จะได้ร่วมมือกันในการจัดทำหลักสูตรอบรมด้านการบริหารที่จะช่วยให้ท่าน
สามารถปฏิบัติงานในหน้าที่ของท่านได้อย่างมีประสิทธิภาพดียิ่งขึ้น

ดิฉันใคร่ขอความร่วมมือด้วยความสมัครใจของท่านในการทำวิจัยครั้งนี้
โดยท่านอาจจะถอนตัวจากการวิจัยเมื่อไรก็ได้โดยไม่มีผลกระทบต่อดำเนินการทํางาน
หรือมีผู้บังคับบัญชาท่านใดตำหนิ ในการร่วมมือทำการวิจัยครั้งนี้ไม่มีการเสี่ยง
ต่อความเสียหายหรือมีการได้รับประโยชน์ส่วนตัวแต่อย่างใด ผลของการวิจัยจะได้
รับการตีพิมพ์ แต่เอกสารทั้งหมดจะถูกทำเป็นรายงานโดยรวมกันไป ทุกคำตอบของ
ท่านจะถูกปกปิดเป็นความลับ จะมีรหัสแต่ไม่มีการระบุชื่อของผู้ใดทั้งสิ้นขอให้ท่าน
มั่นใจที่จะแสดงความเห็นเกี่ยวกับเรื่องใดๆก็ตามที่จะเป็นประโยชน์ต่อการจัดทำหลักสูตร
ด้านการบริหาร และถ้าท่านมีข้อเสนอแนะใดๆเพิ่มเติมก็โปรดกรุณาแจ้งมาด้วย

(โปรดพลิก)

ดิฉันจะรู้สึกยินดีเป็นอย่างยิ่งถ้าท่านจะตอบแบบสอบถามทั้งหมด 4 หน้า-
กระดาษ และแนบมาในซองสีขาวที่ประทับคำว่า "San Jose State University"
และ "Nursing Research" ส่งคืนกลับมาที่ วพบ. ภายในวันที่ 17 สิงหาคม 2535
สำหรับซองจดหมายและแสตมป์ที่แนบมานั้นเพื่อว่าท่านจะได้ตัดสินใจที่จะส่งมาทาง
ไปรษณีย์หรือจะส่งในตู้รับแบบสอบถามตู้ใดตู้หนึ่งที่อยู่ในกองการพยาบาลของ ร.พ.
พระมงกุฎเกล้าและ ของ ร.พ. อานันทมหิดล

ถ้าท่านมีข้อสงสัยเกี่ยวกับการทำวิจัยครั้งนี้หรือเกี่ยวกับแบบสอบถาม
โปรดกรุณาติดต่อกับผู้แทนของพยาบาลกองทัพบกทั้ง 3 ท่านคือ พ.ท. หญิง อรนนท์
หาญยุทธ ที่เบอร์โทรศัพท์ (02) 2460066 ต่อ 3565 (วพบ) พ.ท. หญิง อัญชลี
ไพบุลย์ ที่ (036) 411601 ต่อ 170 (กองการพยาบาล ร.พ. อานันทมหิดล) และ
พ.ต. หญิง ประอร พิมพายน ที่ (02) 2460066 ต่อ 3379 (กองการพยาบาล ร.พ.
พระมงกุฎเกล้า) แม้ว่าดิฉันจะอยู่ในประเทศสหรัฐอเมริกาเพื่อดำเนินการศึกษาให้
สำเร็จทันในช่วงระยะเวลาที่กำหนด ดิฉันมีความยินดีที่จะพูดคุยติดต่อกับท่านโดยตรง
เบอร์โทรศัพท์ของดิฉันคือ (408) 279- 4645 ถ้าท่านมีข้อสงสัยเกี่ยวกับขั้นตอน
การทำวิจัย อาจติดต่อกับ Dr. Bobby Gorenberg (อาจารย์ที่ปรึกษาด้านวิทยา-
นิพนธ์) ที่เบอร์โทรศัพท์ (408) 924-3134 สำหรับข้อสงสัยเกี่ยวกับสิทธิของผู้ร่วม
วิจัยกรุณาติดต่อ Dr. Serena Stanford (รองประธานฝ่ายการศึกษาระดับปริญญา
โทและการวิจัย) ที่เบอร์โทรศัพท์ (408) 924- 2480

ดิฉันขอขอบคุณทุกท่านในความร่วมมือทำวิจัยครั้งนี้ ตลอดจนการให้ดิฉัน
ได้ศึกษาเกี่ยวกับประสบการณ์การทำงานของท่านในฐานะผู้บริหารงานทางการ
พยาบาล

ขอแสดงความนับถืออย่างสูง

ร.ท. หญิง

(วรพรรณ คะรัมย์)

(โปรดพลิก)

คำแนะนำในการตอบแบบสอบถาม

<<< ถ้าท่านไม่ต้องการตอบแบบสอบถาม กรุณาส่งแบบสอบถามคืนกลับมาที่ วพบ. หรือส่งคืนกลับมาในตู้รับแบบสอบถามที่อยู่ในกองการพยาบาลของ ร.พ. พระมงกุฎเกล้า และของ ร.พ. อานันทมหิดล

<<< ถ้าท่านต้องการตอบแบบสอบถาม กรุณาทำตามขั้นตอนดังนี้ :-

1. ห้ามเขียนชื่อของท่านลงบนแบบสอบถามหรือซองจดหมายที่ส่งคืนกลับ
2. อ่านคำแนะนำในการตอบแบบสอบถาม ส่วนที่ 1 และส่วนที่ 2 จนเข้าใจก่อนการตอบแบบสอบถามแต่ละส่วนตามลำดับ (ทั้งหมด 4 หน้ากระดาษ)
3. ส่งแบบสอบถามที่ได้รับการตอบเรียบร้อยแล้วมาทางไปรษณีย์ถึงที่ วพบ. หรือจะส่งในตู้รับแบบสอบถามที่กล่าวมาแล้วข้างต้นภายในวันที่กำหนด

<<< ถ้าท่านมีปัญหาข้อสงสัยเกี่ยวกับแบบสอบถาม โปรดติดต่อกับผู้แทนของพยาบาลกองทัพบกทั้งสามท่าน ดังที่ระบุในจดหมายปะหน้า

ดิฉันต้องขออภัยมา ณ ที่นี้ด้วยที่ไม่สามารถติดต่อกับทุกท่านได้โดยตรง ทั้งนี้เนื่องจากดิฉันจำเป็นต้องอยู่ในประเทศสหรัฐอเมริกาเพื่อดำเนินการศึกษาให้สำเร็จทันในช่วงระยะเวลาที่กำหนด อย่างไรก็ตามผู้แทนอันทรงคุณวุฒิของพยาบาลกองทัพบกทั้งสามท่านดังกล่าว จะเป็นผู้ตอบข้อสงสัยของท่านเกี่ยวกับแบบสอบถามได้เป็นอย่างดี และดิฉันจะพยายามติดต่อกับท่านทั้งสามโดยสม่ำเสมอให้มากที่สุดเท่าที่จะทำได้

(โปรดพลิก)

แบบสอบถาม

ส่วนที่ 1: ข้อมูลส่วนตัว

<<< กรุณาเขียนเครื่องหมาย X ลงบนคำตอบที่เหมาะสมสำหรับท่านเพียงคำตอบเดียว

1. ตำแหน่งปัจจุบัน ____ พยาบาลผู้ตรวจการ (กองการพยาบาล) (1)
 ____ พยาบาลหัวหน้าแผนก (2)
 ____ พยาบาลหัวหน้าหอผู้ป่วย (3)

2. ร.พ. ปัจจุบัน ____ พระมงกุฎเกล้า (1) ____ อานันทมหิดล (2)

3. การศึกษาสูงสุด ____ อนุปริญญา (1)
 ____ ปริญญาตรีสาขา (กรณาระบุ) _____ (2)
 ____ ปริญญาโทสาขา (กรณาระบุ) _____ (3)
 ____ ปริญญาเอก (4)

4. ประเภทของหอผู้ป่วย (ปัจจุบัน)

____ อายุรกรรม (1)	____ จิตเวช-ประสาทวิทยา (9)
____ ตัลยกรรม (2)	____ จักษุกรรม (10)
____ สูติ-นรีเวชกรรม (3)	____ โสต ศอ นาสิก (11)
____ กุมารเวชกรรม (4)	____ ตรวจโรคผู้ป่วยนอก (12)
____ ห้องผ่าตัด (5)	____ เวชศาสตร์ฟื้นฟู (13)
____ วิสัญญี (6)	____ รังสีกรรม (14)
____ อุบัติเหตุและเวชกรรมฉุกเฉิน (7)	
____ ออร์โธปิดิกส์ (8)	____ อื่นๆ _____ (15)

(กรณาระบุ)

(โปรดพลิก)

5. จำนวนของบุคลากรผู้ถูกนิเทศน์โดยตรงโดยท่านในตำแหน่งปัจจุบัน (ตั้งแต่คนงานและพลทหารขึ้นไป)

___ ไม่มีโดยตรง (1) ___ 31-45 (4)
 ___ น้อยกว่า 15 (2) ___ มากกว่า 45 ขึ้นไป (5)
 ___ 15-30 (3)

<<< กรุณาเติมคำตอบในช่องว่างต่อไปนี้ตามความเป็นจริง

6. ยศ : _____

7. อายุ (ปี) : _____

8. จำนวนปีในฐานะพยาบาล : _____

9. จำนวนปีในฐานะผู้บริหารงานทางการแพทย์ (ตั้งแต่หัวหน้าหอผู้ป่วยขึ้นไป)

10. จำนวนปีในฐานะผู้บริหารงานทางการแพทย์ตำแหน่งปัจจุบัน :

11. จำนวนปีทั้งหมดในการทำงานที่ ร.พ. ปัจจุบัน (แม้ว่าระยะเวลาอาจไม่ต่อเนื่อง)

12. ถ้าระยะเวลาในข้อ 11 ไม่ต่อเนื่อง กรุณาระบุจำนวนครั้ง (รวมครั้งปัจจุบัน) ของการย้ายเข้ามาทำงานใน ร.พ. ปัจจุบัน : _____

(โปรดพลิก)

ส่วนที่ 2: ข้อมูลสำรวจความต้องการหลักสูตรอบรมด้านการบริหาร

<<< หัวข้อต่อไปนี้เป็นความรู้และทักษะทางด้านการบริหารที่ท่านในฐานะผู้บริหารงานทางการแพทย์อาจใช้ในตำแหน่งปัจจุบัน โปรดกรุณาจัดอันดับของความรู้และทักษะจาก 1 (ประโยชน์มากที่สุด) ถึง 14 (ประโยชน์น้อยที่สุด) โดยการให้แต่ละอันดับแทนแต่ละหัวข้อที่ไม่ซ้ำกัน

อันดับของ ประโยชน์	ความรู้และทักษะทางด้านการบริหารงาน
_____	- ทักษะทางด้านการพูด และการติดต่อสื่อความหมาย
_____	- การสร้างแรงจูงใจ ขวัญ และกำลังใจในบุคลากร (การพัฒนาบุคลากร)
_____	- การบริหารเวลาตามลำดับความสำคัญ และความเร่งด่วนของงาน
_____	- การแก้ไขปัญหา และการตัดสินใจสั่งการ
_____	- การประเมินผลของงาน และผลของการปฏิบัติงานของบุคลากร
_____	- การลดปัญหาการขาดงาน เบื่องาน และการลาออกของบุคลากร
_____	- การแก้ปัญหาการขัดแย้งระหว่างบุคลากร
_____	- การประสานงานกับผู้บริหารระดับสูง
_____	- การจัดสรรงบประมาณ และทรัพยากร
_____	- วิธีการเขียน และการปฏิบัติการในจุดประสงค์เชิงพฤติกรรม (กรุณา เครื่องหมายหน้าหัวข้อที่ท่านเห็นว่าสำคัญซึ่งอาจมากกว่าหนึ่ง)
_____	_____ สำหรับตัวท่าน _____ บุคลากรของท่าน _____ หน่วยงานของท่าน
_____	- เทคนิคการสัมภาษณ์-การคัดเลือกบุคลากรตามความเหมาะสมของงาน
_____	- การวิเคราะห์ระบบการทำงานของ ร.พ. (รวมทั้งหน่วยงานของท่านว่า เหมาะสมกับระบบโดยทั่วไปของ ร.พ. อย่างไร)
_____	- วิธีการวางแผน และการปฏิบัติการเกี่ยวกับการเปลี่ยนแปลง
_____	- วิธีการยกระดับมาตรฐานการพยาบาลผู้ป่วย (Quality Assurance)

(โปรดพลิก)

<<< กรุณาเสนอแนะหัวข้ออื่นๆที่ท่านเห็นว่าควรบรรจุในหลักสูตรการอบรมด้านการบริหาร : _____

<<< กรุณาเขียนเครื่องหมาย X ลงบนคำตอบที่เหมาะสมกับท่านเพียงคำตอบเดียว

1. ท่านได้รับความรู้และทักษะด้านการบริหารซึ่งนำมาใช้ในการบริหารหน่วยงานของท่านจากแหล่งใดมากที่สุด ?

- ___ หลักสูตรการพยาบาลระดับปริญญาตรี (1)
- ___ ประสบการณ์และการเรียนรู้ด้วยตนเอง (2)
- ___ ศึกษาจากผู้มีประสบการณ์ทางด้านการบริหาร เช่น ระบบ Advisor และ ระบบ Orientation (3)
- ___ โปรแกรมทางด้านการบริหาร เช่น หลักสูตรการฝึกอบรมบุคลากรทางด้านการบริหาร ปริญญาโททางด้านการบริหารงานทั่วไปหรือสาขาทางการพยาบาล (4)
- ___ อื่นๆ (กรุณาระบุ) _____ (5)

2. ท่านเห็นว่าท่านมีการเตรียมตัวอย่างไรเพียงพออย่างไรสำหรับตำแหน่งผู้บริหาร

- ปัจจุบัน ___ เพียงพอมาก (1) ___ ไม่เพียงพอ (4)
- ___ เพียงพอ (2) ___ ไม่เพียงพอมาก (5)
- ___ ไม่แน่ใจ (3)

3. ถ้าท่านเห็นว่าท่านมีการเตรียมตัว "ไม่เพียงพอ" หรือ "ไม่เพียงพอมาก"

โปรดกรณาระบุเหตุผล _____

ขอขอบคุณทุกท่านอย่างมากที่สละเวลาในการตอบแบบสอบถามจนครบ ขอให้ท่านมั่นใจได้เลยว่าทุกคำตอบของท่านจะถือเป็นความลับ จะไม่มีผลกระทบต่อตำแหน่งการทำงานของท่านแต่อย่างใดทั้งสิ้น